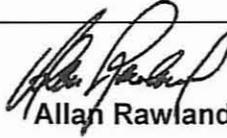


**County of San Bernardino
Department of Behavioral Health**

Quality of Care Referral Procedure

Effective Date 4/30/07
Approval Date 4/30/07


Allan Rawland, Director

Purpose To ensure appropriate steps are in place for referring quality of care issues to the Quality Management Standing Committee and Departmental Administration

Roles / Responsibility The following tables list the roles and responsibilities for referring quality of care issues to the appropriate staff:

Roles	Responsibility
Consumer	Files a grievance or appeal with the MHPs ACCESS Unit.
ACCESS Unit Clinician	Determines in consultation with the ACCESS Unit Clinic Supervisor, whether there is a quality of care issue. If so, he/she notifies the Quality Improvement Coordinator.
Quality Improvement Coordinator	Logs the quality of care issues and refers it to the appropriate Quality Management Division standing committee.
Quality Management Division	Reviews the matter and recommends a course of action, which could include: <ol style="list-style-type: none"> 1. A letter of concern to the provider/agency involved 2. A request for a plan of correction if the issue reflects a pattern of quality of care issues 3. A referral to DBH administration for possible modification, suspension or termination of the provider's/agency's status or other sanction as appropriate. The Quality Improvement Coordinator assumes responsibility for follow-up with regard to the action recommended by the standing committee, and logs the outcome in the Quality of Care Referral Log.

County of San Bernardino Department of Behavioral Health

Review of Inpatient Charts

The following steps are required when the potential quality of care issue is identified by an Inpatient Authorization Unit nurse/clinician during a review of an inpatient chart:

Step	Action
1	He/she completes a quality of care referral form and forwards it to the Quality Improvement Coordinator along with the inpatient chart.
2	The Quality Improvement Coordinator logs the referral and forwards it to the appropriate Quality Management Division standing committee.
3	The standing committee to which the potential quality of care issue was referred reviews the matter and recommends a course of action, which could include: <ol style="list-style-type: none"> 1. A letter of concern to the provider/agency involved 2. A request for a plan of correction if the issue reflects a pattern of quality of care issues 3. A referral to DBH administration for possible modification, suspension or termination of the provider's /agency's status or other sanction as appropriate The Quality Improvement Coordinator logs the outcome in the Quality of Care Referral Log.

Audit of a DBH Outpatient Clinic, Contract Agency or Fee- for-Service

The following steps are required when a potential quality of care issue is identified during an *audit of DBH Outpatient clinic, contract agency, or fee-for-service*:

Step	Action
1	A member of the Outpatient Utilization Review Unit notifies the Quality Improvement Coordinator.
2	The Quality Improvement Coordinator logs the referral and forwards it to the appropriate Quality Management Division standing committee.
3	The standing committee to which the potential quality of care issue was referred reviews the matter and recommends a course of action, which could include: <ol style="list-style-type: none"> 1. A letter of concern to the provider/agency involved 2. A request for a plan of correction if the issue reflects a pattern of quality of care issues 3. A referral to DBH administration for possible modification, suspension or termination of the provider's/agency's status or other sanction as appropriate. The Quality Improvement Coordinator logs the outcome in the Quality of Care Referral Log.

County of San Bernardino Department of Behavioral Health

Audit of a Fee-For-Service Provider

The following steps are required when a member of the ACCESS Unit staff identifies a potential quality of care issue during an *audit of a fee-for-service provider*.

Step	Action
1	The staff member notifies the Quality Improvement Coordinator.
2	The Quality Improvement Coordinator logs the referral and forwards it to the appropriate Quality Management Division standing committee.
3	The standing committee to which the potential quality of care issue was referred reviews the matter and recommends a course of action, which include: <ol style="list-style-type: none"> 1. A letter of concern to the provider/agency involved 2. A request for a plan of correction if the issue reflects a pattern of quality of care issues 3. A referral to DBH administration for possible modification, suspension or termination of the provider's/agency's status or other sanction as appropriate. The Quality Improvement Coordinator logs the outcome in the Quality of Care Referral Log.

Referrals From Concerned Staff and Consumers

The following steps are required when the Quality Improvement Coordinator accepts reports of potential quality of care referrals from *concerned staff and consumers*:

Step	Action
1	The Quality Improvement Coordinator logs, screens, and forwards the referrals to one of the Quality Management Division standing committee.
2	The standing committee to which the potential quality of care issue was referred reviews the matter and recommends a course of action, which could include: <ol style="list-style-type: none"> 1. A letter of concern to the provider/agency involved 2. A request for a plan of correction if the issue reflects a pattern of quality of care issues 3. A referral to DBH administration for possible modification, suspension or termination of the provider's/agency's status or other sanction as appropriate. The Quality Improvement Coordinator logs the outcome in the Quality of Care Referral Log.

County of San Bernardino

Department of Behavioral Health

Quality Management Division Standing Committee

The Quality Management Division standing committee responds to quality of care referrals in the following ways:

- Makes a determination that no quality of care issue was present, and that community standards of care were met
- Requests additional information from those involved in the potential quality of care issues
- Issues a letter to the service provider or other party expressing concern over the events which occurred, and recommending that specific remedial steps be taken to prevent their recurrence
- Requests that the service provider submit a plan of correction to the committee
- Reports its findings to the Quality Management Committee, together with a request for specific action (e.g., a change in Departmental policy or procedure)
- Reports its findings to the Program Manager II of the Quality Management Division and to the Office of the Director of the Department of Behavioral Health for administrative action

Once the standing committee has decided upon a course of action, the following occurs:

- The Quality of Improvement Coordinator is notified
- The Quality Improvement Coordinator logs the results of the standing committee's deliberations as well as any response by Department administration.

Note: If, as a result of a final review of a particular quality of care issue referral, Quality Improvement staff believes that the referral did not receive a sufficient full review of appropriate response, the matter may be placed on the agenda for the Executive Work Group.
