Policies & Procedures

DAVIS BEHAVIORAL HEALTH

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SUBJECT:	QAPI Plan
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Quality Assessment and Performance Improvement Plan

Introduction

This Quality Assessment and Performance Improvement Plan (QAPIP) is written as required by the Davis Behavioral Health (DBH) QAPI Policy. The QAPIP has two components: Operational Guidelines, which are typically consistent from year to year, and the Annual Improvement Work Plan, which is modified on an annual basis according to the improvement needs of the organization. This QAPI Plan is to be reviewed and updated annually by the DBH Clinical Director, QAPI Committee, and the Chief Executive Officer.

Operational Guidelines

A. QAPI Oversight

1. Compliance Officer
    a) Oversight of all QAPI activities
    b) Seeks consultation from the QAPI Committee
    c) Serves as the chair of the QAPI Committee
    d) Reports directly to the Chief Executive Officer

B. Quality Assessment and Performance Improvement Committee (QAPIC)

1. The QAPIC is created and defined by the Quality Assessment and Improvement policy of DBH
2. The QAPIC is the body responsible for oversight of all quality assessment and performance improvement activities

C. Monitoring and Data Analysis

1. The QAPIC will monitor performance processes and quality of outcomes through the following mechanisms:
    a) Standard and customized queries of operational, utilization and clinical data stored in the electronic database
    b) Peer review (see below)
    c) Appeals and grievances (see below)
    d) Surveys of clientele
    e) Outcomes data, including standard measures specified by the State
2. The QAPIC is responsible for monitoring DBH's compliance with practice guidelines, performance standards relating to client access, service utilization, staff utilization, client outcomes, and cultural competency.
    a) The QAPIC will specifically monitor:

(1) Timeliness of in-person contacts between DBH personnel and clients with emergent, urgent, and non-urgent service needs
(2) Compliance with all practice guidelines
(3) Utilization trends of high cost resources
(4) Results of the internal audit conducted by the cultural competency committee as described in the Cultural Competency Plan

3. Practice Guidelines

a) The Clinical Director is responsible for the processes by which practice guidelines are identified, adopted and implemented. These guidelines will also be periodically reviewed and updated.
b) The QAPIC identifies those practices where practice guidelines would be needed and determines if external practice guidelines will meet DBH standards for adoption.
c) If external guidelines cannot be identified, the QAPIC will draft internal guidelines according to the Practice Guidelines Policy.
d) Practice guidelines proposed for adoption are submitted to ELT for approval.
e) The QAPIC then develops and implements a plan for disseminating and education providers regarding the newly adopted guidelines.
f) QAPIC will periodically review internal guidelines to ensure that they continue to meet the needs of the agency, client care, and coverage of services.

D. Peer Review
See Peer Review Policy

E. Performance Measures and Standards for Timely Access

1. Ensure compliance with all other performance standards for the department
2. Contractors agree to take corrective action if there is a failure to comply (access to care and other)
3. Develop written reports documenting findings from monitoring activities

F. Appeals and Grievances

1. The QAPIC is responsible for monitoring trends in consumer appeals and grievances and their resolutions. This will be reported to the committee quarterly.
2. The QAPIC will analyze this information to identify any patterns in consumer appeals and grievances. This synthesized information will be used by the QAPIC to develop targeted actions at the staff, program area, or organizational level to remedy any systemic causes of patterns in consumer appeals and grievances.

G. Surveys of Clientele

1. The QAPIC will conduct an annual survey for client feedback regarding services.
2. Procedure

a) During the specified time period, the feedback survey will be available at the reception desk.
b) Each client, parent or guardian will be asked upon arrival to complete a survey if they have not already done one during the survey period, and assured that the survey and responses are anonymous.
c) All surveys will be gathered at the end of the survey period and forwarded to the State Division of Substance Abuse and Mental Health or contracted entity for aggregation and reporting.

d) The aggregated report, provided by the state or contracted entity will be reviewed in QAPIC.
e) Survey comments will be compiled and distributed to key staff for possible improvements.

3. The QAPIC responds to issues identified by the survey as described in the Performance Improvement section below.

H. Performance Improvement

1. The QAPIC will analyze data from the sources and mechanisms described above to determine improvement opportunities.
2. The QAPIC will prioritize and select opportunities to be focused on for intervention.
3. The QAPIC will define and initiate Performance Improvement Projects in order to implement improvement strategies. The QAPIC will define:

a) Measurement of improvement
b) Implementation of interventions to achieve improvements
c) Evaluation of the effectiveness of interventions
d) Planning and initiation of activities

I Cultural Competency

4. See Cultural Competency Policy