

Gulf Bend Center

IMPROVING LIFE THROUGH RECOVERY.

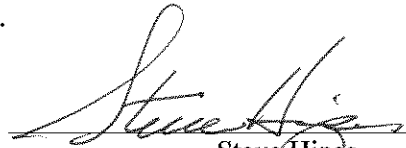
Quality Management Plan

Fiscal Years 2015-2016

APPROVAL

The Quality Management Plan for Gulf Bend Center was reviewed and approved on

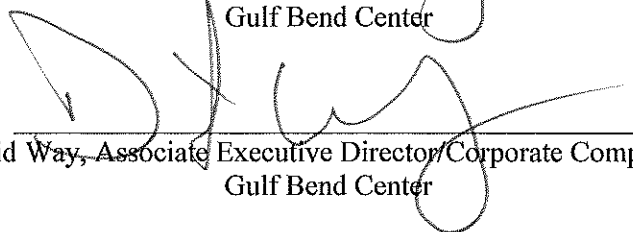
July , 29 2014 .



Steve Hips,
Gulf Bend Center Board of Trustees Chair



Donald L. Polzin, Executive Director
Gulf Bend Center



David Way, Associate Executive Director/Corporate Compliance
Gulf Bend Center

Gulf Bend Center Quality Management Plan

I. PURPOSE AND SCOPE OF THE QUALITY MANGEMENT PROGRAM

The *purpose* of Gulf Bend Center's Quality Management program is to assure ongoing excellence in the quality and safety of the care and services provided by Gulf Bend Center. The Center's Board of Directors and staff are committed to improving the overall health of individuals within our service area. Gulf Bend Center accomplishes this by continually monitoring (measuring) and improving the excellence of all client care services provided by or contracted by Gulf Bend Center and organizational operations. The ultimate goal is for each program to provide care that is safe, effective, consumer oriented, timely, efficient, and equitable.

The *scope* of the Quality Management Program is comprehensive; quality and safety must extend to all facets of the organization - clinical and administrative.

II. VISION, MISSION AND VALUES STATEMENTS

Mission:

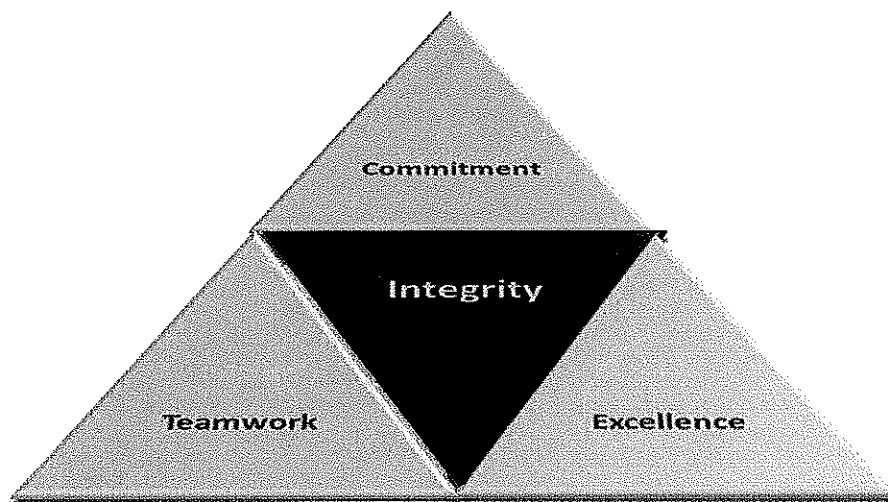
"To improve the quality of life of persons and their families who are challenged with problems related to mental illness and intellectual and developmental disabilities."

Vision:

Gulf Bend Center envisions an informed community working together improving the quality of life of the people we serve.

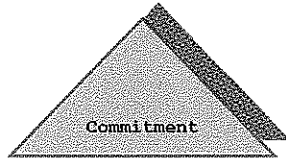
Values:

The following values or guiding principles are all that we aspire to be as individual staff, board members, and as an organization:

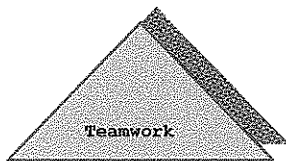




We must demonstrate our unyielding commitment to doing the right thing every time. Our actions must be consistent with what we say and what we promise. Gulf Bend Center's reputation is measured by our individual actions. We do not improperly influence others and we will not allow others to improperly influence us. We are respectful and behave in an open and honest manner.



Our commitment to doing the right thing can be measured individually and collectively. Our commitment extends to those we serve, fellow employees, stakeholders, payers and our communities at-large. We are committed to ensuring an environment that is safe and free from harassment or retaliation. We are committed to managing our business and services in an ethical manner.



Gulf Bend Center's successes are a direct result of our teamwork. We are a team. We appreciate and respect the diversity of our workforce and the unique talents each employee brings to our organization. This diversity and broad skill set strengthens our thinking and decision making ability. We respect and encourage different opinions and expect feedback to better our organization. We know that by working collaboratively our consumers and stakeholders will realize nothing but the best.



Excellence is our ambition. We strive for superior quality in all we do. The excellence of our consumer services and business practices is a direct reflection and result of our Integrity, Commitment and Teamwork. We are passionate about our mission and values. We are determined to serve our consumers, employees and stakeholders through innovation and continuous improvement with a focused interest on consumer needs. Excellence is not only a value, but we consider it a discipline to be practiced with a sense of urgency

III. STRUCTURE OF THE QUALITY MANAGEMENT PROGRAM

The structure of the Quality Management program flows from four underlying principles:

- An effective Quality Management program must be based on a functional definition of quality.
- The Quality Management program must ensure accountability at all levels within all programs.
- There must be clear differentiation of responsibilities between leadership and the Integrity, Quality and Compliance Committee.
- All provider staff must play a key role in quality management, and this role should be made as efficient and effective as possible. (The term provider includes, all licensed staff, direct care staff, Case Managers/Service Coordinators)

A. Defining Quality

- The quality process begins with the organization’s mission, vision, strategic plan, and core values.
- *Quality is the degree of excellence of the center’s processes, provider and staff performance, decisions, and consumer-staff interactions.*
- Therefore, through organization-wide Quality Management activities, the Center will focus on monitoring and improving consumer care and related business processes; provider and staff performance; decisions having the potential to impact client and organizational health; and ongoing consumer-staff interactions.
- Gulf Bend Center quality-related activities will focus on designing, implementing, monitoring, and improving a total system of care and business practices.

B. Accountability

The *Board of Directors* is ultimately accountable for the level of quality and safety at the Center. This accountability begins with the Board’s initial approval of the Quality Management Plan, and progresses through re-approval of the QM Plan at least every two years (more often if substantial changes are made in the Quality Management program).

The Board receives and acts upon periodic reports developed through the QM program, and it ensures the availability of resources and systems necessary to support all QM activities.

The Board holds Gulf Bend Center's *Executive Director* accountable for organizational quality and safety.

Gulf Bend Center’s Associate Executive Director/Corporate Integrity Officer has operational responsibility for the QM program and reports directly to the Executive Director and periodically reports quality Management program activities to the Board and to community stakeholders. The Associate Executive Director/Corporate Integrity Officer oversees the QM department which is comprised of the following positions:

- Director of HIM/Associate Integrity Officer
- Quality Management Coordinator

The Quality Management department performs functions, which support and facilitate the development, implementation, monitoring and evaluation of the Quality Management Plan. The team’s role is not to be the sole or primary source of performance improvement activities. Rather, its objective is to involve and provide support, expertise and guidance to administrative, executive management and provider staff in performance improvement activities. See Appendix F.

The Quality Management Team is responsible for the following:

- Providing assistance with plans of improvement to meet the Performance Contract with DSHS and DADS;
- Ensuring implementation of the Quality Management Plan;
- Performing and ensuring compliance with Internal/External audit activities;
- Providing QM training to new and tenured employees;
- Providing technical assistance to other Departments related to quality oversight necessary

- to improve the quality and accountability of provider services;
- Reviewing the QM Plan annually, update as needed, soliciting input from IQC and other stakeholders;
- Reporting and trending data collection related to reported incidents, medication errors and abuse and neglect;
- Assisting with the development/revision of Center wide procedures;
- Facilitating the Integrity and Quality Committee Meetings; and
- Reviewing, trending and summarizing program performance indicator data for review by the IQC.

Within each department/program, the effectiveness of the QM program is the direct responsibility of the leadership (eg. Directors, Managers, Supervisor). It is the leaders' responsibility to *develop, support, and operate* the Quality Management program. The leaders, with the support and assistance of the Integrity and Quality Committee (IQC) accomplish the following:

- Select and prioritize metrics to monitor, with a performance goal for each;
- Determine acceptable performance thresholds (quality action points) for each metric;
- Ensure that all necessary data related to each metric are submitted to the IQC and QM Department;
- Manage ongoing improvement activity;
- Assume ultimate responsibility for resolving identified quality and safety problems, as well as taking advantage of any other opportunities to improve; and
- Communicating outcomes of quality improvement activities.

C. Integrity, Quality and Compliance Committee (IQC)

It is the *IQC's* responsibility to assess and ensure the highest level of overall effectiveness of the Center's Compliance and Integrity program. The IQC accomplishes this by regularly monitoring trends, patterns and activities across all programs. The IQC, with the support and assistance of the Director of HIM/Associate Integrity Officer and the Associate Executive Director/Corporate Integrity Officer, ensures that:

- Performance metrics are developed for each program/department;
- The chosen metrics are being monitored;
- Necessary data are being collected;
- Metrics not meeting pre-established performance thresholds are being moved into the quality improvement phase of activity;
- Quality improvement is being actively carried out; and
- Quality-related problems are fully resolved.

The IQC is comprised of division directors/managers from IDD Services, MH Services, Administration, QM, IT, and Finance and is facilitated by Director of HIM/Associate Integrity Officer.

The IQC will meet quarterly, or more often as deemed necessary. The IQC will review/monitor the data and activities in the following areas:

- Performance metrics to facilitate management decisions;
- Performance contract measures, including targets;
- Complaints, appeals for services and consumer surveys to obtain information about

satisfaction and other outcomes (e.g. consumer waiting time, phone answering waiting time);

- Abuse and neglect issues;
- Unusual incidents including medication error data;
- Utilization data;
- Any other data determined to be important to the center, internal and external providers of services and stakeholders;
- Results of internal or external monitoring activities;
- Facility Management/Safety;
- Human Resource - training, turn over, worker's comp, staffing, complaints/grievances;
- Consumer complaints related to Rights;
- Privacy and Security/Violations Breaches;
- Compliance issues;
- Policy and procedure development; and
- Board and Advisory Committee activities.

Based on the above reviews, the IQC will make appropriate recommendations for performance review activities or project management initiatives.

D. Committees

Gulf Bend Center has established a number of standing committees to carry out Quality Management functions. These committees address issues which have center- wide implications and cross program and division lines and include:

- Death Review Committee;
- Human Rights Committee;
- Utilization Management/Utilization Review Committee;
- Advisory Committees (Home Community Based Services/Texas Home Living Wavier Advisory Committee, Planning Network Advisory Committee); and
- Others (specialized groups to address specific issues that arise; i.e. Medication Task Force).

These Committees communicate data and issues to and from the Quality Management Committee via IQC membership on each committee. In addition, QM Department staff serve on each committee. Advisory committees such as the Public and Network Advisory Committee (PNAC) and HCS/TxHmL Advisory Committee provide a mechanism for input and participation from consumers, families and other stakeholders in the planning and evaluation of services, thus involving our stakeholders in the QM process.

VI. PERFORMANCE MEASUREMENT

Performance measurement is the process of regularly assessing the results produced by Gulf Bend Center's programs and services. It involves identifying and designing processes, systems and outcomes that are integral to the performance of the service delivery system; selecting indicators of the quality of these processes, systems and outcomes; and analyzing information related to these indicators on a regular basis. Continuous Quality Improvement involves taking action as needed based on the results of the data analysis and the opportunities for performance they identify.

The purposes of performance measurement and assessment are to:

- Assess the stability of processes or outcomes to determine whether there is an undesirable degree of variation or a failure to perform at an expected level.
- Identify problems and opportunities to improve the performance of processes.
- Assess the outcome of the care provided.
- Assess whether a new or improved process meets performance expectations.

Measurement and assessment involves:

- Selection of a process or outcome to be measured, on a priority basis.
- Identification and/or development of performance indicators for the selected process or outcome to be measured.
- Aggregating data so that it is summarized and quantified to measure a process or outcome.
- Assessing performance with regard to these indicators at planned and regular intervals.
- Taking action to address performance discrepancies when indicators indicate a process is not stable, is not performing at an expected level or represents an opportunity for quality improvement. Reporting within the organization on findings, conclusions and actions taken as a result of performance assessment.

A. Quality Assessment

Each department/program is charged with monitoring predetermined performance indicators (metrics) of quality and safety, as selected by the Gulf Bend Center's IQC in conjunction with their respective managers.

A performance indicator is a quantitative tool that provides information about the performance of the center's process, services, functions or outcomes. Selection of a Performance Indicator is based on the following considerations:

- Relevance to the Center's mission, values and strategic initiatives; and
- Importance - whether it addresses an important process that is:
 - high volume
 - problem prone or
 - high risk.

For the purposes of this plan, an indicator(s) comprises five key elements: name, definition, performance threshold, data to be collected, the frequency of analysis or assessment, and preliminary ideas for improvement. Performance indicators will be chosen within the following four domains:

- Human Resources
- Quality
- Finance
- Compliance

The objective is to initially develop one metric for two of the above *domains*, then to gradually add metrics for the remaining domains as the organization's QM program matures.

The following Table will be used for each performance indicator chosen by the IQC and appropriate department program leadership (see appendix C).

<i>Name</i>	<i>Usually a brief two or three word title.</i>
<i>Definition</i>	<i>With detail, explain the name by including the data elements and the type of numerical value to be used to express the indicator (percentage, rate, number of occurrences etc.).</i>
<i>Performance Threshold</i>	<i>Established predetermined performance threshold (the quality action point - below the lower control limit) at which the IQC takes action to refer the metric to the manager for improvement action.</i>
<i>Data Collection</i>	<i>Describe how the data will be collected as well as the method and frequency of collection, and who will collect the data. see appendix A for tools</i>
<i>Assessment Frequency</i>	<i>State how often the IQC will assess information associated with the indicator.</i>

Once the performance indicator has been developed, data is collected, displayed and reported to the IQC, or to the Quality Management Team, using charts, graphs whenever helpful (see appendix A for tools). Data will be analyzed to identify trends, patterns, and performance levels that suggest opportunities for improvement.

Analysis is based on predetermined benchmarks, quality action points or thresholds.

B. Quality Improvement Initiative

After the selected process has been measured, assessed and analyzed, the information gathered by the above performance indicator(s) is used to identify a continuous quality improvement initiative that may need to be undertaken. The decision to undertake the initiative is based upon Center priorities. The purpose of an initiative is to improve the performance of existing services or to design new ones. The model utilized at Gulf Bend Center is called Plan-Do-Study-Act (PDSA) see appendix B.

- **Plan**
The first step involves identifying preliminary opportunities for improvement. At this point the focus is to analyze data to identify concerns and to determine anticipated outcomes. Ideas for improving processes are identified. This step requires the most time and effort. Affected staff or people served are identified, data compiled, and solutions proposed. (See Appendix B)
- **Do**
This step involves using the proposed solution, and if it proves successful, as determined through measuring and assessing, implementing the solution usually on a trial basis as a new part of the process.
- **Study**
At this stage, data is again collected to compare the results of the new process with those of the previous one.
- **Act**
This stage involves making the changes a routine part of the targeted activity. It also means “Acting” to involve others (other staff, program components or consumers) - those who will be affected by the changes, those whose cooperation is needed to implement the changes on a larger scale, and those who may benefit from what has been learned. Finally, it means documenting and reporting findings and follow up.

The IQC will track reports on progress until improvement has been fully realized. When improvement activity is complete, the IQC will periodically re-analyze related performance and/or outcomes data to ensure that improvement is sustained. An annual summary of the results of each performance indicator will be completed at the end of the fiscal year and will be reported to the board of trustees.

VII. OTHER QM ACTIVITIES

The QM program operates through the following tasks/functions:

Contract Monitoring

Contract monitoring is a function of gathering and evaluating fiscal and qualitative indicators specific to a particular contracted service to determine whether the service provider is in compliance with the contract. The appropriate program manager, for which the contracted service is being provided to, is responsible for monitoring compliance with identified fiscal and qualitative indicators. Data are evaluated to make informed decisions regarding re-contracting with service providers. The qualitative indicators should be tailored to the service provided and ensure achievement of desired outcomes, compliance with applicable rules, laws, and standards which relate to the contracted service.

Utilization Management

Gulf Bend MHMR Center will employ a utilization management system to ensure: consumers receive the right services, in the right amount, at the right time; timely and meaningful assessments; accurate assignments of level of need; determination of medical necessity, focused treatment plan development and active monitoring of progress towards objectives.

Gulf Bend Center participates in both a local and regional UM Committee for mental health services, both of which meet no less than quarterly. Established as a regional committee within the East Texas Behavioral Health Network (ETBHN), the primary function of the UM Committee is to monitor utilization of Gulf Bend Center's clinical resources to assist the promotion, maintenance and availability of high quality care in conjunction with effective and efficient utilization of resources. The objectives of UM Committee include processes to:

- Assure the overall integrity of the utilization management process to include timely and appropriate assignment of DSHS Mental Health levels of care based on the DSHS UM Guidelines;
- Approve and oversee the appeal system for adverse determination decisions;
- Analyze utilization patterns and trends throughout the ETBHN region, to include gaps in services, rates of no shows for appointments/services, billing issues, underdeveloped frequently requested services, existing services that are under- and over-utilized, and barriers to access;
- Establish mechanisms to report quantitative and qualitative information on service utilization and service delivery to ETBHN Regional Oversight Committee members, Gulf Bend Center's management and staff, the Board, providers and other interested persons in a timely manner; and
- Analyze data on hospital utilization, including factors such as rates of admissions by county, diagnosis, and length of stay.

Customer Satisfaction and Perception of Care

Gulf Bend Center utilizes several different means to gather information regarding stakeholder's perception of care and services. Client satisfaction with televideo psychiatric services, HCS/TxHmL services, Behavioral Health services are assessed utilizing surveys throughout the year. Findings of these surveys, and others, are reported to the IQC. These surveys are used to identify areas of exceptional service and opportunities for improvement.

Feedback From State Contract and Other Oversight Entities

Reports, data and results from on site reviews or desk reviews from the Department of State Health Services (DSHS) and the Department of Aging and Disability Services (DADS), Department of Assistive and Regulatory Services (DARS), Managed Care Organizations, and American Association for Suicideology are used to identify performance improvement activities and to assess unmet needs of individuals served and service delivery problems.

Compliance Documentation Reviews

The QM Department will direct appropriate managers/directors to complete assessment, progress note and treatment plan/person directed plan reviews throughout the fiscal year. QM will provide necessary audit tools with expected outcomes and the sample cases to be reviewed. Results will be reviewed by QM to identify compliance issues. A look behind sample will be reviewed by QM to determine inter rater reliability. The results will be reported to the IQC and use to identify performance improvement activities.

Compliance Billing Reviews

Two program areas will be selected for review on an annual basis. The review will assess timeliness and completion of documentation, appropriateness of service coding and compliance to billing requirements.

Safety and Risk Management

- The QM Team will review all incident reports and medication errors to identify trends and patterns related to safety or health risks, and reports the data to the IQC.
- Facility inspections are completed by appropriate staff and submitted to the facility manger/safety officer on monthly basis and reported to the IQC on a quarterly basis to identify health and safety hazards.
- All deaths are reviewed by the Death Review Committee to determine if the death resulted from inadequate care on the part of Gulf Bend Center or procedural reasons, and results reported to the IQC.

Crisis, Access and Intake Services

Appropriate Department Manager/Director will complete reviews and collect data related to timeliness of response and appropriateness of care and appeals. QM will provide necessary audit and data collection tools with expected outcomes and the sample cases to be reviewed. Results will be reviewed by QM to identify compliance issues. A look behind sample will be reviewed by QM to determine inter rater reliability. The results will be reported to the IQC and used to identify performance improvement activities.

Staff Competency

Qualified and trained staff make up an important component of quality service provision. Qualifications and education are verified prior to hire and competency to perform essential direct care duties is assessed prior to staff's working unaided with consumers. All staff complete required training and competency assessment annually and compliance with this performance indicator is monitored by the Human Resource Team and reported monthly to the QM Team and reported to the IQC on a quarterly basis.

MBOW Data Warehouse

The reports generated in the state database are constantly reviewed by appropriate department managers to monitor the Center's performance on a variety of indicators. The reports are used as a means to judge accuracy of data collection as well as to evaluate Gulf Bend Center's performance on outcome measures.

Rights Protection Process

See Appendix E

Reduction in Abuse, Neglect and Exploitation

See Appendix D