

Quality Improvement (QI) Program

Overview

The QI Program is designed to develop, implement, coordinate, monitor and evaluate performance activities throughout the Mental Health Plan (MHP). The primary concerns of the QI Program include, but are not limited to:

- Beneficiary Access to services and authorization for services
- Program Integrity and Compliance
- Grievances and Appeals
- Beneficiary and Provider Satisfaction
- Performance Improvement
- Beneficiary and System Outcomes
- Utilization Management and Clinical Reviews

The QI program is comprised of the Quality Improvement Committee (QIC), Quality Assurance Manager (QAM), and service teams. The QI program is accountable to the Mental Health Director and will be evaluated and updated annually. The QI Program includes a QI Workplan which is evaluated annually for effectiveness. New QI goals are created annually based on this evaluation.

Quality Improvement Committee (QIC)

The purpose of the QIC is to improve the quality of mental health care and services provided by Tehama County Health Services Agency (TCHSA). It is the aim of TCHSA to provide accessible, timely, culturally competent, and cost-effective services to the community. The QIC monitors and evaluates quality and appropriateness of services at the beneficiary, provider and system levels. The QIC is responsible for recognizing inefficient processes, assessing barriers to quality of care, identifying solutions with measurable objectives and goals, taking actions to meet these objectives and goals, and evaluating the subsequent outcomes. Integral to the QIC's success in improving TCHSA services and quality of care is the continued integration of health services among agency centers and between agency centers and community health care providers, especially primary care providers. Collaboration among clinicians, supervisors, outside providers, consumers, patients' rights advocates, and community partners is essential to improve the integration of health care services.

QIC membership includes:

- Quality Assurance Manager (QAM) [CHAIR]
- Behavioral Health Director
- Behavioral Health Assistant Director
- Tehama County Mental Health Board Member(s)
- Contract Provider Representative(s)
- Business Operations Supervisor

- Licensed Clinical Supervisor(s)
- Cultural Competency Committee representative(s)
- Clinician(s)
- Medical Support staff
- Case Recourse Specialist(s)
- Patients' Rights Advocate(s)
- Consumer(s)

The QIC functions include (but are not limited to):

- Review new or pending laws, regulations, or policies in mental health.
- Review issues, challenges, improvements, and successes related to quality of care.
- Review and evaluate the results of QI activities including Performance Improvement Projects.
- Initiate necessary QI actions and follow-up of QI processes.
- Review of grievances and appeals to determine appropriate actions.
- Monitor and evaluate the quality and appropriateness of services at the beneficiary, provider and system levels and recommend solutions to identified issues.
- Review and evaluate the results of QI activities (internal and external) such as medication monitoring, audits of local outside providers, internal audits, annual reviews by an external quality review organization (EQRO) contracted by the State, and triennial review by the State.
- Review critical unusual occurrences (suicides/homicides), reports of sub-standard or unethical behavior/treatment by therapists, psychiatrists and other clinical staff.
- Recommend policies, procedures and system changes to improve beneficiary care and outcomes as a result of QI activities or QIC actions.
- Review and evaluate data to identify strengths, common trends and areas for improvement.
- Document all activities through dated and signed minutes of committee meetings that reflect QIC decisions and actions.
- Standard report evaluations quarterly with an annual review.

Quality Assurance Manager (QAM)

The QAM is responsible for coordinating, managing and reporting on all aspects of the QI/Management processes of the MHP. The QAM chairs the QIC, prepares standard reports, coordinates annual consumer satisfaction surveys, manages all grievances and appeals, provides liaison services with the Department of Health Care Services personnel, verifies the credentials of licensed staff, audits contracted providers (both individual and organizational), oversees contracting with outside providers, performs site certification reviews for private and organizational providers, and develops Performance Improvement Projects in cooperation with systems of care.

Service Teams

The service teams consist of representatives from Adult Outpatient, Crisis, Medication Support, Case Management, Adult Drop-In Center, Transitional Age Youth, and Mental Health Services Act programs.

The teams work on QI from a clinical perspective in conjunction with and at the direction of the QAM and the QIC.

QI Workplan

Monitoring and Tracking

The QI Program collects data for the following quality-related quantitative and qualitative reports:

- Service delivery capacity/network adequacy
 - a. Network Adequacy Certification Tool (NACT)
 - b. Medi-Cal penetration rates
- Accessibility of services
 - a. Timeliness of access to services
 - b. Timeliness of authorizations
- Beneficiary satisfaction of services provided
 - a. Change of provider requests
 - b. No-show rates
 - c. Trends of grievances and appeals
 - d. Results of bi-annual consumer satisfaction surveys, including comments
- Service delivery system, including meaningful clinical issues and safety/effectiveness of medication practices
 - a. Results of internal peer chart reviews
 - b. Results of medication compliance monitoring
 - c. 24/7 Access/Crisis Line test call reports
- Continuity of care with physical health care and other providers
 - a. Inpatient hospitalization follow-up appointments
 - b. Re-hospitalization rates
- Provider appeals and satisfaction
 - a. Timeliness of Treatment Authorization Requests (TARs)
 - b. Trends of provider grievances and appeals

The QI Program may collect additional data in response to changes in regulation, ongoing QI projects, or as requested by management. Data is analyzed and evaluated at QIC meetings to identify quality issues, establish improvement initiatives, set goals, and document progress toward these quality improvement initiatives quarterly and annually.

Sustaining Improvement Through Performance Improvement Projects (PIPs)

The MHP is committed to sustaining improved gained through quality improvement projects. The QI Program will have at least one clinical PIP and one non-clinical PIP every year. A PIP may last more than one year, but once finished, a new PIP must be started. PIPs are determined by the QIC based on data collected by the QI Program.

Evaluation and Goal Setting

The QI Workplan will be evaluated annually, demonstrating that QI activities have contributed to meaningful improvement in clinical care and beneficiary service, and describing completed and in process QI activities, including performance improvement projects. Upon completion of this evaluation, new goals for the QI Program will be set.