

NORTH COUNTRY COMMUNITY MENTAL HEALTH ADMINISTRATIVE MANUAL

CHAPTER: Two – Quality Improvement
PLAN: QUALITY IMPROVEMENT PLAN
EFFECTIVE DATE: May 1, 2010

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PURPOSE

PURPOSE FOR CONTINUOUS QUALITY IMPROVEMENT PROCESS:

To provide a method for continually improving the quality of services for the benefit of persons served, stakeholders and staff.

PURPOSE FOR QUALITY IMPROVEMENT COUNCIL:

To assist in the ongoing advancement and implementation of a comprehensive plan for improving the performance of the organization; to oversee that process in order to give guidance and ensure that it is properly implemented through coordination with agency standing committees; and to facilitate the dissemination of performance information throughout the organization.

SCOPE OF QUALITY IMPROVEMENT PROCESS

This Plan for Quality Improvement is intended to address those activities that are particular to provider operations within the six-county catchment and does not include managed care operations. The Quality Improvement Council will work closely with the Northern Affiliation Quality Oversight Committee for issues related to regional quality systems.

STRUCTURE OF COUNCIL

Council Membership

The Quality Improvement Council will include representatives from the standing committees of the agency. Each committee chairperson shall select the representative in consultation with the Executive Director and/or QI Council Chairperson. It is intended that representatives be from various programs and job functions. Terms shall be for two years. A member may serve two consecutive terms.

Committees to be represented include:

- ▶ Risk Management Committee
- ▶ Staff Development Committee
- ▶ Infection Control/Safety Committee
- ▶ Clinical Services Committee
- ▶ Health Services Committee
- ▶ Behavior Treatment Committee
- ▶ Recipient Rights Advisory Committee
- ▶ Consumer Council
- ▶ Contract Agencies

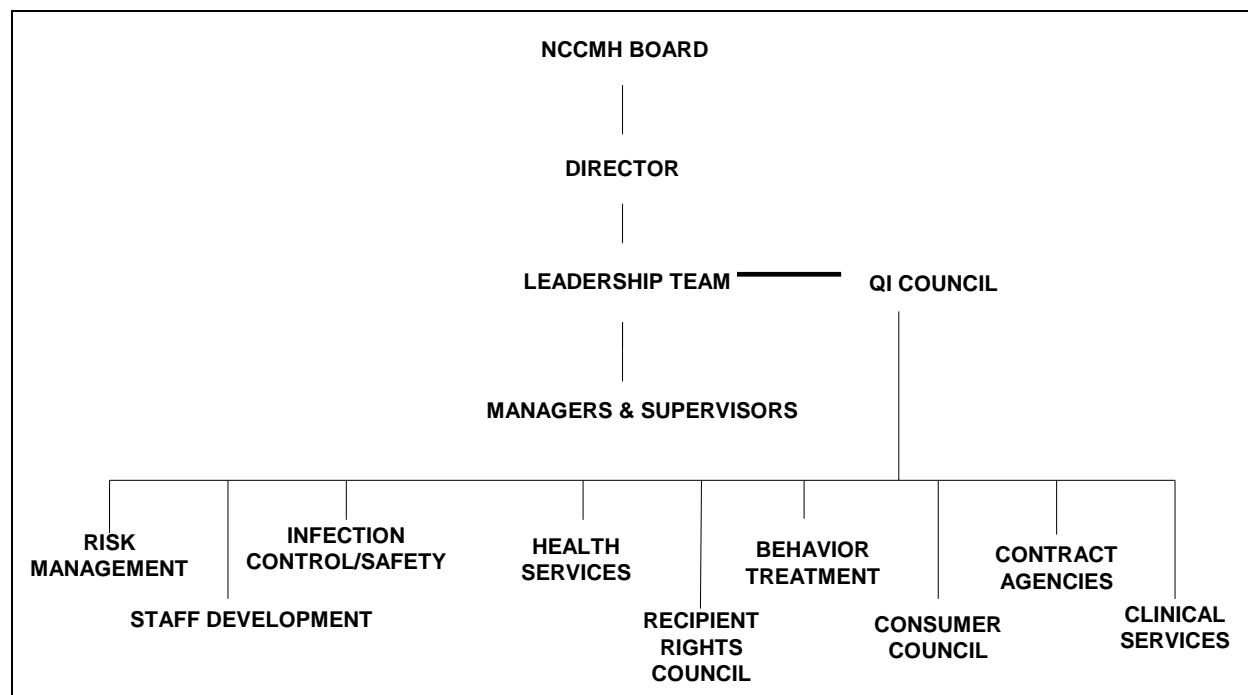
Additionally, the Council shall consist of three "At Large" staff members and one Board member, to be selected by the Executive Director. Future standing committees that may be initiated will be represented as deemed appropriate by the Executive Director. The Medical Director and Associate Director shall also be members of the Council.

Relationship To Organizational Structure

The Quality Improvement Council will take a lead role in the coordination of all quality improvement activities in the organization. The Council will receive regular reports from any agency action team regarding progress and results. Each standing committee of the organization will work with the Council to ensure coordination of efforts and to avoid duplication of activities.

The Council, as depicted in Figure 1 below, will bridge functional, population, and geographical boundaries. It will work with the Leadership Team to provide coordination, data interpretation, and feedback.

Figure 1



GOALS AND OBJECTIVES

GOALS

1. Continually improve the agency's performance in the delivery of services to its customers.
2. Ensure the quality of services provided to persons served by other organizations under contract with NCCMH.
3. Accurately assess the outcome of services provided in terms of improved functioning levels, improved quality of life, and symptom reduction.
4. Continually improve customer and stakeholder satisfaction.
5. Improve the performance, structure, and consistency of quality action teams.
6. Increase consumer involvement in the quality improvement process and action teams.
7. Monitor performance measures on access to services, and the effectiveness and efficiency of services.

PERFORMANCE OBJECTIVES

Annual performance objectives are established based on data gathered throughout the year, including but not limited to: utilization management data, clinical standards compliance, action team recommendations, safety and infection control findings, service outcome data, customer satisfaction data, staff and consumer recommendations, and changing regulatory requirements.

Upon reviewing all appropriate and available information, the QI Council will develop a list of potential objectives. This list will be shared with the Clinical Services Committee, the Leadership Team, and all management staff. Upon receipt and review of feedback, the Council will reduce the list to a workable number of appropriate objectives for the coming year. Board approval will be sought in the first quarter of each fiscal year.

ANNUAL REVIEW OF GOALS AND OBJECTIVES

The Quality Improvement Council will review the established goals and objectives annually to assess their continuing applicability and appropriateness. This will be done in conjunction with the annual assessment of the effectiveness of the Quality Improvement process, as described in this Plan.

ROLES AND RESPONSIBILITIES

To be successful, quality improvement must be pervasive in the organization. Thus, individuals at all levels, from governing body to part-time staff, have a role in the quality improvement process.

BOARD

As the governing body, the Board must review and evaluate the quality, effectiveness, and efficiency of services being provided. Therefore, regular reports will be submitted to the Board. The purpose of these reports is to provide information regarding outcomes on performance objectives, action teams established, progress made, and results realized.

EXECUTIVE DIRECTOR

The Executive Director must demonstrate a commitment to the principles of quality improvement by establishing a vision for the organization that has quality services as its center and by creating an environment in which quality is valued. The Executive Director, either directly or through the Quality Improvement Council, establishes goals and objectives for the overall quality effort.

The Executive Director will support the quality improvement process through personal involvement. This participation will include involvement in improvement efforts, council meetings, communications, and recognition of successes.

MEDICAL DIRECTOR

As a standing member of the QI Council, the Medical Director represents the medical and clinical aspects of NCCMH operations.

MANAGEMENT

The management of the organization plays a critical role in determining the success of quality improvement activities. It is incumbent upon all management staff to learn and fulfill several responsibilities that include:

- Ensure the readiness of their organizational component for the implementation of quality improvement efforts by coaching staff, participating in work teams, and ensuring open and safe communication.
- Assist in identifying opportunities for improvement.
- Assist in the implementation of new or revised systems.
- Monitor the results of quality improvement activities and ensure proper and timely communication of these results.

STAFF

The success of this plan will be directly related to the involvement of staff in the quality improvement process. A properly designed quality improvement program places many new responsibilities on the staff of the organization. These responsibilities include:

- Identifying opportunities for improvement, using the established systems to identify and recommend solutions, and participating in the process. Quality improvement has a solution focus. Staff must be committed not only to identifying problems, but to developing solutions.
- Reporting progress in their efforts. This includes identifying barriers to progress and exploring solutions to these barriers. Action Teams and individuals working within the quality improvement process will be asked to report to the Council on a regular basis. This is an important step in the communication and coordination of efforts and results.
- Seeking skill level improvement, i.e., demonstrating initiative in learning the tools of quality improvement and the skills particular to their own job performance.

QUALITY IMPROVEMENT COUNCIL

The QI Council serves as the leadership of the quality improvement process. Empowered by the Board and the Executive Director, the QI Council guides all quality improvement activities. The Council must take a lead role in monitoring progress toward obtaining and maintaining accreditation. Similarly, the Council plays a lead role in ensuring compliance with all auditing bodies.

The Council assists in identifying opportunities for improvement, as well as reviewing and prioritizing all suggested activities. The Council assigns responsibility for action teams.

The Council receives reports from other agency committees on a regular basis. This information is used in establishing priorities and identifying needs. Similarly, the Council provides regular feedback and information to all agency staff.

It is incumbent upon the Council to monitor all quality improvement activities. Appropriate information is communicated to the Executive Director, the Board, the staff, and to other groups.

OTHER COMMITTEES

As indicated in Figure 1, standing committees play an essential role in the quality improvement process. As stated above, each group will be responsible for reporting to the Council on a regular basis through its representative member. This coordination is needed to avoid redundancy and to ensure a constancy of purpose throughout the organization. Each group is responsible for identifying opportunities for improvement within the area they represent. Similarly, they are responsible for reporting progress and results to the QI Council. Each group must assist in communication and feedback activities as well.

CONTRACT AGENCIES

Contract agencies play a vital role in the service delivery system for North Country. As such, their involvement in the quality improvement process is beneficial. Contract agency representatives will be invited to participate on the QI Council. Additionally, contract agency staff will be invited to participate in action teams, as appropriate. Information pertinent to the contract agencies will be shared on a regular basis.

CONFIDENTIALITY

Protection of the identity of the persons receiving care and services and the identity of internal and external consumers is essential. NCCMH will comply with all federal, state and local laws, rules, regulations and statutes in ensuring the privacy of protected health information. Individual data will be used only when necessary, and in such cases, all reasonable measures will be taken to respect the confidentiality and integrity of the individual(s) involved.

The Council recognizes that at times individuals and programs may need to be identified specifically enough that some Council members will be able to recognize the individual referenced. All Council members will be held to the highest standard of confidentiality. Violation of this standard may result in removal from the Council and other disciplinary action as appropriate.

IDENTIFYING STAKEHOLDERS

Understanding and examining customer-supplier relationships both internal and external to the organization is helpful in applying quality improvement principles. The level of satisfaction experienced by a customer (stakeholder) is an important determinant to the continued relationship with that customer.

North Country Community Mental Health has many stakeholders including, but not limited to, persons served, employees, referral sources, other health and human service agencies, funding sources, primary care providers, courts and schools, the Department of Community Health, the state legislature, and the taxpayers or general community.

Stakeholder satisfaction will be assessed on a regular basis. This will occur in manners appropriate to the group in question. Surveys based upon focus group input, staff surveys, referral source surveys and community surveys are all tools to be employed.

THE QUALITY IMPROVEMENT PROCESS

INFORMATION GATHERING

It has been repeatedly stated that quality improvement must be pervasive throughout the organization. This includes not only the commitment to the principles of quality improvement, but also the application of these principles to processes. Quality improvement efforts must be based upon objective information.

Objective data are drawn from several sources, including but not limited to: consumer and stakeholder satisfaction surveys; state, affiliation and organization performance measures; statewide benchmarking measures; clinical program outcome measures; peer review; claims audits; clinical record reviews; and review of current literature or research. Subjective information and suggestions for improvement may also come from suggestion boxes, consumer focus groups, contract provider meetings, satisfaction surveys or through staff Quality Improvement Input forms.

Consumer input and involvement in the development, implementation, review and use of outcome measures is a critical part of quality improvement and a specific goal of this Plan.

DATA INTEGRITY

Accurate and consistent data are paramount to effective business operations and the quality improvement process. Therefore, quality improvement projects must address the fundamental elements of reliability, validity, completeness and accuracy of the data collected and reported.

SELECTION OF PROCESSES

Selection of specific quality improvement projects demands attention to both complexity and relevance of a particular project. Projects may be nominated either through data identification or through employee or customer suggestions. Items selected for quality improvement studies or efforts must represent realistic opportunities for meaningful improvement. In selecting projects, the Council shall consider the following criteria:

- Frequency of request or suggestion
- Risk or existing situation
- Impact on services or funding
- Consumer generated requests
- Consumer impact
- Feasibility of project
- Consensus of QI Council
- Scope of impact on the organization as a whole

Projects may be handled either through single purpose action teams or through standing committees, depending upon the nature of the process to be addressed.

QUALITY IMPROVEMENT MODEL

The Shewhart Model (Plan - Do - Check - Act) will form the basis for this organization's quality improvement program.

<u>P-D-C-A</u>	<u>Activities</u>
<u>P</u> LAN	1. Identify area for potential improvement 2. Constitute and charge an action team or committee 3. Identify perceived difficulties or problems 4. Collect and organize data regarding indicators 5. Evaluate data
<u>D</u> O	6. Develop and pilot a solution 7. Collect/Organize data regarding pilot activities
<u>C</u> HECK	8. Evaluate data to identify improvements made
<u>A</u> CT	9. Implement changes organizationally 10. Provide feedback

The quality improvement process will generally be implemented through quality action teams. The team leader will meet with the Quality Improvement Coordinator prior to the first team meeting. At this time, the team leader will receive a "Team Leader - Team Member Handbook," required reports, and other information as needed. The Team Leader shall be the person with the most knowledge specific to the project. The QI Council Coordinator will act as team facilitator and may, at times, serve as Team Leader.

COMMUNICATIONS AND FEEDBACK

Timely communication and feedback are vital parts of the quality improvement process. Information must be shared in formats that are useful to the persons served, staff and other stakeholders.

First and foremost, there must be a commitment by the leadership to improve and maintain communication throughout the organization. This level of communication is dependent upon each individual manager.

The QI Council will communicate through a variety of vehicles. Communications will include regular reports to the governing Board, minutes of meetings, and reports to staff. These reports, combined with appropriate memorandums and announcements, will effectively communicate and solicit input and feedback.

TRAINING

North Country Community Mental Health is committed to properly training all employees and Board members in the principles of quality improvement and other relevant topics. Training will be delivered at new employee or board member orientation and through continuous staff development. To this end, the Human Resource department will be responsible for developing, implementing, and monitoring an agency-wide training program that includes standard and special topics.

Training is also vital to the implementation of changes resulting from action team efforts. Each team or committee responsible for a quality improvement project will, as part of their recommendations, address necessary training for staff.

ANNUAL REVIEW AND EVALUATION OF QI PROCESS

Each year the Quality Improvement Council shall conduct an evaluation of the QI process and activities for the past year. This evaluation shall be based upon the stated goals and objectives of the program in comparison to the actual activities and outcomes. Further, the information will be used to review the implementation of the mission and core values of the organization.

The method of evaluation shall be consistent with sound quality improvement principles. Activities should include, at a minimum: survey of appropriate parties, review of data collected, and assessment of progress.

The results of this evaluation shall be submitted to the Executive Director and the Board for input and comments. Following Board approval, the evaluation and revisions will be shared with all staff.

REFERENCE:

REVISED: 03/05/07; April 26, 2010

APPROVED BY SIGNATURE:

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Director

5/6/2010

Date

Christine Gebhard

Director of Administrative Services

5/5/2010

Date