Comment on “Clinical perspective: creating an effective practice peer review process—a primer”

TO THE EDITORS: We congratulate Dr Gandhi and colleagues1 for sharing their experience in peer review programs for obstetrics and gynecology as well as highlighting the important role that formal peer review plays in assessing and improving quality of care. As the authors point out, the lack of peer-reviewed literature is surprising and the authors should be commended for helping to fill that void.

In building our own peer review program, we noticed the tendency to focus on obstetrics as a high-risk, high-liability specialty and noted that the list of possible events and examples in Table 1 does this as well. Due to this, we chose to develop parallel obstetrics and gynecology peer review committees that meet separately.

At our hospital, additional events that trigger review by our gynecologic peer review committee include prolonged hospital stay, surgical findings in disagreement with the primary preoperative diagnosis, unplanned/unscheduled procedure at surgery, intraoperative damage to a non-gynecologic organ system, admission to an intensive care unit, readmission or reoperation within 30 days,2 and in-hospital mortality of any patient not under palliative care.

Additionally, we thought it was important to include any cases put forth for an ad-hoc review even if an issue was not on the list of indications that would automatically trigger a review. Our committee has received cases via this mechanism from resident physicians, nurses, and other staff that would not have otherwise met peer review criteria but the care or course resulted in discomfort among at least one staff member. We include bedside nursing and surgical staff as well as trainees on the peer review committees. Finally, we provide written feedback for all cases that the committees review. In this manner, positive reinforcement is given to teams that experienced adverse events despite excellent clinical care, multidisciplinary teamwork, and seamless communication. We believe these 3 aspects all serve to promote an overall culture of safety in our department.3

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REFERENCES

REPLY

We appreciate the authors’ comments and interest in the peer review process. Our list of review criteria was provided as a useful starting point and will work well in most institutions.1 Additional review criteria are of course welcome and should be tailored to individual departmental needs. Thoughtful processes such as that described by the authors are important components of quality improvement efforts for any hospital.1

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