New York State Office of Alcoholism and Substance Abuse Services
SAPT Block Grant

PEER REVIEW PROTOCOL, GUIDELINES AND REPORT FORMAT

REVIEW PROTOCOL

1. Prior to the review, the Team Leader:

   - should contact the provider to be reviewed to:

     - discuss the review agenda and arrange a mutually convenient review date.

     - ask if there are special areas that need review.

     - advise the provider to have available upon arrival the documents that the Team will need to review.

       -- a sample case record format to facilitate chart review,
       -- staffing chart,
       -- schedule of program activities,
       -- a provider mission statement (if available),
       -- program objectives and philosophy, and
       -- criteria for client admission, movement through treatment phases and completion.

   - should send a confirmation letter to the provider noting the date and purpose of the review.

2. The review should begin with introductions during which:

   - the reviewers explain the purpose of the review and how it will be conducted and ask, again, if there are any specific areas that are in need of review;

   - the reviewee provides the reviewer with a general overview of the program's operations, including types of services, staffing and census.

   If possible, the initial meeting should include any staff member (e.g., program manager, admissions officer, clinicians, etc.) who will participate in the review process.

3. A tour of the facility should follow the introductory meeting.

4. After the tour, the reviewers should disperse to conduct their review tasks following the attached Guidelines/Criteria.

5. Upon completion of review activities, there should be a summary discussion, if possible, with staff involved in the review, along with other staff that might benefit.

6. Within 30 calendar days, the reviewers should prepare a report using the attached format and send it to the reviewee.

7. The provider should be given an opportunity to respond.

SAMPLE

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Name and Address of Provider Being Reviewed	Name and Address of Provider Conducting the Review
Date of Review	Program Reviewed and Address

I. REVIEW SUMMARY - *Summarize the review covering the areas addressed in the questions below.*

A. What was your overall impression of this provider?

B. Is the provider using any approach(es) that appear(s) to enhance the clinical and/or the administrative functioning of the program and which might be replicated by other providers?

C. What appears to be this provider's most innovative features?

D. Are there any areas that you would recommend that this provider address? Do you have any suggestions as to what they might do?

E. Have you learned anything in the process of doing this review that will be beneficial to your own program operations?

F. Do you have any additional comments/suggestions?

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II. REVIEW SCOPE

Areas Covered *(Check All that Apply)*

[ ] Clinical (Mandatory) [ ] Administrative (Optional) [ ] Client Satisfaction (Optional)

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III. CLINICAL REVIEW - MANDATORY

A. PARTICIPANTS

Name(s) and Title(s) of Reviewers	Name(s) and Titles of Participating Reviewee Staff

B. FINDINGS AND OBSERVATIONS

1. Admission Criteria/ Intake Process

OBJECTIVE: To determine if the intake process respects the dignity of the client.

METHODOLOGY	FOCUS ISSUES
Clinician: a. interviews intake personnel. b. observes the general admission area. c. reviews documentation of the process. d. interviews clients.	a. Is the client made to feel comfortable? b. Is the staff warm, informative, and non-threatening? c. Was the admission timely?

COMMENTS

2. Assessment Process

OBJECTIVE: To determine if the assessment process identifies the need for care, the appropriate level and setting for care, and forms the basis for a treatment plan.

METHODOLOGY	FOCUS ISSUES
Clinician: a. reviews charts. (Enter the No. of Charts to be Reviewed: _____). b. interviews clinicians.	a. Does the assessment indicate that the admission was appropriate to the admission criteria? b. Does the assessment support the diagnostic impression? c. Does the assessment identify and address areas of dysfunctionality? d. Is the level of care appropriate?

COMMENTS

SAMPLE

III. CLINICAL REVIEW - MANDATORY (CONT'D)

B. FINDINGS AND OBSERVATIONS (CONT'D)

3. Treatment Planning	OBJECTIVE: To determine if the treatment plan provides a flexible guide for helping the client get better.	
	METHODOLOGY	FOCUS ISSUES
	Clinician: a. reviews charts. b. interviews clinicians.	a. Does the treatment plan address problems noted in the psychosocial assessment and continuing care progress notes? b. Do treatment plan revisions accurately reflect client progress in addressing identified problems? c. Are the treatment goals achievable based on the client's abilities and program's resources. d. Did the client participate in the planning process.
	COMMENTS	
4. Documentation of Implementation of Treatment Services	OBJECTIVE: To determine if the documentation demonstrates the delivery of appropriate treatment services to meet the client's needs in a timely manner.	
	METHODOLOGY	FOCUS ISSUES
	Clinician: a. reviews charts. b. interviews clinicians.	a. Do progress notes tie in to the treatment plan? b. Does the chart document the level of client functioning in response to treatment and justify the level of services? c. Is treatment rendered and documented on a timely basis?
	COMMENTS	

SAMPLE

III. CLINICAL REVIEW - MANDATORY (CONT'D)

B. FINDINGS AND OBSERVATIONS (CONT'D)

5. Discharge and Continuing Care Planning	OBJECTIVE: To determine if the discharge plan supports the client's recovery.	
	METHODOLOGY	FOCUS ISSUES
	Clinician: a. reviews charts. b. interviews clinicians.	a. Is the discharge plan consistent with the documented history? b. Is the plan consistent with the client's level of functioning and resources? c. Did the client participate in the development of the plan? d. Is the continued care of the client addressed in the plan and does it meet the client's needs?
	COMMENTS	
6. Indicators of Treatment Outcome	OBJECTIVE: To determine the program's policies, procedures and practices regarding treatment outcome.	
	METHODOLOGY	FOCUS ISSUES
	Clinician: a. interviews administrators, discharge coordinator, or evaluation/research staff, as appropriate. b. reviews documentation of process. c. reviews sample of discharge summaries/ aftercare plans.	a. What, if any, documentation is collected by the program regarding treatment outcomes at discharge? post discharge? b. How is the information utilized for program improvement?
	COMMENTS	

SAMPLE

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IV. ADMINISTRATIVE REVIEW - OPTIONAL -

A. PARTICIPANTS

Name(s) and Title(s) of Reviewers	Name(s) and Titles of Participating Reviewee Staff

NOTE: During the development of the peer review process, service providers found that a general discussion pertaining to program administration was mutually beneficial. Providers were able to discuss problems that they shared, exchange ideas for resolution and improvement, and exchange areas of innovation. Accordingly, the following are suggested areas for discussion and suggested questions. Please note significant findings/observations in the "Comments" section below.

SUGGESTED AREAS OF DISCUSSION	OPTIONAL FOCUS ISSUES
• Quality Assurance • Utilization Review • Program Activity Scheduling • Staffing Patterns/Employment Environment • Internal Controls • Customer Satisfaction (Client/Funding Source) • Program Planning and Development • Outcome Measurement • Application of Information Technology • Network Formation/Outreach/Marketing/Managed Care • Data Flow Between Clinical and Billing and Between Clinical and Administration	a. Is the administrative area/system efficient and effective? b. Does the selected system support clinical goals? c. Does the provider prepare an annual Management Plan and how has the plan affected program operations? d. Do Governing Board and/or internal committees play an effective role in program oversight? e. What noteworthy strengths/weaknesses does the provider demonstrate in the selected areas? f. What administrative/program management problems does the provider have? g. Is this provider prepared to operate within a managed care network environment? h. What changes in administrative practices are warranted, dollar concerns notwithstanding?

COMMENTS

SAMPLE

V. CLIENT SATISFACTION REVIEW - OPTIONAL

SUGGESTED METHODOLOGY	SUGGESTED QUESTIONS
Clinician: - interviews clients in focus groups and/or individually. Clinician: - Reviews client satisfaction surveys or other means used to measure client satisfaction, if available.	a. How does the provider assess client satisfaction? b. Does the client feel that his/her needs are served by the provider? c. Did the client feel welcome? d. Was the client satisfied with the services received? e. Was the client treated in a sensitive and professional manner?

COMMENTS

SAMPLE

VI. REVIEWER'S CRITIQUE OF THE REVIEW PROCESS

NOTE: Comments should include recommendations for improving the overall peer review process and the Peer Review Protocol, Guidelines and Report Format.

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