

HEALTHWEST

Policy and Procedures

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Approved By:

Subject: Quality Assurance and
Performance Improvement

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I. POLICY

HealthWest will have a Quality Assurance and Performance Improvement Plan (QAPIP) that achieves, through ongoing measurement and intervention, improvement in aspects of clinical care, supports, recovery, and non-clinical services that can be expected to positively affect consumer health status, quality of life, and satisfaction. It is the policy that an annual QAPIP will be prepared and forwarded to the Board of Directors for approval.

II. PURPOSE

To describe the Quality Assurance and Performance Improvement Program (QAPIP) whose plan it is to give structure and a set of practices that facilitates planning, measurement, assessment, and improvement of service delivery and support processes and systems. The key functions will be assessed via data collection, measurement, and analysis of dimensions of performance including any of the following: access, efficacy, appropriateness, timeliness, effectiveness, continuity of care, safety, efficiency, satisfaction, and person-centered planning.

III. APPLICATION

All HealthWest staff will participate in performance quality improvement activities. Contracted services include contract language which reflects their adherence to established performance/quality standards.

IV. DEFINITIONS

Access: A combination of activities and criteria designed to timely facilitate and appropriately determine eligibility and matching of supports and services to individual and family needs.

Appropriateness: The degree to which services are relevant to the consumer's condition(s) or the satisfaction of his or her needs.

Efficacy: The degree to which services are shown to accomplish the desired or anticipated outcome.

Efficiency: The relationship between the outcomes achieved and the resources utilized.

Person-centered Planning: A process for planning and supporting the person receiving services that builds upon the person's capacity to engage in activities that promote community life and honors the person's preferences, choices, and abilities. The person-centered planning process involved family, friends, and professionals as the person so desires.

Provider: One that provides mental health services and/or supports under contract with HealthWest.

Safety: The degree to which risk is reduced for consumers and providers.

Satisfaction: The degree to which a consumer is happy with the process or outcome of the service(s) they have received.

Timeliness: The degree to which services are provided at the most beneficial or necessary time.

V. CONFIDENTIALITY AND CONFLICT OF INTEREST

All consumer and/or individual provider-specific information will be kept in a confidential manner in accordance with applicable federal, state laws and agency policy. Information will be used solely for the purposes of quality oversight and/or directly related activities. Disclosing confidential consumer and/or provider information, internally or externally, may be grounds for immediate dismissal from the committee.

The contents of clinical records and provider credentialing files are confidential. Access to confidential quality improvement or quality oversight information (i.e. clinical information, consumer history, credentialing information) shall be restricted to those individuals and/or committees charged with the responsibility/accountability for the various aspects of the program. Individual provider information may be utilized and/or evaluated at the time of re-credentialing or contracting. Procedures and/or minutes posted for general information will be without identifiers.

VI. AUTHORITY AND ACCOUNTABILITY

A strong quality assurance and performance improvement process requires consistent accountability across the organization. The Director of Quality Assurance, with the assistance of the Performance Improvement Committee, is responsible for the implementation of the QAPIP. The Performance Improvement Committee has the ability to recommend to the Leadership Team that opportunities for improvement are prioritized and specific actions to address these improvement opportunities are taken. Ultimate authority for Quality Assurance / Performance Improvement rests with the Board of Directors, who has responsibility for all operations of the organization with the Executive Director. The Executive Director places responsibility for the leadership, implementation, and overall organizational coordination of the Quality Assurance and Performance Improvement Plan with the Director of Quality Assurance.

A. The Pre-Paid Inpatient Health Plan (PIHP), Lakeshore Regional Entity (LRE) Board of Directors is accountable for quality assessment and performance improvement activities across the seven (7)-county affiliation. The LRE Board will annually review and evaluate the written Regional Quality Assessment and Performance Improvement Plan. The Board will regularly receive specific reports of affiliation-wide performance indicators, quality oversight activities, and corrective actions as requested. The LRE is responsible for implementation of Quality Oversight at the PIHP Level and is responsible for facilitation of the affiliation-wide Quality Oversight Committee. HealthWest staff are participating members of the LRE Regional Quality Advisory Team and support affiliation-wide Quality Oversight Functions.

As part of the contractual arrangement between the LRE and HealthWest, Quality Assurance/Performance Improvement is a delegated function, whereby the affiliation ensures compliance with federal and state requirements for a functioning quality improvement system but HealthWest is responsible for implementation and timely required reporting including unexpected events, critical incidents and risk events. All Community Mental Health Service Programs, as part of this arrangement, develop, implement and maintain quality improvement programs and will report results of monitoring and improvement activities to the Regional Quality Advisory Team as requested.

- B. The HealthWest Board of Directors is accountable for Quality Assurance and Performance Improvement activities across HealthWest's programs and services. The Board will review and evaluate the Quality Assurance and Performance Improvement Plan annually. They will receive reports on the performance of HealthWest on State, Accrediting Body, and PIHP site visits (annually), contractual performance improvement indicators, and day-to-day Quality Assurance and Performance Improvement activities.
- C. The Executive Director is ultimately responsible for Quality Assurance and Performance Improvement activities of the organization. The Executive Director has the authority to require providers, departments, and teams within the organization to comply with all contractual and organizational requirements.
- D. The Leadership Team includes the Executive Director and all department Directors. The Director of Quality Assurance is responsible for sharing all recommendations of the committee with the Leadership Team for review. The Leadership Team is responsible for evaluating recommendations, evaluating plans of correction, and prioritizing critical organizational activities.
- E. The Medical Director actively participates in Quality Assurance and Performance Improvement activities as appropriate and provides medical and clinical expertise relative to those activities..
- F. It is expected that there will be active participation of consumers, providers, and staff in the QAPIP.

VII. STRUCTURE/PROCEDURE

A. Director of Quality Assurance

The Director of Quality Assurance is responsible for development and supervision of the Agency QAPIP.

- B. Performance Improvement Committee
 1. Receive regular outcome reports from committees and departments.
 2. Review and evaluate various survey results and identify priorities for improvement.
 3. Review and evaluate all employee-generated suggestions for improvement.
 4. Annually review and approve the QAPIP.
 5. Annually review the committee structure to ensure comprehensive improvement process.

6. Review results from root cause analysis of those sentinel events warranting such analysis.
7. Assure that plans for improving systems are in place and effectively implemented, monitored, and communicated.
8. Identify the organization's training needs related to quality assurance and performance improvement.
9. Recommend priorities for action based on data and recommendations.
10. Maintain a log that tracks the status of all actions taken.
11. Ensure that any work group assigned by the Performance Improvement Committee understands its role and function clearly.

C. Quality Assurance Team:

1. Presents the Quality Assurance and Performance Improvement Plan to the Leadership Team and the CMH Board on an annual basis.
2. Provides consultation and support to departments and the Leadership Team in their role of quality assurance.
3. Ensures that performance improvement data is regularly presented to the Leadership Team.
4. Completes all state-required performance indicator reports.
5. Completes all state-required consumer satisfaction surveys and reports data.
6. Completes a root cause analysis of those sentinel events warranting such analysis.
7. Leads preparation for Commission on Accreditation of Rehabilitation Facilities (CARF) surveys, Michigan Department of Health and Human Services (MDHHS) audits, and Lakeshore Regional Entity (LRE) site reviews.

VIII. PROCESS IMPROVEMENT METHODOLOGY

The Leadership Team will identify issues that require additional effort to resolve and improve. In addition to standing committees, workgroups may be developed. A workgroup is not mandated by MDHHS, CARF, or any other compliance standard. It is established by the HealthWest Leadership Team to address a specific project or identified focus area within the agency. Workgroups are comprised of HealthWest staff across multiple departments and assigned on a voluntary basis. Group/project outcomes will be used by HealthWest Leadership and Board to measure growth in the identified focus area. The duration of the group is dictated by the assigned scope. A "Committee/Workgroup Charter" will be completed that specifies the scope of expectation for any group sanctioned by the Leadership Team.

The Quality Assurance Team provides support to the performance improvement system by serving as consultants to the committees and performance improvement groups. This includes

using tools and methods to assist in problem identification and plan development. Below are some of the most common tools that will be used in improvement efforts at HealthWest.

KATA. HealthWest will use a process improvement tool called Improvement KATA. Improvement KATA accomplishes improvements through a scientific process with a goal-oriented method to meet objectives. KATA allows practitioners to evaluate existing conditions, define a work goal or objective, and work towards these goals using a Plan, Do, Check, Act (PDCA) process. KATA also works on the foundations of LEAN thinking, which aims to remove waste in processes and increase value to the consumer through an efficient and timely process. (<https://www.lean.org/lexicon/kata>)

Flowcharting. A process used at HealthWest to visualize a workflow or process. It gives a picture of each step within a process in the order it occurs. It is useful when analyzing how a process is done, where there may be gaps or departmental overlaps in a process that can be improved, and when planning a new workflow or process.

Root Cause Analysis (RCA). Tools and methodologies used to identify causal factors in a specific event or, more broadly, in situations where performance has dropped below standards. Common tools used to complete an RCA include but are not limited to, "The Five Whys", Fishbone diagram, Pareto Chart, and scatter plot diagrams. Events or situations that may require an RCA can come from many sources, such as incident reports, appeals/grievances, or corrective action plans. The highest priority is given to events that result in significant harm or death, followed by those that may be "near miss" events or those events that could have resulted in harm but did not.

Performance improvement opportunities can occur at any point during HealthWest's operations. Regardless of when an opportunity presents itself and whether it arises following a specific event or as the result of ongoing monitoring, corrective action must be taken to address all performance concerns. However, there may be times when improvement opportunities appear to conflict with other existing organizational priorities. The Performance Improvement Committee and Leadership Team will prioritize improvement projects within the context of the regulatory requirements and the agency's overall strategic plan goals, as well as existing improvement projects already underway.

IX. TRAINING AND EDUCATION

- A. Each new employee will be given an overview of the Performance Improvement principles during the orientation process.
- B. All employees will receive training in Kata and have the ability to participate in the Kata process.
- C. The Quality Assurance Team will provide continued education and coaching in the use of Kata and in the use of other performance improvement methodologies.

X. REFERENCES

Quality Assurance and Performance Improvement Plan (QAPIP)

Policy and Procedure
Quality Assessment and Performance Improvement Plan
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