

Northern Lakes Community Mental Health Authority

QUALITY ASSURANCE AND IMPROVEMENT PLAN

2020

OVERVIEW:

This document presents the comprehensive and systematic plan for the operation of the quality assurance program of Northern Lakes Community Mental Health Authority (NLCMHA). The Quality Assurance Plan shall be the standard that guides business function and service delivery and applies to all programming and services at the agency. NLCMHA is a not-for-profit behavioral health care treatment provider offering mental health and substance abuse services for children, adolescents, and adults. The agency’s Board of Directors has adopted the philosophy of continuous quality improvement to ensure organization-wide ongoing quality assurance. NLCMHA understands the need to strategically monitor and assess its performance as defined by the agency and state Performance Indicators.

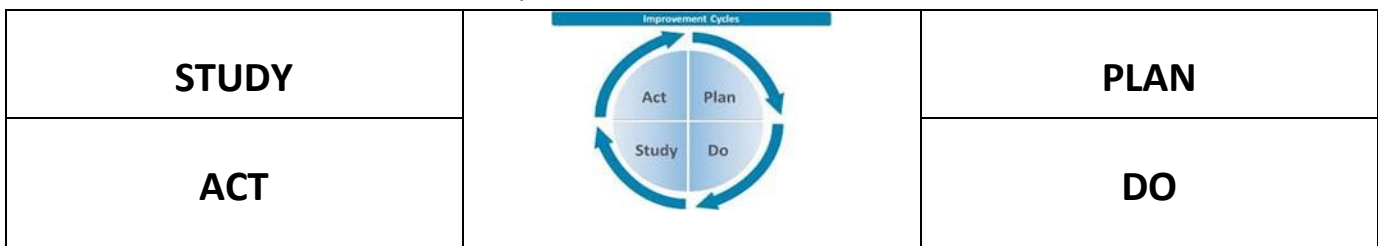
OBJECTIVES:

1. Identify problem trends and gaps related to service delivery.
2. Provide information about service needs to persons in the organization responsible for planning.
3. Develop corrective action plans that address problems at the appropriate level of the organization.
4. Promote opportunities to improve service delivery through a process of case review, consumer satisfaction, performance indicator analysis and internal audits.
5. Ensure that consumers served, workforce members, and the Board of Directors have active participation in the development of the Quality Improvement Plan as well as the components of Quality Assurance planning and evaluation.

QUALITY ASSURANCE AND IMPROVEMENT MODEL:

Quality assurance and improvement is a systematic, ongoing process that is designed to assess and evaluate the quality and appropriateness of services, to resolve identified problems, to identify gaps in service, to promote opportunities to improve business practices and service delivery and overall organizational performance.

THE QUALITY ASSURANCE MODEL



1. **Study** the system or process where improvement is needed. Evaluate the available information and describe what the information is telling you. Are there particular problems and what are the causes?
2. **Act** and decide what change is needed. Will this be a large-scale or small-scale change?
3. **Plan** on how the data will be collected. When will the progress be reviewed? Who will do the work?
4. **Do** the work according to the plan that was created.
5. **Study** the gathered information and determine whether the desired outcome was achieved or not?
6. **Act** by deciding if any further action is needed to bring improvement to noted area.

SCOPE OF SERVICE:

NLCMHA is a comprehensive provider of mental health and substance use services to a six (6) county service area that includes Grand Traverse, Leelanau, Wexford, Missaukee, Roscommon, and Crawford. Services provided (internal and contracted) include: case management, outpatient, psychiatric, integrated healthcare, crisis intervention, crisis residential, community living supports, respite, co-occurring mental health and substance use disorders assertive community treatment, residential care, infant mental health, intensive home-based for children, autism, support groups, consultation, prevention, and community education.

The agency's structure is based on a decentralized model and operates offices in 4 counties of the service area (Grand Traverse, Wexford, Crawford, and Roscommon). These four (4) sites provide a full range of mental health and co-occurring substance use services. The services below are CARF accredited programs. CARF is an international accrediting body that seeks to promote strong values and quality care to organizations that provide services to consumers, which further demonstrates NLCMHA's commitment to providing the highest quality of service.

1. Assessment and referral
2. Assertive Community Treatment (ACT)
3. Crisis Intervention (Specifically Pre-Hospitalization Screening)
4. Outpatient Treatment
5. Intensive Family-Based Services
6. Case management and Supports
7. Prevention, Education, Consultation

IMPORTANT ORGANIZATIONAL FUNCTIONS AND DIMENSIONS OF QUALITY ASSURANCE:

The framework and process of the Quality Plan complies with applicable standards of the Michigan Department of Health and Human Services (MDHHS), the Northern Michigan Regional Entity Prepaid Inpatient Health Plan (NMRE PIHP), and the Centers for Medicare and Medicaid Services (CMS). The NLCMHA's focus is on improvements in functions and processes in the areas of direct consumer care, governance, management operations and support functions.

QUALITY ASSURANCE AND IMPROVEMENT RESPONSIBILITIES:

Monitoring and evaluating activities are performed through committee structure, designed to assure appropriate representation of all functional areas of the agency.

- 1. Board of Directors:** The Board of Directors maintains ultimate responsibility for agency quality standards. The Chief Executive Officer (CEO), Director of Quality Improvement and Compliance (DQIC), and the Performance Measurement Quality Improvement committee (PMQI), assume quality assurance and improvement responsibilities for the Agency.
- 2. Performance Measurement and Quality Improvement Committee:** This committee is chaired by the DQIC and convenes on a monthly basis to meet with Clinical and other Program Directors across the agency. The committee is responsible for implementing, revising, and monitoring adherence to agency quality performance goals and delineating these findings to the Board of Directors, leadership, and staff.
- 3. Chief Population Officers (CPOs) & Directors:** The Directors play a vital role in ensuring that their staff work toward the stated performance goals in the Quality Plan. This is accomplished through guidance, supervision, relaying information in meetings, and upholding agency standards for quality assurance and improvement daily.
- 4. Agency Staff:** Quality is the collective responsibility of every employee and is maintained by adherence to this plan and by ensuring that all work is done in an ethical and proper manner.

NLCMHA Data System

Specific data management processes support the use of highly accurate data to develop information about the quality of care or services being provided, the performance of various organizational processes and the overall performance of the organization. In individual quality improvement studies, the reliability, validity, and completeness of data is identified, and specific data collection and aggregation techniques designed to quantify quality of the data are used. In addition, data accuracy is estimated quantitatively and reported by the agency's statistician.

In general, the management information system, which also fuels quality improvement activities with data, utilizes forced-choice mechanisms to ensure the completion of required fields within data entry screens. Regular auditing is used to report the integrity of data and that information is used to further target and prioritize data improvement efforts.

Dissemination of Performance Information

Performance and quality information is shared in format(s) that are useful to the persons served, personnel and other stakeholders. Specifically, the quality improvement process frequently transforms raw or complex data into meaningful information designed to be useful in the education of key stakeholders and further, establishes or increases motivation and designs incentives to influence improved performance. The Northern Lakes CMHA director of quality improvement individually and the PMQI committee collectively will develop information that is produced in ways that encourages and engages people in its use.

Sentinel Events

Processes designed to identify sentinel events and in response, conduct thorough and credible root cause analysis are specified in NLCMHA policy and procedure. The PMQI committee will regularly review the findings of root cause analysis with specific attention to opportunities to systematically improve performance, reduce risk and ensure safety as a result of review of the findings.

Utilization Management

The NLCMHA Utilization Management Plan specifies the goal, scope, authority, responsibility, objectives, organizational structure and specific activities of the utilization management program. The plan also describes how the agency makes uniform service authorization and reduction decisions. The NLCMHA PMQI committee embraces a goal of ensuring the provision of high-quality services. As such, in the course of data collection, analysis and monitoring, the committee may determine an issue could best be addressed by a subcommittee that will investigate and report back. In these cases, the collaborative, consultative relationship between PMQI and subcommittees is used to ensure the most appropriate organizational component is addressing important issues in improving the quality of care.

Credentialing and Privileging Processes

NLCMHA conducts credentialing and privileging according to specific policies and procedures. The credentialing and privileging committee is represented on the PMQI committee by several members. Clinical staff are credentialed at the time of hire and when required, privileged to perform specific duties for which they are qualified. Re-credentialing occurs at least every two years or may occur more often under special circumstances. The credentialing committee establishes standards for credentialing and re-credentialing, provides orientation to the affiliate providers regarding standards, and monitors for implementation.

Staff Training and Development

The NLCMHA training and staff development plan specifies that all clinical staff members, both internal and external practitioners are required to receive initial and continuing education and staff development which includes minimum annual training requirements. The quality improvement process will identify issues which require additional training or revisions in currently provided training. These will be referred to the staff development and training committee for action and implementation through the quality improvement committee participant.

Quality Improvement Performance Goals and Work Plan

The NLCMHA leadership establishes broad performance goals for the organization. The PMQI committee establishes specific measures and ongoing monitoring to ensure continuous pursuit of the goals. Performance goals are based on contractual performance requirements, industry benchmarks, historical performance trends of the organization, and new performance targets established internally or externally to the organization. Annually, the PMQI committee establishes formal written quality improvement performance goals and incorporates the content of those goals into a specific work plan to be accomplished during the year.

Interaction with the NMRE Quality Oversight Committee

This quality improvement plan is written with the expressed intention to be complimentary to the NMRE Quality Assessment Performance Improvement Program (QAPIP) plan. Of note is that the QAPIP references the affiliation process for identifying reporting and processing sentinel events, the process for adopting practice guidelines and how the affiliation will ensure the verification of Medicaid reimbursed services. The NLCMHA quality improvement process will utilize and fully participate in the affiliation system of quality and performance improvement oversight. In addition, NLCMHA will participate in coordinated studies of service satisfaction, specific Performance Improvement Projects (PIPs) and Quality Assessment Performance Improvement Projects with the NMRE.

Annual Agency Review

On an annual basis the PMQI committee participates in an annual agency review. The annual effectiveness analysis includes the development of an overall description of the business and service delivery functions of the organization including trending and comparative quality and performance information where available, a summary of the input obtained from persons served, personnel and other stakeholders and a description of how the information was used to improve quality and performance. Analysis of specific performance indicators for service access, effectiveness and efficiency of services is provided. A summary of annual work plan achievements and challenges will be developed. Finally, the effectiveness analysis process will result in the identification of areas needing performance improvement and an action plan to address the improvements as well as the establishment of revised performance goals. Overall, information from the process is used to review the implementation of the NLCMHA mission and core values of the organization, improve the quality of programs and services and facilitate organizational decision making and strategic planning.

Annual Quality Review

On an annual basis the director of quality improvement will draft a report summarizing all efforts by the PMQI committee and present the results for review and approval by the NLCMHA Board. Any necessary revisions to the quality improvement plan are also described and offered to the Board for approval.

Reviewed/revised: 3/10/20 Kari Barker, Director of Quality Improvement & Compliance