

CHAPTER Administration	CHAPTER 01	SECTION 002	SUBJECT 90
SECTION Operations		DESCRIPTION Clinical Case Review Committee	
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APPLICATION:

☒ CMH Staff	☐ Board Members	☐ Provider Network	☒ Employment Services Providers
☐ Employment Services Provider Agencies	☒ Independent Contractors	☐ Students	☒ Interns
☐ Volunteers	☐ Persons Served		

POLICY:

Lapeer County Community Mental Health (LCCMH) has a Clinical Case Review (CCR) Committee to provide support to clinical staff for high-risk cases.

STANDARDS:

A. LCCMH follows requirements of 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.

B. The CCR Committee reviews:

1. Deaths
2. Critical incidents
3. Critical events
4. High-risk events

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5. Sentinel events
 6. Hospital recidivism
 7. Physical management incidents
 8. Secondary interventions for non-responders (see LCCMH Policy 02.004.190 Secondary Interventions for Non-Responders to Integrated Dual Disorder Treatment)
 9. Adolescents aging out of Children's services
 10. All wait lists within the agency
- C. Events are 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.
- D. The CCR Committee is comprised of at least three LCCMH staff, including a master's level clinician who serves as the Committee Chair, clinical staff, and a representative of the Office of Recipient Rights.
- E. A designated committee member keeps meeting minutes clearly delineating the planned actions of the committee, schedule the location/date/time of meetings, and gather completed forms.
- F. The CCR Committee meets at least monthly to review referred cases.
- G. The Recipient Rights Officer reviews the quarterly Critical Incident Report, Death Report, and Sentinel Events with the committee.
- H. The committee reviews all clinical critical events, including mortality reviews of all deaths not determined to be sentinel events. The investigations include the review of all available records and information concerning the person served including, but not limited to the review of:
1. Individual Plans of Service (IPOS)
 2. Progress notes
 3. Psychiatric evaluations

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4. Medication reviews
 5. Behavior Treatment Plan
 6. Grievances and appeals
 7. Recipient rights complaints
 8. Chart review
- I. The committee reviews and makes 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

PROCEDURES:

- A. The primary case holder gets approval from their supervisor for a case to be presented to the CCR Committee.
1. The primary case holder completes LCCMH Form #385 Clinical Case Review, or LCCMH Form #374 Referral if requesting change to different level of care and send completed form to their supervisor.
 2. The supervisor submits the completed LCCMH Form #385 Clinical Review or #374 LCCMH Referral Form to the CCR Committee for the case to be added to the agenda.

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3. The CCR Committee notifies the primary case holder of when the case will be presented to the committee.
- B. The CCR Committee or assigned supervisor notifies the primary case holder if a person served has a high frequency of hospital visits and the cases needs to be reviewed at a meeting. Prior to the meeting, the CCR Committee Chairperson completes the LCCMH Form #384 Hospital Recidivism.
 - C. If an urgent issue needs to be addressed between regularly scheduled meetings, the Recipient Rights Officer may call a meeting or send a secure email to the CCR Committee.
 - D. Completed forms for cases on the agenda are provided to the committee prior to the assigned meeting.
 - E. The CCR Committee completes a chart review, root cause analysis, and provides written recommendations to primary case holder during the meeting and contact note is added to the OASIS record with committee recommendations.
 - F. The primary case holder is responsible for implementation of the recommendations of the CCR Committee.
 1. The CCR Committee provides the primary case holder with a date for the next review if an update of the person's served progress is needed.
 2. If no further update is needed, the primary case holder continues with the current services.
 - G. If the CCR Committee identifies the need for restrictive or intrusive techniques, a referral is made to the Behavior Treatment Plan Review Committee, according to LCCMH Policy 01.002.45 Behavioral Treatment Plan Review Committee. When issues cannot be resolved, the case is referred to the Chief Executive Officer (CEO) for review.

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 well-being of the 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 or 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. The 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. The 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.

REFERENCES:

LCCMH Form #374 LCCMH Referral Form
LCCMH Form #384 Hospital Recidivism

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LCCMH Form #385 Clinical Case Review

LCCMH Policy 01.002.45 Behavioral Treatment Plan Review Committee

LCCMH Policy 02.004.190 Secondary Interventions for Non-Responders to Integrated Dual Disorder Treatment (IDDT)

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