

Community Mental Health Partnership of Southeast Michigan/PIHP	<i>Policy and Procedure Performance Improvement</i>
Department: Compliance and Clinical Performance Team Author:	Local Policy Number (if used)
Regional Operations Committee Approval Date 6/4/2018	Implementation Date 7/18/2018

I. PURPOSE

To establish and ensure an integrated region-wide Performance Improvement (PI) system is implemented and operating in accordance with applicable standards of the Community Mental Health Partnership of Southeastern Michigan (CMHPSM).

II. REVISION HISTORY

DATE	REV. NO.	MODIFICATION
02/28/12	1	
6/16/14	2	Revised to reflect the new regional entity.
9/11/17	3	Due for regional review.

III. APPLICATION

This policy applies to all staff, students, volunteers and contractual organizations within the provider network of the Community Mental Health Partnership of Southeast Michigan (CMHPSM).

IV. POLICY

The CMHPSM oversees the PI system and holds the overall responsibility for it. Each CMHSP Director assures implementation within their agency and involvement of leadership at the regional level. PIHP Performance Improvement initiatives will be prioritized using decision making criteria covering high risk, high cost and problem prone areas and will be in alignment with the strategic plan.

The designated Quality/Compliance/Program Integrity Director is responsible for the implementation of this policy and ensuring the PI system operates in accordance with the PI Program Description/Plan. Central to the PI system is the PI committee/Clinical Performance Team (CPT) with CMHSP representation, standing committees, workgroups, and ad hoc PI teams.

This PI system is responsible for overseeing and ensuring the quality of consumer care. The PI system shall address any issue in need of performance improvement, performance assurance and performance planning.

V. DEFINITIONS

Community Mental Health Partnership of Southeast Michigan (CMHPSM): The Regional Entity that serves as the PIHP for Lenawee, Livingston, Monroe and Washtenaw for mental health, developmental disabilities, and substance use disorder services.

Community Mental Health Services Program (CMHSP): A program operated under chapter 2 of the Mental Health Code as a county community mental health agency, a community mental health authority, or a community mental health organization.

Performance Improvement System: The CMHPSM is responsible for addressing, implementing and resolving Performance Improvement, Performance Assurance and Performance Planning initiatives.

Performance Improvement Process (PIP): A systematic way of addressing improvement opportunities that involve the use of soft (facilitation techniques, problem solving processes) and hard (data analysis, statistical tests) skills to understand, recommend and implement change.

Quality Assessment refers to a systematic evaluation process for ensuring compliance with specifications, requirements or standards and identifying indicators for performance monitoring and compliance with standards.

Quality Assessment and Performance Improvement Program (QAPIP) is an annual plan to establish goals for each fiscal year (FY) to meet the overall regional Quality Improvement (QI) framework for quality and accountability for consumer care. This occurs through the work of standing committees, ad hoc teams, and performance measures. The QAPIP establishes processes that promote ongoing systematic evaluation of important aspects of service delivery. The program promotes ongoing improvement and replication of strengths and focuses attention on ensuring that the safety of consumers is addressed through the delivery of services while addressing the requirements of network providers and CMHPSM staff and programs.

Quality Assurance refers to a broad spectrum of evaluation activities aimed at ensuring compliance with minimum quality standards. The primary aim of quality assurance is to demonstrate that a service or product fulfills or meets a set of requirements or criteria. QA is identified as focusing on “outcomes,” and CQI identified as focusing on “processes” as well as “outcomes.”

Quality/Compliance/Program Integrity Director: The person responsible for ensuring that the implementation of the QAPIP is based on the agreed upon vision and values through the use of Learning Organization principles. The person is responsible for linking the activities of the CMHPSM committees with the QAPIP and providing oversight to CMHPSM performance improvement activities.

Quality Improvement refers to ongoing activities aimed at improving performance as it relates to efficiency, effectiveness, quality, performance of services, processes,

capacities, and outcomes. It is the continuous study and improvement of the processes of providing services to meet the needs of the individual and others.

Regional Entity: The entity established under section 204b of the Michigan Mental Health Code to provide specialty services and supports for people with mental health, developmental disabilities, and substance use disorder needs.

VI. STANDARDS

- A. Understanding root causes is the most effective means of ensuring lasting systemic change. When the need for such change has been identified, the use of qualitative and quantitative data will be reviewed to identify the specific areas that need improvement. These improvement efforts will ensure that high quality services are delivered across the entire CMHPSM.
- B. The following values will be upheld in improvement processes based on the approved PI Program Description/Plan that include but are not limited to:
 - Organizational systems shared learning
 - Alignment with strategic planning
 - Stakeholder (consumers, family members, providers, staff) involvement
 - Replication of Successes by fostering and enabling both regional and local improvements.
- C. The following outcomes shall be addressed:
 - The reductions of risk factors in service delivery.
 - The identification and resolution of specific service delivery and organizational opportunities for improvement.
 - Using established measures, evaluates specific program components. The data results will be used to modify, redesign, or otherwise improve that component.
 - Evidence of employee, consumer and community stakeholder involvement in needs assessment, service planning and problem identification and resolutions.
 - Evidence of service improvements and enhancements including innovative program designs based upon results of quality improvement activities.
- D. The PI system shall adhere to all external and internal standards of governance, management and direct/support services.
- E. The PI system shall be regularly monitored and evaluated to ensure quality components are being implemented along with any external or internal standards or regulation revisions are made.
- F. The PI system program description/plan shall be approved annually by the PIHP board and be adopted by the CMHSPs.
- G. The PI system shall operate within the annually approved PI program description/plan.
- H. The PI system is a confidential peer review system where aggregate information is shared that is not subject to the Freedom of Information Act (FOIA) or other forms of disclosure.

- I. The PI system shall include consumer and/or family representation, network provider representation, and have medical director consultation to assist the PI/CPT committee in addressing any medically significant related performance improvements.
- J. The Clinical Performance Team shall serve as the regional Performance Improvement Committee. The Clinical Performance Team has representation from clinical and performance improvement staff from each of the four counties of the region as well as consumer representation from each county. The interim Medical Director or designee for the PIHP also sits on this committee as well as the PIHP Director of Quality Improvement. Some members of the Clinical Performance Team serve as liaisons to other regional committees such as the Utilization Review Committee, Regional Consumer Advisory Committee, Network Management and various population specific administrators groups.
- K. The PI system shall be responsible for approving, collecting, analyzing and monitoring organizational PI indicators to identify trends and reduce risk.
- L. The PI system shall perform qualitative and quantitative improvement processes that obtain input from stakeholders to ensure high quality change efforts take place led by the Quality/Compliance/Program Integrity Director or other designated individual or body.
- M. Led by the Quality/Compliance/Program Integrity Director or other designated individual or body, the PI system shall provide leadership, and will coordinate, collaborate, and or participate in CMHPSM or regional programs', boards' and stakeholders' improvement efforts for the purpose of building upon strengths and reducing the frequency of improvement opportunities.
- N. The PI system shall communicate the results of improvement efforts made to necessary relevant stakeholders by the Quality/Compliance/Program Integrity Director or other designated individual or body.
- O. The PI system shall obtain PI reports and data on time within time frames based upon the agreed upon reporting schedule and in the agreed format established by the Quality/Compliance/Program Integrity Director or other designated individual or body.
- P. All CMHPSM network providers, including both CMHSPs and other contract providers, shall report all PI data at the specified timeframes as specified in the signed contract with the applicable CMHPSM led by the Quality/Compliance/Program Integrity Director or other designated individual or body.
- Q. The CMHPSM shall withhold payment as outlined in the signed contract to a CMHSP and or CMHPSM network provider should PI reports and data not be submitted within the necessary required timeframe established by the Quality/Compliance/Program Integrity Director or other designated individual or body.
- R. All CMHPSM network providers must operate within an approved performance improvement system as defined in the signed contract.

VII. EXHIBITS

- A. CMHPSM PI Program Description/Plan

VIII. REFERENCES

Reference:	Check if applies:	Standard Numbers:
42 CFR Parts 400 et al. (Balanced Budget Act)	x	43 8.206, 43 8.236, 43 8.240
45 CFR Parts 160 & 164 (HIPAA)	x	
42 CFR Part 2 (Substance Abuse)	x	
Michigan Mental Health Code Act 258 of 1974	x	
The Joint Commission - Behavioral Health Standards	x	Performance Improvement
Michigan Department of Health and Human Services(MDHHS) Medicaid Contract	x	
MDHHS Substance Abuse Contract	x	
Michigan Medicaid Provider Manual	x	

IX. PROCEDURES

WHO	DOES WHAT
CMHPSM	<ol style="list-style-type: none"> 1. Provides a written program description/plan. 2. Maintains and follows the guidelines as described in the program description and PI policy.
Clinical Performance Team	<ol style="list-style-type: none"> 1. Makes recommendations for the Regional Operations Committee (ROC) to approve the functions/indicators and information for the PI system as described in the PI system Program Description/Plan. 2. Monitors the functions/indicators and information for the PI system as described in the PI system Program Description/Plan. 3. Assigns improvement activities

	<p>to the appropriate standing committee, workgroup, local CMHSP or create an Ad Hoc PI team as needed to address areas in need of improvement.</p> <ol style="list-style-type: none"> 4. Makes recommendations for the ROC to approve the Regional Committee/Workgroup PI Ad Hoc Teams charge. 5. Reviews and provides input on periodic reports to the ROC and the CMHPSM Regional Board.
Quality/Compliance/Program Integrity Director	<ol style="list-style-type: none"> 1. Participates in the PI/CPT Committee. 2. Communicates necessary information across the CMHPSM. 3. Establishes, maintains and adheres to a reporting schedule. 4. Generates periodic PI reports 5. Reports PI system initiatives to the CMHPSM Regional Board.
PI Committee/CPT Chair/Coach	<ol style="list-style-type: none"> 1. Reports PI system initiatives to the ROC.
Standing Committees, workgroups, local CMHSPs and Ad Hoc PI teams	<ol style="list-style-type: none"> 1. Aligns work plan and functions to with the CMHPSM strategic plan. 2. Use PI processes to implement functions and improvement efforts 3. Local CMHSPs use the PI processes to embed improvement efforts across the whole organization down to direct line staff. 4. Report periodically based on the reporting schedule and format to the PI Committee/CPT the work plan functions and indicators of performance and improvement activities. 5. Make recommendations to the PI committee/CPT for implementing PI processes to address areas needing improvement. 6. Relays information to and from committee, workgroups, or ad hoc teams.
CPT Members	<ol style="list-style-type: none"> 1. Provide input and feedback on

	<p>reports provided to the PI committee/CPT based on the roles of the members.</p> <ol style="list-style-type: none"> 2. Relay information to and from the CMHSP.
Regional Operations Committee	<ol style="list-style-type: none"> 1. Provides leadership across the CMHPSM and individual CMHSPs in promoting the values and principles of the PI system. 2. Reviews and provides input/feedback on the annual PI program description/Plan. 3. Reviews and provides input/feedback on periodic PI reports. 4. Reviews the PI reports prior to being presented to the CMHPSM Regional Board.
CMHSP	<ol style="list-style-type: none"> 1. Receives and reviews reports and acts on any identified PI related issues. 2. Provides leadership for CMHSP the values and principles in promoting the PI system. 3. Approves local PI projects. 4. Provides feedback on regional PI projects 5. Adopts the affiliation approved PI program description.
CMHPSM Regional Board	<ol style="list-style-type: none"> 1. Provides input and feedback to Annual PI Program description/plan and periodic reports. 2. Approves the annual PI program description/plan and periodic reports.