



REPLY TO  
ATTENTION OF

**DEPARTMENT OF THE ARMY**  
HEADQUARTERS, TRIPLER ARMY MEDICAL CENTER  
1 JARRETT WHITE ROAD  
Tripler AMC, Hawaii 96859-5000

MCHK-QS

DATE

MEMORANDUM THRU Chief, Department of X, Tripler Army Medical Center, 1 Jarrett White Road, HI 96859-5000

FOR Significantly involved radiologists involved in the interpretation of the diagnostic ultrasound performed on DATE for the patient X, SSN

SUBJECT: Provider Notification of Peer Review and Request for Information

1. This memorandum is to inform you that a quality of care peer review has been requested regarding interpretation of a left breast ultrasound obtained on DATE for palpable left breast mass. Peer review will be performed in order to determine whether any standard of care issue contributed to a possible delay in diagnosis and treatment of metastatic breast disease ultimately diagnosed on DATE.
2. The intent of this memorandum is to keep you fully informed and an important part of the risk management process. Your input provides clarification of events and is appreciated by the risk management committee.
3. The case may be submitted to the Risk Management Committee (RMC) for review on DATE. However, you will be kept informed and your schedule accommodated if you wish to attend. Please return the attached form to your Director or Risk Manager, this provides your contact information. It also confirms that you have been notified and asked to provide input about the case. I encourage you to attend to answer questions and provide your perspective.
  - a. If you choose to provide written input, it is very helpful to explain your involvement and the events that resulted in or may have contributed to the patient's outcome.
  - b. It will be helpful to the risk management process to know your rationale for the clinical decisions made and subsequent actions taken. Specifically, please provide comments regarding interpretation of breast ultrasound on DATE.
4. A peer review should not be construed as an adverse or punitive action against a provider. It is an opportunity for fact finding, data collection, and clarification of the circumstances related to the event. At this point we are in the fact finding phase of the peer review process. Risk management peer review is NOT a legal proceeding.
5. Any written statement and your contact information are due to Risk Manager, \_\_\_\_\_, (e-mail address) by SUSPENSE DATE. Also, you may want to access as a reference Army Regulation 40-68, Clinical Quality Management Administration, which is available on-line at <http://www.usapa.army.mil/>.

Hospital Risk Manager  
Risk Management Committee

MCHK-QS

SUBJECT: Provider Notification of Peer Review and Request for Information

DATE:

SUSPENSE:

SUBJECT: Notification of Peer Review and Request for Information regarding patient X, SSN

Name, Grade, and Address of Provider/Professional below:

FOR: Risk Manager, Risk Management Committee, QSD

Receipt acknowledged. This memorandum notifying me of risk management peer review and requesting my input as a significantly involved provider was received on\_\_\_\_\_.

I (do / do not) wish to meet with the Risk Management Committee (this decision can be changed at any time). Please advise me when and where the meeting will be conducted if the case is forwarded for their review.

Signature block of Provider below: