



**TAHOE FOREST
HOSPITAL DISTRICT**

POLICY/PROCEDURE NO. _____
SECTION MEDICAL STAFF/QA COMMITTEE

TITLE: QUALITY ASSESSMENT OF PEER REVIEW

P.O. Box 759 Truckee, CA 96160 (530) 587-6011
880 Alder Ave. Incline Village, NV 89451 (775) 832-3810

PEER REVIEW CATEGORIES FOR TFH AND IVCH:

- CATEGORY 0** Case met the standard of care for patient evaluation, management and documentation.
- CATEGORY 1** An improvement could have been made in documentation. There was no clinical significance.
- CATEGORY 2A** There was a known complication, no adverse sequela. Case was managed appropriately.
- 2B** There was a known complication, minor adverse sequela. Case was managed appropriately.
- 2C** There was a known complication, major adverse sequela. Case was managed appropriately.
- CATEGORY 3** There was a minor deviation from the standard of care in the evaluation, management and/or documentation.
- CATEGORY 4** There was a major deviation from the standard of care in the evaluation, Management and/or documentation.

	EFFECTIVE DATE: 3/91; 5/13/92; 8/96; 2/14/2001
FORMULATED BY: Elspeth Delaney, RN, Director, Quality Management QA Committee: 3/91	DATE REVISED: 5/13/92; 8/96; 2/12/2001; 4/9/2003
ADMINISTRATIVE APPROVAL:	DATE REVIEWED: 5/13/928/96; 12/2001; 11/16/2002; 12/2/2002 4/9/2003; 9/2003; 9/2005 – QA Committee
APPROVAL: Executive Committee: 8/96; 2/14/2001; 12/11/2002; 4/9/2003 11/2003; 11/2004; 11/2005; 1/2006	ER Committee: 4/7/92; 1/2001; 3/11/2003; 11/2005 Medicine Dept.: 4 9/9/92; 2/2001; 12/5/2002; 4/3/2003; 10/2004; 10/2005 OB/Peds Dept.: 3/26/92; 1/2001; 3/27/2003; 11/2005 Surgery Dept.: 5/11/92; 2/2001; 2/3/2003; 11/2005