



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:

Practitioner Contribution to Patient Adverse Outcome

Definitions of Adverse Outcomes (Actual or Potential)

- Minor Adverse Outcome: minor loss of function, brief temporary effects or slightly prolonged stay
- Moderate Adverse Outcome: loss of major organ function, additional major procedures or significantly prolonged stay
- 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 minor adverse outcome	1	Potential minor adverse outcome
2	Actual moderate adverse outcome	2	Potential moderate adverse outcome
3	Actual severe adverse outcome	3	Potential severe 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:

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

A. Brief description of the basis for reviewer concerns: _____

Exemplary Nominations: ___ Practitioner Care ___ Practitioner Documentation

Brief Description: _____

Non-Practitioner Care Issues: ___ Potential System or Process Issue ___ Potential Nursing/Ancillary Care Issue

Issue Description: _____