

Pulmonary Diagnostics: Pulmonary Function Medical Peer Review Program

Site Applicability

St. Paul's Hospital
Mount Saint Joseph Hospital

Practice Level

Pulmonary Diagnostics Medical Practitioners

Requirements

An active medical peer review program will be maintained for the purpose of ongoing improvement in completeness, accuracy, and quality relating to the interpretation of pulmonary function test results, including the evaluation of inter-observer variability amongst the interpreting physicians.

Reviews will take place on an annual basis. Each yearly cycle will begin in July and continue through until the end of the following June.

The medical director for pulmonary function will provide medical leadership for the medical peer review program and will act as the primary medical peer reviewer.

Need to Know

Medical Peer Review Process:

On an annual basis, the medical director for pulmonary function will review a random representative sample of interpretation reports from each of the service's interpreting physicians to assess for completeness, accuracy, quality, and correct use of the appropriate dictation template.

The interpretation will be scored using a predetermined scoring scale (see Report Scoring System). Any discrepancies will be noted on the test printout and reviewed with the original interpreter. Any disagreement that persists shall be assigned to an alternate peer reviewer.

If critical issues or persistent errors are identified it shall be referred to a Review Committee consisting of the medical peer reviewer and the Division Head. Options available to the review committee include:

- Probationary interpretation period
- Suspension of interpretation duties

Commonly observed issues arising from individual assessments will be presented at a meeting attended by all interpreting physicians. Action points will be created to address common deficiencies. The medical director will be responsible for ensuring any changes in practice are implemented as necessary.

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Inter-Observer Variability Process:

Once per year all interpreting physicians will be asked to interpret standardized tests to evaluate the variability of interpretation amongst the physicians.

Results (anonymous) will be presented at a meeting attended by all interpreting physicians. Action points will be created to address unacceptable variability. The medical director will be responsible for ensuring any changes in practice are implemented as necessary.

Report Scoring System

A report will be assessed for accuracy and completion by the reviewer and graded using the following scale:

- Score A: Reviewer agrees with interpretation
- Score B: Interpretation varies slightly, but this is unlikely to affect patient care
- Score C: Interpretation varies and is likely to affect patient care
- Score D: Interpretation varies significantly and would immediately affect patient care.
- Score Z: Reviewer unable to comment as other additional or prior clinical/diagnostic information is required.

Selecting Tests for Review

The pulmonary diagnostics coordinator will be responsible for collecting the required number of tests per physician for review. The composition of tests will include:

Medical Peer Review:

- Spirometry: 10 tests
- Methacholine Challenge: 3 tests
- Full PFT: 10 tests
- 6 Minute Walk/Walking Oximetry: 4 tests
- Nocturnal Oximetry: 5 tests
- Cardiopulmonary Exercise: 5* tests (applicable to physicians interpreting these tests only)

Inter-Observer Variability:

- Spirometry: 3 tests
- Methacholine Challenge: 2 tests
- Full PFT: 3 tests
- 6 Minute Walk/Walking Oximetry: 2 tests
- Nocturnal Oximetry: 2 tests
- Cardiopulmonary Exercise: 2* tests (applicable to physicians interpreting these tests only)

Tests should be pulled randomly, although consideration should be given to ensure that an appropriate balance of normal and abnormal tests are included as part of the review.

All patient and staff identifiers should be removed from the test reports. Indicate “Peer Review” on the hard copy of the report.

Documentation

The pulmonary diagnostics coordinator will maintain a record with the review schedule and number of tests to be interpreted and reviewed per physician. The coordinator will also maintain a medical peer review binder where hard copies of sample tests for review will be filed for each individual physician.

The medical director will maintain a log with the outcomes of the interpretation/review and any follow-up discussions and planned action items

References

Pulmonary Function Accreditation Standards 2017. Diagnostic Accreditation Program, College of Physicians and Surgeons of British Columbia. 2017.

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Approved By: <i>(committee or position)</i>	PHC Pulmonary Diagnostics Coordinator, Respiratory Services Professional Practice Leader, Respiratory Services Medical Director, Pulmonary Function
Owners: <i>(optional)</i>	PHC