



Quality Management Plan
FY2015-2016

Executive Director

9/18/2015

Date

Director, Business Operations

9/18/15

Date

Table of Contents

I.	OVERVIEW	2
II.	QUALITY MANAGEMENT PROGRAM STRUCTURE	3
III.	DETERMINING QUALITY IMPROVEMENT PRIORITIES	4
IV.	KEY PERFORMANCE INDICATORS	4
V.	AUTHORITY ADMINISTRATION	5
VI.	OTHER QUALITY MANAGEMENT ACTIVITIES	6
VII.	FUTURE PLANNING	7

I. OVERVIEW

The Comprehensive Quality Management plan for Community Healthcore is designed to adhere to the mission, vision, values and principles of the center. The Plan is approved by our leadership and communicated throughout the Center.

Mission Statement

"Helping people achieve dignity, independence and their dreams."

Vision Statements

- Serving as the mental health and intellectual and developmental disabilities authority for Bowie, Cass, Gregg, Harrison, Marion, Panola, Red River, Rusk and Upshur counties.
- Helping people and their families heal the consequences of mental illness.
- Assisting people with intellectual and developmental disabilities and their families achieve maximum independence in all aspects of their lives.
- Providing programs and services in greater East Texas that help people lead lives free from addictions.

Values

It is the position of Community Healthcore, that every effort is made to ensure that the following core values are preserved at Community Healthcore:

- Creativity, innovation, and empowerment of consumers and employees
- The success of consumers and employees
- Safe, healthy, and therapeutic environments for consumers and employees
- Continuous quality and performance improvement
- The pursuit of excellence by each employee
- Cooperation and teamwork within the agency, and between agencies
- Community concerns, ideas, and opinions
- Respect and confidentiality for consumers and employees
- The judicious and effective use of, and access to, available resources
- Diversity
- The value of change
- The abilities and talents of consumers and employees

Guiding Principles

The guiding principles that support our vision of services describe a system that:

- Respect for consumers and families, their individual needs, rights and responsibilities. Community Healthcore has the utmost sensitivity to the special needs of consumers and families, and recognizes the invaluable experience and knowledge they offer to the overall quality of Community Healthcore.
- Partnership between consumers, families, stakeholders, providers, advocates, community resources and government and Community Healthcore provide the highest quality services.
- Excellence/Quality in services offered, Community Healthcore strives for excellence in how we do business and to enhance the quality of consumers' lives through the services provided. Our services will meet measurable standards of safety, quality and clinical effectiveness at every level of mental health and substance abuse service delivery.
- Empowerment/Choice of each individual or family member to achieve the fullest possible control over their own lives, in their own communities is a guiding principle.
- Trust is built through honest and open collaboration among consumers, families, providers, and advocates. A strong organization requires that every individual component cooperate and collaborate fully within the structure.

II. QUALITY MANAGEMENT PROGRAM STRUCTURE

The Community Healthcore Board of Trustees has delegated authority to the Executive Director to establish necessary procedures to effectively achieve the mission and values of the Center. The Executive Director has delegated the authority to the Director, Business Operations and the Director of Performance Management to implement and monitor all components of the quality management system.

The Executive Management Team (Executive Management Team) oversees continuous quality management activities by prioritizing opportunities for improvement and reviewing activities of quality management.

The Executive Management Team sets expectations and priorities for center-wide systemic improvement activities designed to improve organizational and clinical outcomes and processes.

The leadership allocates adequate resources for improvement and assures that all staff members are trained and educated about assessing and improving processes that contribute to improved organizational outcomes. Leadership fosters communication among individuals and components of the organization to improve the coordination of activities.

As deemed appropriate and needed Community Healthcore leadership appoints cross-functional workgroups to achieve identifiable goals. It is expected that both internal and external providers assess the delivery of services in their areas and to implement changes to improve service delivery.

III. DETERMINING QUALITY IMPROVEMENT PRIORITIES

In determining the priorities for our improvement efforts, we start with issues most closely related to our consumers. Those issues related to their safety and standard of care are our first priority as well as those concerns identified by them as being paramount to their treatment success. Our next goal is to meet and excel in areas deemed important by our state, federal and third party regulators to insure our continued availability to our clients. We also solicit feedback from our stakeholders, those persons without whose support it would not be possible to make our services effective to the individuals we serve.

IV. KEY PERFORMANCE INDICATORS

Community Healthcore continually seeks to assess itself through behavioral outcomes and methods that are appropriate, timely, efficient, and reliable. Key performance areas that are monitored are:

- Timely and appropriate level of care
- Appropriate utilization of staff hours
- Approved and accurate documentation
- Equitable termination, reduction and denial of services
- Steadfast adherence to training targets
- Evaluation of client awaiting services

The Quality Coordinator reviews client records monthly to gauge observance of DSHS requirements for case notes. The Information Technology department collects information to illustrate the timeliness of documentation and the suitable investment of staff hours in the delivery of services. Client case records are evaluated for their compliance with Texas Administrative Code (TAC) and with Joint Commission standards.

The Utilization Management Reviewer assesses each discharge for correct accompanying documentation as well as checking each case with a reduction or denial of services for accurate supporting documentation. Letters offering the client or their legally authorized representative (LAR) an opportunity to appeal termination, reduction or denial of services are sent to each of the individuals in these categories to afford them the option to question or request an reconsideration of the determination.

Staff members comply with a firm obligation to complete training modules every year. The modules include all aspects of workplace dynamics (safety, environmental management, ethics, effective communication) and elements that substantially impact client care (abuse issues, suicide screening, cultural diversity, client rights, HIPAA). All are required to score at least 80% in all areas or be relieved from duties until they are able to comply with the expected outcome.

A small contingent of clients are assessed for services and placed on a Waiting List. While all clients in need are offered an assessment, some are found to have less acute symptoms and not in need of immediate services. Those clients are placed on a Waiting List and monitored and evaluated regularly to assess them for changes in their situation related to symptom changes, living and demographic changes and access to other resources.

V. AUTHORITY ADMINISTRATION

Local planning through planning and network advisory committees is conducted by the Community Healthcore Contract Manager.

The Comprehensive Planning Advisory Committee (CPAC) meets at least quarterly, with defined workgroups meeting more frequently as necessary. The CPAC is made up of consumers, family members, providers, members of local agencies and advocates. Community Healthcore staff participates in these meetings to assist in information gathering/sharing and workgroup activity. The purpose of these advisory committees is to advise Community Healthcore in the development of local and network plans. The CPAC reports to the Board of Trustees quarterly on issues of consumer needs and priorities and the implementation of plans.

The Center is also a member of the Regional Planning and Network Advisory Committee (RPNAC) with other local Community Mental Health Centers. The RPNAC contributes to the development and content of the Network Plan, which assures appropriate procurement of goods and services and reviews and makes recommendations that consider public input, best value and client care issues to ensure consumer choice and best use of public money is assembling a network of providers. The RPNAC also evaluates programs and services offered by the Community Healthcore, and compares services to that of other network centers. Outcomes of these activities form the basis for improvement activities. The RPNAC meets quarterly and through its Community Healthcore liaison reports to the Executive Management Team, the Comprehensive Planning Advisory Committee and to the Board of Trustees through Board Reports to take action as necessary regarding recommendations from the RPNAC.

The Center is a member of the Regional Utilization Management Committee with other local Community Mental Health Centers to review utilization patterns, efficiencies and areas for improvement.

Policy development is established through the governing body of the Center with associated procedure development to ensure needs of the local service area is in accordance with state and federal laws. Policies include:

- Center bylaws,
- Board of Trustee resolutions,
- Board Governance,
- Service Delivery,
- Human Resources,
- Fiscal Management,
- Administration, and
- Quality Management

The Center provides for coordination of treatment, care, and services among health professionals and settings. Processes for assessing, (performed in accordance with TAC §412 I and Chapter 2/Subchapter I § 2.555 relating to Assessing the Need for Case Management/Service Coordination), planning for, and meeting individuals' behavioral health care needs are designed to promote smooth transitions from one level of care to the next. Throughout treatment, care, and services, individuals are matched with appropriate resources within the continuum (for example, crisis stabilization units, residential care, supervised housing) and are reviewed. Services are coordinated to ensure appropriate continuity of treatment, care,

and services from the time of entry through assessment, planning, treatment, and discharge. Coordination of services is the responsibility of the provider and monitored by peer review and by the Quality Management department.

The Center continues resource development by optimizing resources for new generation medications by referring Medicaid-eligible consumers to Medicaid provider pharmacies and pursuing other sources of new generation medications as well as development of additional resources through grants, other contracts, and ensuring individuals eligible for Medicaid are being fully realized through assistance in obtaining Medicaid benefits. This data is tracked by the Patient Assistance Program staff.

The Quality Coordination Committee meets once a quarter and is made up of Director, Business Operations, Operations staff, Quality Management staff and Business staff. This committee identifies and analyzes current service, provider and client outlier utilization patterns, and develops and implements a method to educate clinical decision makers regarding service over/under utilization and practice improvement. This committee reports quarterly to the Executive Management Team via published committee minutes.

VI. OTHER QUALITY MANAGEMENT ACTIVITIES

The Center has several standing committees:

- Executive Management Team
- Comprehensive Planning and Advisory Committee (CPAC)
- Safety and Environment of Care
- Medical Services
- Quality Coordination

These committees concentrate on examining the work in each area to assure compliance and productively assess future opportunities for improvement.

VII. FUTURE PLANNING

CHC STRATEGIC DIRECTION FY15-16

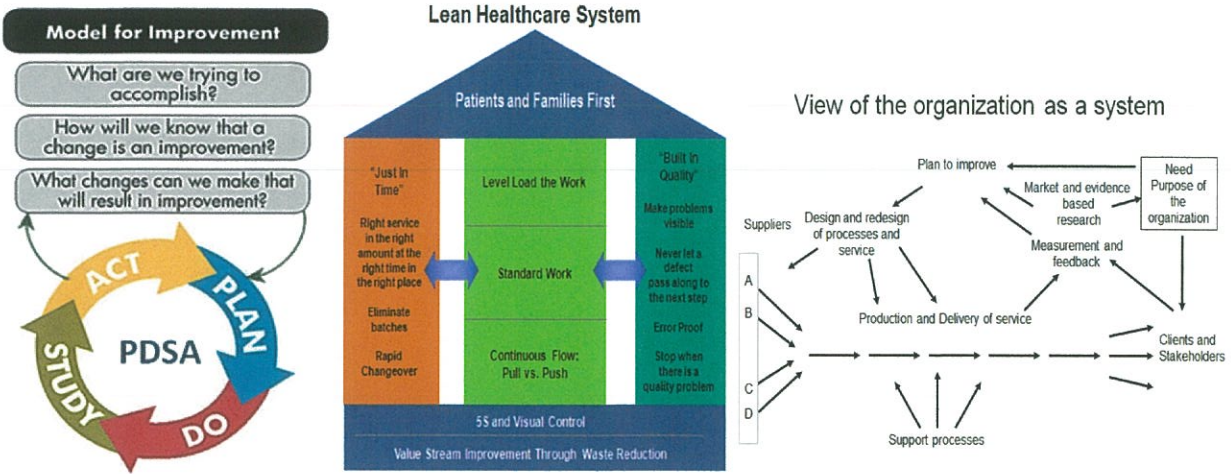


The goal of Community Healthcore is to make our efforts more proactive and meaningful for individuals we serve and subsequently for the Center.

To that end, the Quality Management department will institute a requirement that the center's efforts toward continuous process improvement pursue the three dimensions of the Triple Aim: Improving client experience, improving health outcomes, and reducing healthcare costs.

Each project will tie directly to one or more of our strategic initiatives: Create Excellent Value; Provide World Class Customer Service; Provide Excellent Outcomes; Provide Easy Access; and, Provide Comprehensive Care.

The center improvement teams shall utilize a structured blend of three quality improvement methodologies: The Model for Improvement and using Plan Do Study Act cycles (PDSAs); Lean; and, Systems' Thinking to build a learning organization.



When a problem is identified or a process/procedure is chosen based on a perceived need for improvement, an Improvement Plan will be required detailing the problem statement and how the project charter will impact the problem by identifying objectives, performance measures and future measurement goals, initial change ideas (PDSAs), and the expected return on investment or enhanced response in meeting our goals, vision and values. Data collection will be performed with the goal of determining that the change is indeed an improvement and to enable comparing the results of our standard practices with established benchmarks of performance.

The Quality Coordination Committee will approve or disapprove all improvement projects based on a review of each plan statement and the identified need and the projected outcome using a charter assessment tool that identifies the criteria needed for a good improvement project. For projects approved by the Committee, the staff involved shall submit a status report to the Committee quarterly to describe the activities of the project along with progress or lack of progress toward their goal until completion.

Community Healthcore looks forward to growing in the scope and quality of our services in ways that will enhance performance while responding to the changes within the communities we serve.