

Policy: Internal Review Team

Developed/Revised: 10/11

Policy #: 317.2

Reference: Incident reporting Manual 02-11

Policy: Easter Seals UCP makes every effort to assure that sentinel events are thoroughly and objectively investigated with the intent of assuring that the welfare, rights and dignity of the persons we serve are maintained at all times.

Purpose: To assure that the rights, dignity and well-being of the persons we serve are protected at all times and that effective means of investigating sentinel events are available and are utilized.

Procedure: The Internal Review Team (IRT) is an ad hoc committee convenes each time there is a Level III event as defined by the NC Division of MHDDSA (QM02) reporting guidelines.

If any staff person becomes aware of any level three incident that will require an IRT, s/he should contact Quality Management within 24 hours of the incident. Quality Management will then immediately contact the Medical Director, Clinical Director, Community Director and the Regional Quality Management Director. The Quality Management Director will determine whether an IRT is necessary according to the Divisions' policy regarding level three incidents. Quality Management, in consultation with the Chief Compliance Officer, will determine if there is a potential risk that requires legal consultation prior to, during or after an IRT. For example: if there is potential exposure to ESUCP that may result in litigation it is recommended that our attorney be consulted prior to the IRT.

It is recommended that an IRT shall consist of members of the QM team including the Regional QM Director, Service Line Director, Medical Director and Clinical Director. Other members shall be chosen based upon their knowledge and expertise, but should not have any direct care or direct professional oversight of the individual's services at the time of the incident. The IRT provides objective oversight and root cause analysis with a limited scope of review.

The local program manager/designee shall:

- 1) Obtain the individual's record and make a photocopy of the entire record* (or at least 12 months if the individual has received services for more than 1 year prior to the incident, including notes about the incident);
- 2) *Return original record to where it is normally kept so that it continues to be available for use;
- 3) Certify the copy's completeness with a written statement attached to the copy and signed by an administrator; and transfer the copy to the Regional QM Director.

Upon receipt of the medical record, the Regional QM Director will:

- 1) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents;
- 2) gather other information needed;
- 3) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and
- 4) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different.

The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. Issues which are broader in scope or require extended oversight will be referred to senior management for consultation.

Final IRT reports are forwarded to the Executive Team, VP of Program Development, Community Director and appropriate Service Line staff for review and pending acceptance. Documentation of the IRT meeting, as well as any supporting documentation is kept on file with the QM Program. IRT reports are reviewed by the Human Rights Committee at its next meeting, unless the document is protected by attorney-client privilege. In this case, the HRC will be informed that an IRT was conducted, but will not be provided access to the report.