

SAN MATEO COUNTY
MENTAL HEALTH SERVICES DIVISION

DATE: March 8, 1994

MENTAL HEALTH POLICY NO.: MH 94-03

SUBJECT: Peer Review

AUTHORITY: Divisional

SUPERSEDES: Prior Established Practice

AMENDED: January 12, 2000

ATTACHMENT: Peer Review Form

This policy applies to all Mental Health clinical staff and also to clinical staff of community-based contract agencies.

- Peer Review is a valued Quality Improvement process intended to improve care for clients. Its foundation is the open process of presenting clinical work and learning from colleagues. Staff learn from positive and negative outcomes, and encourage one another towards ongoing professional growth.
- All staff who have direct clinical involvement with clients will present their work with one client to a group of that clinician's peers at least once each fiscal year.
- This requirement applies to full- and part-time staff, but not to trainees.
- Peer Review is a legally protected activity and is not subject to discovery. Peer Review should not be described as a case conference and should not be reported in the client's chart.

PROCEDURE

1. Each July, the Unit Chief or Program Director will develop a Peer Review presentation roster and tentative schedule. For county teams, this information should be sent to the Quality Improvement Manager by September 1 each year.
2. At least once a year, every clinician will present a case of his or her choosing to a group of two or more of his/her peers. Hopefully, cases chosen for presentation will be of some particular clinical or rehabilitative interest or challenge.

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3. Using the Peer Review Form attached, a second clinician, assigned as the reviewer, will assess the reviewee's presentation of the case.
4. Sections I and II are to be completed by the reviewer after hearing the case presentation and discussion. Section III is to be completed by the Unit Chief/Program Director.
5. For county teams, the completed Peer Review Form will then be sent to the Quality Improvement Manager for review by a member of the Quality Improvement Committee.
6. At least once a year, the Quality Improvement Committee will review the completed forms to identify systems problems, obstacles to quality care, or potential issues for staff training.

Approved: _____
Gale Bataille
Mental Health Services Division

Reviewed and reformatted: 07-05 kc