


<b>CHAPTER</b> Administration	<b>CHAPTER</b> 01	<b>SECTION</b> 002	<b>SUBJECT</b> 90
<b>SECTION</b> Operations		<b>DESCRIPTION</b> Clinical Case Review Committee	
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**APPLICATION:**

<input checked="" type="checkbox"/> CMH Staff	<input type="checkbox"/> Board Members	<input type="checkbox"/> Provider Network	<input checked="" type="checkbox"/> Employment Services Providers
<input type="checkbox"/> Employment Services Provider Agencies	<input checked="" type="checkbox"/> Independent Contractors	<input type="checkbox"/> Students	<input checked="" type="checkbox"/> Interns
<input type="checkbox"/> Volunteers			

**POLICY:**

Lapeer County Community Mental Health will establish and implement a Clinical Case Review Committee to provide support to clinical staff for high risk cases.

The standards and procedures will be followed as required by the Michigan Department of Health and Human Services (MDHHS) Contract for Specialty Services and Supports and the Michigan Department of Behavioral Health and Developmental Disabilities Administration Medicaid Managed Specialty Services and Support Program Waiver.

**STANDARDS:**

- A. The Clinical Review Committee will review:
  1. deaths
  2. critical incidents
  3. critical events
  4. high risk events
  5. sentinel events
  6. hospital recidivism

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- B. Events will be reported, reviewed and investigated, with appropriate follow-up action(s) taken in a timely manner in accordance with the requirements set forth by the State of Michigan.
- C. The Clinical Case Review Committee will be comprised of at least three LCCMH staff. The composition of the three staff members must be a Master's level clinician as the Committee Chair, a licensed physician / psychiatrist and a representative of the Office of Recipient Rights.
- D. An administrative assistant will participate in the committee to keep meeting minutes clearly delineating the planned actions of the committee, schedule the location/date/time of meetings, and gather completed forms.
- E. The Clinical Case Review Committee will meet monthly to review high risk cases. The Recipient Rights Officer will review the quarterly Critical Incident and Death Reports with the committee.
- F. The committee will review all clinical critical events, including mortality reviews of all deaths not determined to be sentinel events. The investigations will include the review of all available records and information concerning the member including, but not limited to the review of:
  1. Individual Plans of Service (IPOS)
  2. Progress notes
  3. Psychiatric evaluations
  4. Medications reviews
  5. Behavior Treatment Plan
  6. Grievances and appeals
  7. Recipient Rights Complaints
- G. The committee shall also review and make recommendations regarding individual cases referred by another committee and/or professional staff when the following considerations are at issue:
  1. Unresolved diagnoses
  2. Unimproved person served/ treatment failures and/or complications in treatment
  3. Suicides or attempted suicides
  4. Assaults and/or physical self-abuse requiring general health treatment
  5. Homicides
  6. Medication overdoses requiring general health services
  7. Review of death of persons served with LCCMH services

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**PROCEDURES:**

- A. The primary case holder requesting a high risk case to be presented to the committee will first get approval from their supervisor. Their supervisor will notify the administrative assistant for the case to be added to the agenda after the primary case holder has completed the Clinical Review Form #385. The administrative assistant assigned to the committee will notify the primary case holder when the case will be presented to the committee. The Recipient Rights Officer will call a meeting or send a secure email to the committee if an urgent issue needs to be addressed between regularly scheduled meetings. The Clinical Review Form will be provided to the administrative assistant prior to the assigned meeting.
- B. The primary case holder will be notified by the committee or their supervisor when a person served has a high frequency of hospital visits and the need for a meeting. Prior to the meeting, the Clinical Case Review Chairperson will complete the Hospital Recidivism Form #384.
- C. The committee will complete a chart review, root cause analysis and provide written recommendations to primary case holder during the meeting. The primary case holder will assure implementation of the recommendations of the committee. The committee will provide the primary case holder a date for the next review at 30 or 60 days, to receive an update of the person's served progress. If no further update is needed, the primary case holder will continue with current services.
- D. If the committee finds the need for restrictive or intrusive techniques, a referral must be made to the Behavior Treatment Plan Review Committee. When issues cannot be resolved the case will be referred to the CEO for review.
- E. The Recipient Rights Officer will provide and review the quarterly Critical Incident Report and Sentinel Events during the Clinical Case Review Committee meetings. If a Critical Incident needs to be reviewed before the next monthly scheduled Committee meeting the Recipient Rights Officer will contact the Chair and administrative assistant to have a meeting scheduled or send a secure email with needed updates through the electronic health record.

**DEFINITIONS:**

**Critical Event:** All events actual or alleged events or situations creating a significant risk of substantial or serious harm to the physical or mental health, safety or wellbeing of person served. For example: critical incidents and risk events.

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**Critical Incident:** All Suicide, Non-Suicide Death, Emergency Medical treatment due to Injury or Medication Error, Hospitalization due to Injury or Medication Error, Arrest of a person served, or Injury as a result of physical management.

**High Risk Event:** An event putting an individual at risk of harm. Such an event is reported internally and analyzed to determine what action needs to be taken to remediate the problem or situation and to prevent the occurrence of additional events and incidents.

**Hospital Recidivism:** An inpatient admission occurring within thirty days of a hospital discharge.

**Intrusive Techniques:** Techniques encroaching upon the bodily integrity or the personal space of the person served for the purpose of achieving management, control, or extinction of a seriously aggressive, self-injurious or other behavior placing the individual or others at risk of physical harm. Examples of such techniques include forcing an individual to ingest a medication, receive an injection of a drug used to control or extinguish the behavior, and are not otherwise used as standard medication treatment or dosage for the individual's condition. Use of intrusive techniques as defined here requires review and approval by BTPRC

**Restrictive/Intrusive Techniques:** Those techniques which, when implemented, will result in the limitation of the individual's rights as specified in the Michigan Mental Health Code and the federal Balanced Budget Act. Examples of such techniques include the systematic use of mechanical restraint, physical management, or seclusion (all of which restrict freedom of movement, prohibiting communication with others to achieve therapeutic objectives, prohibiting ordinary access to meals, use of the Craig (or veiled) bed, or any other limitation of the freedom of movement of an individual and any technique which can be described as an affront to the dignity of the person served. Restrictive techniques include the use of a drug or medication when it is used as a restriction to manage an individual's behavior or restrict the individual's freedom of movement and is not a standard treatment or dosage for the individual's condition. Use of restrictive techniques requires the review and approval of the Committee.

**Sentinel Event:** An "unexpected occurrence" involving death (not due to the natural course of a health condition) or serious physical or psychological injury or risk thereof.

BS:mgr