



Physician Peer Review Referral Form

Directions:

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

<p>Patient Name: _____</p> <p>Medical Record #: _____</p> <p>Account #: _____</p> <p>Date of Event: _____</p>	<p>Location of Event: _____</p> <p>Involved Physician(s): _____</p>	<p>*<u>PLEASE NOTE:</u> 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.</p>	
For questions:			
<p>Clinical Areas:</p> <p>Urgent PR Concerns / Allied Health</p> <p>Emergency / Urgent Care / Trauma</p> <p>Medicine Depts / Pain Management</p> <p>Operative Services / Radiology / Pathology</p> <p>Administrative Concerns</p>	<p>Peer Review Consultant:</p> <p>Frankie King, CPHQ, Manager</p> <p>Vicki Bertrand, RN, CLNC</p> <p>Lane Holloway, RN, CLNC</p> <p>Michele Labuz, RN, BSN</p> <p>Glennisia Gooden</p>	<p>Contact #:</p> <p>404-785-7465</p> <p>404-785-7468</p> <p>404-785-7233</p> <p>404-785-7466</p> <p>404-785-7464</p>	<p>Admission / Discharge</p>
<p>Misdiagnosis</p> <p>Delay in Care/Failure to Escalate Care</p> <p>Medication error (Prescribing, transcribing, administering)</p> <p>Unexpected Surgical/Procedure Complication</p> <p>Concerns with Consent (incomplete, illegible, lack of, etc.)</p> <p>Death (Unexpected, Preventable, within 72 hrs of procedure)</p> <p>Supervision of House Staff/Allied Health</p> <p>Pain Management Issues</p> <p>On-Call (Failure to respond, significant delay in response)</p> <p>Trauma (Call issues, Diversion, Trauma Death, Guidelines)</p> <p>Regulatory Violations, TJC, Policies and Procedures</p> <p>Other</p>	<p>Inappropriate admission to intensive care unit or floor</p> <p>Unwillingness to transfer to lower/higher acuity floor</p> <p>Unexpected transfer from outpatient surgery to SBOV or inpatient status</p> <p>Return to ED/hospital within 72 hours of discharge</p> <p>Other</p>	<p>Behavior</p> <p>Deviation of CHOA's Standard of Conduct Policy</p> <p>Inappropriate or rude behavior / Use of foul language</p> <p>Staff or parent concern</p> <p>Other</p>	<p>Explain Concern:</p> <p>_____</p>
<p>Name: _____ / _____ Printed / Signature (REQUIRED for referral)</p> <p>Date: _____</p> <p>Contact telephone number: _____</p>			
<p><i>The referring individual's identity will be kept confidential according to the protections provided by Federal and State Laws for Peer Review.</i></p>			
<p><i>Use back if necessary</i></p>			