

## PEER REFERENCE EVALUATION FORM

### CONFIDENTIAL AND PRIVILEGED PEER REVIEW DOCUMENT

*Please complete all parts of this form. If more room is needed, use a separate sheet.*

NAME OF APPLICANT \_\_\_\_\_

#### I. VERIFICATION OF STATUS

Dates applicant was at your institution: \_\_\_\_\_ to \_\_\_\_\_  
Applicant's status at your institution: \_\_\_\_\_

#### II. EVALUATION

*Please base your evaluation of the following factors on the applicant's demonstrated performance. If the answer to any is "some concern," please give details on a separate sheet and attach.*

	NO CONCERNS	SOME CONCERN	UNABLE TO ASSESS
Medical/clinical knowledge			
Staying current with developments in specialty			
Clinical judgment			
Technical skills and proficiency			
Management of multiple complex problems			
Interpersonal skills, including:			
Ability to work in a collegial and cooperative manner with others, including nurses and hospital staff			
Relationship with patients and their families			
Communication skills, including ability to understand, speak and write English			
Effective communication with patients and families concerning proposed treatments, alternatives and unanticipated outcomes			
Timely, comprehensive and accurate completion of medical records			

	<b>NO CONCERNS</b>	<b>SOME CONCERN</b>	<b>UNABLE TO ASSESS</b>
Professionalism, including:			
Integrity/ethical behavior			
Responsible attitude toward patients			
Uniform treatment of patients regardless of race, ethnicity, social or economic status			
Management of personal stress/professional demeanor			
Efficient and effective utilization of resources			
Sensitivity and responsiveness to the gender, age, culture, religion, sexual preference, socioeconomic status, beliefs, behaviors and disabilities of patients and professional colleagues			
Citizenship, including:			
Compliance with bylaws and policies			
Compliance with clinical protocols and guidelines			
Fulfillment of on-call responsibilities			
Constructive participation in performance improvement activities			
Constructive participation in practitioner-specific peer review activities			

### III. ACTIONS TAKEN

*If the answer to any of the following questions is "yes," please explain on a separate sheet and attach.*

- Has this practitioner ever been subject to a focused review or an investigation at your hospital?  
Yes \_\_\_\_\_ No \_\_\_\_\_
- Have any conditions ever been imposed on this practitioner's appointment and clinical privileges at your hospital, including, but not limited to, consultation requirements, proctoring, probation, additional training requirements or conditions pertaining to behavior/professional conduct?  
Yes \_\_\_\_\_ No \_\_\_\_\_
- Has any professional review action ever been taken at your hospital regarding this practitioner's clinical privileges, including but not limited to denial, suspension, restriction or revocation?  
Yes \_\_\_\_\_ No \_\_\_\_\_
- Has this practitioner ever resigned or relinquished clinical privileges at your hospital?  
Yes \_\_\_\_\_ No \_\_\_\_\_

5. To your knowledge, has the practitioner ever been under investigation by any governmental or other legal body?  
Yes \_\_\_\_\_ No \_\_\_\_\_
6. At the time the practitioner left your institution, were any peer review proceedings instituted, in process or pending?  
Yes \_\_\_\_\_ No \_\_\_\_\_

#### **IV. FITNESS TO PRACTICE**

Is the practitioner able to safely and competently exercise the clinical privileges requested and perform the duties and responsibilities of medical staff appointment?

Yes \_\_\_\_\_ No \_\_\_\_\_

*If "no," please explain on a separate sheet and attach.*

#### **V. RECOMMENDATIONS**

Recommend without reservation \_\_\_\_\_

Recommend with the following reservations \_\_\_\_\_

\_\_\_\_\_

Do not recommend \_\_\_\_\_

#### **VI. EVALUATION INFORMATION**

How many years have you known the applicant? \_\_\_\_\_

What is your relationship to the applicant? \_\_\_\_\_

What is your present position? (Please be specific.) \_\_\_\_\_

What is the best time to contact you by telephone? \_\_\_\_\_

Telephone number: \_\_\_\_\_

#### **VII. GENERAL IMPRESSION**

My general impression of the applicant is: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_ **HOSPITAL**

**CREDENTIALING/PRIVILEGING REPORT AND RECOMMENDATIONS**

**Presented to Board of Directors: \_\_\_\_\_, 20\_\_\_\_**

***PART 1: Applicants with No Questions or Issues Identified***

The following statements apply to the applicants listed in this **Part 1**:

**1. Eligibility Criteria**

The applicants satisfy the *threshold eligibility criteria* set forth in the Credentials Policy.

**2. Complete Applications**

The applications were *complete* and able to be processed appropriately.

**3. Primary Source Verification**

- a. Primary source verification of credentialing information has been completed.
- b. Confidential Peer Review Evaluations from other hospitals and peer references have been obtained and assessed.
- c. A query has been made to the National Practitioner Data Bank and response received.
- d. The Office of Inspector General's List of Excluded Individuals/Entities has been checked.
- e. A criminal background check has been completed. *(for initial applicants)*
- f. OPPE and FPPE information has been reviewed. *(for reappointment applicants)*

**4. Unanimous and Unqualified Recommendations**

The Department Chair, Credentials Committee, and MEC recommendations to appoint and grant privileges to these applicants were unanimous and unqualified.

**Initial Applicants**

Practitioner Name/Degree	Department/Section	Requested Category	Requested Clinical Privileges

**Reappointment Applicants**

Practitioner Name/Degree	Department/Section	Requested Category	Requested Clinical Privileges

*This document is strictly confidential and privileged under [State] law.  
It is not to be copied, shared, or discussed with any unauthorized personnel.*

## ***PART 2: Special Review Applicants – Favorable Medical Staff Recommendations***

The following statements apply to the applicants listed in this **Part 2**:

### **1. “Red Flag” Issue**

A “red flag” question or concern was identified during the processing of the application (*Reference: Applicant Red Flag Credentialing Guidance*), **OR**

### **2. Waiver Request**

The individual did not satisfy a ***threshold eligibility criterion*** set forth in the Credentials Policy and requested that a waiver of that criterion be granted so that he/she could apply, **AND**

### **3. Favorable Recommendation**

After a focused review of the issue and obtaining additional information, and after considering the recommendations from the Department Chair and Credentials Committee, the MEC determined that the issue was satisfactorily resolved and that:

- The applicant should be appointed and granted the clinical privileges requested, or
- The individual should be granted a waiver of the eligibility criterion at issue and permitted to have his/her application processed.

#### **Initial Applicants**

<b>Practitioner Name/Degree</b>	<b>Department/Section</b>	<b>Requested Category</b>	<b>Requested Clinical Privileges</b>	<b>Red Flag Issue/ Waiver Request*</b>	<b>Comments</b>
				<i>(see sample)</i>	<i>(see sample)</i>
				<i>(see sample)</i>	<i>(see sample)</i>
				<i>(see sample)</i>	<i>(see sample)</i>
				<i>(see sample)</i>	<i>(see sample)</i>
				<i>(see sample)</i>	<i>(see sample)</i>

#### **Reappointment Applicants**

<b>Practitioner Name/Degree</b>	<b>Department/Section</b>	<b>Requested Category</b>	<b>Requested Clinical Privileges</b>	<b>Red Flag Issue/ Waiver Request*</b>	<b>Comments</b>
				<i>(see sample)</i>	<i>(see sample)</i>
				<i>(see sample)</i>	<i>(see sample)</i>
				<i>(see sample)</i>	<i>(see sample)</i>
				<i>(see sample)</i>	<i>(see sample)</i>
				<i>(see sample)</i>	<i>(see sample)</i>

\* See Applicant Red Flag Credentialing Guidance (*e.g., gaps in work history; unfavorable references; unusual malpractice activity*) and Threshold Eligibility Criteria set forth in Articles 2 and 5 of the Credentials Policy.

**PART 3: Special Review Applicants – Unfavorable Medical Staff Recommendations**

For the following applicant(s), the MEC considered the recommendations of the Department Chair and Credentials Committee and recommended that:

1. The applicant's request for a waiver of an eligibility criterion **not** be granted. If the Board agrees, the applicant will not be entitled to a Medical Staff hearing or appeal; or
2. The applicant's request for appointment and clinical privileges be **denied**. The applicant has exercised his or her right to a Medical Staff hearing or appeal or waived that right (*see attached documentation*).

Practitioner Name/Degree	Department/Section	Requested Category	Requested Clinical Privileges	Red Flag Issue/Waiver Request*	Comments

\* See Applicant Red Flag Credentialing Guidance (*e.g., gaps in work history; unfavorable references; unusual malpractice activity*) and Threshold Eligibility Criteria set forth in Articles 2 and 5 of the Credentials Policy.

**PART 4: Other Credentialing/Privileging Actions that Require Board Approval****Requests for Change in Clinical Privileges**

Unless indicated otherwise in the “Recommendations/Comments,” the statements in **Part I** also apply to these requests for changes in clinical privileges (i.e., applicants meet eligibility criteria and submitted complete requests, MSO conducted primary source verification, and MS Committees made unanimous and unqualified favorable recommendations.)

Practitioner Name/Degree	Requested Change	Recommendation/Comments

**Requests for Change in Medical Staff Category**

Practitioner Name/Degree	Requested Change	Recommendation/Comments

**FPPE to Confirm Competence Process for New Medical Staff Members/New Privileges Results in Adverse Recommendation from MEC**

Practitioner Name/Degree	Recommendation* (e.g., restrict privileges; revoke appointment)	Comments

**Requested Return from Leave of Absence – Adverse Recommendation from MEC**

Practitioner Name/Degree	Recommendation* (e.g., deny reinstatement; deny certain clinical privileges upon reinstatement)	Comments

\* The applicant has exercised his or her right to a Medical Staff hearing or appeal or waived that right (*see attached documentation*).

*This document is strictly confidential and privileged under [State] law.  
It is not to be copied, shared, or discussed with any unauthorized personnel.*

<b><i>PART 5: Informational Items – No Board Action Required</i></b>	
<b><i>Successful Completion of FPPE to Confirm Competence Process for New Medical Staff Members/New Privileges</i></b>	
<b>Practitioner Name/Degree</b>	<b>Department/Section</b>
<b><i>Leaves of Absence</i></b> <b><i>(Those Granted and Those Reinstatements Approved)</i></b>	
<b>Practitioner Name/Degree</b>	<b>Department/Section</b>
<b><i>Resignations</i></b>	
<b>Practitioner Name/Degree</b>	<b>Department/Section</b>
<b><i>Retirements</i></b>	
<b>Practitioner Name/Degree</b>	<b>Department/Section</b>
<b><i>Expiration of Appointment/Clinical Privileges</i></b>	
<b>Practitioner Name/Degree</b>	<b>Department/Section</b>
<b><i>[Insert Additional Categories, if necessary]</i></b>	

*This document is strictly confidential and privileged under [State] law.  
It is not to be copied, shared, or discussed with any unauthorized personnel.*