

HEALTHWEST

Policy

No. 09-003

Prepared by:

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Approved by:

Subject: Clinical Chart Review

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I. PURPOSE

HealthWest will have an agency-wide clinical record review by which adherence to targeted clinical performance areas is measured.

II. APPLICATION

All services directly operated by HealthWest.

III. PROCEDURES

A. Quality Improvement (Q.I.) staff will coordinate chart review processes.

B. The Chart Review Committee will determine the content of the chart review protocol, Q035, to be utilized for services delivered by Support Coordinators, Case Managers, and Therapists.

1. When determining content, a variety of input will be considered, including:

- a. The Agency's priorities.
- b. Best clinical practices.
- c. New processes, to assure their efficiency and effectiveness.
- d. Areas needing improvement as noted by external reviewers.
- e. Input from the Clinical Director, Clinical Supervisors/reviewers and individuals receiving services, when available.

2. The record review will minimally address whether:

- a. The person served was provided with a complete orientation.
- b. The person served was actively involved in making informed choices regarding the services they received.
- c. The assessments were thorough, complete, and timely.
- d. The goals and objectives on the Individual Plan of Service (IPOS) were based on the results of the assessments and on the input of the person served.
- e. The actual services were related to the goals and objectives.
- f. Whether transition plans and discharge summaries were completed as required.

- F. After reviewing the record, the reviewer/supervisor will summarize the findings on a Follow-up to Clinical Chart Review (page two of the Q035, or Q044, attached).
 - 1. The supervisor will discuss the chart review and other case findings with the assigned worker.
 - 2. Strengths, accomplishments and positive outcomes will be included, in addition to areas needing improvement or immediate corrective action.
 - 3. Both the supervisor and the worker will sign the form.
 - 4. The worker will make the corrections specified on the Follow-up Form.
 - 5. Supervisors will assure that desired changes occur.
 - 6. If documentation or services are lacking for a discipline/area outside of the Clinical Supervisor's normal oversight, a copy of the review will be forwarded to the supervisor who is responsible, so that the needed correction may be addressed.
- G. After maintaining a copy of the review for their records, supervisors/reviewers will forward the review to the individual designated for data entry.
 - 1. The Quality Improvement Unit will "post" reviews that have been completed, received, and data-entered in order to provide that feedback to the reviewers.
 - 2. Data entry will be completed within five (5) working days of receipt.
 - 3. Q.I. staff will aggregate results and review them with the Chart Review Coordination Committee quarterly.
- H. The Chart Review Committee will review and analyze aggregated data and will make recommendations for follow-up as needed.
 - 1. The Chart Review Committee, in coordination with the Clinical Director, will monitor follow-up activities intended to improve performance.
 - 2. These actions will be written on a Performance Monitoring Report. When completed, the form will be forwarded to the chairperson of the Chart Review Coordination Committee.
- I. Supervisors will utilize the information from chart reviews for clinical supervision, performance review, as a basis for performance improvement initiatives, and to determine training needs.
- J. Additional review processes may be developed to meet focused or short-term interests. Q.I. staff will provide technical assistance with process development, methodology, analysis, and reporting, upon request.
- K. Individuals' right to confidentiality will be maintained throughout the chart review process.

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