



REPLY TO
ATTENTION OF

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

S: DATE

MCHK-QS

DATE

MEMORANDUM TO: Chief, Department of Radiology

SUBJECT: Quality of Care Concern, Re: PATIENT, SSN

1. A quality of care review is requested regarding this patient's left breast mass initially palpated on DATE. A diagnostic ultrasound of the breast obtained on DATE was negative. Six months later during post partum physical exam on DATE, a left breast mass was again noted and a repeat ultrasound was obtained, indicating BI-RADS Category 5: Highly suspicious for malignancy. Fine needle aspiration was performed DATE positive for metastatic disease. Please address any delay in diagnosis or standard of care issues.
2. A written peer review of the care provided is requested NLT DATE, using the attached format as a suggested guide. Please name each significantly involved provider within your department and if appropriate, assess whether each met standard of care or not. This will also help to ensure that the involved providers can be contacted about the case in the future for further input or feedback
3. This case may be reviewed by the Risk Management Committee DATE depending on provider schedules. However, this is an opportunity for fact finding, data collection, and clarification of the circumstances related to the event.
4. A written notification of peer review form is attached. Copies should be given to all providers significantly involved in this patient's care within your department. Their input is highly encouraged. If the providers are no longer here, an electronic notification can be done. The purpose of this notification is to provide those involved in an event the opportunity to fully participate in risk management committee discussion concerning the case. A peer review should not be construed as an adverse or punitive action against a provider.
5. TAMC medical records can be found in the Medical Records room or electronically.
6. Please call _____, Risk Manager, at 433-2476 with any questions concerning this matter or email _____.

LTC, MC
Chairman, Risk Management Committee