POLICY ON:
*Peer Review Program*

In an effort to improve organizational-wide quality, reduce errors and promote a culture of safety, the Department of Radiology at UNC health Care participates in an alternative physician peer review program via *Epic*. The peer review program consists of:

- The imaging study will be interpreted by 2 MDs.
- Each faculty member is expected to peer review at least 10 cases per month.
- Cases reviewed should be representative of the actual clinical practice of each faculty member.
- The reviewer should assess the agreement of the original report with subsequent review to determine if there are additional or different findings not identified.
- The reviewer should classify peer review findings with regard to the level of quality concerns according to RADPEER™ scoring system as seen below:
  1 = Concur with Interpretation
  2 = Discrepancy in Interpretation/not ordinarily expected to be made (Understandable miss)
    - a. unlikely to be clinically significant
    - b. likely to be clinically significant
  3 = Discrepancy in Interpretation/should be made most of time
    - a. unlikely to be clinically significant
    - b. likely to be clinically significant
  4 = Discrepancy in Interpretation/should be made almost every time- misinterpretation of findings
    - a. unlikely to be clinically significant
    - b. likely to be clinically significant
- Of any discrepant peer review findings of a score of 2b, 3, or 4, the imaging study will be reviewed by the Director of Quality and Safety and/or delegate to confirm that there was a miss and clinical significance. If confirmed:
  - An addendum will be added to the report to reflect missed significant findings.
  - The original ordering provider will get updated via Email or EPIC note.
  - If significantly warranted, a report will be sent to the Chairman of Radiology for appropriate corrective measures.
- On a triannual basis:
  - Summary statistics and comparison will be generated by the RIS team, for each physician, by modality and division.
• Summary data will be generated by the RIS team for each facility/practice by modality.
• Participation statistics will be sent to each physician for their review.
• A score report will be sent to the Quality and Safety committee to be reviewed quarterly for any of the above mentioned actions if necessary.
• NIR, VIR and Breast Imaging review their peer review data as part of their division’s M&M.