

OVERVIEW FOR CONDUCTING AN INDEPENDENT PEER REVIEW

1. In order to be better prepared for the peer review it is suggested that the Reviewer and/or Team Leader complete the following tasks:
 - a. Contact the program to be reviewed to discuss the review agenda and arrange a mutually convenient review date. Once the date is set, the reviewer should provide OASAS with the date, time, and reviewer(s) name(s).

It is suggested that the Reviewer send a confirmation letter to the program noting the date and format of the review (see Sample Confirmation Letter).
 - b. Ask if there are any specific areas that the host program would like the reviewer(s) to focus on during the review, to include “Quality Improvement Practices”
 - i. Inquire about the host program having received and begun the “Patient Tracking Log”
 - ii. *The Patient Tracking Log should be initiated at least 4 weeks prior to the program review*
 - c. Coordinate with the program hosting the review to have available documentation that will be needed for the review process. Some of this material can be provided to the reviewer(s) prior to the scheduled review date. The material and/or forms may include:
 - i. Agency and/or Program Brochure
 - ii. Sample case record format to facilitate chart review
 - iii. Schedule of program activities
 - iv. Program mission statement
 - v. Program objectives and philosophy
 - vi. Criteria for:
 1. client admission
 2. movement through treatment phases
 3. treatment completion
 - d. Please ensure that reviewer(s) and the program hosting the IPR review have access and have reviewed the *Independent Peer Review Instrument*.

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2. It is recommended that the on-site review begin with introductions and include any staff member who will participate in the peer review process, (e.g., program manager, admissions officer, clinicians, etc. . .) It is also recommended that:
 - a. The reviewer(s) explain the purpose of the peer review and how it will be conducted and ask if there are any specific areas that the host program would like to focus on during the review, to include “Quality Improvement Practices”
 - b. The program being reviewed should provide the reviewer(s) with a general overview of the program’s operations, including types of services, staffing, and census
3. A tour of the facility following the introductory meeting is recommended. This would be an opportunity to facilitate the experiential “agency walk-through.”
4. If a review team is reviewing the program, it is recommended that the team disperse after the initial tour to conduct their review tasks.
5. Completion of the clinical section for treatment programs is required to meet Federal Block Grant Funding (SAPT) requirements.
6. The reviewer is encouraged to be as detailed as possible in order to highlight any innovative and promising practices, as well as, any Quality Improvement activities the program being reviewed has initiated.
7. Within one-week after the on-site visit, the reviewer should provide a draft of the report to the host program to elicit any comments or feedback.
 - a. The program may respond verbally or in writing to the reviewer to resolve any questions regarding the information included in the IPR report that would be sent to OASAS
8. Within 14 calendar days (two-weeks) of the program review the reviewer is to complete all relevant IPR documents and send the completed forms via e-mail to:
Brenda.Bannon@OASAS.ny.gov

You can also mail completed forms and documents to the address below:

NYS Office of Alcoholism and Substance Abuse Services
1450 Western Avenue
Albany, New York 12203

Attn: Brenda Bannon