

**CAPS QUALITY ASSURANCE PEER REVIEW COMMITTEE (“QA”)**

**Special Referral Cases for QA**

Case identified by:

- CAPS Director / CAPS Management Staff / Medical Director / Executive Director
- Occurrence/Incident Report (e.g., 5150 transfers/notification of hospitalization)
- Chart Review Findings (e.g., randomly selected or thematic peer review cases)
- Client Complaint
- Negative Client Care Outcome
- Legal/High-Risk/Risk Management Issue
- Provider Concern
- Provider Self-Referral/Request for Case Review
- Provider Extension Request
- Other \_\_\_\_\_

SID # \_\_\_\_\_ Date of Review \_\_\_\_\_

		<b>DATE</b>
	QA Chairperson notified by: (name) _____	
	QA Chairperson notifies committee and provider(s) of review date and option of addressing committee in person or in writing (e.g., via secure Instant Message)	
	Provide SID# to relevant members of QA prior to the review	
	Schedules blocked to allow time for case review	
	Provider(s) present(s) case or optional Instant Message is presented to QA.	
	QA conducts review	
	QA reaches consensus	
	QA Chairperson summarizes findings and recommendations, and submits report to the CAPS Director or management staff.	
	Review closed	
	Case considered for inclusion in quarterly summary report	

**BRIEF DESCRIPTION OF ISSUE/QUESTION:**

**QA CONSENSUS:**