



# CAH Case Review Report

*(To be completed by Physician Reviewer)  
Format for routine and random reviews.*

**CAHCR Case #:**

**Date:**

Diagnosis:

Procedure:

Reason for Referral:

Specialty for review:

Printed Name of Reviewer: \_\_\_\_\_

Reviewer Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Peer Review Case Rating Form Routine Screenings

### To be completed by Practitioner Reviewer

Overall Practitioner Care: Check one	
1	Expected Practice
2	Questionable
3	Variance from Expected Practice
0	Reviewer Uncertain, needs Committee discussion

**Note:** If Overall Care = 1, then Issue must = (A);  
 If Overall Care = 2, 3 or 0, then Issue must = (B) through (O)

Practitioner Documentation: Check all that apply	
1	No issue with practitioner documentation
2	Documentation does not substantiate clinical course/treatment
3	Documentation not timely to communicate with other caregivers
4	Documentation unreadable
9	Other:

Issue Identification	
A	No issues with practitioner care
Practitioner Care Issues: Check all that apply	
B	Diagnosis
C	Clinical Judgment/Decision-making
D	Technique/Skills
E	Knowledge
F	Communication/Responsiveness
G	Planning
H	Follow-up/Follow-through
I	Policy Compliance
J	Supervision (House Staff, Mid-level or AHP)
O	Other

#### Documentation Issue Description:

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#### Practitioner Contribution to Patient Adverse Outcome

Definitions of Adverse Outcomes (Actual or Potential)

1. Minor Adverse Outcome: minor loss of function, brief temporary effects or slightly prolonged stay
2. Moderate Adverse Outcome: loss of major organ function, additional major procedures or significantly prolonged stay
3. Severe Adverse Outcomes: death, irreversible vegetative state, or institutionalization

**Check one each for Actual and Potential** (*Potential rating must be at least as high as Actual rating*)

Actual Adverse Outcome related to Practitioner Care		Potential Adverse Outcome related to Practitioner Care	
0	No actual adverse outcome	0	No potential adverse outcome
1	Actual <b>minor</b> adverse outcome	1	Potential <b>minor</b> adverse outcome
2	Actual <b>moderate</b> adverse outcome	2	Potential <b>moderate</b> adverse outcome
3	Actual <b>severe</b> adverse outcome	3	Potential <b>severe</b> adverse outcome

TOTAL PRACTITIONER CONTRIBUTION TO PATIENT ADVERSE OUTCOME RANKING: Actual \_\_\_ + Potential \_\_\_ = Total \_\_\_

If **Overall Practitioner Care** rated **Expected Practice**, provide a **brief description** of the basis for reviewer findings:

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If **Overall Practitioner Care** rated **Questionable or Variance from Expected Practice**, please complete the following:

**A. Brief description** of the basis for reviewer concerns: \_\_\_\_\_  
 \_\_\_\_\_  
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**Exemplary Nominations:** \_\_\_ Practitioner Care \_\_\_ Practitioner Documentation

**Brief Description:** \_\_\_\_\_

**Non-Practitioner Care Issues:** \_\_\_ Potential System or Process Issue \_\_\_ Potential Nursing/Ancillary Care Issue

**Issue Description:** \_\_\_\_\_