Patient Safety Data Reporting & Peer Review: What's the Difference?

In-House Peer Review Meetings

- The items explained in this document are as AAAASF plans to roll-out our revised standards in 2020 Quarter 2, however pending CMS and State approvals, the standards may change
  - Final, approved standards updates will be released for public consumption prior to implementation
- Current requirement for in-house Peer Review meetings:
  - ASC – Quarterly. Effective as of v7.0, November 2018
  - Surgical – Quarterly. Effective as of v14, April 2014
  - Procedural – Bi-annual/twice per year. Effective since program's origin
  - Oral Maxillofacial – Bi-annual/twice per year. Effective since program's origin
  - Pediatric Dentistry – Quarterly. Effective since program's origin
  - International Surgical & Dental – Quarterly. Effective since program's origin

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Patient Safety Data Reporting

- Quarterly online data submission to AAAASF
- Must include three random cases per quarter per surgeon
- Must include submission of all unanticipated sequela

Peer Review

- Quarterly or twice per year (based on facility monthly case load) facility-based meeting to improve quality and safety of care
  - To qualify for twice per year Peer Review, the facility must perform less than 50 cases per month
  - Facilities performing greater than 50 cases per month must perform Peer Review quarterly
- To include, at a minimum, the same random cases and unanticipated sequelae submitted to the Patient Safety Data Reporting portal since the preceding peer review meeting
- Performed by a recognized peer review organization or a surgeon other than the operating surgeon, unless otherwise specified by state regulations

Required Components

Patient Safety Data Reporting

- Required reporting components:
  - Basic patient information
  - Surgical case information
  - Anesthesia information
  - Chart review – Are these components present?
    - Pre-Op Plan for Treatment
    - Medical History
    - Physical Examination
    - Laboratory Reports
    - Informed Consent
    - Anesthesia Record
    - Operative Report
    - Post-Op Recovery Record
    - Discharge Instructions
    - Rx Given to Patient
    - Pathology Report
    - Recorded in Surgical Log

Peer Review

- Required recorded components:
  - Adequacy and legibility of history and physical exam
  - Adequacy of surgical consent
  - Adequacy of appropriate laboratory, EKG, and radiographic reports
  - Adequacy of a written operative report
  - Adequacy of anesthesia and recovery records (with IV sedation or general anesthesia)
  - Adequacy of instructions for post-operative care
  - Documentation of the discussion of any complications