Date	Issue	Author	Description of Change
1/28/22	10	Joan C. Fisher RN, CCM	Review

Approved By — 3/10/22
Department Director — Date

I. Purpose

The purpose of this standard operating procedure (SOP) is to review and determine if quality of care is meeting the quality standards, established by the medical and behavioral health community, regulatory and accrediting agencies, for the member while receiving medical or behavioral health care services in any level of care setting.

II. Scope

This SOP is applicable to all health care services and settings for any enrolled member of MercyCare Health Plans (MCHP) in Wisconsin and Illinois.

III. Policy

A. It is the policy of MCHP to assess the appropriateness, level of care, and quality of service rendered to its members. The MCHP Peer Review Committee shall evaluate an identified peer review issue or performance indicators (if applicable) to determine relevance and appropriateness for review and add or delete indicators as deemed appropriate. The Committee will also review and revise criteria as it sees fit to evaluate if the care and services provided meet the quality standards established by the medical community, regulatory and accrediting agencies. The outpatient medical records are reviewed to identify and possible relationship between the ambulatory care provided and the subsequent hospitalization.

IV. Definitions and Responsibilities

A. **Quality Health Management Department (QHMD) Registered Nurse (RN)**: is responsible for reviewing all inpatient admissions, and pertinent medical records needed for service requests for identification of adverse events or complaints.

B. **Medical Director**: All quality of care concerns that are identified from adverse events or complaints, are reviewed initially and in depth by the Medical Director. A determination is made to confirm whether or not the quality of care met quality standards established by the medical community, regulatory and accrediting agencies.

C. **Adverse Event:** Is an injury to a member while receiving healthcare services from a practitioner.

V. Reference Documents

A. Quality Compliance Tracking Database (shadmin\QI Team Projects Meetings\Patient Safety Quality Events\Quality Compliance Tracking.accdb)

B. Internal Quality meeting min (shadmin/WI Team Projects & Meetings\Patient Safety meeting minutes.

C. UR/QA Review Process Flow Form

D. NCQA Standards CR 5

E. NCQA Standards QI 4

F. MCIC SOP QI-012

VI. Procedure

A. A QHMD RN will identify an adverse event or complaint during the daily utilization management process for a pre-service, concurrent or post-service request for any level of care setting.
The information in entered into the Quality Compliance Tracking database under the Complaint tab.

1. Identified adverse event or complaint while confined to an institution, including but not limited to:
    a. Surgical complications requiring extended hospital stay;
    b. Death within 72 hours of admission;
    c. Return to surgery within 48 hours of initial surgical procedure;
    d. Prolonged inpatient stay due to unforeseen risk factors;
    e. Admission of infants aged 14 days old or younger; and,
    f. Any quality concern involving the admission, care during confinement, or discharge planning.
2. Identified adverse event or complaint in any outpatient setting.
3. Identified adverse event or complaint in any office setting.
4. Identified adverse event or complaint regarding care in the home setting.

B. The Quality Compliance Tracking Database Complaint tab is completed by the QHMD RN and the adverse event logged in the tracking system. The Medical Director is notified of the adverse event and the Medical Record used to identify the adverse event or complaint.

C. The Medical Director reviews the identified adverse event or complaint and the available medical records to determine if the concern is suspect for not meeting quality standards established by the medical community, regulatory and accrediting agencies.

1. Should the Medical Director determine that there is a potential quality concern, all information will be submitted to the QHMD RN for further follow up.
2. The QHMD RN will request any additional medical records that are necessary to complete the review process and scan all necessary medical records
3. If a possible quality of care concern is suspect, QHMD RN, in conjunction with the Medical Director, sends information on to the Peer Review Committee for consideration. The remaining process is followed in accordance with SOP QI-012.
4. If the possible quality of care concern is not suspect, the Medical Director enters comments and in the Evaluation of Complaint tab of the Quality Compliance Tracking Database and forwards to the QHMD RN for completion of the tracking process.