

# QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT

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SUBJECT:	Quality Assessment and Performance Improvement
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## Policy

In order to foster excellence in comprehensive, community-based behavioral health, Davis Behavioral Health will assure that continuous quality assessment and performance improvement (QAPI) processes are conducted routinely, and involve all staff at all levels of the organization.

## Purpose

Performance assessment and continual improvement efforts require a systematic analysis of key data, focused studies of areas of concern, and defined efforts to improve service delivery and business practices. A centralized committee and annual plan is the foundation of these efforts.

## Procedures

- I. Quality Assessment Performance Improvement Committee
  - A. The Quality Assessment Performance Improvement Committee (QAPIC) is responsible for coordinating centralized quality improvement efforts of the agency.
    - i. The QAPIC will be multi-disciplinary and representative of key areas of the operations of DBH. For effective functioning as an executive committee, however, QAPIC members may represent multiple programs or units.
    - ii. The QAPIC consists of, but is not limited to :
      1. A designated senior official responsible for administration of the program
      2. A representative from the financial department
      3. A service provider from the adult and children's teams
      4. A representative of the medical staff
      5. Ad hoc members as required
  - B. The QAPIC will function by developing an annual Quality Assessment Performance and Improvement Plan that includes:
    - i. Policy making body that oversees the Quality Assessment and Performance Improvement Program (QAPIP)
    - ii. Provide a general description of our peer review program and implement policies and procedures detailing this.

1. The composition of the peer review committee (may be the QAPIC or a subcommittee)
  2. The frequency of the peer reviews, which must be conducted no less than two times per year.
  3. The requirement that the peer review committee makes recommendations for improvement based on review findings
  4. The requirement that the peer review committee maintains written documentation of meetings, peer review findings, and recommendations
  5. Developing scoring standards and the process of selecting records.
- iii. Written procedures to detect both under-utilization and over-utilization of services provided to enrollees. (Reviews may be included in the peer review or conducted as separate utilization reviews.)
  - iv. Requirement that documentation is maintained of the assessment strategies used for the year, findings and how information was or is to be used to improve accessibility, and quality of Covered Services or aspects of center
  - v. Use the information derived from Appeals and Grievances to determine whether there are trends or systemic issues that need to be addressed at an individual, program, or center-wide level.
  - vi. integration of agency-wide activities to improve organizational performance
  - vii. The means to evaluate and ensure enrollees have timely access to covered services.
  - viii. Monitoring reports from The State Division of Healthcare Financing, the Division of Licensing, and the Division of Mental Health and Substance Abuse.
  - ix. Special studies to be initiated during the year.
  - x. Development and/or review, evaluation and monitoring of practice guidelines.
  - xi. Development and implementation of a cultural competency plan.
  - xii. Development of annual satisfaction surveys collected from clients and how this data is used to ensure quality improvement.
  - xiii. Conducting PIPs in accordance with CMS protocol.
- C. The QAPIC will request input from the Executive Leadership Team and the Board of Directors concerning the annual plan, the annual report, and any study issues.
- D. The annual performance improvement work plan will be submitted to the CEO for review and approval.
- E. The QAPIC provides study issues, analysis, and recommendations to administration and Program Supervisors. Supervisors are expected to show responsiveness to the QAPIC by reviewing recommendations and communicating supervisory decisions to their Operations Committee representative, who will then bring recommendations to the Committee. The QAPIC may initiate follow-up studies to determine if program quality has improved in identified target areas.

F. The QAPIC will:

- i. Meet quarterly at a minimum;
- ii. Maintain written minutes of the meeting;
- iii. Make evaluative decisions based on a balancing of the need for treatments based on individual client needs and the need for providing the optimal service as defined by practice guidelines and the consensus of national standard-setting organizations.