

Charleston/Dorchester Community Mental Health Center

**QUALITY OF CARE REVIEW BOARD POLICY AND PROCEDURE**

**Purpose:**

To establish an internal system of review and evaluation of Adverse and Unusual Incidents and situations possibly adversely impacting patient care.

**Policy:**

The Charleston/Dorchester Community Mental Health Center has, as part of its Quality Assurance Program, a "Risk Management Committee" to review and evaluate adverse incidents. When appropriate, Quality of Care Review Boards shall be convened to more comprehensively review adverse incidents. Selection, operation and documentation of these Boards shall adhere to the procedure specified below.

**Procedure:**

The Center's Executive Director or designee shall, on a daily basis, review all Adverse and Unusual Incident Reports. Such reports are required by the Division of Quality Assurance of the Department of Mental Health. The procedural requirements for these reports are specified elsewhere in the Department's and the Center's Quality Assurance policies and procedures manuals.

Following review, copies of all Adverse and Unusual Incidents reports will be forwarded for further review to the Center's Risk Management Committee and to the Center's Medical Director. In cases regarded by the Executive Director as needing investigation, he/she will instruct the Medical Director to establish a Quality of Care Review Board for the report in question.

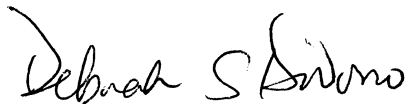
The Risk Management Committee may make recommendations to the Executive Director regarding cases for which a Quality of Care Review Board is deemed indicated. A Review Board regarding any case shall be established upon the recommendation of the Medical Director. In all cases, the reason(s) for necessity of a Review Board will be explicitly stated. The South Carolina Department of Mental Health Office of Quality Assurance, which receives copies of all Adverse and Unusual Incident Reports deemed by the Executive Director to be of a serious or potentially serious nature, may also request a Review Board for specific incidents.

The Medical Director shall be responsible for directing the Quality of Care Review Board process and shall function as permanent Chairperson of all Review Boards or may appoint another clinical staff person to serve as chairperson for each Review Board. Each Board shall contain at least one physician, who may serve as Chairperson if so appointed by the Medical Director. The Executive Director and Chairperson will select Board members from Center staff on a rotating basis. The Chairperson will coordinate a time for the Board to convene. Members will regard the Board's agenda with urgency. All related documentation will be at the Board's disposal for review. Every aspect of the Review Board process must be treated with confidentiality.

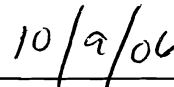
After reviewing all pertinent information, actions, and outcomes, the Board will compile a written disposition addressing the patient(s) history and current status, patient(s) behavior, staff action(s) and responses(s), and outcome(s). This report will either support staff actions or make recommendations for alternative methods of addressing the issues and problems described in the report. If applicable, corrective action recommendations regard the Center's programmatic issues and policies and procedures may be made. The Board will document its findings in a narrative report signed by the Chairperson and author (if not the Chairperson).

Final reports will be forwarded to the Executive Director and the Medical Director. These will be discussed by the Executive Director with the Chairperson of the Center's Board of Directors when appropriate. Any final reports requested by the Medical Director to be presented to the Board of Directors by the Executive Director shall be so presented. The final report will be forwarded to the Office of Risk Management, South Carolina Department of Health.

Staff members will be released from the Review Board when the final report is completed. Information presented during the inquiry and Review Board findings and recommendations are to remain confidential in order to protect the rights of the individual(s) involved.



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Executive Director



Date

Policy dated 3-17-97  
Revised 8-06