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

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

Case Manager Name:

Date:

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.

View 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:
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

<table>
<thead>
<tr>
<th>Accountability, Honesty, Ethics</th>
<th>Performance Level (N, I, M, E)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
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<tr>
<td>Supervisor</td>
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<tr>
<td>Customer Service Employee</td>
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<tr>
<td>Supervisor</td>
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<tr>
<td>Communication: oral, written, interpersonal skills Employee</td>
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<tr>
<td>Supervisor</td>
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<tr>
<td>Technical/Professional Knowledge</td>
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<tr>
<td>Employee</td>
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<tr>
<td>Supervisor</td>
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<tr>
<td>Leadership/Decision Making</td>
<td></td>
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<tr>
<td>Employee</td>
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<tr>
<td>Supervisor</td>
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<td></td>
</tr>
</tbody>
</table>

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.

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

Comments: 
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 - 037

SUBSECTION EFFECTIVE DATE
02/10/2017

POLICY/PROCEDURE
COE Outcomes

AMENDMENT / REVISION HISTORY
Approved:
Amended:

POLICY

As a measure of COE performance, certain measures will be collected in an ongoing manner to include:

1. Number of individuals seeking MAT
2. # of successful discharges to OBOT/community providers
3. # of opioid negative toxicology screens
4. # of opioid toxicology screens collected
5. % of negative opioid toxicology screens
6. # of negative toxicology screens (other substances)
7. # of toxicology screens collected (other substances)
8. % of negative toxicology screens (other substances)
9. # patients admitted to the emergency department
10. # of hospitalizations
11. # patients remaining in COE treatment until referral
12. # patients referred to treatment in COE
13. % of patients remaining in treatment with COE until referral
14. Clinical Global Impressions-Clinician Baseline and end of treatment
15. Clinical Global Impression-Patient Baseline and end of treatment
16. Pain Visual Analog Scale
17. Clinical Global Impressions
<table>
<thead>
<tr>
<th>Outcome Measure</th>
<th>January</th>
<th>February</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>August</th>
<th>September</th>
<th>October</th>
<th>November</th>
<th>December</th>
<th>Total</th>
<th>Mean</th>
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<tbody>
<tr>
<td># of individuals returning to ODOT</td>
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<td># of Successful Discharge to ODOTs</td>
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<tr>
<td># of Negative Test Screens (opioid)</td>
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<td># of Opioid Test Screens Given</td>
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<td># of Positive Test Screens (all other illicit substances)</td>
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<td># of Hospitalizations</td>
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<tr>
<td># of Patients Remaining in Treatment w/ COEs Until Referral</td>
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</tbody>
</table>

Note: The table contains data for each month from January to December, with columns for specific outcomes and totals and means. The data is not filled in, indicating missing values or placeholders.
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:

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:

1. Very much improved
2. Much improved
3. Minimally improved
4. No change
5. Minimally worse
6. Much worse
7. Very much worse
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.
<table>
<thead>
<tr>
<th>Pain Distress Scale (Bsl, 1, 3, 6 mos)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CGI (final)</td>
</tr>
<tr>
<td>CGI (baseline)</td>
</tr>
<tr>
<td>PIIII count (dyp/inx treatment)</td>
</tr>
<tr>
<td>Pregnancy Test (monthly) Result</td>
</tr>
<tr>
<td>Alcohol</td>
</tr>
<tr>
<td>Methamphetamine</td>
</tr>
<tr>
<td>Cocaine</td>
</tr>
<tr>
<td>Marijuana</td>
</tr>
<tr>
<td>Benzodiazepines</td>
</tr>
<tr>
<td>Opioids</td>
</tr>
<tr>
<td>Toxicology Screen Results (date)</td>
</tr>
<tr>
<td>PDMP Result (baseline and monthly)</td>
</tr>
<tr>
<td>Date:</td>
</tr>
<tr>
<td>MRN #:</td>
</tr>
<tr>
<td>Name:</td>
</tr>
</tbody>
</table>

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

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