

## **Peer Review Mechanism for Clinical Engineering Services in Canada**

The purpose of Peer Review is to create periodic opportunities for a service to assess its performance, and identify how it might be enhanced. An equitable and thorough assessment is best performed by professionals with experience in the field. The assessment will provide the institution with an indication of the breadth and quality of the service. Also, Peer Review will enhance the sharing of ideas throughout the clinical engineering and health service communities. The ultimate goal is to strengthen service within the organization.

### **Background**

In the Canadian Council of Health Services Accreditation (CCHSA) guidelines [1], institutions are responsible for providing an appropriate range of patient-focused, quality-based services.[1] Each profession is encouraged to develop standards of practice (see Standards of Practice for Clinical Engineering Services in Canada), and create a mechanism for monitoring compliance with the standards. It is the position of the Canadian Medical and Biological Engineering Society (CMBES) that a peer review process is the optimal method of assessing the current level of performance of the service. This voluntary programme provides a mechanism for assessing service conformance to the CMBES Standards of Practice for Clinical Engineering Services and for identifying improvements to service delivery.

The process will include four steps:

- 1. Internal Review:** Staff of the service shall rate themselves according to the Standards of Practice for Clinical Engineering Services and complete the Pre-Survey Questionnaire (PSQ).
- 2. The PSQ** will be reviewed by the Peer Review Committee, who will check to confirm that the applicant has provided sufficient evidence to indicate that the service is ready for review.
- 3. Survey Visit:** An external survey team reviews the service.
- 4. Review Decision:** The CMBES Peer Review Committee grants a 4 year award of compliance, upon recommendation of the survey team.

The mechanism shall be governed by the Chair of Professional Affairs, CMBES, who will appoint a Peer Review Committee to manage the process. Participation in all aspects of this process is voluntary, and no fees or expenses will be charged by any of the participants. The policies and responsibilities of the persons involved are described below, along with a description of the process.

## **1. Policies**

### ***1.1 Peer Review Committee***

1.1.1 The CMBES Professional Affairs Chair shall appoint a committee named the Peer Review Committee.

1.1.2 The Peer Review Committee Chair shall be a certified clinical engineer, appointed by the CMBES Professional Affairs Chair.

1.1.3 The Professional Affairs Chair may serve as the Peer Review Committee Chair if appropriately certified.

1.1.4 The Peer Review Committee shall consist of 5 CMBES members with diverse geographical representation.

1.1.5 The composition of the Peer Review Committee shall be 2 certified clinical engineers and 2 certified biomedical engineering technologists, excluding the Chair.

1.1.6 The role of the Peer Review Committee is to administer the process of the peer review in an equitable and effective manner.

1.1.7 The Peer Review Committee shall meet annually at the CMBES conference, and at the call of the Chair. Meetings can be conducted by conference call.

1.1.8 The presence of 3 members of the Peer Review Committee will constitute a quorum.

1.1.9. It is the responsibility of the Peer Review Committee Chair to keep minutes of all meetings and records of survey awards.

### ***1.2 Standards***

1.2.1 The current standards are outlined in the CMBES document "Standards of Practice for Clinical Engineering Services in Canada".

1.2.2 Peer review award status will be granted by the Peer Review Committee once an acceptable level of compliance with each major section of the Standards of Practice has been demonstrated.

### ***1.3 Survey Team***

1.3.1 The survey team will be nominated by the service requesting review.

1.3.2 The Peer Review Committee shall approve the appointment of the survey team.

1.3.3 The survey team shall be composed of engineers and technologists with significant experience in the field of clinical engineering.

1.3.4 The size of the survey team will be one or more people. The Peer Review Committee may increase the size of the survey team if deemed necessary.

1.3.5 In approving the surveyors, the Committee shall ensure that no apparent or potential conflict of interest is present due to common institutional, regional affiliation or otherwise.

#### ***1.4 Peer Review Period***

1.4.1 The award duration shall be four years.

1.4.2 In order to maintain compliance, a self-evaluation form shall be completed and forwarded to the Peer Review Committee at the end of the second year.

#### ***1.5 Complaints***

1.5.1 Complaints from services surveyed can be submitted to the Chair of the Peer Review Committee, and will be retained with the service's file for review and follow-up. The decision of the Peer Review Committee will be final.

#### ***1.6 Reapplication for Peer Review***

1.6.1 In the event that a service does not fulfill the necessary requirements for peer review, the service is invited to reapply after submitting evidence to the Peer Review Committee that deficiencies identified by the previous survey process have been corrected.

#### ***1.7 Renewals***

1.7.1 The Chair of the Peer Review Committee will track renewal dates for compliant services, and arrange for renewal application material to be issued to the service "x" days before the current award expires.

1.7.2 In order to maintain compliance, renewal applicants will have 40 days to complete and return the PSQ.

1.7.3 The procedure for reapplication cases is the same for new applicants.

#### ***1.8 Correspondence***

1.8.1 All official correspondence will be from the Peer Review Committee on CMBES letterhead.

## **2. Peer Review Process**

### ***2.1 Application for Survey***

2.1.1 The peer review process begins with the application for assessment by the clinical engineering service. Application packages are available on request from the Peer Review Committee.

2.1.2 The head of service shall receive a PSQ. Clinical Engineering Standards of Practice are available for purchase from the CMBES Secretariat.

2.1.3 Using the standards as a guide, the staff shall perform an internal review.

2.1.4 When the staff are satisfied with the results of the internal review, the PSQ should be completed and returned to the Peer Review Committee, along with nominations for survey team members.

2.1.5 The Peer Review Committee will ensure that the information is complete and that essential criteria are met. It is important for applicants to provide clear and accurate information concerning the service applying for peer review. The Committee's decision to provide a review depends on the information provided.

2.1.6 Further information may be required from the staff of the service.

### ***2.2 Survey Process***

#### ***2.2.1 Preparation***

2.2.1.1 The Peer Review Committee will review nominations for membership of the Survey Team and finalize its composition.

2.2.1.2 The Survey Team will arrange a mutually acceptable review date with the service, and notify the Committee in writing.

2.2.1.3 Surveyors, surveyees, and Peer Review Committee members shall be responsible for disclosing any conflict of interest. The committee may choose to change the composition of the survey team to avoid such conflicts.

2.2.1.4 Surveyors will be sent a survey package containing the following:

- Previous Accreditation Report (if applicable)
- Completed Pre-Survey Questionnaire
- Standards of Practice
- Survey Checklist
- Surveyor's Evaluation Form

## Surveyee Post Visit Form Surveyor Guidelines

2.2.1.5 The surveyors shall review the PSQ, and previous accreditation report, identifying items which need special attention.

2.2.1.6 The surveyors must arrange for their own accommodation and travel.

2.2.1.7 The head of service prepares for the survey by arranging interviews with necessary staff, ensuring necessary documents, manuals policies, and minutes are readily available for inspection.

### **2.2.2 Visit**

2.2.2.1 The surveyors carry out the necessary activities to verify the information provided by the PSQ, determine the degree of compliance with standards, and document this on the survey checklist.

2.2.2.2 The head of service and staff assist in the review by adjusting schedules where necessary and providing information for the surveyors whenever required.

2.2.2.3 Based on the clinical programs supported by the service, the survey teams will select at least two areas to perform customer interviews, to assess the overall level of satisfaction with the service.

2.2.2.4 Before leaving the facility, the surveyors will complete and distribute a brief summary of findings and will present an oral report on the findings, suggesting areas for improvement and identifying strengths of the service. It is recommended that all service staff attend this presentation.

### **2.2.3 Post Visit**

2.2.3.1 Within two weeks of the visit, the surveyors shall provide the Peer Review Committee with a written evaluation report containing the completed Survey Checklist and Surveyors Evaluation Form. This report shall include any recommended improvements identified during the survey.

2.2.3.2 Within two weeks of the survey, the staff of the service shall complete and return the Surveyee Post Visit Form. This short report will provide feedback on the appropriateness of the survey process.

2.2.3.3 Upon receipt of the surveyors' and surveyees' reports, the committee shall have 4 weeks to make a decision on the compliance of the service.

2.2.3.4 The Survey Checklist and Surveyors Evaluation Form will be sent to the service, along with the written assessment of the Peer Review Committee.

2.2.3.5 A certificate of compliance shall be issued when an award is made.

2.2.3.6 A notice of successful compliance shall be sent to the CMBES Newsletter for future publication.

## **3. References**

1. Canadian Council of Health Services Accreditation, Guidelines for Hospital Accreditation, CCHSA, 1994.