

SECTION 5.3

Lake County ADAMHS Board POLICY AND PROCEDURE

Policy #: 03-01-07	Subject: Quality Improvement
Standard #: V-A.13, V-A.32, V-A.33, V-A.34	Effective Date: 10/16/06; 1/25/10; 09/17
Board Motion #: 07-021; 10-052	

Lake County ADAMHS Board Quality Improvement Plan

Organization and Structure

The Lake County Alcohol, Drug Addiction and Mental Health Services Board shall have final authority and responsibility for the establishment, implementation and evaluation of a Quality Improvement Program for Lake County Alcohol, Drug Addiction and Mental Health Services Board.

The Board shall review and act upon findings of quality improvement activities, as submitted through the approved organizational structure, and will provide feedback to Board administrative staff, agencies, consumers and/or the public, where applicable.

The Board shall assure that the Quality Improvement Program is compatible with all federal and state laws and other relevant requirements.

The Board shall demonstrate the commitment to provide the financial resources necessary to support activities, equipment and personnel required in developing, managing and evaluating a system-wide quality improvement program.

The Board has delegated authority to the Director of Clinical and Quality Operations to assure implementation of a system-wide quality improvement program. The Director of Quality and Clinical Operations for the Board has delegated authority and assumes responsibility to establish, implement and evaluate the system-wide quality improvement program in conjunction with the Evaluation and Quality Improvement Committee of the Board.

Evaluation and Quality Improvement Committee

The Evaluation and Quality Improvement Committee shall monitor agencies' contract compliance related to service provision and adherence to service and budget quality and quantity. The Committee shall establish service definitions, guidelines, criteria and outcomes for program and service standards, as outlined in the Request for Proposal and Grant Contract guidelines. The Committee shall review and evaluate all current service provisions and make recommendations for future actions. The Committee shall develop guidelines for agency site visits. The Committee may meet monthly, or as necessary.

Director of Quality and Clinical Operations

The Director of Quality and Clinical Operations shall monitor, disseminate information and make recommendations to the Evaluation and Quality Improvement Committee. The Director of Quality and Clinical Operations shall be responsible for establishing, coordinating, integrating, implementing and evaluating the system-wide quality improvement program in conjunction with the Evaluation and Quality Improvement Committee. The Director of Quality and Clinical Operations shall attend all Evaluation and Quality Improvement Committee meetings and serve as a conduit to agencies, consumers and the public.

The Director of Quality and Clinical Operations serves as a full-time member of the Board's administrative staff.

System-Wide Quality Improvement Committee

The System-Wide Quality Improvement Committee shall be comprised of representatives of each contracted agency, Chief Clinical Officer and the Board's Director of Quality and Clinical Operations. A representative of the Board's Evaluation and Quality Improvement Committee may participate. This Committee may review aggregated data, intra-system issues, serve as a problem-solving group, serve as a catalyst for intra-system and/or inter-system changes and make recommendations to agencies' Quality Improvement Committees and/or to the Evaluation and Quality Improvement Committee of the Board. This Committee shall meet no less than three times per year.

Agency Quality Improvement Committees

Each agency that contracts with the Board shall establish and implement a Quality Improvement Committee. Through contractual agreement with the Board, each agency shall designate a Quality Improvement staff person and establish a planned, systematic, organization-wide approach to performance improvement that is both collaborative and interdisciplinary. The agency's quality improvement program shall encompass Quality Improvement, Utilization Review, Client Rights and Consumer Outcomes. The performance of the quality improvement program shall be continuously monitored, analyzed and enhanced so that the ultimate goal of improved consumer outcomes can be realized. The agency shall use current evidence-based practices in making decisions about the care of individuals.

Data of the quality improvement program is provided to the agency's Quality Improvement Committee at its regular meeting times, as defined by the agencies' quality improvement plan. Relevant data and results of meetings are provided to each agency's administrators and their boards and to the Alcohol, Drug Addiction and Mental Health Services Board's Director of Quality and Clinical Operations, as determined by agreed-upon timelines. Data of these meetings may be presented in aggregate forms to the system-wide Quality Improvement Committee and/or the Alcohol, Drug Addiction and Mental Health Services Board's Evaluation and Quality Improvement Committee, wherever applicable, for further analysis and/or recommendation.

Advisory Councils, Ad-Hoc Committees, Consumers, Family and Public Feedback

Information, data or recommendations emanating from these groups or individuals shall be provided to and be used by the Alcohol, Drug Addiction and Mental Health Services Board's Director of Quality and Clinical Operations, in conjunction with other relevant individuals and committees, for the purpose of reviewing, improving and recommending change in the delivery of alcohol, drug addiction and mental health services.

In order to ensure that patient health information remains confidential, all data presented at Quality Improvement meetings shall be presented in aggregate forms or through the deletion of any information that could facilitate identification of a particular client. Quality Improvement minutes shall be prepared by Board staff and reviewed by the Evaluation and Quality Improvement Committee.

The Board shall assure that all contracted agencies' quality improvement plans are congruent with the Board's Quality Improvement Plan. This shall be accomplished through annual reviews and approval of agency and Board Quality Improvement Plans.

Annual review of Board and agency Quality Improvement plans shall include:

1. Documentation demonstrating utilization of the four performance improvement methodologies (plan, do, check, act).
2. Achievement of the Quality Improvement Program's goals and objectives.
3. Resolution of identified problems.
4. Assessment of corrective actions.
5. Improvement of the service delivery system.
6. Communications of findings to appropriate Board/agency staff/governing Boards, consumers, families and the lay public.

Appointed Alcohol, Drug Addiction and Mental Health Services Board members may work with appointed agency Board members to affect change when indicated or to provide feedback.

The Alcohol, Drug Addiction and Mental Health Services Board shall ensure that the scope of quality improvement encompasses all activities of services and programs of contracted agencies. These activities may include, but shall not be limited to, utilization management, peer review, independent peer review, clinical record review, focus or case reviews, risk management, quality management, consumer satisfaction, client protection, consumer outcomes and results of meetings. Activities shall be focused upon performance improvement, the continuous study and adaptation of the agency's functions and processes to increase the probability of achieving desired outcomes and to better meet the needs of individuals and other users of services.

Quality Improvement Goals

1. Provide the public with available, accessible, appropriate and acceptable alcohol and drug addiction and mental health services.
2. Provide alcohol, drug addiction and mental health programs and services that are consistent, cost effective and relevant through (a) planning: designing a performance improvement process; (b) doing: monitoring performance through data; (c) checking: analyzing current performance; (d) acting: demonstrating that data collected and analyzed are used to improve performance, practices, and processes
3. Establish and maintain a flexible, comprehensive and integrated quality improvement program.
4. Promote quality improvement as an integral and dynamic component of Board, agency, consumer and lay public activities.

Quality Improvement Objectives

1. To coordinate all quality improvement activities through the respective committees established for this purpose.
2. To coordinate and communicate quality improvement activities to the Board in order to provide information and/or recommend action by the Board.
3. To foster and facilitate communication/action of Board quality improvement activities to agencies, consumers and the lay public.

4. To provide oversight and accountability for monitoring quality improvement activities of agencies, services and programs to ensure timely reporting and corrective action, when indicated.
5. To provide technical assistance to the Board, agencies, consumers and the lay public, where indicated.
6. To identify opportunities for developing new services, based upon the needs of consumers, strengthening current delivery systems and identifying and correcting problems that impede satisfactory service delivery to consumers.
7. To identify opportunities for improving care provided to consumers through the development of criteria-based process and outcome indicators applied to all services, programs and agencies with which the Board contracts.
8. To ensure compliance with all state, federal or other applicable requirements and/or regulations.
9. To ensure that consumers receive respectful, confidential, appropriate, timely, culturally relevant and cost-effective services.
10. To identify utilization trends and recommend changes to ensure that consumers receive the most appropriate services in the least restrictive environment within their local communities.
11. To ensure a planned, coordinated, integrated and systematic mechanism for monitoring and evaluating the quality and utilization of services and care provided to consumers, families and the lay public.
12. To assure congruence with Alcohol, Drug Addiction and Mental Health Service Board evaluation activities and agency quality improvement and evaluation activities.
13. To evaluate, at least annually, the effectiveness of the quality improvement program and assure that the overall goals and objectives of the program are achieved.
14. To maintain the confidentiality of quality improvement information.
15. To review, recommend change and approve Board and agencies' quality improvement plans.
16. To ensure that agencies, consumers, families and the public have opportunities for information input and feedback to the Alcohol, Drug Addiction and Mental Health Services Board.

Monitoring and Evaluation Mechanisms

Criteria-based indicators with identified measurable process and/or outcome indicators shall be established within each agency for each program or service. These indicators shall include services or programs with high volume, problematic services/programs or those serving high-risk or multiple-need consumers and may include other indicators as identified by each agency in mutual concurrence with the Alcohol, Drug Addiction and Mental Health Services Board's Director of Quality and Clinical Operations.

Criteria shall be established for determining a sample size for review and timelines for completion of each review. The criteria shall consider the numbers of persons served by the agency, number of clinical staff to be reviewed and the population served by the agency. In addition, specific areas for review within the scope of each service shall include, but not be limited to, the following:

1. **CLINICAL RECORD REVIEW** A sample shall be reviewed no less than annually to evaluate the completeness of the record in accordance with agency policies and procedures. Results of clinical record reviews shall serve as a planning tool for developing on-going education programs for staff or changing policies and procedures.
2. **PEER REVIEW** A sample shall be reviewed no less than annually to evaluate the clinical pertinence, appropriateness, timeliness and legibility of the clinical record's contents. Results of the peer review shall be applied to clinical supervisions, clinical privileging and performance appraisals of employees. Peer review results shall also be used as an indicator for planning and implementing in-services or offering educational opportunities to employees to supplant and enhance skill levels.
3. **INDEPENDENT PEER REVIEW** Each agency receiving SAPT Block Grant funds and providing drug and alcohol services and maintaining clinical records shall conduct independent peer reviews to evaluate the clinical pertinence, appropriateness, timeliness and legibility of the clinical record's contents. Independent peer reviews shall be conducted on an annual basis. The review shall not involve treatment providers reviewing their own programs or programs in which they have administrative oversight; and there shall be separation of independent peer review personnel from funding decision makers. The Lake County ADAMHS Board encourages agencies to fulfill the requirement of independent peer reviews by entering into reciprocal agreements with other Lake County alcohol/drug addiction agencies. In each annual quality improvement plan submitted to the Lake County ADAMHS Board, agencies shall include an affiliation agreement indicating the independent peer review personnel used.
4. **UTILIZATION REVIEW** For each agency certified by the Ohio Department of Alcohol and Drug Addiction Services, this activity shall be conducted to evaluate the extent that agency resources are allocated appropriately to meet the needs of persons served.
5. **ANNUAL QUALITY ASSURANCE** Activities that shall be included but should not be considered an inclusive list are:
 - a) **Waiting List Reviews, Minority Reviews** Review of those aspects of care having the greatest impact on quality of service. Annual evaluation of all major aspects of each service shall be done. Results of this evaluation may broaden monitoring of care aspects but shall be no less than those already identified in this category.
 - b) **Client Protection**
 - i) **Special Treatment and Safety Measures**
 - ii) **Client Rights, Grievances** Review of client rights complaints and grievance shall be monitored and reviewed monthly, with specific

attention to resolution, satisfaction, agency and/or system issues requiring additional attention and/or action.

iii) **Major Unusual Incidents, Minor Incidents** Review of all documented incidents shall be monitored and reviewed monthly, with specific attention to patterns, trends and corrective actions taken, or identified for future completion.

c) **Safety Drills/Reviews** Review of safety categories shall be conducted at least annually, and shall include, but not be limited to, physical plant safety, environmental hazards, compliance with infection control requirements and those of other applicable licensing or regulatory bodies.

Every business and organization can experience a serious incident which can prevent it from continuing normal operations. This can happen any day at any time. The potential causes are many and varied: flood, explosion, computer malfunction, accident, grievous act... the list is endless. In order to assure the continued availability of services in the Lake County ADAMHS Board network of agencies, each agency must provide a detailed business continuity plan to demonstrate their readiness to continue operation in the event their existing infrastructure is no longer able to be used.

d) **Consumer Satisfaction Surveys, Satisfaction Surveys with Referral Sources** Review of satisfaction surveys, other consumers, families, public responses or other survey and mechanisms relevant to alcohol, drug addiction and mental health services, shall be reviewed and used as planning and evaluation tools for future service delivery and development.

e) **In Services/Continuing Education** Review of ongoing training of clinical staff to ensure compliance with best practices. Each agency will maintain a plan for adopting an integrated approach to Continuing Education Programs, and will demonstrate how other Board funded agencies will be invited to participate in Continuing Education Programs offered, in the spirit of cross-training and agency collaboration.

f) Reports of all monitoring and evaluation mechanisms shall include, but not be limited to, the following components:

1) **“Plan” Goals and Objectives** (a description of the purpose, frequency and methodology of the reviews).

2) **“Do” Performance Improvement Results** (results of the interviews).

3) **“Check” Data Analysis** (conclusions/analysis of the review).

4) **“Act” Recommendations and Actions Taken** (recommendations for corrective actions and monitoring of the effectiveness of the corrective actions).

5) Evidence that results of Quality Improvement Reviews have been communicated to the appropriate individuals, departments or services;

and that, where appropriate, results shall be used for clinical supervision, clinical privileging revision of policies/procedures, planning for in-services training or advocacy, identification of service delivery trends and plans for future service delivery.

Results of all agency quality improvement activities shall be reported to the agency Quality Improvement Committee and its Board, as defined in the agency's policies and procedures. All agencies' quality improvement activities shall be reported at least annually to the Alcohol, Drug Addiction and Mental Health Services Board.

Review of the results of all agency quality improvement activities, shall be completed by the Alcohol, Drug Addiction and Mental Health Services Board's Director of Quality and Clinical Operations. Timeliness of submission of the results to the Alcohol, Drug Addiction and Mental Health Services Board, shall be monitored by the Board's Director of Quality and Clinical Operations. Where appropriate, aggregation, trending and dissemination of information shall be completed by the Alcohol, Drug Addiction and Mental Health Services Board's Director of Quality and Clinical Operations to the appropriate committees/groups. These Committees may include the Alcohol, Drug Addiction and Mental Health Services Board's Evaluation and Quality Improvement Committee, system-wide Quality Improvement Committee, Advisory Councils, Ad-Hoc Committees or family, consumer or public groups. Feedback, including comments, recommendations or actions, shall be provided from these committees to the appropriate source, which may include Boards, Board staff, agencies, consumers, families or the public. Feedback may be in the form of minutes of the committee meetings, face-to-face committee meetings with the source, committee chairperson to the source, the Board's Director of Quality and Clinical Operations to the source, or any combination thereof.

Assessment of the overall quality of the alcohol, drug addiction and mental health services system in Lake County, shall be completed through a continual process that examines agencies, quality improvement activities results, Alcohol, Drug Addiction and Mental Health Services Board's Quality Improvement activities results, results of Board planning processes and their implementation and information received from other relevant entities that shall at least include consumers, families and the public. Components of the system and long-range plans shall be reviewed throughout the fiscal year via established Alcohol, Drug Addiction and Mental Health Services Board committees.

In total, the Evaluation and Quality Improvement Committee shall review the contract compliance of agencies for quality and quantity and make recommendations prior to the initiation of the request for proposal process. Agency staff and/or agency Board members, consumers, families and the public may attend established Alcohol, Drug Addiction and Mental Health Services Board committee meetings and/or monthly meetings in order to provide input and receive feedback.