ALAMEDA COUNTY Behavioral Health Care Services	Date Approved: 1/30/12 By: Mental Health Director
POLICY: Formalized Case Review Policy and Procedure	Date Revised: MM/DD/YY Policy No.:

POLICY: Formalized Case Review Policy and Procedure

Behavioral Health Care Services (BHCS) may conduct a Formalized Case Review whenever a Sentinel Event occurs involving a Beneficiary. . **The Formalized Case Review follows the initial review of a Sentinel Event/Death Report in which further review of the event is requested. 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**[1]This policy is for the purposes of Quality Assurance (QA) only and all confidentiality associated with QA activities govern these policy and procedures.

DEFINITIONS

A Beneficiary is considered to be anyone currently receiving care or services, or who has received care or services in the last 12 months.

Sentinel Events are defined as any unexpected occurrence involving death or serious physical and /or psychological injury of a Beneficiary. Examples of Sentinel Events include, but are not limited to suicides, serious suicide attempts, and unusual medical, clinical, or administrative incidents, acts of violence by or against a Beneficiary.

QA Office is the Alameda County Behavioral Health Care Services Quality Assurance Office.

PURPOSE

The purpose of conducting a Formalized Case Review is to:

a) Review issues pertaining to service connection, access, linkage and transfers between service providers.

b) Identify patterns and trends, analyze findings and make recommendations for quality improvement.

c) 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

PROCEDURE

[1] QA activities are governed by California statutes including by 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

After a Sentinel Event/Death Report has been filed, the BHCS Director, BHCS Deputy Director, BHCS QA Administrator may direct that a Formalized Case Review be conducted.

If a Formalized Case Review occurs, the review shall include:

- A representative from the BHCS Executive Administration and the Q A Office.

A Formalized Case Review may also include any or all of the following individuals:

- 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..
- A panel of one or more clinicians external to the provider site who have demonstrated expertise in the area to be reviewed.
- The Quality Improvement Director

The Formalized Case Review panel will be convened by the QA Office. . At the conclusion of the Formalized Case Review, The QA Office will report a summary to the BHCS Director of , the BHCS Deputy Director and if pertinent, the BHCS Quality Improvement Director.

The Formalized Case Review shall follow the **GUIDELINES FOR FORMALIZE CASE REVIEWS,** which are identified below.

The QA Office is responsible for reports of all Formalized Case Reviews. Final reports will be made as follows:

1. The BHCS Director and Deputy Director will receive a report that may contain clinical details.:

2. The BHCS Quality Improvement Director may receive a report, however, it will not contain clinical details.

GUIDELINES FOR FORMALIZE CASE REVIEWS

I. What Contributed to the Event:

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

II. 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.

III. Review of Clinical Management of the Case/Event

Review the Beneficiary's records for the information including but not limited to: date Beneficiary's last seen; content and regularity of progress notes ; medications; last review of case; indication of more staff activity around this Beneficiary's recently, if any; change in medication regimen; change of therapist/case manager or setting; any change in the way the Beneficiary's care was being managed (i.e., seeing Beneficiary's 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.)

IV. Review of Beneficiary's Mental/Psychological Status

Review the Beneficiary's psychological condition. Presenting problem, history, most recent mental status examination, psychosocial history, description of the behavioral and functional impairment of the Beneficiary's , formulation of the DSM IV 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, habits.

V. 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..