



**PEER REVIEW INFORMATION**

PROTECTED BY CALIFORNIA EVIDENCE CODE SECTION 1157

DATE: \_\_\_\_\_

TO: **Service Chief/Division Chief**  
FROM: **Chair, SFGH Credentials Committee**

RE: \_\_\_\_\_

It is a requirement of the SFGH Medical Staff that the Chief of Service, or designee, discuss malpractice claims, suits, settlements or awards by verdict with applicants to their service prior to appointment or reappointment to the Medical Staff.

**The Medical Staff Services Department has been informed that: (SEE ATTACHED)**

**A claim or lawsuit in the amount of \$\_\_\_\_\_ involving \_\_\_\_\_,**

**OR**

**\_\_\_\_\_ % of a settlement or award in the amount of \$\_\_\_\_\_ (or \$\_\_\_\_\_)**  
**was apportioned to the applicant and additional information is needed in order for the application to be considered by the Credentials Committee.**

**Attached is information regarding the case made available to the Medical Staff Services Department.**

Please discuss this case with the applicant and provide written documentation of the items below to the Medical Staff Services Department for forwarding to the Credentials Committee. Please ensure that your correspondence is labeled "CONFIDENTIAL PEER REVIEW INFORMATION PROTECTED BY CALIFORNIA EVIDENCE CODE 1157".

- *The basic facts of the case*
- *The role of this provider in the alleged adverse outcome*
- *Your basis for recommending or not recommending this provider for appointment or reappointment*

In order to avoid delaying action on the appointment or reappointment application, your prompt response will be very much appreciated.

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I have discussed this case with the applicant and these are my findings:

1.) Basic Facts of case: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2.) The role of this provider in the alleged adverse outcome: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3) Corrective actions taken (i.e. advising, counseling, proctoring, etc.):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4.) Your basis for recommending or not recommending this provider: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature, Chief of Service

\_\_\_\_\_  
Date

**\*\*THIS DOCUMENT WILL BE AVAILABLE FOR REVIEW BY THE DIRECTOR OF PUBLIC HEALTH, THE SFGH CHIEF EXECUTIVE OFFICER, GOVERNING BODY AND MEDICAL EXECUTIVE COMMITTEE PRIOR TO THE APPROVAL OF THE APPOINTMENT OR REAPPOINTMENT TO THE SFGH MEDICAL STAFF \*\***

\_\_\_\_\_  
Signature, Chair, Credentials Committee

\_\_\_\_\_  
Date