



Community Health &
Research Center

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Approved By: Mohamad Khraizat	Title: Health Operations Manager
Signature: 	Date: 12-18-19

I. POLICY

It is the policy of the ACCESS Mental Health and Family Counseling Division (ACCESS) to provide quality mental health services to Individuals. To ensure quality ACCESS shall fully comply with CARF and Detroit-Wayne County Community Mental Health Agency Standards. Peer Reviews are conducted on an on-going basis and reported to the program managers and/or Director for action as required by state and federal laws, rules and regulations of the ongoing peer review process in accordance with the Michigan Mental Health Code Section 100c (2). (MCL 330.1100c (2)).

II. PURPOSE

The purpose of this policy is to assure that the quality of ACCESS clinical records meets or exceeds the current best practices in mental health service delivery, ACCESS funding sources' requirements, CARF certification standards and the Detroit-Wayne Community Mental Health Agency standards.

To ensure these standards ACCESS will:

- Establish procedures to identify clinical records for peer review, method for reviewing the records, and a reporting mechanism that provides feedback on compliance and establishes corrective measures
- Review the performance of staff granted a clinical credential and privileges in complying with the standards
- Monitor significant trends by analyzing aggregate data and
- Utilize this data from the Peer Review process to improve the quality of care through individual supervision, as well as, staff development and education.

III. APPLICATION

These Policies and Procedures apply to ACCESS employees, contractors, interns and volunteers in the departments requiring peer reviews of client files.

IV. PROCEDURES

- A. Staff shall maintain clinical records according to the ACCESS CHRC Policies and Procedures on all individuals who are or have received behavioral health treatment interventions.

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- B. The Peer Review Committee consists of all behavioral health providers and their coordinators/supervisors/managers. The Quality Assurance Manager will fulfill the duties of the Chair of this committee and distribute the cases selected for reviews.
- C. The Peer Review Committee will review cases quarterly as determined by the chart selection timeframe designated by the funding sources.
- D. For Psychiatric Peer Reviews, it is the responsibility of the Medical Director, with the advice and consultation of the clinical staff, to identify and address any problems or opportunities for improvement in the clinical care provided by members of the ACCESS Psychiatric staff.
1. The Medical Director will be providing a second opinion as requested by the individual.
 2. He/she will be providing an annual seminar to the clinical staff on psychiatric medications and possible health consequences.
 3. The Psychiatric Peer review will be completed by the Medical Director once per quarter on a representative sample of the cases in a random selection, along with any incident reports of individuals medically and psychiatrically hospitalized and/or deceased.
- E. The clinical records for review will be either:
1. Required clinical records:
 - a) Clinical records subpoenaed for a legal matter in the last 30 days.
 - b) Review of deaths
 - c) Review of Incident Reports and Critical & Sentinel Events
 - d) Unusual clinical patterns identified or
 - e) Staff with disciplinary action for clinical record management.
- F. Randomly selected from the electronic medical records systems. The Program Manager may select criteria prior to the random selection of records.
- G. The Quality Assurance Manager (Chair) will assign the clinical records to be reviewed to the members present.
- H. The review tool used has been provided in MH-WIN for all providers in Wayne County to use. See the attachments for the details for the current tool. The members of the Peer Review Committee following the direction of the Chair and their supervisor will review the selected clinical records utilizing the current review tool directly in MH-WIN.
- I. A Peer Review Summary will be kept by the Chair which details the charts reviewed and their respective compliance adherence.
- J. The Program Manager will meet with the clinician(s) for supervision around the standards.



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- K. The results of the reviews of individual clinical records will be reviewed with the clinicians of record. These results may be conveyed verbally by a member of the Committee or by a report.
1. The clinician will receive specific information about the reviewed record's compliance, deficiencies that need correction and direction for finding the related standards.
 2. Within two weeks of the receipt of the results, the clinician(s) of record will update the clinical record and return the clinical records to the Program Manager. He/She will note the update in the system.
 3. A report will be provided quarterly and performance improvement activities will take place as a result.

V. QUALITY ASSURANCE

To assure the quality of care of services delivered by ACCESS Mental Health, the Peer Review Committee Chair will deliver copies of each Quarterly Peer Review Summary Leadership. The delineated recommendations and trends may be utilized in the planning by the ACCESS Management, Utilization Review and Management Committee, and Staff Development and Training Committee.

VI. EXHIBITS

- DWWIN Information on the Peer Review Tool Standards
- MDCH Site Review Interpretive Guidelines
- Peer Review Form – Psychiatry
- Peer Review Report Sample - MH-WIN Program and Clinical Review Report
- Peer Review Sample Size – Psychiatry