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**CHAPTER 13: MENTAL HEALTH CLINICS**

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**SECTION 13.5: QUALITY ASSURANCE**

**QUALITY ASSURANCE**

The staff and administration shall work toward enhancing the quality of recipient care through specified documented, implemented, and ongoing processes of quality assurance mechanisms. The quality of care shall be the responsibility of each member of the clinical staff, the clinical supervisory and leadership personnel, and the administration. Formal quality assurance activities shall consist of three coordinated but distinct processes: individual case review procedures; clinical care evaluation studies; and utilization review. The organization of these review processes is dependent upon and varies with the goals, size, organizational structure, complexity, and resources of the facility.

**Individual Case Review/Multidisciplinary Treatment Planning**

Clinical case review meetings shall be held in regard to each patient frequently enough to ensure that each individual patient shall have a case review no later than one month after initiation of active treatment; subsequently at least every six months during the course of active treatment and prior to termination of treatment. Individual case reviews shall be reflected and documented in the individual case record.

**Clinical Care Evaluation Studies**

The facility should conduct studies of aggregate patterns of patient care in order to identify gaps and deficiencies in service and determine efficacy of treatment; to define standards of care consistent with the goals of the facility; to identify individual cases which deviate from the standards; and to establish new methods based upon knowledge gained from such studies. Written reports of such studies should be made to the MHC chief administrative officer and to appropriate clinical staff.

**Utilization Review**

Each facility shall have a plan for and carry out utilization review. The overall objective shall be to maintain a high quality of patient care, achieve cost efficiency, and increase the effective utilization of the facility's services through the peer group study of patterns of care, the development of empirical standards and the dissemination of the results of these studies to the staff. The facility shall choose and carry out a plan consistent with its own goals, size, organization and complexity. The plan shall be reviewed at least annually and signed and dated by the reviewer(s). The utilization review shall cover the appropriateness of admission to services, the provision of certain patterns of services, and duration of services. Criteria shall be set for: selection of the cases to be reviewed and the means of sampling; duration of treatment; and the process of active treatment. The reviews may be carried out as a special function or combined with other quality control reviews, but meetings including utilization reviews must be held at least monthly and records must be kept.