

HEALTHWEST

Policy and Procedure

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Prepared by:


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Quality Assurance Department

Approved by:

Subject: Clinical Chart Review

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I. POLICY

HealthWest will have a clinical record review process that ensures the agency upholds best practices regarding the provision and documentation of services, and maintenance of consumer clinical records. The clinical chart review process itself will also conform with accreditation standards, enable adequate oversight, and provide a method for the agency to assess and maintain its adherence to all applicable regulations and requirements regarding clinical documentation.

II. PURPOSE

HealthWest will develop and maintain a comprehensive, systemic clinical chart review process that evaluates the quality, completeness, and accuracy of clinical documentation and records. The clinical chart review process and its results will be used as a measure of quality, a mechanism for feedback, and a tool for improvement within the agency's overall Quality Assurance and Performance Improvement Program.

III. APPLICATION

All consumer records and clinical documentation regarding services provided by HealthWest staff and its network of contracted providers.

IV. PROCEDURE

- A. The Quality Assurance (QA) department will be responsible for coordinating and overseeing HealthWest's clinical chart review processes.
- B. A Chart Review Committee, comprised of staff from various clinical programs and positions, will assist the QA Department in implementing the agency's clinical chart review process. Members of the Chart Review Committee will establish and implement the agency's chart review protocol, including the content, scope, sampling, frequency, and procedures for clinical chart reviews. The Chart Review Committee, in coordination with the QA Department and Performance Improvement Committee, will also assist with the compilation, distribution, and use of the results of clinical chart reviews.

C. The Chart Review Committee will determine the content of clinical chart reviews, evaluate the content of clinical chart reviews on an ongoing basis, and modify the content as needed. When determining content, input from a variety of sources will be considered, including:

1. Current best clinical practices
2. Contractual requirements, which may be defined by the Centers for Medicaid and Medicare (CMS), the Michigan Department of Health and Human Services (MDHHS), the Lakeshore Regional Entity (LRE), and other oversight bodies
3. All applicable behavioral healthcare standards and requirements contained in federal and state statutes and final rules, the Michigan Mental Health Code (MHC), the Michigan Medicaid Provider Manual, MDHHS Policies and Practice Guidelines, the CCBHC Demonstration Handbook, Behavioral Health Code Charts and Provider Qualifications, and pertinent site review tools
4. Findings, observations, and areas needing improvement identified by external reviewers, surveyors, and auditors
5. Improvement projects and elements of the HealthWest Quality Assurance and Performance Improvement Program
6. Agency priorities and strategic plan objectives identified by HealthWest Leadership
7. New processes, to assure their efficiency and effectiveness
8. Input from various stakeholders, including the HealthWest Leadership Team; the Chief Clinical Officer and Clinical Operations Team; Clinical Supervisors, Managers, and Directors; members of the Chart Review and Corporate Compliance Committees; internal departments including Quality Assurance, Compliance, and Provider Network Management; and individuals receiving services

D. The record review will minimally address whether:

1. The person served was provided with a complete orientation.
2. The person served was actively involved in making informed choices regarding the services they received.
3. The assessments were thorough, complete, timely, and addressed all aspects of a person's mental health.
4. Person-centered planning was utilized through pre-planning and development of the Individual Plan of Service (IPOS).
5. 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.
6. The services provided were related to the goals and objectives, and delivered in the amount, scope, duration, and frequency stated in the IPOS.
7. Transition plans and discharge summaries were completed as required.
8. Services were documented in accordance with the agency's policies and practices regarding content and timeliness of documentation.
9. The individual plan was reviewed and updated according to the timeline agreed upon within the IPOS and in accordance with the agency's policies and procedures.

E. Selection of Cases for Clinical Chart Reviews

1. At least ten (10) percent of the agency's clinical records will be reviewed annually.

2. The QA Department or designated members of the Chart Review Committee will select cases for review by the first week of every quarter of the fiscal year. Selected cases will be sent to Clinical Supervisors for completion of the required reviews.
3. To ensure representative sampling, cases for review will be selected from all clinical programs responsible for treatment planning and service delivery. The Chart Review Committee will review the sampling criteria before selecting cases each quarter, to ensure all necessary programs and supervisors are included in the review process.
4. Cases for review will be selected randomly from all open cases within the programs participating in the review. Sample selection will be stratified by clinical program, as well as clinical supervisor, when multiple supervisors work within one program.
5. To ensure adequate sample size and equitable distribution of reviewing responsibilities, stratified sample selections will be proportional to the number of staff that work on each clinical team.
6. Oversampling will be used when selecting cases, to provide clinical supervisors with a small number of alternate cases to review in the event a selected case is not appropriate for review (e.g. has only been open a short time and does not have documentation available to review). However, cases must not be excluded from review simply because the results of the review would be negative.
7. Closed cases may still be reviewed. Inclusion of closed cases in clinical chart reviews provides an important opportunity to review transition planning and discharge processes.

#### F. Completion of Chart Reviews

1. Clinical Supervisors are responsible for assigning cases for review within their team and ensuring reviews are completed as assigned. Supervisors will retain the ability to designate staff and coordinate reviews as appropriate for their team.
2. Reviewers will utilize the current HealthWest Chart Review Form to complete their assigned clinical chart reviews. Reviewers are expected to utilize all available documentation in the clinical record and to review all elements within the form.
3. Completed chart reviews are submitted from the reviewer to the clinical supervisor, who is responsible for reviewing all findings, sharing feedback with the appropriate caseholder or clinical team member, and ensuring any corrections in the chart are completed as necessary.
4. For cases open more than one year, reviewers should prioritize the most recent twelve-month period within the clinical record. For cases open less than one (1) year, the entire record will be reviewed.

#### G. Results of Clinical Chart Reviews

1. The Chart Review Committee will review and analyze aggregated data and will make recommendations for follow-up as needed.
2. The Chart Review Committee, in coordination with the Chief Clinical Officer and clinical supervisors, managers, and directors, will monitor follow-up activities intended to improve performance.
3. Supervisors will utilize the information from chart reviews for clinical supervision, staff training and development, annual performance evaluations, and as a basis for performance improvement initiatives.

4. Results of clinical chart reviews will be shared with the Performance Improvement Committee and integrated into the agency's Quality Assurance and Performance Improvement Program (QAPIP).

#### H. Additional Review Processes

1. Review protocols for other disciplines will be developed by the Clinical Supervisors and Managers of those services, in consultation and coordination with the Chart Review Committee and QA Department.
  2. Review protocols may also be developed as needed to meet focused or short-term interests. QA Department staff will provide technical assistance with process development, methodology, analysis, and reporting, upon request.
- I. Individuals' right to confidentiality will be maintained throughout the chart review process.

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