**Sanilac County Community Mental Health Authority**

**Psychiatrist Peer Review**

Reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Referral Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Section: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Attending Psychiatrist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chart #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Adm. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Discharge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Final Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Diagnoses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- |
|  | **Yes** | **No** | **N/A** |

1. Is the documentation clinically relevant and sufficiently complete? \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

2. Based upon the patient’s history, overall health (including mental status),

treatments, medication regimen and general clinical course, could this

event have been better anticipated or prevented? \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- |
| **Critical Management** | **Satisfactory** | **Marginal** | **Unsatisfactory** |

1. Initial Workup \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

2. Treatment Regimen \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

3. Drug Utilization:

I, as the reviewing psychiatrist, have assessed the appropriateness of each

medication, as determined by the needs and preference of the individual

dosage, periodic re-evaluation of continued use related to the conditions

being treated and the efficacy of the medication, and to determine whether

contraindication, side effects and adverse reactions were identified and

addressed. I have also made a judgment on the compliance with acceptable  YES  NO

prescribing protocols and monitoring of each psychotropic medication.

Explanation of the exceptions have been considered

4. Overall Clinical Management \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

5. Outcome \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
| **Consultation** | **Yes** | **No** |

Obtained: \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Necessary: \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Complexity of Case:** | **Difficult \_\_\_\_\_\_\_\_\_\_\_\_** | **Average \_\_\_\_\_\_\_\_\_\_\_\_** | **Not Difficult \_\_\_\_\_\_\_\_\_\_** |

**Review Comments**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- |
| **Additional Study Recommended:** | **Yes \_\_\_\_\_\_\_\_** | **No \_\_\_\_\_\_\_\_\_** | **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

**Reviewer Signature Date Medical Director Date**

**PEER REVIEW RATING SYSTEM:**

***The results of the management of care of a case under peer review can be rated as follows:***

**RATING 1:** Routine/Acceptable Management

Care was provided in accordance with accepted practice of the specialty or section.

**RATING 2:** Not Routine/Acceptable Management

“Not Routine” means the physician management of the care may be by less common means but has been described in literature (or known by the medical staff) to be acceptable practice of the specialty or section.

***Note***: Rating 2 does not represent an escalation in seriousness over Rating 1; both are within accepted practice.

**RATING 3:** Questionable Management

Physician management of the care in this rating reflects care that is minimally outside the accepted practice of the specialty or section.

**RATING 4:** Unacceptable Management

Physician management of the care represents gross departure from accepted practice of the specialty or section.

**RATING 5:** Incomplete/Inaccurate Documentation

Documentation issues are relevant to the evaluation of the case. This rating is optional. If used, it is in addition to one of the above.

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| --- |
| **Final Disposition:** |

**\_\_\_\_\_\_\_\_\_\_\_\_** No further action necessary

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Discussion at Medical Sub Committee Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Copy of discussion attached)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Copy to physician(s) and place in Peer Review File.

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Medical Director