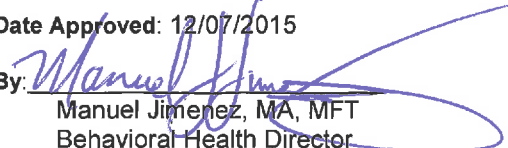
	<p>Date Approved: 12/07/2015</p> <p>By:  Manuel Jimenez, MA, MFT Behavioral Health Director</p>
<p>POLICY TITLE</p> <p>Formalized Case Review</p>	<p>Policy No: 1603-4-2</p> <p>Date of Original Approval: 1/30/2012</p> <p>Date(s) of Revision(s): 12/07/2015</p>

PURPOSE

This policy updates the “Formalized Case Review Policy” originally approved January 30, 2012. The term “Sentinel Event” is being replaced with “Unusual Occurrence” to be consistent with terminology used by other governmental and certifying bodies.

Alameda County Behavioral Health Care Services (ACBHCS) may conduct a Formalized Case Review whenever an Unusual Occurrence involves a Beneficiary. The Formalized Case Review follows or can be conducted concurrently with the initial review of an Unusual Occurrence/Death Report when further review of an event is requested. Refer to Policy No. 1603-4-1 “Unusual Occurrence and Death Reporting.”

The purpose of conducting a Formalized Case Review is to:

- Review issues pertaining to service connection, access, linkage and transfers between service providers, and coordination of care.
- Identify patterns and trends, analyze findings and make recommendations for quality improvement
- Review and evaluate the adequacy, appropriateness, or effectiveness of the care and treatment planned for, or provided to, beneficiaries in order to improve quality of care.

The Formalized Case Review is part of the confidential Quality Assurance (QA) Process and is subject to laws and regulations related to QA, including confidentiality. This policy is for the purposes of Quality Assurance only and all confidentiality associated with QA activities governs these policy and procedures per the authorities listed below.

AUTHORITY

Title 9, CCR, Section 1810.440, MHP Quality Management Programs; MHP contract with CA Department of Health Care Services (DHCS). QA Activities are governed by California statutes including, but not limited to, Welfare and Institutions Code §§ 4030, 4070, and Evidence Code §§1156.1, 1157, 1157.5, 1157.6 and 1157.7; Civil Code 43.7.

SCOPE

All county-operated programs in addition to entities, individuals and programs providing services under a contract, or subcontract with ACBHCS may be required to participate in a Formalized Case Review if requested.

POLICY

This policy establishes the procedures for requesting and conducting a Formalized Case Review.

PROCEDURE

- A. After an Unusual Occurrence/Death Report has been filed, the BHCS Director, BHCS Deputy Director, BHCS Medical Director, BHCS Quality Management Program Director, a BHCS System of Care Director, or BHCS QA Administrator may request that a Formalized Case Review be conducted.
- B. If a Formalized Case Review Occurs, the review shall include:
 - i. One or more representatives from the BHCS Executive Team.
 - ii. One or more representatives from the BHCS Quality Assurance or Quality Management Office,
- C. A Formalized Case Review may also include any or all of the following individuals:
 - i. Staff members from the provider site(s) where the incident occurred, or which had contact with the Beneficiary, and individuals who have or may have knowledge of the event and/or practices related to the event.
 - ii. A panel of one or more clinicians external to the provider site who have demonstrated expertise in the area to be reviewed.
- D. The Formalized Case Review panel will be convened by the QA Office. At the conclusion of the Formalized Case Review, the QA Office will summarize the findings in a report which will be distributed to the BHCS Director, the BHCS Deputy Director, and the Quality Management Program Director.
- E. Role of ACBHCS Quality Improvement Committee. On at least an annual basis, summaries of recommendations made as a result of Formalized Case Reviews will be presented to the ACBHCS Quality Improvement Committee (QIC) for the purpose of identifying any system-wide trends and further recommendations for improvement. All

information presented to the QIC will be de-identified of beneficiaries' Protected Health Information (PHI).

F. Formalized Case Reviews will cover the following areas:

i. What Contributed to the Event

Discuss events and circumstances that led to the death or event.

Management of the Event by Provider Staff (if applicable)

Discussion of provider staff members present at the event, if any, staff assignments, staff involvement at the time, staff roles in relation to the event, to whom and how the event was reported, and current status.

ii. Review of Clinical Management of the Event

Review of the Beneficiary's records for the information including, but not limited to, date Beneficiary last seen; content and regularity of progress notes; medications; last review of case; indication of more staff activity around this Beneficiary recently, if any; change in medication regimen; change of therapist/case manager or setting; and any change in the way the Beneficiary's care was being managed (i.e., seeing Beneficiary less/more frequently; change in status; change in treatment approach or objective – for example, from individual to group, from ongoing therapy to preparation for termination, etc.).

iii. Review of Beneficiary's Mental/Psychological Status

Review the Beneficiary's psychological condition: presenting problem, history, most recent mental status examination, psychological history, description of the behavioral and functional impairments of the Beneficiary, formulation of the current DSM/ICD Diagnosis with criteria, recent upsets, stressors, change in behavior or variations from norm, recent changes in life situation (i.e., job, marriage or relationship, finances, religious activity, legal status, health, etc.), change in communication pattern, degree of anxiety, and habits.

iv. Summary and Recommendation

Summarize major findings for each of the above. Make recommendations for any administrative, management or clinical improvements or changes based on review of the event.

CONTACT

BHCS Office	Current as of	Email
Quality Assurance Office	December 2015	qaoffice@acbhcs.org

DISTRIBUTION

This policy will be distributed to the following:

- ACBHCS Staff
- ACBHCS County and Contract Providers
- Public

ISSUANCE AND REVISION HISTORY

Original Author: Kyree Klimist, MFT, QA Administrator

Original Date of Approval: 01/30/2012 by Marye Thomas, MD, ACBHCS Director

Date of Revision: 12/07/2015 by Manuel Jimenez, MA, MFT, ACBHCS Director

Revise Author	Reason for Revise	Date of Approval by (Name)
Donna Fone, MFT, LPCC	Policy update	12/07/2015 by Manuel Jimenez

DEFINITIONS

Term	Definition
Beneficiary	Anyone currently receiving ACBHCS care or services, or who has received ACBHCS care or services in the last 12 months. The term 'beneficiary' is also synonymous with 'consumer,' 'patient,' or 'client'.
Unusual Occurrence	<p>An Unusual Occurrence is an unexpected event that has occurred that may have caused physical and/or psychological harm, or has potential to do so, to a Beneficiary OR to another person that involves a Beneficiary. The term "Unusual Occurrence" is also synonymous with 'sentinel event.' Reportable events should be credible and may include both physical and psychological factors as well as occurrences which are witnessed by staff or reported by others, regardless of location. Events that trigger a mandated child abuse or elder/dependent adult abuse report are <u>not</u> reportable under this policy with the exception of the item marked with * below. Reportable events include but are not limited to:</p> <p><i>Physical Events Involving a Beneficiary:</i></p> <ul style="list-style-type: none"> • Death or serious injury to a current consumer or an individual who received services within the previous twelve months • Death or serious injury to any person that involved an individual who received services within the previous twelve months • Suicides or suicide attempts

Unusual Occurrence (cont'd)

- Problems involving seclusion and/or restraint of a consumer
- Any allegations of abuse of consumers (or family members) by a provider or another consumer within the same agency*
- Falls by consumer or family member for any reason (with or without injury) within a provider facility
- Errors in the prescription or administration of medications
- Assault of a consumer or by a consumer
- Allegations of property loss

Psychological Events Involving a Beneficiary

- Allegations of unethical relationships or other unprofessional conduct between staff and consumer or family member
- Observation and/or information regarding questionable or inappropriate staff behavior related to client care.

Other Events

- Suspected violation of professional licensure and/or ethics by a staff member serving ACBHCS beneficiaries
- Incidents related to physical facility issues that impact the consumer, staff or public.
- Events which involve a potential for ACBHCS liability or media attention.