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Instruction for the Completion of PM Form 8.5.1, MCE Study - Request for Registration and Evaluation Methodology

Attachment 8.5.1

This document provides instructions for completion of the Medical Care Evaluation Study - Request for Registration and Evaluation Methodology Form pursuant to Provider Manual Section 8.5, Medical Care Evaluation (MCE) Studies.

FORM 8.5.1: REQUEST FOR REGISTRATION AND EVALUATION METHODOLOGY

NAME OF FACILITY: Write the complete name of the facility where the MCE study is being conducted.

PROVIDER ID #: Write the AHCCCS Provider ID # of the facility for which the MCE study is being conducted.

POPULATION: Check the appropriate box for each client type (SMI; children; GMH/SA) represented in the study population. More than one box may be checked if more than one client type is included in the study population.

LEVEL OF FACILITY: Check the appropriate box for facility type: Inpatient hospital, mental hospital, RTC, or sub-acute facility.

MCE STUDY PERIOD: Document the month/day/year of the beginning and end date of the study period. The standard study period for MCE studies is from July 1 to June 30 of each year. All deviations, including longitudinal studies, must be approved by ADHS/DBHS.

I. TITLE OF STUDY: Provide a brief title for the study. The title should be descriptive of the study topic (e.g., “Readmission within 30 days”) and consistently used in all forms completed for the MCE study.

II. DESCRIPTION OF STUDY: Describe briefly what is being examined in the study. Include any benchmarks or thresholds set, as well as any hypotheses being tested.

III. Definition of Variables:

III. RATIONALE:

1. Discuss the reasons for the selection of the study topic (i.e., underlying problems or concerns that led to the choice of this topic).

2. State the significance (usefulness) of the study. Include references and/or the theoretical framework used in conceptualizing the study topic. List any references that were considered in developing the study framework. References could include journal articles or other published literature that support the study’s hypothesis/theoretical assumptions, or describe similar or related studies. Other factors that contributed to the selection of the current study topic (e.g., the impressions of staff regarding a perceived relationship between variables; the results of prior studies completed by the facility) may also be included as references.

3. Identify the components of quality of care that are assessed by this evaluation. (Check all applicable boxes.)

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V. STUDY POPULATION: Describe the type of patients included in the study population. The description should go beyond broad categories (i.e. SMI, GMH/SA, Children), and include all attributes or circumstances characteristic of the study population (e.g., all patients who were readmitted within 30 days; all clients receiving anti-psychotic medications; TXIX population; etc.)

VI. SAMPLING METHODOLOGY AND SAMPLE SIZE: Identify the sampling methodology, including the method (e.g., random; convenience; representative; 100% of population; etc.), sample period (e.g., all clients who entered the program between July 1 and October 31; etc.), and the sample size.

VII. DATA COLLECTION METHODOLOGY: Identify the sources from which the data will be obtained (e.g., intake documents, medical record, interviews, surveys, doctor's orders, nursing notes, etc.); who will collect data (e.g., facility personnel or consultant); and the frequency of collection (e.g., monthly retrospective chart reviews, etc.). Describe any tools/instruments to be used (e.g., assessment instruments, satisfaction surveys). Explain the methodology that will be used to collect the data (e.g., administration of assessment tool on entry and exit; retrospective chart review). Identify who is responsible for compilation of the data and how the data will be stored (e.g., database specifically designed for the study). Attach data collection instruments.

VIII. ANALYTICAL METHODS: Explain how the data collected will be interpreted. Describe what methods will be used to analyze data, who will complete the analysis, and how often the data will be analyzed (e.g., the QM manager will analyze data monthly through a comparison with previous months for rate of compliance and improvement). Define how frequently the results of data analyses will be reported, how the information will be reported, and to whom (e.g., the results of this analysis will be presented during monthly quality management meetings. A final written report will be distributed to management staff at the end of the study period).

IX. REMARKS: Provide any additional information that may be relevant to the implementation of the study, including any potential challenges to implementation of the study as currently envisioned (e.g., any anticipated change in facility staff or procedures which would impact on the study, etc).

Provider/Facility Approved by: The Request for Registration should be approved, signed and dated by the provider employees who have responsibility for submitting it to the T/RBHA for review.

T/RBHA Review to be Submitted to the Facility - Not for Provider Use

Will the proposed study serve to identify and analyze medical or administrative factors related to patient care? Check the appropriate box.

Does the Proposed MCE study use a sound study methodology?: Check the appropriate box.

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Is the proposed MCE study approved by the T/RBHA?: Check the appropriate box.

- **Yes:** If the Request for Registration has been approved by the T/RBHA, the T/RBHA Medical Director and appropriate QM/UR Committee representatives should sign and date the form in the space provided.

- **No:** **Additional Information Needed:** If the Request for Registration has not been approved by the T/RBHA, indicate the additional information or changes needed prior to T/RBHA approval, and inform the facility which submitted the request.

Approval by the T/RBHA QM/UR Committee and the T/RBHA Medical Director: The approved request must be signed and dated by the T/RBHA QM/UR Committee and the T/RBHA Medical Director approving the request.

Not Approved. Additional information needed: The request must be returned to the requesting facility with a request for additional information.
