

SANILAC COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

ADMINISTRATIVE POLICY

NUMBER: BA137

NAME: PSYCHIATRIST PEER REVIEW

INITIAL APPROVAL DATE:	03/18/2013	BY: Privileging & Credentialing Committee
(LAST) REVISION DATE:	01/27/2014	BY: Privileging & Credentialing Committee
(LAST) REVIEW DATE:	12/12/2024	BY: Policy Committee
DISCONTINUED DATE:	N/A	REPLACED BY: N/A

I. PURPOSE

Psychiatrist Peer Review is designed to provide CARF required peer review in the Medical Department at Sanilac CMH. This is designed to provide best practices and quality of care for individuals receiving psychiatric services at Sanilac CMH. Additionally, this will provide for consultation between the psychiatric staff and on-going training within the department.

II. APPLICATION

Populations: **All**
Programs: **All**

III. POLICY

It is the policy of Sanilac County Community Mental Health Authority (Sanilac CMH) to assure that the Agency is providing psychiatric care in a model that is peer reviewed for best practices and ensure quality of care.

IV. DEFINITIONS

V. STANDARDS

1. Three cases from each of the psychiatrists are to be reviewed every six months.
2. Cases are to be selected randomly by the Data Management department from the treating psychiatrist's case load. (Sentinel Events and Deaths are reviewed when requested by the Medical Director as part of the random selection.)
3. Cases to be randomly assigned. Psychiatric staff will review cases assigned from the other psychiatrists and not review their own cases.
4. Medical Director to review and sign off on every case.
5. Subcommittee to be convened on an as-needed basis only.
6. Original to Privileging & Credentialing Committee Secretary and filed in the P&C Files. A copy will be provided by Medical Director to psychiatrist upon request.

VI. ATTACHMENTS

None

VII. REFERENCES

Form #0486