

HEALTHWEST  
Policy and Procedure  
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. PROCEDURE

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.

- g. Whether services were documented in accordance with the agency's policies.
  - h. Whether the individual plan was reviewed and updated according to the agency's policies.
- 3. Review content will be modified as needed, usually every 12-24 months.
- C. Review protocols for other disciplines will be developed by the Clinical Supervisors of those services, in consultation and coordination with the Chart Review Committee.
- D. Approximately ten (10) percent of the agency's clinical records will be reviewed annually.
  - 1. To assure sufficient sampling, each of the four major provider sections (Supports Coordination, Clinical Services, Skill-Building, and MI Specialized Residential) will complete a minimum of two hundred (200) clinical reviews per year.
  - 2. Sample selection will be random stratified by the Clinical Supervisor. Cases will be drawn randomly by the supervisor, not from all available cases in the agency.
  - 3. Sampling will represent each clinical discipline and worker.
  - 4. If a case is closed after it has been assigned, the closed record will be reviewed. \*\* Supervisors can review it as if the date of review was the same day it was closed. This is so that documents "expiring" after closing are not a negative reflection on the recordkeeping.
  - 5. Cases will not be excluded from review because the data obtained from the record would be a negative. All cases have an equal chance to be reviewed, except as noted in item 6, below.
  - 6. A record will only be reviewed once a year, by the same reviewer. The case may be reviewed by different disciplines during the same twelve (12)-month period.
- E. The Q.I. Specialist or their designee will assign cases for review by the first business day of every month. Case numbers will be forwarded to Clinical Supervisors monthly.
  - 1. Clinical Supervisors will complete reviews using the Clinical Chart Review form (Q035) or the form appropriate to the discipline under review (Physical Therapy, Occupational Therapy, Speech Therapy, Clubhouse Services, Nursing, and Behavioral Supports). Supervisors review mainly the work of their own staff and discipline, though some "boilerplate" items may be also be included in the interest of the Agency's priorities and data needs.
  - 2. Scoring Guidelines for the Clinical Chart Review (Q035) will be written by the Quality Improvement Specialist, approved by the Chart Review Committee, and made available to all reviewers. Reviewers will be inserviced on the scoring guidelines.
  - 3. Only the content of the clinical record that is immediately available at the outset of the review will be considered. If documents have not been filed, they will not be counted. Supervisors may note that the issue was corrected immediately, but the record will be reviewed, "as is".
  - 4. Only the most recent clinical year will be reviewed. For cases open less than one (1) year, the entire record will be reviewed.
  - 5. Reviews assigned for the previous month are due the first working day of the following month.
- 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.