



Quality Management Plan  
FY2017-2018

Executive Director

8/25/2017

Date

Director, Business Operations

8/25/17

Date

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## **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**

- We envision a world in which all people have the opportunity to make choices for themselves that will lead to the highest quality of life possible.
- We envision a world in which all people are independent and free from poverty, pain and despair.
- We envision a world in which there is no stigma associated with seeking treatment or assistance for mental illness, intellectual and developmental disabilities and substance abuse.
- We envision a world in which all people receive supportive, nurturing care appropriate to their needs in the least restrictive environment possible.
- Through the efforts of our hearts and hands, Community Healthcore dedicates itself to the achievement of this vision.

### **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:

- We value cooperation and teamwork within the agency and between agencies.
- We value diversity.
- We value the pursuit of excellence by every employee.
- We value the judicious and effective use of and access to, available resources.
- We value community concerns, ideas and opinions.
- We value creativity, innovation and empowerment of consumers and employees.
- We value the abilities of our consumers.
- We value the successes of our consumers and employees.
- We respect the value of change.
- We value continuous quality and performance improvement.
- We value respect and confidentiality for our consumers and employees.

## **Guiding Principles**

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

- Respect for clients and families, their individual needs, rights and responsibilities. Community Healthcore has the utmost sensitivity to the special needs of clients and families, and recognizes the invaluable experience and knowledge they offer to the overall quality of Community Healthcore.
- Partnership between clients, 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 clients' 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 built through honest and open collaboration among clients, families, providers, and advocates. A strong organization requires that every individual component cooperate and collaborate fully within the structure.
- Belief in Recovery where our goal is to light the path for individuals with mental illness on their recovery journey to lead bigger, richer, fuller lives. Our expectation is to empower people to live beyond this illness.

## **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 assigned the responsibility 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 clients. 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. This is the foundation of our determination to become a High Reliability Organization. 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
- Risk assessments and client safety

The Quality Coordinator reviews client records monthly to gauge observance of Texas Health and Human Services (HHS) 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 a 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, trauma,

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.

Clients are assessed for services and at times a small number may be 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**

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 clients, 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 client needs and priorities and the implementation of plans.

The Center is a member of the East Texas Behavioral Health Network (ETBHN) and participates in ETBHN's 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 client choice and best use of public money in 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.

### **Utilization Management**

The Center participates in ETBHN's Regional Utilization Management (UM) Committee with other local Community Mental Health Centers to review utilization patterns, efficiencies and areas for improvement. The Regional UM Committee developed an UM Plan and follows that plan in its activities.

## **Policy Development**

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

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

## **Coordination of Care**

The Center provides for coordination of treatment, care, and services among health professionals and settings. Processes for assessing, (performed in accordance with Texas Administrative Code Title 25 Part 1 Chapter 412 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 Program Supervisors.

## **Resource Development**

The Center continues resource development by:

- Optimizing resources for new generation medications
- Referring Medicaid-eligible clients to Medicaid provider pharmacies
- Pursuing other sources of new generation medications
- Developing additional resources through grants and other contracts
- Ensuring individuals eligible for Medicaid are assisted in obtaining Medicaid benefits. This data is tracked by the Patient Assistance Program staff.

## **Quality Coordination Committee**

The Quality Coordination Committee (QCC) meets once a quarter and is made up of the Director Business Operations, Operations staff, Quality Management staff, Clinical 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

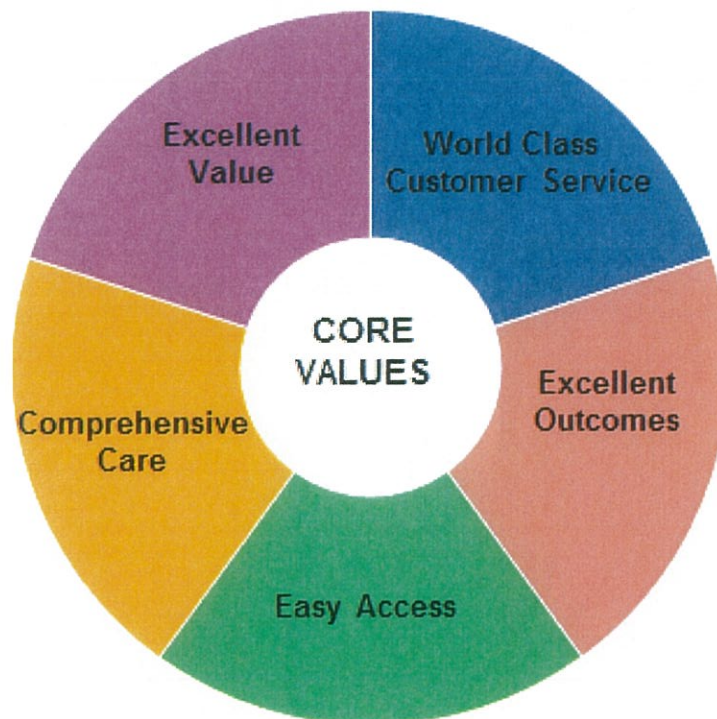
The Center has several standing committees:

- 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 FY17-18



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

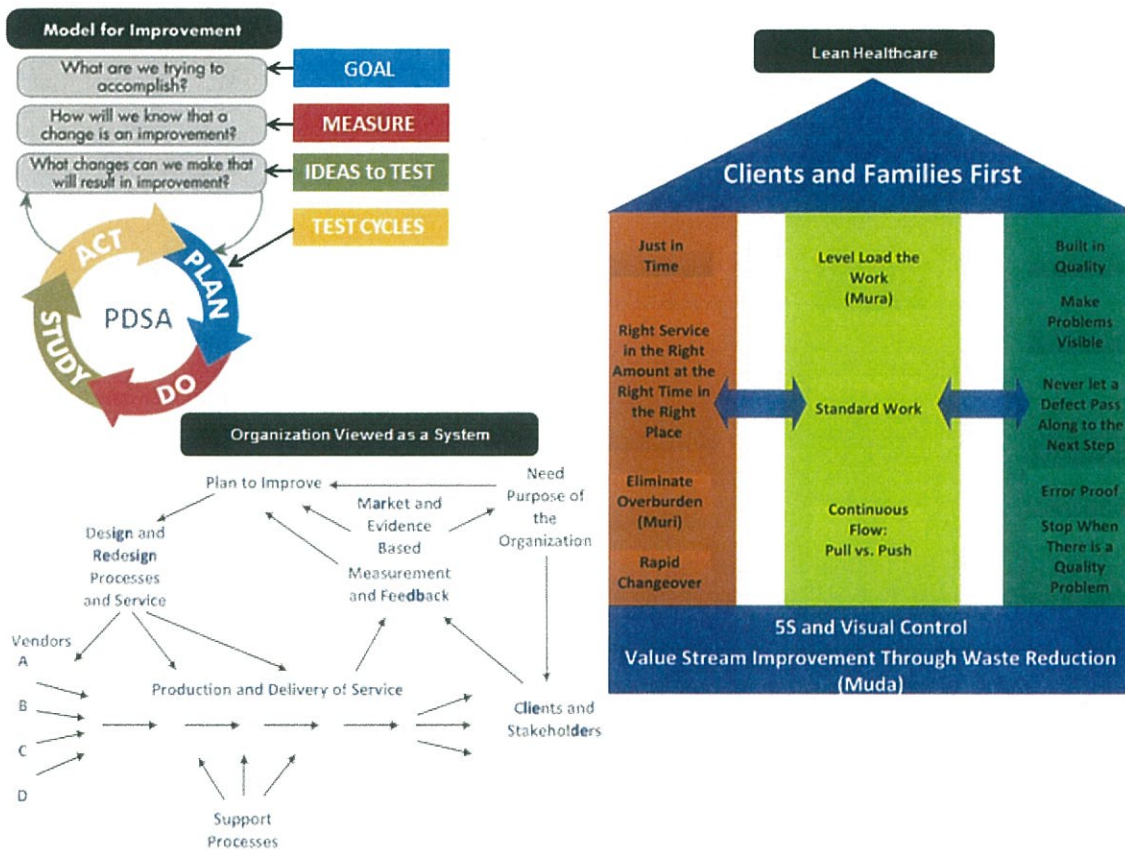


## Performance Improvement

To that end, the Quality Management department has instituted a requirement that the center's efforts toward performance improvement pursue the Triple Aim Framework: Apply integrated approaches to simultaneously improve the health of the population, enhance the experience and outcomes of the patient, and reduce per capita cost of care for the benefit of communities.

Each project is required to align directly with and support 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 using Plan Do Study Act cycles (PDSAs), Lean, and Dr. W. Edwards Deming's System of Profound Knowledge otherwise known as Systems Thinking.



When a problem is identified or a process/procedure is chosen based on a perceived need for improvement, an Improvement Plan is required. This plan must:

- Contain the problem statement and how the project will impact the problem.
- Identify objectives, performance measures and future measurement goals.
- Identify initial change ideas (PDSAs), and the expected return on investment or enhanced response in meeting our goals, vision and values.
- Incorporate how data collection is 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 QCC considers improvement projects based on a review of each plan, the identified need and the projected outcome using a project assessment tool that identifies the criteria needed for a good improvement project. For projects approved by the QCC, the staff involved shall submit a status report to the QCC quarterly and to Executive Management when required to describe the activities of the project along with progress toward their goal until completion.

Community Healthcare's improvement projects help to grow the scope and quality of our services in ways that will enhance performance, provide better client experience and health outcomes while responding to the changes within the communities we serve.