CONTINUOUS QUALITY IMPROVEMENT

HIAWATHA BEHAVIORAL HEALTH

CARF
Fulfills Topic Requirement-
Critical Incidents

Updated 2/9/2022

WHAT IS CONTINUOUS QUALITY IMPROVEMENT (CQI)?

- It's a work philosophy that encourages every member of an organization to find new and better ways of doing things.
  - For Health Care Workers, this means…
    - Closer Cooperation among all departments and services.
    - Better Service
      - Supported by the idea that quality can always be improved even when it is already high.

QUALITY IMPROVEMENT IN HEALTH CARE IS ESSENTIAL

- All accredited health-care organizations are required to have quality improvement programs.
  - We, here at Hiawatha Behavioral Health, are accredited through CARF, who audits Hiawatha every 3 years in order to make sure the agency is still following their accreditation guidelines.
  - HBH's Quality Improvement Department has two people assigned to it.
    - **Kerri Hotlen: QI Coordinator**
    - **Mary King: UM/QI/Authorizations Assistant**
  - However, it is in every staff member's job description to support and participate in the QI process.
- Quality Improvement is a great way to ensure…
  - Improved Care for our consumers
  - Greater job satisfaction from staff

UNDERSTANDING THE CENTRAL POINTS BEHIND THE CQI PHILOSOPHY

Consumers Come First

- Meeting consumer's needs and expectations is the number one priority in CQI.

Every Employee is important!

- We encourage all staff at HBH to participate in the quality improvement process.

Communication is Essential

- CQI focuses on how all departments can better understand and respond to each other.
- It also focuses on how things can run more smoothly within departments.

UNDERSTANDING THE CENTRAL POINTS BEHIND THE CQI PHILOSOPHY – CONT.

Tasks are streamlined, whenever possible.

- The idea is to improve the way jobs get done rather than blaming individuals when problems arise.

Ongoing Improvement is Crucial

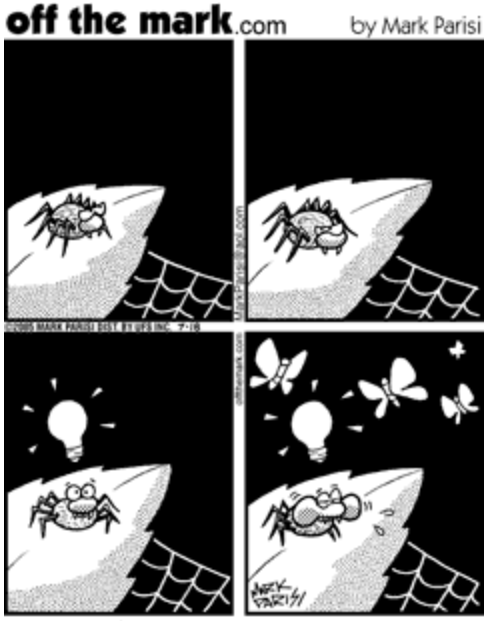
- The question should always be: "How can we do things better?"
- Waiting for problems, and dealing with them when they occur, is a slow and costly approach to CQI.

UNDERSTANDING THE CENTRAL POINTS BEHIND THE CQI PHILOSOPHY – CONT.

Improvements should be Maintained

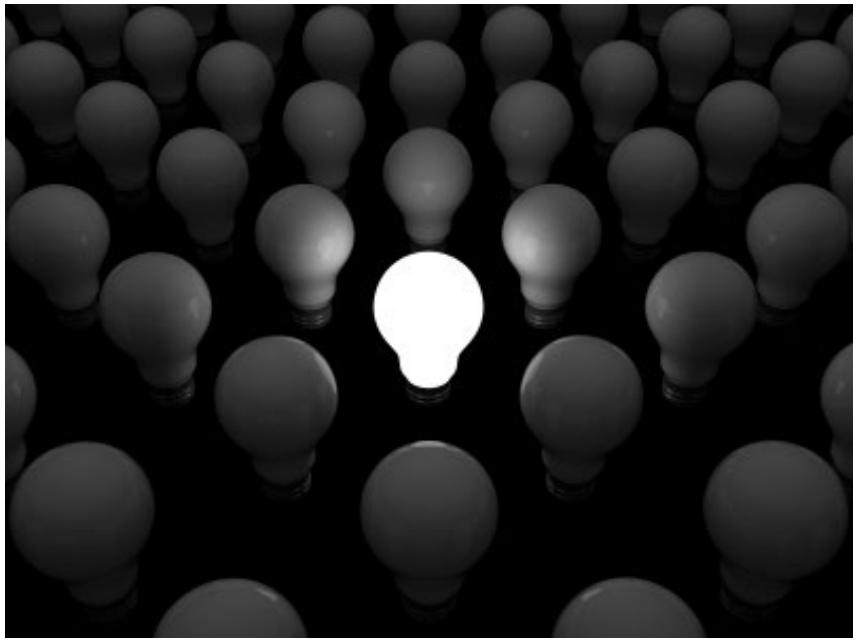
- Once an improvement is made, it's up to everyone to maintain it.

The best ideas for improvements come from people who do the work!



HOW DOES CQI WORK?

- Identify Important Services and types of care consumers expect from HBH.
- Work Out Strategies to solve any problems and improve quality.
- Put the Plan into Action on a trial basis.
- Evaluate the Results
- After an agreed period of time, decide whether or not quality actually improved.
- Incorporate the New Measure
- Start Again
- Continue to look for new and better ways to improve the process.



CQI AT HIAWATHA BEHAVIORAL HEALTH

- Hiawatha Behavioral Health (HBH) will have an annual Quality Assessment and Performance Improvement Program (QAPIP).
- The QAPIP can be located on the HBH internal website under the QI section.
  - This will achieve improvement of services (clinical and non-clinical) which will affect…
    - Positive Consumer Outcomes
    - Quality of Life
    - Access to services
    - Satisfaction

CQI AT HIAWATHA BEHAVIORAL HEALTH – CONT.

- The HBH quality improvement program supports a service delivery system constructed on the knowledge that persons with disabilities…
  - Can and Do Recover or achieve the highest levels of functioning.
  - Are able to exercise control over significant aspects of their lives.
- The QAPIP emphasizes the involvement of staff, consumers and other stakeholders to improve services.

QAPIP: DEFINITION OF ORGANIZATIONAL PERFORMANCE

- HBH monitors and measures its programs and services, both clinical and non-clinical in nature.
- Clinical programs measure in such areas as:
  - Supports Coordination
  - Targeted Case Management
  - Home-Based
  - Outpatient
  - Crisis Intervention
  - Specialized Residential
- These programs monitor, evaluate and validate data and processes (efficiency measures) such as:
  - Documentation is complete, accurate and validated
  - Billing Verification
  - Retention Rates
  - Productivity Rates
  - Orientation and Annual Trainings

QAPIP: DEFINITION OF ORGANIZATIONAL PERFORMANCE – CONT.

- Clinical programs will also measure effectiveness and satisfaction outcomes such as:
  - Scores at the beginning of services, while receiving services and at the end of services.
    - This establishes a range of effectiveness using tools such as CAFAS (Child Adolescent Functional Assessment Scale) and LOCUS (Level Of Care Utilization System).
  - Ongoing satisfaction of services at the local, regional and state levels.

QAPIP: DEFINITION OF ORGANIZATIONAL PERFORMANCE – CONT.

- Access measures are also monitored, such as:
  - Timeliness of receiving services from first contact to receiving a face-to-face professional assessment.
  - Timely completion of hospital pre-admission screens.
- Non-clinical programs at HBH are:
  - Finance
  - Human Resources
  - Administration
  - MIS
  - Safety
- These programs look at processes such as:
  - Expenses to revenue
  - Staff trainings completed for orientation and annual training.
  - Safety drills and inspections completed.

QI RELATIONSHIPS OUTSIDE HBH

- NorthCare (Regional)
  - One of the major external stakeholders is the NorthCare Network. HBH is one of the affiliate providers of the Medicaid program for the NorthCare Network. Therefore, HBH complies with the NorthCare requirements for the Quality Improvement structure and systems. Some of the quarterly and bi-annual reports that QI is responsible in sending to NorthCare include satisfaction, Medicaid State Indicators and BOFR consumers, (Board Of Financial Responsibility).
  - HBH also participates with the NorthCare Clinical QI, Utilization Management Committee, Customer Services Committee, Corporate Compliance Committee, Self Determination Committee, Emergency Services Committee, Medical Directors Committee, Finance Committee and the Recipient Rights Committee.

QI RELATIONSHIPS OUTSIDE HBH – CONT.

- In addition, HBH must utilize performance measures established by the Michigan Department of Health and Human Services (MDHHS) and the NorthCare Network in the areas of access, efficiency, satisfaction, effectiveness, and report the data to the state as established in the contracts.
- Other groups/activities that measure or monitor quality aspects include the Sentinel/Critical Events, Behavior Management Review, Consumer Complaint Logs, Corporate Compliance, Recipient Rights, and the Michigan Mission-Based Performance Indicators. The state performance indicators will be produced at the regional level on all consumers and as a Medicaid subgroup as well. Using the ELMER system to pull the data, reports are compiled on Medicaid recipients and sent to NorthCare. In addition, data on all consumers served is sent to MDHHS.

QI STRUCTURE

- The Quality Improvement Steering Team and the Quality Improvement Council are accountable to the HBH Board and the HBH Board is accountable to the NorthCare Network (Prepaid Inpatient Health Plan) and/or the Michigan Department of Health and Human Services(MDHHS) and the communities that they serve.
- The purpose of the HBH Quality Steering Team is to establish a corporate culture based on continuing quality improvement philosophies, and to oversee its progress. The Quality Steering Team meets every three months and serves as a vehicle for communication and integration across all areas of quality improvement throughout HBH.
  - The Steering Team will plan, design, implement and review the QI and UM programs. The Steering Team also selects clinical or service opportunities for improvement efforts, design and implementation of a QI activity or evaluation of a QI activity. The QI Steering Team membership will consist of the CEO, QI Coordinator, administrative representatives for the DD and MI programs, staff representative, Medical Director and a consumer representative.
- The QI Council will meet every three months to review and report on the agency quality processes and outcomes. Based on the reports, decisions are made on the ongoing programs at HBH. Also, the quality measures are reported to the Program Planning Committee and then onto the HBH Board.
  - The QI Council membership will consist of the CEO, QI Coordinator, program managers, program supervisors, recipient rights officers, a consumer representative, and contract service providers.

QI STRUCTURE – CONT.

- QI Action Teams
  - QI Council monitors the ongoing use of quality indicators within HBH operations. The QI monitoring / action teams are developed on a time limited basis to plan in order to implement and check the quality improvements.
  - CQI Action Teams can be recommended by governance, administration, staff or consumers in the agency.
  - CQI Action Teams will have the following elements:
    - List of Team Members (names, position, and key team role)
    - Date Assigned
    - Mission of problem to be addressed
    - Expected improvements
    - Boundaries and constraints (resources allocated)
    - Anticipated time lines for completion
    - Special ground rules
    - Follow - up (especially training and how improvement will be implemented)

QUALITY INDICATORS

- The funding contracts between Hiawatha Behavioral Health and the Michigan Department of Health and Human Services and NorthCare Network (the regional pre-paid Medicaid behavioral health plan) require that HBH report their performance status on a number of key indicators in the areas of Compliance, Quality and Monitoring.

QUALITY INDICATORS (CONT.)

In those 3 areas, the dimensions measured are:

- Access
- Adequacy / Appropriateness
- Efficiency
- Outcomes

QUALITY INDICATORS – CONT.

- Data reports are submitted every quarter, semi-annually or annually to the State. This is a requirement of all of the community mental health (CMH) agencies in the State of Michigan.
- The data for each CMH is compiled and put into a report that is published on the State of Michigan website.

QUALITY INDICATORS – CONT.

- If a CMH is out of compliance for 2 consecutive quarters on any of the indicators, a corrective action plan is required.
- The State Indicators are also reviewed by Hiawatha Behavioral Health's Q.I. Council
- The following is a list of the indicators HBH reports to the State and NorthCare.

STATE QUALITY INDICATORS

- ACCESS:
  - The percent of children and adults receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours. Standard: 95%
  - The percent of new persons receiving a face-to-face assessment with a professional within 14 calendar days of a non-emergency request for service.
  - *HBH Standard: 95%

STATE QUALITY INDICATORS – CONT.

- The percent of new persons starting any needed on-going service within 14 days of a non-emergent assessment with a professional. *HBH Standard: 95%
- The percent of discharges from a psychiatric inpatient unit who are seen for follow-up care within seven days. Standard: 95%

STATE QUALITY INDICATORS – CONT.

- The percent of face-to-face assessment with professionals that result in decisions to deny CMHSP services.
- The percent of those denials who receive services after they request a second opinion.

STATE QUALITY INDICATORS - CONT.

Efficiency

- The percent of total expenditures spent on administrative functions for CMHSPs.

Outcomes

- The percent of adults with mental illness, the percent of adults with developmental disabilities, and the percent of dual MI/DD adults served by CMHSP who are in competitive employment.

STATE QUALITY INDICATORS – CONT.

- The percent of adults with mental illness, the percent of adults with developmental disabilities, and the percent of dual MI/DD adults served by CMHSP who earn minimum wage or more from employment activities
- The percent of children and adults readmitted to an inpatient psychiatric unit within 30 days of discharge. Standard: 15% or less

STATE QUALITY INDICATORS – CONT.

- The annual number of substantiated recipient rights complaints per thousand persons served, in the categories of Abuse I and II, and Neglect I and II.

STATE QUALITY INDICATORS– CONT.

- The percent of adults with developmental disabilities served, who live in a private residence alone, with spouse, or non-relative(s).
- The percent of adults with serious mental illness served, who live in a private residence alone, with spouse, or non-relative(s).

CRITICAL INCIDENTS

The State of Michigan also requires Hiawatha Behavioral Health to report critical incidents, which are:

- Suicides
- Non-suicide Death
- Emergency Medical Treatment due to Injury or Medication Error
- Hospitalization due to Injury or Medication Error
- Arrest of Consumer

CRITICAL INCIDENTS – CONT.

- Each type of Critical Incident has a "reportable population." While some of these events are reported for all active consumers, others are only reported for certain identified groups of consumers. For instance, many types of events are only reported for populations considered especially vulnerable.

CARF (COMMISSION ON ACCREDITATION OF REHABILITATION FACILITIES) REQUIREMENTS

CARF requires that each clinical program has indicators to measure access, efficiency, effectiveness and satisfaction.

- CARF requirement statements:
  - The organization continually collects information from a variety of internal and external sources. This information is analyzed and the results are used to make decisions.

CARF REQUIREMENTS –CONT.

- Human service organizations exist to make a difference in the life of a person served. The data to support indicators measuring organizational performance comes from consumer progress data, efficiency measures of the organization and consumer/stakeholder satisfaction. This collection of information is based on the establishment of a level of performance to be achieved. Data collection should be tied to performance improvement.

CARF REQUIREMENTS – CONT.

- Each indicator has a performance benchmark to be achieved. The data collected on each indicator is reviewed by the program and reported to the QI Council. Action plans are implemented as needed to correct non-compliance.

INDIVIDUAL EFFORT ALWAYS COUNTS!

Pay attention to details.

- This will help you do the job right the first time. If you are unsure of something, don't be afraid to ask.

Listen to the Consumers

- Complaints and compliments from consumers are tools that help us improve quality.

Take Responsibility

- Never ignore a problem or error. Instead, help us try to come up with a solution.

Assert Yourself

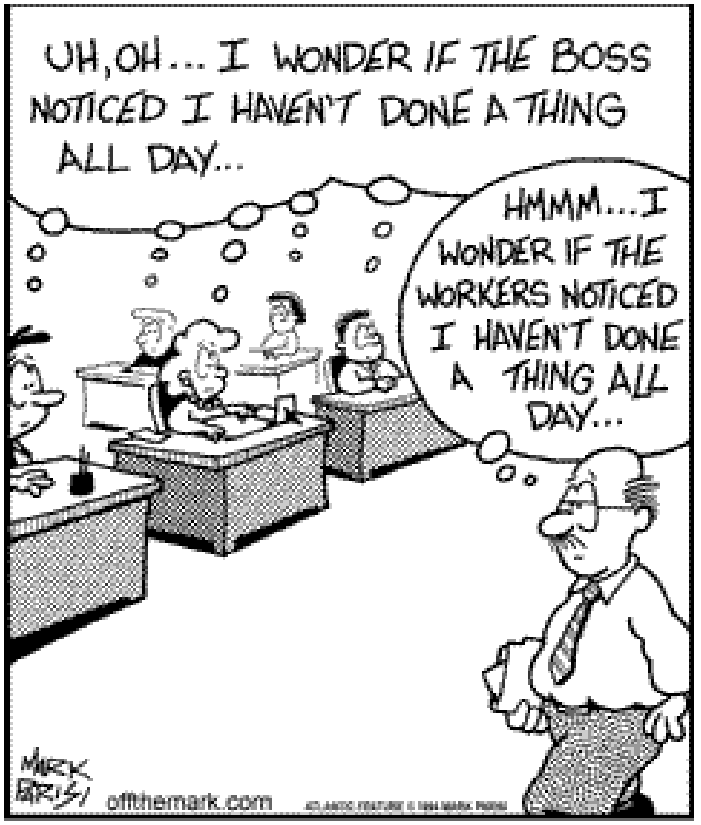
- Speak up and make suggestions.

Avoid Finger Pointing

- Adopt a supportive attitude and try to become part of the solution.

Improve your Skills

- Make an effort to attend training sessions (Like you're doing now!) and learn from co-workers. You'll increase your job satisfaction and become more valuable to the agency.



CONTACT INFORMATION

If you have any questions or ideas regarding the CQI process, please contact:

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Test

Upon closing this window, you will be taken to the test.