

CHELAN-DOUGLAS RSN/PIHP POLICY AND PROCEDURE MANUAL		Chapter:	7.1
Title:	QUALITY IMPROVEMENT AND UTILIZATION	Page:	1 of 2
		Date Effective:	July 1, 2002
Subject:	QUALITY MANAGEMENT PROCESS	Date Revised:	May 1, 2005
		Authorizing Signature:	

AUTHORITY: Guiding Principle(s): Consumer Focused, Holistic/Humanitarian, Accessible, Normalizing/Non-Stigmatizing, Responsive, Effectively Managed
WAC 388-865-0280, Quality Management Process
WAC 388-865-0450, Quality Management Process
DSHS Standard Work Order, RSN/PIHP Services
DSHS Title XIX Contract and Federal Waiver
Agency contracts and subcontracts

SCOPE: This policy applies to Chelan-Douglas Regional Support Network/Prepaid Inpatient Health Plan (CDRSN/PIHP) and its contractors (agencies/providers), and subcontractors (referred to as contractors or agencies or providers throughout this policy).

PURPOSE: This policy addresses the continuous quality improvement process that ensures the delivery of competent mental health services

DEFINITIONS: n/a

POLICY:

- A. The CDRSN/PIHP and its PAs each have a continuous quality improvement process that ensures the delivery of competent mental health services.
- B. The plans shall include the roles, structures, functions and interrelationships of all the elements of the quality management process. This will include, but not be limited to, the appropriate governing bodies, clinical and management staff, advisory boards, Ombuds service and quality review team.
- C. CDRSN/PIHP AND PAs shall have procedures to ensure that quality management activities are effectively and efficiently carried out with clear management and clinical accountability, including methods to:
 1. Collect, analyze and display information regarding:
 - a. The capacity to manage resources and services, including financial and cost information and compliance with statutes, regulations and agreements;

- b. System performance indicators;
 - c. Quality and intensity of services;
 - d. Incorporation of feedback from clients, allied services systems, providers, Ombuds service and quality review team;
 - e. Clinical care and service utilization including client outcome measures; and
 - f. Recommendations and strategies for system and clinical care improvements, including information from exit interviews of clients and clinicians.
2. Monitor management information system data integrity;
 3. Monitor complaints, grievances and adverse incidents;
 4. CDRSN/PIHP will monitor provider contracts and notify MHD of observations and information indicating providers may not be in compliance with licensing or certification requirements;
 5. CDRSN/PIHP will immediately investigate and report allegations of fraud and abuse by a provider to MHD;
 6. CDRSN/PIHP will monitor delegated administrative activities;
 7. Identify necessary improvements;
 8. Interpret and communicate practice guidelines to clinicians;
 9. Implement change:
 10. Evaluate and report results.
 11. Demonstrate use of all corrective actions to improve the system;
 12. Consider system improvements based on recommendations from all on-site monitoring, evaluations and accreditation/certification reviews;
 13. Review, update and make the plan available to stakeholders;
- D. CDRSN/PIHP and PAs shall have targeted improvement activities, including:
1. Performance measures that are objective, measurable, and based on current knowledge/best practice including at least those defined by MHD in the agreement;
 2. An analysis of consumer care covering a representative sample of at least ten percent of clients;
 3. Efficient use of human resources; and
 4. Efficient business practices.

SEE ALSO: Glossary of Terms and Acronyms