Guam Behavioral Health and Wellness Center		
TITLE: Clinical Peer Review and Medical Records Review	**POLICY NO.:** AD-MR-01	
RESPONSIBILITY: Clinical Programs		
APPROVED BY: ____________ **REY M. VEGA, DIRECTOR**	**EFFECTIVE DATE: 4/19/17**	
	REVISED: JUL 26 2018	

PURPOSE:

A. To define the process and describe the activities in the Peer Review as they relate to the improvement of health care quality, performance, effectiveness and efficiency of patient care by the mental healthcare providers.

B. The goal of the peer review process is to identify training needs and to improve the quality of service.

POLICY STATEMENT:

A. It is the policy of GBHWC to conduct peer reviews. It takes a two (2) pronged approach in its peer review process; medication utilization review conducted by the Medical Staff and medical records clinical documentation review conducted by other Behavioral Health Disciplines.

B. All Medical Staff members are required to participate in medication prescribing peer review semiannually to identify simultaneous use of multiple medications in the same drug class, medication interaction, and to assess the appropriateness of each medication as determined by;
   a. The needs and preferences of each consumer.
   b. Efficacy of the medication.
   c. The presence of side effects and unusual effects.
   d. Contraindication were identified and addressed.
   e. Necessary tests were conducted (e.g. AIMS test, Blood Test).

C. Medical records clinical documentation review of the services provided, shall be conducted simultaneously by the different sections (Psychology, Psychiatric Nursing, Counselors and Social Workers) quarterly on current and closed cases that addresses, as evidenced by the medical record of the consumer;
   a. The quality of services delivery.
   b. Appropriateness of services.
   c. Patterns of service utilization.
   d. Model Fidelity, when an evidenced-based practice is identified.

D. Peer review documentation is considered confidential and the results of such reviews will be communicated only with the appropriate individuals. A written summary report identifying training needs shall be reported and provided on a quarterly basis to the Quality Performance Improvement Committee (QPIC) meeting.

E. Every attempt will be made to ensure that fair, equitable and non-biased procedures are utilized in all peer review proceedings. Peer review will be included in the credentialing and privileging process of the medical staff practitioners and the performance evaluation of other mental health providers.

DEFINITIONS:

1. Mental Health Providers: Include Psychiatrist, Psychologist, Mental Health Nurse Practitioner/Psychiatric Nurse, Counselors and Clinical Social Workers.

2. Peer: "Peer" is an individual practicing in the same profession and who has expertise in the appropriate subject matter.

3. Peer Review: is the objective evaluation of an individual practitioner's professional performance and includes the identification of opportunities to improve care.

4. Review Indicators: Identifies a significant event that would ordinarily require analysis by mental health provider peers to determine cause, effect and severity. The GBHWC review indicators that may trigger a peer review shall include but are not limited the following;

   a. Sentinel Events or significant adverse outcome
   b. Critical Incidents
   c. Adverse Drug Reaction
   d. Mortality
   e. Multiple readmission to crisis stabilization in a month
   f. Substance abuse relapse within 30 days of abstinence
   g. Persistent or repetitive violations of medical records standard documentation issues
   h. Complaints involving medical care or physician behavior
   i. Cases as identified by the Medical Director, Program Head or Supervisor where opportunities to improve may be addressed.

PROCEDURE:

A. Medication Prescribing Peer Review – conducted by the Psychiatrist semiannually
   1. The *GBHWC Medication Prescribing Peer Review Form F-AD-31* (reference attachments) shall be utilized for each peer review conducted.
   2. Ten (10) open cases that meets the review indicators shall be selected randomly for review.
   3. If no cases were identified to meet the review indicator, the Medical Director shall randomly select ten (10) charts for review.
   4. When records are selected for review, the person responsible for providing the service/treatment is not responsible for selection of his/her records to be reviewed or be the reviewer of his/her records.
   5. Peer Review forms must be turned in to the Quality Improvement Section within two weeks of the Peer Review Date.
   6. Any deficiencies found in the chart peer review should be identified and corrected.
   7. A summary report of the peer review findings (identifying training needs) shall be provided to the Quality Improvement committee or QI section.

B. Medical Record Peer Review – conducted quarterly by the different programs
   1. Each Program shall have a discipline specific routine chart peer review every quarter. The *GBHWC Medical Record Peer Review Form* F-AD-32 (*reference attachments*) will be utilized for each peer review conducted.
   2. Ten (10) open charts (concurrent review) within the previous quarter that meets the review indicator and ten (10) charts closed within the year shall randomly be selected by the supervisor of the clinical discipline, or the program administrator for Child Adolescent Services Division (CASD).
   3. If no cases were identified to meet the review indicator, the Supervisor shall randomly select ten (10) charts for review.
   4. When records are selected for review, the person responsible for providing the service/treatment is not responsible for selection of his/her records to be reviewed or be the reviewer of his/her records.
   5. All peer review forms shall be turned in to the Quality Improvement section within 2 weeks of the audit/review date.
   6. Any deficiencies found in the chart peer review should be identified and corrected.
   7. A summary report of the peer review findings (identifying training needs) shall be provided to the Quality Improvement committee or QI section.

C. Documentation and Timeliness of Peer Review Process
   1. Medication prescribing peer review shall be conducted semi-annually; any recommendation shall be included in the mental health provider's performance evaluation.
   2. Routine peer review shall be conducted and reported by each discipline quarterly.
   3. Documentation stemming from peer review recommendations shall be placed in each sections peer review minutes and, specific recommendations will be included in the mental health provider's performance evaluation.

ATTACHMENTS:
I. Medical Staff Peer Review Form
II. Routine Peer Review Form
III. Medical Records Review Form

SUPERSEDES: Peer Review of Medical Record Protocol; Effective date/signature date; July 31, 2012. Approved by Director Wilfred Aflague

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GUAM BEHAVIORAL HEALTH AND WELLNESS CENTER
REVIEW AND ENDORSEMENT CERTIFICATION

The signatories on this document acknowledge that they have reviewed and approved the following:

[x] Policy and Procedure — **Submitted by: Quality Management**

[ ] Protocol/Form — **Policy No: AD-MR-01**

[ ] Bylaws — **Title**: Peer Review Policy

	Date	Signature
Reviewed/Endorsed		[signature]
Title	**Name Title**	Dr. Mary Fegurgur Psychologist
Reviewed/Endorsed		[signature]
Title	**Name Title**	Jeremy Lloyd Acting Nurse Administrator
Reviewed/Endorsed		[signature]
Title	**Name Title**	Annie Unpingco CASD Administrator
Reviewed/Endorsed		[signature]
Title	**Name Title**	Michelle Sasamoto Compliance Officer
Reviewed/Endorsed	5/31/18	[signature]
Title	**Name Title**	Cydsel Toledo Quality Improvement Coordinator
Reviewed/Endorsed	06/04/18	[signature]
Title	**Name Title**	Dr. Ariel Ismael Medical Director

<table>
<tr><td rowspan="3">Reviewed/Endorsed

Title</td><td>Date</td><td>Signature</td></tr>
<tr><td>6/5/18</td><td>[signature]</td></tr>
<tr><td>Name Title</td><td>Reina Sanchez
Clinical Administrator</td></tr>
<tr><td rowspan="3">Reviewed/Endorsed

Title</td><td>Date</td><td>Signature</td></tr>
<tr><td>JUL 18 2018</td><td>[signature]</td></tr>
<tr><td>Name Title</td><td>Benny A. Pinaula
Deputy Director</td></tr>
<tr><td rowspan="3">Reviewed/Endorsed

Title</td><td>Date</td><td>Signature</td></tr>
<tr><td>7/26/18</td><td>[signature]</td></tr>
<tr><td>Name Title</td><td>Rey M. Vega
Director</td></tr>
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GBHWC Medical Staff Peer Review

Consumer Initials: ____________ **Admit Date:** ____________ **Discharge Date** ____________ ☐ **Active** ☐ **Closed** **Program** __________

Consumer ID # ________________ **Psychiatrist:** ______________________ **Reviewer:** __________________ **Review Date** ____________

MEDICATION PRESCRIBING : CHECK APPROPRIATE RESPONSE	Yes	No	NOT APPLICABLE
To answer item 1-5, look at the most recent medication list included in the period being reviewed.			
1. Is there more than one medication prescribed for psychiatric purposes?	☐	☐	☐
2. What is the total number of medications prescribed for psychiatric purposes?(Encircle # of Psychiatric medications)	Meds 1, 2, 3, 4, 5, 6 or more		☐ No meds Prescribed
3. Of the psychotropic medications prescribed, are there: ≥ 3 antipsychotics?	☐	☐	☐ Not prescribed psychotropic meds
4. Of the psychotropic medications prescribed, are there: ≥ 3 antidepressants (exclude trazodone)?	☐	☐	☐ Not prescribed psychotropic meds
5. Of the psychotropic medications prescribed, are there: ≥ 2 benzodiazepines (exclude hypnotics)?	☐	☐	☐ Not prescribed psychotropic meds
6. Are the multiple medications justified in the progress notes?	☐	☐	☐ Not prescribed psychotropic meds
7. Is there documentation of medications received from outside providers, i.e. PCPs, or any OTC meds or supplements?	☐	☐	☐ No medications received from outside providers,
8. If the initial psychiatric evaluation occurred during the time period you are reviewing [if not, mark N/A], does the narrative in the evaluation support the assigned diagnoses?	☐	☐	☐
9. If there was a change in diagnosis during a **follow up** psychiatric service, is this change supported by the clinical notation? [mark N/A if no diagnosis change, or if this is an Evaluation service]	☐	☐	☐ No change in Diagnosis, or this is an evaluation service
10. Are medications prescribed appropriate for the documented diagnoses?	☐	☐	☐
11. Does the clinical notation evidence the client's treatment preference?	☐	☐	☐
12. Does the clinical notation evidence informed consent for **newly prescribed** medications? (please do not consider changes in dose for existing medications to be new medications) (i.e. consumers were given an explanation of benefits, risks and side effects for each new medication prescribed; and consumer consented to medication)	☐	☐	☐ (no new meds was prescribed)

GBHWC Medical Staff Peer Review

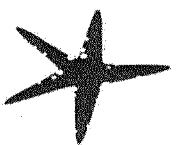
CHECK APPROPRIATE RESPONSE	Yes	No	NOT APPLICABLE
Medication Prescribing Peer Review			
13. If a new medication was prescribed, is this supported by the clinical notation?	☐	☐	☐ (No new medication)
14. If a new medication was prescribed, is there evidence of pregnancy or reproductive discussions when applicable?	☐	☐	☐ (pregnancy /reproductive discussions aren't applicable)
15. Is there evidence of medication interaction assessments?	☐	☐	☐ Pt. is only on one medication; or no medication prescribed
16. Does the clinical notation discuss the effectiveness of the medication(s) prescribed?	☐	☐	☐ (No medications was prescribed; or patient was just prescribed medications during this service)
17. Does the clinical notation discuss the presence or absence of side effects, unusual effects, or contraindications?	☐	☐	☐ No medications was prescribed; or patient was just prescribed medications during this service)
18. Does the clinical notation discuss the presence or absence of EPS or TD for clients prescribed antipsychotics?	☐	☐	☐ (Not on antipsychotics; or patient was just prescribed antipsychotics during this service)
19. If side effects, unusual effects, or contraindications are present, does the clinical notation indicate how they are being addressed? (If side effects are tolerated, does the clinical notation indicate they are being monitored?)	☐	☐	☐ (No side effects, unusual effects, or contraindications present; patient has not been on medication & was just prescribed meds during service)
20. Does the clinical notation discuss vital signs, weights or other measures as appropriate to the medications prescribed?	☐	☐	☐ No medications prescribed; or patient was just prescribed medications during this service)
21. Have appropriate lab tests been ordered?	☐	☐	☐ no lab test needed
20. When indicated, is there documented discussion regarding lack of client follow through with ordered tests?	☐	☐	☐ (consumer followed up with ordered test; or no test needed)
22. If there is evidence of abnormal lab values, did the prescriber follow up?	☐	☐	☐ no abnormal lab test)

GBHWC Medical Staff Peer Review

CHECK APPROPRIATE RESPONSE	DOES NOT MEET EXPECTATIONS			MEETS OR EXCEEDS EXPECTATIONS			NOT APPLICABLE		
Progress Notes within the last 6 months (Review 3 progress notes)	1	2	3	1	2	3	1	2	3
1. Note documentation supports the duration of time billed to provide the service.	☐	☐	☐	☐	☐	☐	☐	☐	☐
2. Note documents progress toward achievement of goals and objectives on the treatment plan.	☐	☐	☐	☐	☐	☐	☐	☐	☐
3. Note documents specific intervention that support the treatment plan.	☐	☐	☐	☐	☐	☐	☐	☐	☐
4. Documents delivery and outcome of specific interventions. Modalities, and/or services that support the treatment plan.	☐	☐	☐	☐	☐	☐	☐	☐	☐
5. Documents change in the level of care (LOC) and any significant events in consumer's life.	☐	☐	☐	☐	☐	☐	☐	☐	☐
6. Documents Changes in frequency of services.	☐	☐	☐	☐	☐	☐	☐	☐	☐
Discharge Summary for Inpatient Unit Consumers Only									
1.Is written discharge summary prepared upon discharge from the unit? Include date of admission and discharge.		☐			☐			☐	
2. Identify presenting condition, described services provided.		☐			☐			☐	
3. Described the extent to which established goals and objectives were met.		☐			☐			☐	
4. Describe the reason for discharge.		☐			☐			☐	
5. Identifies the status of the consumer at last contact.		☐			☐			☐	
6. List recommendation for services or support.		☐			☐			☐	
7. Includes information about medication(s) prescribed or administered when applicable.		☐			☐			☐	

Comments: (please provide any thoughts or suggestions for improvement you have regarding the care and documentation in this consumer's record)

Reviewer: please return this worksheet to QI section. Within two weeks of the above audit review date



GBHWC Psychology Peer Review Form

Consumer Initials: ____________________ **Admit Date:** ____________ **Discharge Date**__________ **Review Date**__________ **Qtr.** ☐1st ☐2nd ☐ 3rd ☐4th

Consumer ID #__________ **Section/Division:** ________________ **Lead Provider:** _________________ **Reviewer:** __________________ ☐ **Active** ☐ **Closed**

CHECK APPROPRIATE RESPONSE	DOES NOT MEET EXPECATIONS	MEETS OR EXCEEDS EXPECTATIONS	NOT APPLICABLE	CORRECTIVE ACTION PLAN
Psychological Consults: *Assess SI/attempts/Psychosis/HI for emergency psychiatric services; Assess for voluntary/involuntary admission; Clinical formulation; DX and treatment recommendations.*				
1. Documentation psychologist review, score and interpret Intake Team's assessment results (PHQ/ANSA/Suicide Risk instruments) for clinical formulation;				
2. Documentation psychologist assessed & review consumer's presenting symptoms for tentative diagnosis;				
3. Documentation psychologist assess, determine and document if consumer needs emergency/walk-in Psychiatric services at time of consult;				
4. Clinical recommendations are clearly documented				
Psychological Testing: *Evaluations/assessments, court ordered, day treatment, group homes and RRP psychological reports:*				
1. Psychologist demonstrates skill in documenting MSE/behavioral observations and biopsychosocial history within clinical report;				
2. Psychologist identify, administer/interpret appropriate diagnostic tools (e.g. tests, inventories, questionnaires, etc.) based on consumer's current presenting symptoms and behaviors;				
3. Psychologist able to conceptualize Psych Testing results into a concise psychological report with documentation of accurate diagnosis/differential diagnosis;				
4. Psychologist able to accurately document clinical formulation and recommendations within concise GBHWC report format				
5. Psychologist able to submit report within specified time frames	☐	☐	☐	
Individual/family and Group Therapy Progress Notes (within last 6 months)				
Review 3 Progress Notes: Enter date of each note	1 | 2 | 3	1 | 2 | 3	1 | 2 | 3	

GBHWC Psychology Peer Review Form

Item										
1. Written documentation on consumer's **Subjective** reports (individualized content such as, consumer's reports of significant events since last session; consumer's self-report of sessions helpful/not helpful; completion of out-of-session assignments etc);	☐	☐	☐	☐	☐	☐	☐	☐	☐	
2. Written clinical **Objective** documentation (MSE) to include suicidal/homicidal assessment	☐	☐	☐	☐	☐	☐	☐	☐	☐	
3. Written documentation of clinician's **Assessment** of consumer's current symptoms, diagnosis, proposed clinical interventions, treatment goals and recommended services (e.g. level of care, frequencies of services) aligned with care plan;	☐	☐	☐	☐	☐	☐	☐	☐	☐	
4. Written clinical documentation of consumer's **Progress** toward achievement of goals and objectives using the current identified intervention/strategies;	☐	☐	☐	☐	☐	☐	☐	☐	☐	
5. Written documentation of clinician's **Plans and Recommendations** (e.g. RTC, documenting continue or change level of care (LOC), rationale for changes or no changes for evidenced-based strategies/interventions etc.)	☐	☐	☐	☐	☐	☐	☐	☐	☐	
6. In the box to the right, please provide any thoughts or suggestions you have regarding the care and documentation in this consumer's record.	☐	☐	☐	☐	☐	☐	☐	☐	☐	

CHECK APPROPRIATE RESPONSE	DOES NOT MEET EXPECATIONS	MEETS OR EXCEEDS EXPECTATIONS	NOT APPLICABLE	CORRECTIVE ACTION PLAN
Individualized Treatment and Behavioral Service Plans: *For monthly, quarterly and annual review for day treatment, group homes, RRP and outpatient consumers.*				
1. Treatment plan documents consumer's **strengths, needs, abilities and preferences (SNAP);**	☐	☐	☐	
2. Treatment Plan documents consumers/guardians' treatment goals/outcomes in **consumers/guardians words;**	☐	☐	☐	
3. Treatment plan documents Consumer's **Goals, Objectives, Interventions and Type/level of Care Services (e.g. outpatient care; intensive day treatment; group/residential placement)** for each identified problem/need;	☐	☐	☐	
4. Treatment plan documents Consumer's **progress in treatment or alternate goals/objectives for lack of progress (barriers) in treatment;**	☐	☐	☐	
5. Treatment plan documents the consumer's or guardians signature.	☐	☐	☐	

Reviewer Signature: ______________________ **Date:** __________________

SUPERVISOR: Return this worksheet to QI section within two weeks of the above audit date

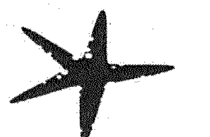
GBHWC Medical Records Review

Consumer Initials: ____________ **Admit Date:** ________ **Discharge Date** ________ **Review Date** ________ **Qtr.** ☐1st ☐2nd ☐ 3rd ☐4th

Consumer ID # ________ **Section/Division:** ____________ **Lead Provider:** ____________ **Reviewer:** ____________ ☐ **Active** ☐ **Closed**

INDICATE IF THE FOLLOWING WERE COMPLETED: (Check for Completeness, Accuracy, Timeliness & Signatures) **Demographics** ☐ **Mental Status** ☐ **Risk Assessment** ☐ **Substance Use** ☐ **Informed Consent** ☐ **Consumer Rights** ☐ **Medical Database** ☐ **Allergies** ☐ **TX. Plan reviewed** ☐ **Location of any other records** ☐ **Information about emergency contact and or guardian** ☐ **Signatures on required documents** ☐

CHECK APPROPRIATE RESPONSE	DOES NOT MEET EXPECTATIONS	MEETS OR EXCEEDS EXPECTATIONS	NOT APPLICABLE	CORRECTIVE ACTION PLAN
Record Compliance				
1. Consumer provided with an appropriate orientation as evidenced by the signed orientation packet and or consent to treatment form.	☐	☐	☐	
2. Records provides evidence of the consumer's active involvement in making informed choices re: services they receive.	☐	☐	☐	
3. When required by law, a current authorization for the release of the information is present for noted disclosures.	☐	☐	☐	
Screening/Intake: Consider intake documents if chart open < 6 months OR psychosocial assessment, CANS/ANSA, interpretive summary if > 6 months)				
4. Assessment documentation was thorough and complete and timely as evidenced by all relevant questions having been reviewed and completed.	☐	☐	☐	
5. The assessment documents provide clinically relevant documentation to indicate symptoms, functioning and need for treatment.	☐	☐	☐	
6. The **interpretive summary** is a synthesis of intake information that includes: central themes, client perception of strengths and clinician's assessment of positive and negative factors that may affect treatment.	☐	☐	☐	
7. The interpretive summary includes co-occurring disabilities and/or disorders and how they will be addressed.	☐	☐	☐	
8. The interpretive summary includes recommendations for type and intensity of treatment.	☐	☐	☐	
9.The diagnosis is consistent with documentation in the assessment.	☐	☐	☐	
10. The ANSA /CANS assessment reflects the presenting needs of the consumer as identified throughout clinical documentation.	☐	☐	☐	



GBHWC Medical Records Review

CHECK APPROPRIATE RESPONSE	DOES NOT MEET EXPECATIONS	MEETS OR EXCEEDS EXPECTATIONS	NOT APPLICABLE	CORRECTIVE ACTION PLAN
Treatment Plan Development: Review treatment plan within intake if case is opened within one yr. If case opened 1yr < marked NA, & review current plan.				
11. The initial treatment plan (if developed within the year):				
a. Is consistent with the information from intake assessment & interpretive summary.	☐	☐	☐	
b. Contains relevant goals that are in the words of the consumer.	☐	☐	☐	
c. Contains consumer/guardian signature at time of plan development.	☐	☐	☐	
Treatment Plan Review				
12. The most recent service plan contains all diagnoses consistent with clinical documentation.	☐	☐	☐	
13. The treatment plan progress notes completed at the most recent service plan update/review contains:	☐	☐	☐	
a. Evidence of the client's progress (including progress, barriers to recovery, regression) in treatment since previous treatment plan.	☐	☐	☐	
b. Documentation of symptoms and/or problems requiring ongoing service.	☐	☐	☐	
14. The goals and objectives on the treatment plan are consistent with the documentation in the treatment plan update.	☐	☐	☐	
15. The progress notes reflects that the consumer is receiving the appropriate level of care; OR there is documentation of the reasons this is not the case.	☐	☐	☐	
16. The most recent treatment plan contains the consumer's or guardians signature.	☐	☐	☐	

SUPERVISOR: Return this worksheet to QI section within two weeks of the above audit date

GBHWC Medical Records Review

CHECK APPROPRIATE RESPONSE	DOES NOT MEET EXPECATIONS			MEETS OR EXCEEDS EXPECTATIONS			NOT APPLICABLE			CORRECTIVE ACTION PLAN
Progress Notes (within last 6 months) of Therapist/Counselors										
3 Therapist/counselor's Progress Notes: Enter date of each note	1	2	3	1	2	3	1	2	3	
17. Note documents progress toward achievement of goals and objectives on the treatment plan.	☐	☐	☐	☐	☐	☐	☐	☐	☐	
18. Note documents specific interventions that support the care plan.	☐	☐	☐	☐	☐	☐	☐	☐	☐	
19. Note documents individualized content reflective of the consumer's participation in the session.	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Most recent progress notes from a Social Worker within last 6 months										
Case Management/ ADL progress notes reviewed (0-3) enter date of each note	1	2	3	1	2	3	1	2	3	
20. Note documents progress toward achievement of goals and objectives on the treatment plan.	☐	☐	☐	☐	☐	☐	☐	☐	☐	
21. Note documents specific interventions that support the care plan.	☐	☐	☐	☐	☐	☐	☐	☐	☐	
22. Note documents individualized content reflective of the consumer's participation in the session.	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Transition/Discharge										
23. When consumer requires a change in their level of care, all elements of the transition plan are completed	☐			☐			☐			
24. When client is discharged from a GBHWC program services, all elements of the discharge plan are completed.	☐			☐			☐			

Reviewer Signature: ______________________ **Date:** __________________

SUPERVISOR: Return this worksheet to QI section within two weeks of the above audit date