TITLE: **Continuous Quality Improvement**	PAGE: Page 1 of 2
DEPT./SECTION Behavioral Health/Planning & Evaluation	NUMBER: YCHC-BHS-6.02
AFFECTS: Patients and Staff/PROVIDERS	DATE CREATED: 3/30/2016 DATE APPROVED: **5/1/17** DATE REVISED:

Policy:
BHS will participate in the YCHC Quality Improvement (CQI) Committee to develop and oversee systematic continuous quality improvement.

Purpose:
BHS providers ensure that the highest level of care is provided to clients and that all documentation, processes, procedures, and client services are in compliance with State and Federal laws/requirements, YCHC's leaderships' guiding purposes and fiscal ability, and professional standards of care. To achieve this, BHS allots appropriate levels of resources and evidence based practices to establish systems, processes, and procedures to develop, monitor, implement and revise the BHS programs to meet and exceed such standards. Additionally, these efforts to evaluate and establish programs, processes and procedures shall be reviewed and documented at least every two years.

Definition: YCHC- CQI Committee*: YCHC has a CQI Committee comprised of the BHS team member, medical director, executive director, lead workers from all YCHC departments, and other assigned clinical or administrative staff as appropriate. Other staff may be included on the Committee as members, consultants, or ad hoc subcommittee or project members. The role(s) and responsibilities of the committee members are delineated in the CQI Program Plan provided under separate cover. Although the CQI Committee has a select and specified membership, all BHS staff members are involved in and responsible for the success, quality, and improvement of the BHS services and program.*

Procedure:
1. Annually the CQI Committee establishes a written CQI Plan for BHS which will structure and guide the processes ensuring continued quality services, appropriateness of services, and the determination for specific didactic sessions to address training needs in line with program policies.

2. Included in this plan are the committee's planned efforts to review the program outcomes for all BHS programs to reflect the aspects of the outcomes, the method and timelines for reviewing the progress made or barriers identified within the programs, and the identification of program changes or development.

3. The CQI program includes a variety of methods and processes for ensuring the provision of quality and continuing services. Examples of these include record audits, clinical case reviews, structured clinical supervision, clinical and billing documentation reviews, utilization review, and staff trainings and meetings.

4. The QI supports data integrity by providing reflective training for those staff conducting chart reviews quarterly. This is achieved by:
   A. Utilizing the chart review checklist provided by the State of Alaska Division of Behavioral Health (ADBH).
      1) The checklist is used to identify data completeness as well as regulation training.
   B. Reviewers are encouraged to engage in open discussion to promote consistency and understanding as to how questions are answered.
      1) In addition, BHS utilizes Medical, Finance, and Administrative staff members for discussions regarding compliance with Medicaid regulations.
      2) ADBH is an additional resource utilized for assistance in the care of patients

C. YCHC BHS Program recognizes that ADBH and Medicaid billing requires use of the Client Status Review (CSR) to measure outcomes of persons served. The State of Alaska has researched and deemed this tool to be both reliable and valid in measuring outcomes.
   1) The CSR data is utilized in reporting mechanisms to identify programs and persons that are and are not achieving programmatic and personal goals and objectives.
   2) If data is suspected to be inaccurate, BHS and QI will review and analyze the results, and come up with the plan of improvement to address inaccuracies.

D. All licensed staff will conduct quarterly chart reviews and submit to the QI committee for incorporation into the committee's quarterly report..

5. The QI Committee meets six times per year to review the following process implications:
   A. Results of chart audits and other such reviews.
   B. Continued compliance with regulatory agencies and processes.
   C. Progress with quality improvement initiatives.
   D. Performance Plan review.
   E. CSR domain review.
   F. Risk reports as appropriate.
   G. Staff program improvement suggestions and concerns.
   H. Accessibility Plan review.
   I. Client feedback.

6. To facilitate the ongoing processes of the QI Committee, the following actions are approved by the committee:
   A. **Sub-Committee Appointments:** BHS QI committee members and/or others may be assigned to the identified sub-committees to address issues during the interim between the QI meetings. The sub-committees will be assigned tasks by the QI, will meet to develop their responses, and will report back to the larger QI Committee, as needed.

7. The QI Committee and BHS leadership provide timely, written, easily read reports of QI initiatives, QI program improvement progress, compliance status, aggregate QI data and data analyses to the YCHC Health Board, BHS staff members, State, Federal and other regulatory agencies, persons served, special interest groups, other stakeholders, and to the community at large, as appropriate. These reports are also periodically disseminated through the Yakutat Community Health Center's newsletter and Annual Report.

8. To monitor the long-term efficacy of services provided, an annual survey will be sent to all former clients served to ascertain their opinions of quality, effectiveness, and efficiency of services received, as well as to monitor their perception of how they felt they were treated, included in treatment options, and heard by their providers.
   A. Results of these surveys will be used in QI activities to inform future delivery of services.
   B. Additionally, when possible, a CSR will be administered at discharge and sent three months after services conclude and utilized for comparative data with the annual surveys.

APPROVED BY:	
Medical Director Signature, Eva Sensmeier PA-C	5/1/17
Executive Health Director Signature, Rhoda Jensen	5/1/17

Quality Improvement Chairperson Signature	
Ann Snyder approved by Ex Dir.	update 03/09/18