

COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEASTERN MICHIGAN		<i>Policy and Procedure</i>	
Department: Compliance Author: Suzanne Kapica		<i>Peer Review Policy</i>	
		Local Policy Number (if used)	
Revision Date	Approval Date	Implementation Date	
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Reason:			

I. PURPOSE

This policy is to define peer review functions of the Community Mental Health Partnership of the Southeast Michigan (CMHPSM).

II. POLICY

The CMHPSM is committed to identifying and correcting processes or variations in care/services that may lead toward undesirable or unanticipated events affecting consumers or consumer care. Peer review will be utilized in order to establish evaluation mechanisms for clinical care and service delivery that identify opportunities for improving care.

III. APPLICATION

All WCHO, CSSN and CSSN Look-alike staff within the Community Mental Health Partnership of Southeast Michigan (CMHPSM) including students, volunteers, and some Licensed Independent Practitioners.

IV. DEFINITIONS

Adverse Event: Events that do not qualify as Sentinel events but are serious and could identify process improvements. The Director will determine if an event is an adverse event when the event does not qualify as a Sentinel Event.

Clinical Supervision/Case Conferences: Team meetings and/or regular meetings held by clinical service staff where consumer care and clinical planning takes place, including peer/supervisor suggestions are given to assist in treatment.

CMH Peer Review Incident Report: Data base of unusual incidents of consumer care relating to any incident that disrupts or adversely affects the course of treatment or care of an individual consumer or the program caring for others.

Peer: Any physician/psychiatrist, social worker, psychologist, nurse, nurse practitioner and/or other clinical professionals who meet basic qualifications with clinical experience and training to provide an evaluation of a specific significant issue or general case or

process review. The peer(s) involved in the review shall have the same license/credentials as the person or persons involved in the event or service process.

Peer Review: A process in which mental health professionals evaluate the clinical competence and quality and appropriateness of care/services provided to consumers. The review may focus on an individual event or aggregate data and information on clinical practices. These processes are confidential in accordance with section 748(9) of the Mental Health Code Act 258 of 1974.

Performance Improvement: A systematic way of addressing improvement opportunities that involve the use of soft (facilitation techniques, problem solving processes) and hard (data analysis, statistical tests) skills to understand, recommend and implement change.

Regional and Internal Clinical Review Process: A process with identified and trained staff that performs case reviews of the consumer PCP and the clinical services being delivered.

Root Cause Analysis: A process for identifying the basic or causal factors that underlies variation in performance, including the occurrence, or possible occurrence, of a sentinel event.

Sentinel Event: an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function. The phrase 'or risk thereof' includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome. Put another way—if the event had continued or were to recur, the individual would risk death or major permanent loss of function.

Utilization Review: Analysis of the patterns of service authorization decisions and service usage in order to determine the means for increasing the value of services provided (minimize cost and maximize effectiveness/appropriateness).

V. STANDARDS

A. The CMHPSM declares that the following business functions and analysis are all defined as PEER REVIEW FUNCTIONS:

1. Sentinel or Adverse Event Reports/Root Cause Analysis
2. CMH Peer Review Incident Reports and Data
3. Regional and Internal Clinical Reviews
4. Case Conferencing and Clinical Supervision or Team Meetings
5. Utilization Review

B. In accordance to the Michigan Mental Health Code 330.1143a, the Administrative Rules R 330.7046, Public Health Code Act 368 of 1978 Section 333.20175 & 333.21515, all records and information obtained during Peer Review Functions are confidential and shall be used only for the purpose of reviewing the quality and appropriateness of care for improved practices. All documents created during and as a result of the Peer Review Functions shall not be public record or available through the Freedom of Information Act (FOIA) and are not subject to court subpoena.

- C. Reports or Forms completed as a part of a peer review process shall be kept as peer review documents and shall not be kept as a part of a consumer/customer clinical record. A summary of the incident (reported on the form/report) shall be included in the consumer/customer clinical record for any consumer involved in accordance with the requirements of the Administrative Rules 330.7046.
- D. Peer Review Process analysis of events or clinical practices shall be based, as appropriate, on objective evidence drawn from relevant scientific literature, clinical practice guidelines, departmental historical experience and expectations, peer department experience and standards, and/or national standards.
- E. Risk Management and Corporate Counsel shall be consulted as needed during any peer review function.
- F. Peer Review Functions/Processes shall adhere to all laws and policies including the reporting of any disciplinary action taken by an agency/organization against a health professional licensed or registered in the state that adversely affects the licensee's or registrant's clinical privileges for a period of more than 15 days. "Adversely affects" means the reduction, restriction, suspension revocation, denial or failure to review the clinical privileges of a licensee or registrant.

VI. EXHIBITS

None

VII. REFERENCES

Reference:	Check if applies:	Standard Numbers:
Michigan Mental Health Code Act 258 of 1974	X	330.1143a
Administrative Rules	X	R 330.7046
Michigan Compliance Laws- Public Health Act 368 of 1978	X	333.20175 & 333.21515
JCAHO- Behavioral Health Standards	X	Sentinel Events, PI 1.10, 2.20, 2.30 and 3.10
MDCH Medicaid Contract	X	Health and Safety 2.7
Division of Adult Foster Care Licensing: Adult Foster Care Small Group Homes	X	R 400.14311

VIII. PROCEDURES

None