



Physician Peer Review Referral Form

1. ✓ appropriate box and provide details in the "Explain Concern" section

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2. Fax to Quality Management Confidential **Fax #: 404-785-7479**. (Please **do not** keep a copy for your personal records for this may impact your protections of confidentiality.)
3. Sign referral at the bottom left column. (Please include a phone number where you can be reached for questions or clarification.)

Clinical Areas:

| Clinical Areas: | Peer Review Consultant: | Contact #: |
|--|-----------------------------|--------------|
| Urgent PR Concerns / Allied Health | Frankie King, CPHQ, Manager | 404-785-7465 |
| Emergency / Urgent Care / Trauma | Vicki Bertrand, RN, CLNC | 404-785-7468 |
| Medicine Depts / Pain Management | Lane Holloway, RN, CLNC | 404-785-7233 |
| Operative Services / Radiology / Pathology | Michele Labuz, RN, BSN | 404-785-7466 |
| Administrative Concerns | Glennisia Gooden | 404-785-7464 |

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| Misdiagnosis | |
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| | Misdiagnosis | |
| | Delay in Care/Failure to Escalate Care | |
| | Medication error (Prescribing, transcribing, administering) | |
| | Unexpected Surgical/Procedure Complication | |
| | Concerns with Consent (incomplete, illegible, lack of, etc.) | |
| | Death (Unexpected, Preventable, within 72 hrs of procedure) | |
| | Supervision of House Staff/Allied Health | |
| | Pain Management Issues | |
| | On-Call (Failure to respond, significant delay in response) | |
| | Trauma (Call issues, Diversion, Trauma Death, Guidelines) | |
| | Regulatory Violations, TJC, Policies and Procedures | |
| | Other | |
| | | |

Printed / Signature (**REQUIRED** for referral)

Date:

Contact telephone number:

The referring individual's identity will be kept confidential according to the protections provided by Federal and State Laws for Peer Review.

Involved Physician(s):

*****PLEASE NOTE: Information is confidential and privileged quality/peer review material pursuant to Georgia Peer Review Statutes, Georgia Code Sections 31-7-130 et seq. and Georgia Code Sections 31-7-140 et seq. This document should be disclosed only to persons who are participating in peer review activities.**

Inappropriate admission to intensive care unit or floor

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| Inappropriate admission to intensive care unit or floor |
| Unwillingness to transfer to lower/higher acuity floor |
| Unexpected transfer from outpatient surgery to SBOV or inpatient status |
| Return to ED/hospital within 72 hours of discharge |
| Other |

Deviation of CHOA's Standard of Conduct Policy

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| Deviation of CHOA's Standard of Conduct Policy |
| Inappropriate or rude behavior / Use of foul language |
| Staff or parent concern |
| Other |
| |

Explain Concern:

Use back if necessary