I. Description

This policy describes the Peer Review program implemented by the Department of Radiology.

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II. Rationale

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.

III. Policy/Procedure

A. Policy

1. The imaging study will be interpreted by 2 MDs.
2. Each faculty member is expected to peer review a total of 30 cases on quarterly basis - (Exception – faculty members that are on extended leave).
3. Cases reviewed should be representative of the actual clinical practice of each faculty member.
4. The reviewer should assess the agreement of the original report with subsequent review to determine if there are additional or different findings not identified.
5. 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

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<tr>
<th>Policy Name</th>
<th>Peer Review Program</th>
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<tbody>
<tr>
<td>Policy Number</td>
<td>RAD 0092</td>
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<tr>
<td>Responsible for Content</td>
<td>Radiology (Quality + Safety Committee)</td>
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b. likely to be clinically significant

6. 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.

7. 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 (except US) review their peer review data as part of their division’s M&M.

V. Reviewed/Approved by

Safety and Quality Committee (Radiology)

VI. Original Policy Date and Revisions

        April, 2017, May 2017, Feb 2018, May 2018