PerformCARE®	Policy and Procedure
Name of Policy:	Internal Documentation, Review, and Follow-Up of Quality-of-Care Issues
Policy Number:	QI-004
Contracts:	☒ All counties ☐ Capital Area ☐ Franklin / Fulton
Primary Stakeholder:	Quality Management Department
Related Stakeholder(s):	Clinical Services Department
Applies to:	PerformCare Associates and Providers
Original Effective Date:	02/01/04
Last Revision Date:	09/27/24
Last Review Date:	02/25/25
OMHSAS Approval Date:	02/25/25
Next Review Date:	02/01/26

Policy: PerformCare associates may be alerted to quality-of-care concerns which may have resulted or did result in harm to a Member. Identified quality of care concerns will be referred to the Quality-of-Care Council (QOCC) for review and follow-up. Following a referral to QOCC, information is reviewed from all possible sources to assign a severity level to each referral. Based upon the severity level assigned to each referral, providers may be required to take steps that would prevent future risk of harm to Members.

Purpose: The purpose of QOCC is to review adverse events which may put PerformCare Members at harm and to work with the Provider Network to put steps in place to reduce or eliminate future risk, thereby improving the quality of treatment Members receive and ensuring Member safety.

Definitions: **Adverse Event:** A Member safety concern associated with behavioral health treatment that may have resulted or did result in ***harm*** to a Member receiving services from a Provider in PerformCare's Network.
Critical Incidents: An unexpected and undesirable event that has an adverse impact on the outcome of care that occurs during a Member's term of care funded through PerformCare.
PerformCare Associate: Any employee or contractor of PerformCare.
Quality of Care Concern: An adverse event that is referred to the Quality-of-Care Council for review and follow-up.
Quality of Care Council (QOCC): The internal PerformCare team consists of the Medical Director (or designee), Director of Clinical Services (or designee), Director of Quality Management (or designee),

the Director of Operations (or designee), and a Designated Quality Management Associate designated to implement the procedures of QOCC. The goal of the team is to resolve issues at the lowest possible level and to track adverse events reported by the Provider Network while giving the assurance of Member safety at all times.

Acronyms: **QOCC:** Quality of Care Council
QM: Quality Management
PA: Psychiatrist Advisor/Psychologist Advisor

Procedure:

1. If during the course of business, a PerformCare Associate identifies a potential quality of care concern, consultation will occur with the Associate's supervisor, or a PerformCare PA as outlined in *CM-004 Psychiatrist Advisor/Psychologist Advisor Consultation*.
   1.1. Consultation with a supervisor or PA will be documented by the PerformCare Associate. If the concern is determined to be a potential quality of care concern due to Member safety/risk factor, a referral is made by the PerformCare Associate who identifies the concern to the QOCC using a referral form.
   1.2. When clinically indicated to address immediate safety concerns, the PerformCare Associate who identifies the safety concern and refers to QOCC will notify the Provider of the adverse event/quality of care concern and when appropriate provide immediate education regarding the concern.
2. All Critical Incident Reports submitted by PerformCare Providers that qualify as an adverse event will be referred to the QOCC for further review.
   2.1. All Critical Incident Reports submitted by PerformCare Providers involving a Member's unanticipated death including, but not limited to suicide or overdose, will be referred to the QOCC for further review.
3. Upon receipt of referrals, the Designated Quality Management Associate will review the referral and conduct additional research to exhaust all potential Provider education efforts and/or identify all attempts to prevent risk to Members.
4. When finalizing the initial review of a potential quality of care concern, the Designated Quality Management Associate completes a severity determination. Identifying the severity level of each quality-of-care concern is utilized to standardize the follow-up that may be completed for each referral. See *Attachment 1 Severity Level Review*.
5. If additional information is needed to complete the severity level determination, the Provider is contacted telephonically, or a written request is sent to the Provider.

6. If a referral meets the criteria for a Sentinel Event, follow-up will be completed in accordance with *QI-CIR-002 Sentinel Event Review*.
7. Case Review/Evaluation process:
    7.1. After assigning the severity level, the Designated Quality Management Associate completes an initial review and prepares a case summary for the QM Director (or designee) or PerformCare Medical Director (or designee). The level of severity will determine the reviewer for the case summary. The QM Director (or designee) has the ability to have any case reviewed by the Medical Director (or designee).
    7.2. If it is determined that additional information is needed, the Designated Quality Management Associate will follow the steps outlined above.
    7.3. In conjunction with the Designated Quality Management Associate, the QM Director (or designee) or PerformCare Medical Director (or designee) will complete a secondary review of the case summary and will render a final decision within 5 business days.
8. Referrals to the QOCC that are classified as a non-event due to not meeting the definition of a quality-of-care concern will be forwarded to another PerformCare department for further review and follow-up as appropriate.
9. Follow-up activities that may occur for lower-level quality of care concerns that do not result in direct harm coming to the Member include:
    9.1. Sending a closure letter to inform the Provider that the event was reviewed, and no additional follow-up is required.
    9.2. Requesting treatment records, policies, supervision notes, a summary of events, and/or a summary of the internal review completed by the Provider.
    9.3. See *Attachment 1 Severity Level Review* for additional information regarding how follow-up activities are tracked.
10. Quality of care concerns that are classified as severe due to the potential risk level for the Member will be monitored by the members of the QOCC. The Designated Quality Management Associate will coordinate and complete all follow-up and present the information to the QOCC. The QOCC, in conjunction with the QM Director (or designee) or PerformCare Medical Director (or designee) will render the final outcome disposition. On a case-by-case basis, follow-up activities that may be required for severe quality of care concerns include:
    10.1. Development of a Quality Improvement Plan and subsequent monitoring.
    10.2. A Psychiatrist and/or Psychologist Review of the Member record.

10.3. Under the advisement of the PerformCare Medical Director (or designee), an immediate and interim suspension of referrals may be imposed and will be revisited at a minimum once every thirty (30) days. In the event that an interim suspension of referrals is put in place, PerformCare will notify the appropriate Primary Contractor(s). Members currently in treatment at the time of suspension are closely monitored through frequent clinical care management contact.

10.4. In accordance with PerformCare policy *QI-CR-003 Credentialing Progressive Disciplinary Actions for Providers*, QOCC will submit a referral to the PerformCare Credentialing Committee when the following has occurred:

10.4.1. Efforts to resolve a quality-of-care concern at a lower level via QOCC are unsuccessful.

10.4.2. Attempts to review a quality-of-care concern are compromised or not supported by the Provider in the return of requested information.

10.4.3. A situation is identified that will result in immediate. harm to Members.

10.5. Non-routine site visits may be recommended as part of a significant quality of care concern review in accordance with *PR-020 Non-Routine Site Visits*.

10.6. See *Attachment 1 Severity Level Review* for additional information regarding how follow-up activities are tracked.

11. Members of the QOCC will review the number of quality-of-care concerns, Critical Incident Reports by category, and Restraints and Seclusions for each Provider on a quarterly basis for consideration of further actions with Providers. The focus of the review of the reports will change over time and will be adjusted as different trends are noted through the Provider Network.
12. The QM Department will conduct annual quality of care concern training for all PerformCare departments that may encounter an adverse event or quality of care concern during the course of daily operations.

Related Policies: *CM-004 Psychiatrist Advisor/Psychologist Advisor Consultation*
PR-020 Non-Routine Site Visits
QI-042 6 Criteria Complaint
QI-043 Dissatisfaction Complaint
QI-CIR-001 Critical Incident Reporting
QI-CIR-002 Sentinel Event Review
QI-CIR-003 Restraint and Seclusion Monitoring
QI-CR-003 Credentialing Progressive Disciplinary Actions for Providers

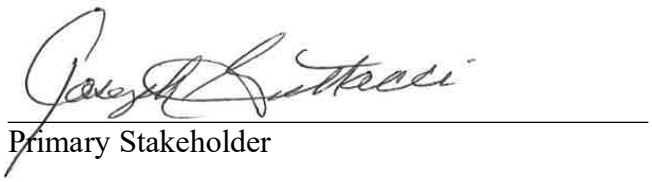
Related Reports: None

Source Documents and References: None

Superseded Policies and/or Procedures: None

Attachments: *Attachment 1 Severity Level Review*

Approved by:



Primary Stakeholder

Severity Level Review

Level	*Outcome Determination*	*Possible Follow-up*
Mild	A potential safety concern that did not reach the Member. Protective factors were identified when reviewing the Provider's follow-up after the incident. (Processes in place and followed) No harm identified. Systemic change not required.	□ Verbal Follow-up □ Closure Letter □ Other: _____
Moderate	A safety concern was identified where the event reached the Member, but did not cause any harm. Concerns were identified with the follow-up completed by the Provider before or after the incident. Provider education required. Systemic changes not required. Action plan may be required.	□ Verbal Follow-up □ Request for Internal Investigation □ Request for Copy of Policies & Procedures □ Record Request □ PA Follow-up/Education □ Plan to Prevent Reoccurrence □ Meeting with Provider □ Other: _____
Severe	A hazardous or unsafe circumstance (other than an individual's own disease, process, or condition) was identified, and the result was physical or psychological harm to the Member. Initial classification for Member Death by Suicide that do not meet Sentinel Event criteria. Immediate follow-up required. Systemic changes required. Action plan required. Possible suspension of referrals or referrals to Credentialing Committee.	□ Request for Internal Investigation or Root Cause Analysis □ Request for Copy of Policies & Procedures □ Record Request □ PA Follow-up/Education □ Quality Improvement Plan □ Meeting with Provider □ Non-Routine Site Visit □ Intermediate Suspension of Referrals □ Credentialing Referral □ Other: _____

**Mild and Moderate Concerns will have a secondary review by the QI Director or designee. Severe concerns will have a secondary review by the Medical Director or designee.*