

**U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT
ENFORCEMENT AND REMOVAL OPERATIONS
ICE HEALTH SERVICE CORPS**

MULTIDISCIPLINARY PEER REVIEW

**IHSC Directive: 01-46
ERO Directive Number: 11800.5
Federal Enterprise Architecture Number: 306-112-002b
Effective Date: September 19, 2019**

**By Order of the Assistant Director
Stewart D. Smith, DHSc, MPH**

STEWART D SMITH Digitally signed by STEWART D SMITH
Date: 2019.09.18 14:57:04 -0400

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1. **PURPOSE:** The purpose of this directive is to set forth policies and procedures governing the peer review process for the health care providers of the U.S. Immigration and Customs Enforcement (ICE) Health Service Corps (IHSC), integrate previously disparate multidisciplinary policies into a uniform issuance, and assess and maintain standards of medical care in the IHSC health care system.

 2. **APPLICABILITY:** This directive applies to all IHSC personnel, including but not limited to, U.S. Public Health Service (PHS) officers, civil service employees, and contract personnel. It is applicable to IHSC personnel supporting health care operations in ICE-owned and contracted detention facilities (CDFs), and to IHSC Headquarters (HQ) staff. This directive applies to contract personnel when supporting IHSC in detention facilities and at HQ. Federal contractors are responsible for the management and discipline of its employees supporting IHSC.

 3. **AUTHORITIES AND REFERENCES:**
 - 3-1. Section 232 of the Immigration and Nationality Act, as amended, Title 8, U.S. Code, Section 1222 (8 USC § 1222), Detention of Aliens for Physical and Mental Examination.

 - 3-2. Title 42, U.S. Code, Section 249(a) (42 USC § 249(a)), Medical Care and Treatment of Quarantined and Detained Persons.

 - 3-3. Title 42, U.S. Code, Section 252 (42 USC § 252), Medical Examination of Aliens.

 - 3-4. Title 8, Code of Federal Regulations, Section 232 (8 CFR § 232), Detention of Aliens for Physical and Mental Examination.

- 3-5. Title 8, Code of Federal Regulations, Section 235.3 (8 CFR § 235.3), Inadmissible Aliens and Expedited Removal.
- 3-6. Medical Quality Management Instruction; DHS Instruction Number 248-01-001 (September 10, 2012).
- 3-7. The Health Care Quality Improvement Act of 1986.
4. **POLICY:** Licensed independent practitioners (LIPs), health care providers, and nursing staff must undergo peer review in accordance with the provisions of this directive and discipline-specific guidance.
 - 4-1. **Process overview:** A peer review is a clinical performance enhancement process and not an employee evaluation report. It is a tool to continuously improve the quality of care provided to IHSC patients.
 - 4-2. The initial peer review for all health care providers/professionals is conducted within the first three to six months after hire, based on discipline-specific guidance, and then at least every twelve months after completion of the initial peer review. Reviewers select a minimum of ten charts for each review period. Each discipline provides specific guidance and determines the actual number of charts reviewed.
 - 4-3. Reviewers select a minimum of ten charts for each review period. Each discipline provides specific guidance and determines the actual number of charts reviewed.
 - 4-4. Completion of the peer review form should be an interactive and collaborative process whereby the reviewee, as well as appropriate clinic staff, contributes to the completion of the form by telephone, email, or in-person, as indicated under the guidance of the reviewer.
 - 4-5. **Notification & Findings:** The health services administrator (HSA) or designee notifies the individual under review of the peer review findings according to the process outlined by discipline-specific guidance. Reviewers in all disciplines must keep the peer review form confidential.
 - 4-6. The IHSC Credentialing and Privileging Office monitors and maintains a spreadsheet listing the names of the individuals reviewed, the dates of their most recent reviews, and time frames for the next review.
 - 4-7. The responsible health authority (RHA) implements an independent review when there is concern about any individual's competence.
 - 4-8. The RHA implements procedures to improve an individual's competence when such action is necessary.

5. **RESPONSIBILITIES:** Each discipline lead, or delegated designee, ensures their respective health care staff receive and complete a peer review, in accordance with the provisions of this directive.
- 5-1. **Deputy Medical Director.** Ensures that physicians receive a peer review in accordance with the provisions of this directive.
 - 5-2. **Chief Dentist.** Ensures that dentists receive a peer review in accordance with the provisions of this directive.
 - 5-3. **Chief Pharmacist.** Ensures that clinical pharmacists receive a peer review in accordance with the provisions of this directive.
 - 5-4. **Senior Psychiatric Advanced Practice Provider (APP).** Ensures that psychiatric APPs receive a peer review in accordance with the provisions of this directive.
 - 5-5. **Health Services Administrators (HSA).** Ensure that APPs in their facility, other than psychiatric APPs, receive a peer review in accordance with the provisions of this directive.
 - 5-6. **Chief, Behavioral Health Unit.** Ensures that behavioral health providers receive a peer review in accordance with the provisions of this directive.
 - 5-7. **Chief, Nursing Services Unit.** Ensures that all nurse managers receive a peer review in accordance with the provisions of this directive.
 - 5-8. **Nurse Manager (NM).** Ensures that nursing staff in their facility receive a peer review in accordance with the provisions of this directive.
 - 5-9. **LIPs/Health Care Providers/Nursing Staff.** Comply with the provisions of this directive.
 - 5-10. **Senior Credentialing Specialist.** Tracks LIP peer reviews in accordance with the provisions of this directive.
 - 5-11. **Medical Education and Development Unit (MEDU).** Analyzes de-identified peer review findings to identify trends and inform training priorities.
6. **PROCEDURES:** While there are some peer review components that are common across all clinical disciplines, as noted in 4-1. Process Overview section of this instruction, there are other components that require discipline-specific guidance for effective peer review. Section 4-1. is not an all-inclusive list of common components. IHSC staff may access the following discipline-specific guides in the [IHSC Policy Library](#) for detailed peer review procedures.
- 6-1. 01-46 G-01, *Physician Peer Review Guide*

- 6-2. 01-46 G-02, *Dentist Peer Review Guide*
- 6-3. 01-46 G-03, *Advanced Practice Provider (APP) Peer Review Guide*
- 6-4. 01-46 G-04, *Behavioral Health Provider Peer Review Guide*
- 6-5. 01-46 G-05, *Nurse Peer Review Guide*
- 6-6. 01-46 G-06, *Clinical Pharmacist Peer Review Guide*

7. HISTORICAL NOTES: This is a new policy and replaces:

- 7-1. Physician Peer Review, IHSC directive 01-11/ERO directive 11710.3/Federal Enterprise Architecture Number: 306-112-002b Dated 25 Mar 2016;
- 7-2. Advanced Practice Provider Peer Review, IHSC directive 03-37/ERO directive 11853.4/Federal Enterprise Architecture Number: 306-112-002b Dated April 6, 2018;
- 7-3. Behavioral Health Provider Peer Review, IHSC OM 16-011 Dated Mar 24, 2016; and
- 7-4. Nurse Peer Review, IHSC OM 16-028 Dated March 30, 2016.

8. DEFINITIONS: Definitions for this directive are found in the IHSC Glossary located on the [IHSC Policy Library](#) in the document entitled: "Glossary for IHSC Official Guidance".

9. APPLICABLE STANDARDS:

- 9-1. **Performance-Based National Detention Standards (PBNDS):** PBNDS 2011 (revised 2016 edition)
 - 9-1.1 Section 4.3 Medical Care; EE. Administration of the Medical Department; 3. Peer Review.
- 9-2. **National Commission on Correctional Health Care (NCCHC):** Standards for Health Services in Jails, 2018
 - 9-2.1 J-C-02 Clinical Performance Enhancement.
- 9-3. **American Correctional Association (ACA):**
 - 9-3.1 Performance-Based Standards for Correctional Health Care in Adult Correctional Institutions: 1-HC-4A-04 Peer Review.
 - 9-3.2 Performance-Based Standards for Adult Local Detention Facilities 4th Edition: 4-ALDF-4D-25 Peer Review.

9-3.3 Standards for Adult Correctional Institutions, 4th edition: 4-4411 Peer Review.

- 10. RECORDKEEPING:** IHSC creates, receives, stores, retrieves, accesses, retains, and disposes of these records in accordance with ICE Records and National Archives and Records Administration approved records retention schedules.
 - 10-1.** OPM/GOVT-2, Employee Performance File System of Records, 71 Fed. Reg. 35341 (June 19, 2006) covers provider peer review records. The information contained in provider peer review records are for official use only/sensitive but unclassified (FOUO/SBU) and located in the reviewee's credential file.
 - 10-2.** Staff must keep all health records, whether electronic or paper, secure with access limited only to those with a need to know. Staff should lock paper records in a secure cabinet or room when not in use or not otherwise under the control of a person with a need to know.
 - 10-3.** Staff may reference the Department of Homeland Security *DHS Handbook for Safeguarding Sensitive Personally Identifiable Information* or contact the IHSC Records Liaison for further information or guidance.
 - 10-4.** Discipline-specific recordkeeping is delineated in the applicable guides.
- 11. NO PRIVATE RIGHT STATEMENT:** This directive is an internal policy statement of IHSC. It is not intended to, and does not create any rights, privileges, or benefits, substantive or procedural, enforceable against the United States: its departments, agencies, or other entities; its officers or employees; or any other persons.
- 12. POINT OF CONTACT:** Deputy Assistant Director of Clinical Services, ICE Health Service Corps.