

STATE OF RHODE ISLAND  
DEPARTMENT OF BEHAVIORAL HEALTHCARE, DEVELOPMENTAL DISABILITIES AND HOSPITALS  
**DIVISION OF BEHAVIORAL HEALTH CARE**

---

**UNIT**    **Center of Excellence**

**POLICY/PROCEDURE NO.**  
COE - 035

**SUBSECTION EFFECTIVE DATE**

02/10/2017

**POLICY/PROCEDURE**

Quality Assurance Activities: **Audit of Medical Record Documentation for Case Managers, Nurses, and Physician/Nurse Practitioners**

**AMENDMENT / REVISION HISTORY**

**Approved:**

**Amended:**

---

**POLICY**

Quality assurance review will be undertaken as a means of performance improvement for individual staff members and will improve the overall quality of service provision for the entire program. Quality assurance review identifies areas of strength as well as areas that may need improvement and/or continued evaluation of staff performance. The ongoing nature of quality assurance review provides a means of continuous evaluation and performance improvement.

**PROCEDURE**

One client record selected at random for case managers, physician/licensed independent practitioners, and nurses providing clinical services will be audited on a quarterly basis using the designated forms. The results of the quality assurance audit will be reviewed with the provider by the Program Director (for all staff other than physicians/licensed independent practitioners who will have quality assurance audits conducted by the Medical Director of the COE). Results of record audits will be compiled and on file with the QA/QI component of the COE.

Components of Quality Assurance Review:

1. Completion of documentation requirements:

- a. Case Managers:
  - i. Consent for Treatment/Treatment Agreement signed
  - ii. Orientation to treatment program occurred; received policies/procedures for program
  - iii. 42 CFR compliant releases of Information for other providers/significant others involved with the patient
  - iv. Intake completed
  - v. Standardized ratings completed (MINI, AUDIT, DAST)
  - vi. Treatment Plan completed
  - vii. Progress notes present and document 1. Clinical status of patient including addressing of individual issues brought forward by patient; 2. Progress toward goals identified in treatment plan
  - viii. Toxicology screening occurring randomly, but regularly and documented; responses to positive screens addressed and treatment plan updated as needed
  - ix. Documentation of progress toward discharge: primary care in community, ongoing treatment of substance use disorder
  - x. Case management activities: documentation of psychosocial needs, assistance with educational/vocational needs, housing, legal issues, family issues
  - xi. Documentation of progress notes from any therapies (individual or group) provided
- b. Nursing
  - i. Intake completed
  - ii. Labwork completed as ordered to include HIV and viral hepatitis testing on admission
  - iii. PPD placed and read
  - iv. Monthly pregnancy tests completed for women of childbearing potential
  - v. Immunization history obtained; vaccinations for HAV/HBV completed as needed
  - vi. Medication administration completed and documented in medical record
  - vii. Medication reconciliations completed
  - viii. Initial and ongoing checks of the PDMP
  - ix. Call backs for medication count
  - x. Urine collection and point of service testing/recording results in medical record; progress notes documenting results of testing and notification of physician and case manager of positive results
- c. Medical
  - i. History/Physical examination completed within 24 hours of admission
  - ii. Diagnosis recorded
  - iii. Treatment plan related to medical needs
  - iv. Discussion of MAT with patient; shared decision making discussion noted in progress notes

- v. Induction completion: COWS (if buprenorphine), naloxone challenge (if injectable naltrexone), documentation of appropriateness for induction onto MAT, response to MAT administration; follow up visits related to assessment of MAT effectiveness/response/adverse events
- vi. Treatment of medical issues
- vii. Progress notes documenting patient interactions
- viii. If patient is found to have evidence of need for treatment of a mental disorder based on medical/case manager/nursing assessments; psychiatric evaluation completed; goals for addressing mental disorder in treatment plan; treatment instituted and progress notes reflect treatment for mental disorder and response

**Medical Record Audit: Physician/Nurse Practitioner**

Date:

Name:

**Medical Record Review: Required Documentation**

- History/Physical examination completed within 24 hours of admission
  
- Labwork completed as ordered to include HIV and viral hepatitis testing on admission
- Diagnosis recorded
- Laboratory testing ordered/reviewed: CBC, chemistries, urine toxicology screens, pregnancy testing, HIV, viral hepatitis testing,
- Discussion of MAT with patient; shared decision making discussion noted in progress notes
- Induction completion: progress notes reflect: COWS (if buprenorphine), naloxone challenge (if injectable naltrexone), documentation of appropriateness for induction onto MAT, response to MAT administration; follow up visits related to assessment of MAT effectiveness/response/adverse events discussed
- Treatment of medical issues being undertaken
- Progress notes documenting patient interactions
- If patient is found to have evidence of need for treatment of a mental disorder based on medical/case manager/nursing assessments; psychiatric evaluation has been completed; goals for addressing mental disorder are in treatment plan; treatment instituted and progress notes reflect treatment for mental disorder and response

**Comment:** Areas of improvement needed: quality and completeness of documentation; extent to which patient identified problems are being addressed (note any problems not being addressed or being addressed inadequately); areas of improvement needed; overall assessment of work.

Review Completed by:

Signature:

**Medical Record Audit: Case Manager**

Date:

Case Manager Name:

**Medical Record Review: Required Documentation**

- Consent for Treatment/Treatment Agreement signed
- Orientation to treatment program occurred; Client received policies/procedures for program
- 42 CFR compliant releases of Information for other providers/significant others involved with the patient obtained and available in the medical record
- Intake completed
- Standardized ratings completed (MINI, AUDIT, DAST)
- Treatment Plan completed/updated

**Medical Record Documentation: Progress Notes**

- Progress notes present and document 1. Clinical status of patient including addressing of individual issues brought forward by patient; 2. Progress toward goals identified in treatment plan
- Documentation of progress toward discharge: primary care in community, ongoing treatment of substance use disorder
- Case management activities: documentation of psychosocial needs, assistance with educational/vocational needs, housing, legal issues, family issues as identified in treatment plan
- Documentation of progress notes from any therapies (individual or group) provided by the Case Manager
- Toxicology screening results discussed with patient and treatment plan updated as needed

Comment: Areas of improvement needed: quality and completeness of documentation; extent to which patient identified problems are being addressed (note any problems not being addressed or being addressed inadequately); areas of improvement needed; overall assessment of work.

Review Completed by:

Signature:

**Medical Record Audit: Nurse**

Date:

Name:

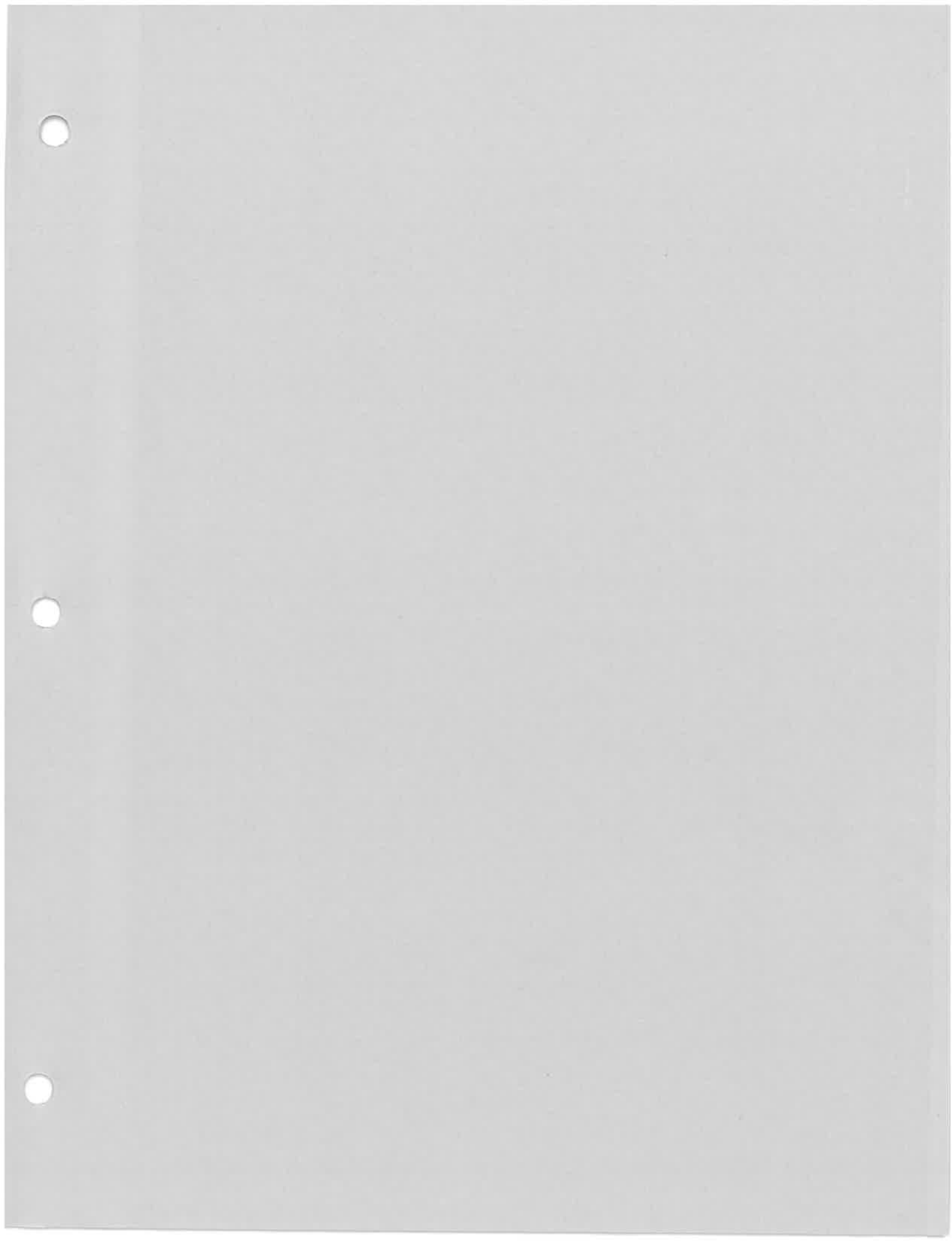
**Medical Record Review: Required Documentation**

- Intake completed
- Labwork completed as ordered to include HIV and viral hepatitis testing on admission
- PPD placed and read
- Monthly pregnancy tests completed for women of childbearing potential
- Immunization history obtained and recorded
- Vaccinations for HAV/HBV completed as needed
- Medication administration completed and documented in medical record
- Initial and ongoing checks of the PDMP reported to physician/clinician and recorded in record
- Call backs for medication counts completed at least once a quarter and recorded
- Urine collection and point of service testing/recording results in medical record
- Progress notes documenting results of testing and notification of physician and case manager of positive results
- Progress notes recorded related to any nursing interventions with patient
- Treatment Plan completed/updated for nursing related goals

Comment: Areas of improvement needed: quality and completeness of documentation; extent to which patient identified problems are being addressed (note any problems not being addressed or being addressed inadequately); areas of improvement needed; overall assessment of work.

Review Completed by:

Signature:



STATE OF RHODE ISLAND  
DEPARTMENT OF BEHAVIORAL HEALTHCARE, DEVELOPMENTAL DISABILITIES AND HOSPITALS  
**DIVISION OF BEHAVIORAL HEALTH CARE**

---

**UNIT**    **Center of Excellence**

**POLICY/PROCEDURE NO.**  
COE - 036

**SUBSECTION EFFECTIVE DATE**

02/10/2017

**POLICY/PROCEDURE**

Quality Assurance Activities: **Staff  
Evaluation**

**AMENDMENT / REVISION HISTORY**

**Approved:**

**Amended:**

---

**POLICY**

Staff evaluation is an important component of providing quality care to those seeking services at the COE. The COE will have yearly evaluations of staff to be completed in December of each calendar year using the designated form.

**PROCEDURE**

Every staff member will have an evaluation completed yearly in December. The staff member will complete a self-evaluation and the supervisor will review that evaluation and complete their own assessment of the staff member. Evaluations will be used as a measure of staff competence in their position.



Performance Evaluation Form

Annual Evaluation Period: \_\_\_\_\_

Employee name: \_\_\_\_\_ Title: \_\_\_\_\_

Supervisor name: \_\_\_\_\_ Title: \_\_\_\_\_

Goals: \_\_\_\_\_ Status/description

|  |  |
|--|--|
|  |  |
|  |  |
|  |  |

Professional Development

Please list professional development activities over the past year:

Performance Review

| Accountability, Honesty, Ethics                    | Performance Level (N, I, M, E) | Comments |
|--|--------------------------------|----------|
| Employee   |                                |          |
| Supervisor   |                                |          |
| Customer Service                                   |                                |          |
| Employee   |                                |          |
| Supervisor   |                                |          |
| Communication: oral, written, interpersonal skills |                                |          |
| Employee   |                                |          |

|                                  |  |  |
|----------------------------------|--|--|
| Supervisor                       |  |  |
| Technical/Professional Knowledge |  |  |
| Employee                         |  |  |
| Supervisor                       |  |  |
| Leadership/Decision Making       |  |  |
| Employee                         |  |  |
| Supervisor                       |  |  |

N: Not Met, I: Improvement needed, M: Met, E: Exceeded

Supervisor Review and Recommendations:

Employee Comments:

Employee

Signature/Date:

Supervisor

Signature/Date:

---

**Eleanor Slater Hospital**  
**Center of Excellence for the Treatment of Opioid Use Disorder**  
**Staff Member Self-Assessment**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

**Instructions:** Please review the following questions considering them from your personal point of view. Use the rating scale below for the questions requiring a rated response:

4 = Strongly Agree                  3 = Agree                  2 = Disagree                  1 = Strongly Disagree

The answers to these questions will be used to try to enhance your work experience and to improve the program where possible. Thank you for taking the time to answer these questions.

| Self and Program Evaluation  | Level of Agreement |
|--|--------------------|
| Overall, I am satisfied with my experience working in the COE.   | 1 2 3 4 N/A        |
| I am able to use my skills and abilities in my work at the COE.  | 1 2 3 4 N/A        |
| I feel valued as a staff member.   | 1 2 3 4 N/A        |
| I suggest program modifications periodically and those suggestions are addressed by management.                              | 1 2 3 4 N/A        |
| My input on client progress in treatment are considered in any modifications to an individual's care plan.                   | 1 2 3 4 N/A        |
| My opinions seem to count.   | 1 2 3 4 N/A        |
| Staff treat each other with respect at the COE.  | 1 2 3 4 N/A        |
| I come prepared to team meetings and participate fully.  | 1 2 3 4 N/A        |
| New staff are given a helpful orientation.   | 1 2 3 4 N/A        |
| I always try to work collaboratively with my peers.  | 1 2 3 4 N/A        |
| I try to help new staff as they get used to working in the COE.  | 1 2 3 4 N/A        |
| The staffing structure of the COE works well.  | 1 2 3 4 N/A        |
| I receive supervision as needed.   | 1 2 3 4 N/A        |
| I am comfortable asking for assistance if a difficult clinical problem arises.   | 1 2 3 4 N/A        |
| I treat my clients with respect.   | 1 2 3 4 N/A        |
| My clients treat me with respect.  | 1 2 3 4 N/A        |
| At times I feel like I've failed my clients when they relapse.   | 1 2 3 4 N/A        |
| I represent the interests of my clients whenever I can.  | 1 2 3 4 N/A        |
| I complete all required documentation for my clients timely.   | 1 2 3 4 N/A        |
| Documentation requirements are excessive.  | 1 2 3 4 N/A        |
| New ideas are welcomed and treated with respect at the COE.  | 1 2 3 4 N/A        |
| Staff at the COE take interest in the field of substance use disorders, keep up on best practices, and use them in our work. | 1 2 3 4 N/A        |

Comments:





| Outcome Measure   | January | February | March   | April   | May     | June    | July    | August  | September | October | November | December | Total | Mean    |
|---|---------|----------|---------|---------|---------|---------|---------|---------|-----------|---------|----------|----------|-------|---------|
| # of individuals receiving MAT                              |         |          |         |         |         |         |         |         |           |         |          |          | 0     | #DIV/0! |
| # of Successful Discharge to OBOTs                          |         |          |         |         |         |         |         |         |           |         |          |          | 0     | #DIV/0! |
| # of Negative Tox Screens (opioid)                          |         |          |         |         |         |         |         |         |           |         |          |          |       | #DIV/0! |
| # of Opioid Tox Screens Given                               |         |          |         |         |         |         |         |         |           |         |          |          | 0     | #DIV/0! |
| % of Negative Tox Screens (opioid)                          | #DIV/0! | #DIV/0!  | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0!   | #DIV/0! | #DIV/0!  | #DIV/0!  | N/A   | #DIV/0! |
| # of Negative Tox Screens (all other illicit substances)    |         |          |         |         |         |         |         |         |           |         |          |          | 0     | #DIV/0! |
| # of Tox Screens Given (all other illicit substances)       |         |          |         |         |         |         |         |         |           |         |          |          | 0     | #DIV/0! |
| % of Negative Tox Screens (all other illicit substances)    | #DIV/0! | #DIV/0!  | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0!   | #DIV/0! | #DIV/0!  | #DIV/0!  | N/A   | #DIV/0! |
| # Patients Admitted to ER                                   |         |          |         |         |         |         |         |         |           |         |          |          | 0     | #DIV/0! |
| # of Hospitalizations                                       |         |          |         |         |         |         |         |         |           |         |          |          | 0     | #DIV/0! |
| # of Patients Remaining in Treatment w/ COEs Until Referral |         |          |         |         |         |         |         |         |           |         |          |          | 0     | #DIV/0! |
| # of Patients Referred to Treatment w/ COEs                 |         |          |         |         |         |         |         |         |           |         |          |          | 0     | #DIV/0! |
| % of Patients Remaining in Treatment w/ COEs Until Referral | #DIV/0! | #DIV/0!  | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0!   | #DIV/0! | #DIV/0!  | #DIV/0!  | N/A   | #DIV/0! |

## **Clinical Global Impressions Scale: Clinician**

### **Severity scale: Baseline Date:**

The **Clinical Global Impression – Severity scale (CGI-S)** is a 7-point scale that requires the clinician to rate the severity of the patient's illness at the time of assessment, relative to the clinician's past experience with patients who have the same diagnosis. Possible ratings are:<sup>[1]</sup>

1. Normal, not at all ill
2. Borderline mentally ill
3. Mildly ill
4. Moderately ill
5. Markedly ill
6. Severely ill
7. Among the most extremely ill patients

### **Improvement scale**

#### **Date:**

The **Clinical Global Impression – Improvement scale (CGI-I)** is a 7 point scale that requires the clinician to assess how much the patient's illness has improved or worsened relative to a baseline state at the beginning of the intervention. and rated as:<sup>[1]</sup>

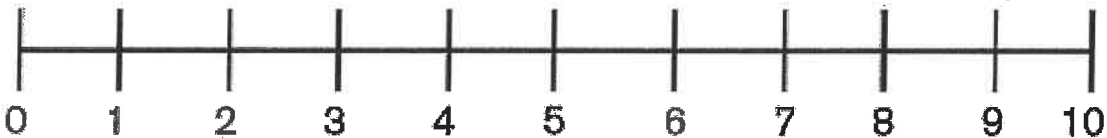
1. Very much improved
2. Much improved
3. Minimally improved
4. No change
5. Minimally worse
6. Much worse
7. Very much worse

Name: \_\_\_\_\_

Baseline Date:

**0-10 VAS Numeric Pain Distress Scale**

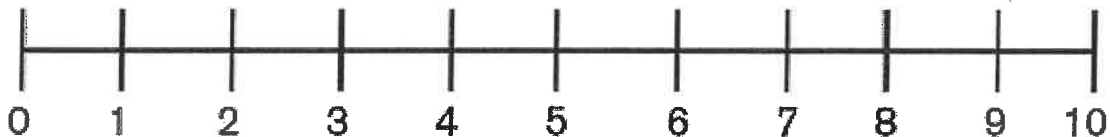
No pain    Moderate pain    Unbearable pain



1 month:

**0-10 VAS Numeric Pain Distress Scale**

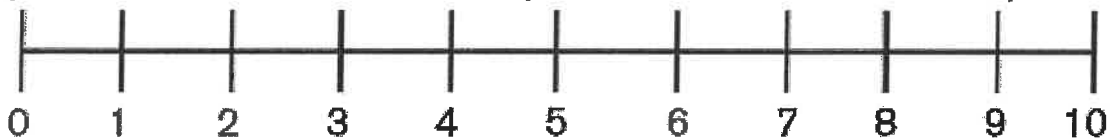
No pain    Moderate pain    Unbearable pain



3 months:

**0-10 VAS Numeric Pain Distress Scale**

No pain    Moderate pain    Unbearable pain



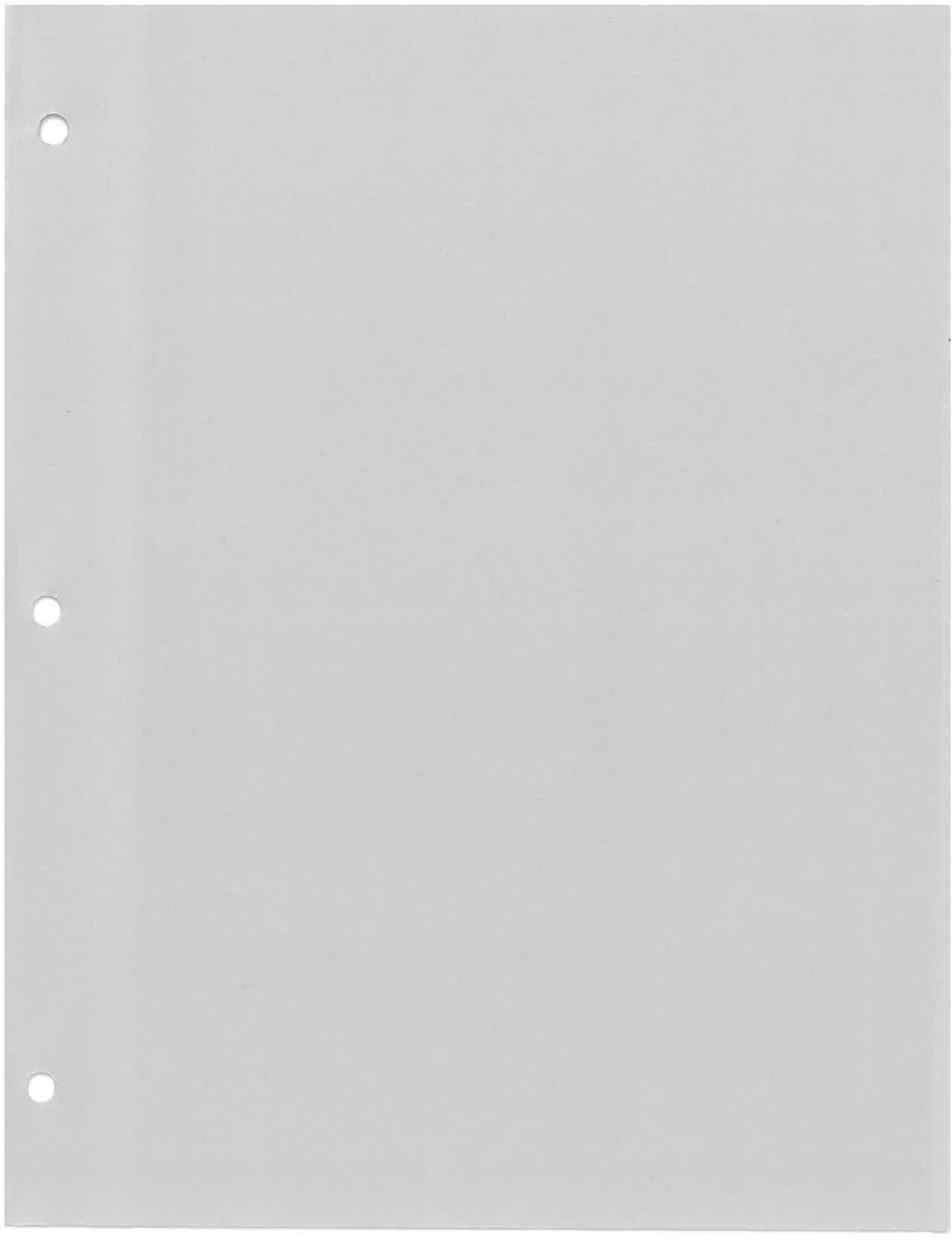
6 months/end of treatment:

**0-10 VAS Numeric Pain Distress Scale**

No pain    Moderate pain    Unbearable pain







STATE OF RHODE ISLAND  
DEPARTMENT OF BEHAVIORAL HEALTHCARE, DEVELOPMENTAL DISABILITIES AND HOSPITALS  
**DIVISION OF BEHAVIORAL HEALTH CARE**

---

**UNIT**    **Center of Excellence**

**POLICY/PROCEDURE NO.**  
COE - 038

**SUBSECTION EFFECTIVE DATE**

02/10/2017

**POLICY/PROCEDURE**

Data Flowsheet for Patients

**AMENDMENT / REVISION HISTORY**

**Approved:**

**Amended:**

---

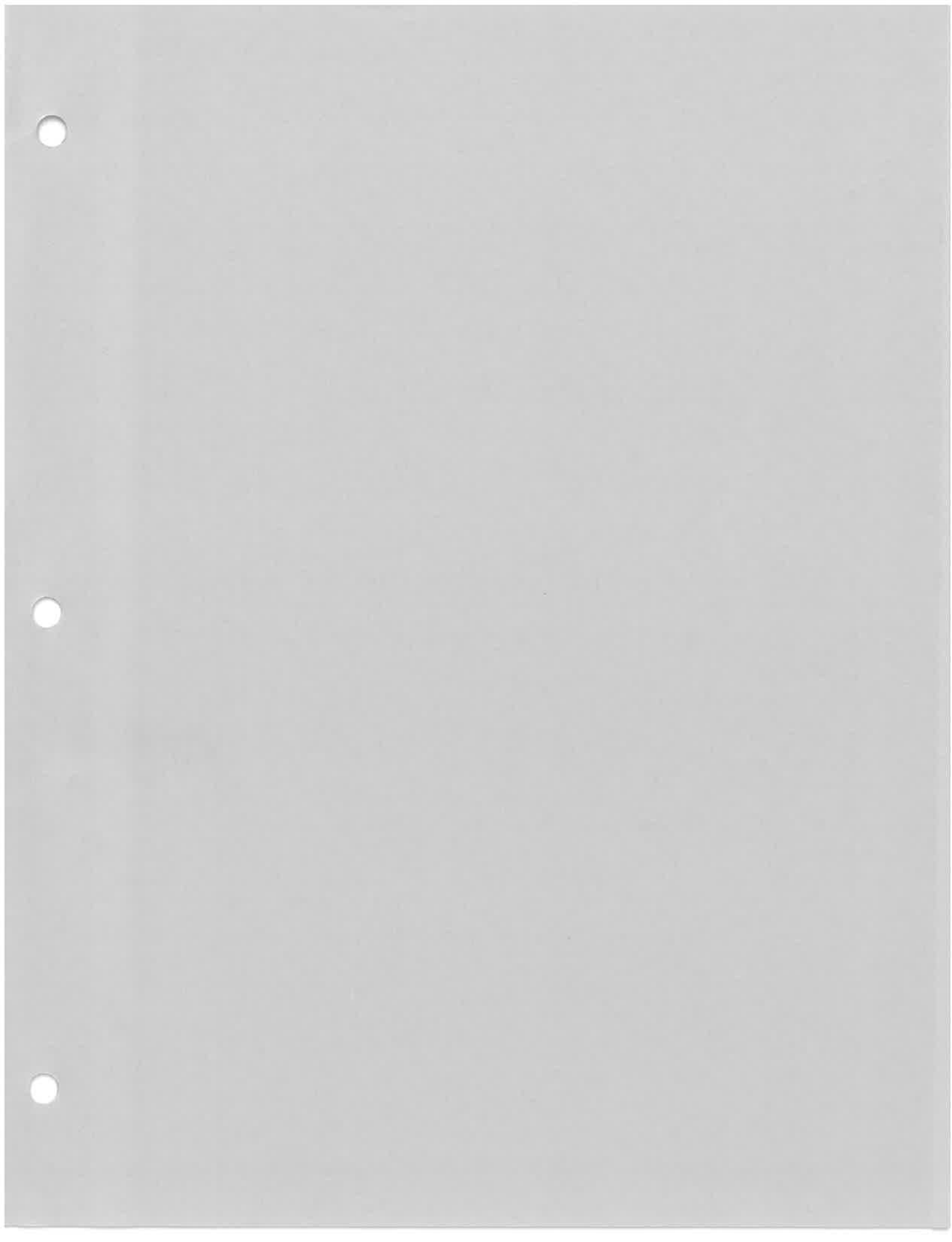
**POLICY**

Every patient will have a Data Flowsheet completed on admission intake to document necessary components of treatment which must be provided and dates for those components to be delivered.

**PROCEDURE**

The Data Flowsheet will be completed by the assigned Case Manager/Counselor completing the Intake Assessment. Dates will be entered according to the requirements listed for each component. Staff will assure that each intervention is completed and will document completion and result on the Data Flowsheet.





STATE OF RHODE ISLAND  
DEPARTMENT OF BEHAVIORAL HEALTHCARE, DEVELOPMENTAL DISABILITIES AND HOSPITALS  
**DIVISION OF BEHAVIORAL HEALTH CARE**

---

**UNIT**    **Center of Excellence**

**POLICY/PROCEDURE NO.**  
**COE - 039**

**SUBSECTION EFFECTIVE DATE**

**POLICY/PROCEDURE**

02/10/2017

Patient Grievance

**AMENDMENT / REVISION HISTORY**

**Approved:**

**Amended:**

---

**POLICY**

Every patient will be informed of their right to make a grievance if they are dissatisfied with some aspect of treatment at the COE and it cannot be resolved within the COE.

**PROCEDURE**

Every patient will be given the document "Rights of those receiving treatment at the BHDDH COE" which provides the address for filing written complaints and the telephone number for verbal communication of complaints. No patient will be denied services at the COE simply for making a complaint. Staff at the COE will work with patients who have complaints and try, to the best of their ability and given the limitations of the clinical program, to resolve complaints.

Rights of those receiving treatment at the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH) Center of Excellence (COE)

**Notice of Right to Complain to the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals**

In Rhode Island, this Center of Excellence is regulated by the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals, which oversees the substance abuse and treatment services in the state. Responsibilities include: licensing programs and counselors; funding and monitoring prevention and treatment services; contracting with state providers to provide access to treatment for the indigent and uninsured; developing and implementing policies and programs; and tracking substance use trends in the state.

In accordance with the BHDDH Center of Excellence policy and consistent with federal and state law, rule, and regulation, BHDDH COE patients (including their support structure) have a right to complain or file grievance about BHDDH COE services to the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals. To file a complaint against the BHDDH COE with the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals:

**1. In writing:**

Department of Behavioral Healthcare, Developmental Disabilities & Hospitals  
Barry Hall, 14 Harrington Road, Cranston, RI 02920  
Att: Rebecca Boss, Acting Director

**2. By telephone:**

Phone: 401-462-2339  
Fax: 401-462-2304

**Email**

[Connie.Cirelli@bhddh.ri.gov](mailto:Connie.Cirelli@bhddh.ri.gov)

The BHDDH COE will not retaliate against a patient for filing a complaint with the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals.