

POLICY

The MR Quality Management Plan, under the direction of the Director of Contracts Management, shall ensure the competent and consistent monitoring and evaluation of quality of care issues in Center programs and committees.

PHILOSOPHY

The MR Quality Management Program of Central Plains Center objectively and systematically monitors and evaluates the quality and appropriateness of client care, pursues opportunities to improve client care, and works with staff to resolve identified problems.

SCOPE

The MR Quality Management Program is broad in perspective and operations and includes all direct service programs, support services, and professional disciplines. The program includes effective mechanisms to identify, resolve, monitor, and evaluate all areas that impact the quality of services offered, the delivery of client care, and the assurance of client safety.

DEFINING QUALITY

Quality is best defined as an attitude and orientation that permeates an entire organization while conducting internal and external business. The individuals served by the Center, family members of individuals served by the Center, staff, and other stakeholders will have the opportunity to describe and define quality through various public forums. This is very important as our organization and the quality of services we provide has a direct impact on all stakeholders.

The ultimate achievement of quality lies in meeting the highest expectations of the individuals served and assuring satisfaction with all services offered. Quality management integrates fundamental management techniques, existing improvement efforts, and technical tools in a planned, disciplined approach, focused on continuous process and outcome improvement.

VISION AND MISSION STATEMENTS

The Quality Management Program is driven by, and supports, the vision and mission of Central Plains Center. These statements are provided next.

MISSION:

The **mission** of Central Plains Center is to “improve the quality of life for persons with mental illness, mental retardation and chemical dependence, and their families, by providing accessible

services and resources which support individual choices and promotes lives of dignity and independence.”

VISION:

The **vision** of Central Plains Center is to “courteously and professionally provide help, hope, and support to people served, in partnership with their families and communities.”

Our vision will be realized when our consumers and families tell us with confidence, we are doing everything possible to continually provide the services and supports of their choice, and that we maintain and continually practice respect, dignity, and responsive valued services.

The **general values** that serve as guides for our services include (but are not limited to):

- Referring to individuals served by name when appropriate
- Using “people first” language
- Be sensitive to cultural differences and language barriers
- Provide services in the location most convenient whenever possible
- Support the preservation of family and friendships
- Services must meet or exceed established usual and acceptable standards
- Individual choices and preferences are the driving force behind program decisions

DESCRIPTION OF CENTRAL PLAINS CENTER SERVICES

SERVICE NAME	DESCRIPTION
SCREENING	Gathering information to determine a need for services. This service is performed face-to-face or by telephone contact with persons. Screening includes the process of documenting consumers’ initial and updated preferences for services and the MRA’s annual contact of consumers on the MR Services Interest List.
ELIGIBILITY DETERMINATION/DMR	An interview and assessment or an endorsement conducted in accordance with Texas Health and Safety Code and TAC to determine if an individual has mental retardation or is a member of the mental retardation priority population as defined by DADS.
COMMUNITY SUPPORT	Individualized activities that are consistent with the consumer’s PDP and provided in the consumer’s home and at community locations. Supports include: habilitation and support activities that foster improvement of, or facilitate, a consumer’s ability to perform functional living and other daily living activities; activities for the consumer’s family that help preserve the family unit and prevent or limit out-of-home placement of the consumer; transportation for a consumer between home and the consumer’s community employment site or day hab site; and transportation to facilitate the consumer’s employment opportunities and participation in community activities.
SERVICE COORDINATION	Assistance in accessing medical, social, educational, and other appropriate services and supports that will help a consumer achieve a quality of life and community participation acceptable to the consumer as described in the Plan of Services and Supports. Service coordination functions include assessment, service planning and coordination,

	monitoring, and crisis prevention and management.
RESPITE	Planned or emergency short-term relief services provided to the consumer's unpaid caregiver when the caregiver is temporarily unavailable to provide supports due to non-routine circumstances. This service provides a consumer with personal assistance in daily living activities and functional living tasks.
HOME & COMMUNITY-BASED SERVICES (HCS)	The HCS program is a federally funded program for Medicaid recipients who have a diagnosis of mental retardation and provides service coordination, day habilitation, supported employment, nursing, counseling/therapies, respite, adaptive aids, home modifications, behavioral support, residential supports (group homes, foster care, supported home living) and dental treatment.
VOCATIONAL TRAINING	Day Training Services provided to a consumer in an industrial enclave, a work crew, a sheltered workshop, or an affirmative industry, to enable the consumer to obtain employment.
EMPLOYMENT ASSISTANCE	Assistance to a consumer in locating paid, individualized, competitive employment in the community including: helping the consumer identify employment preferences, job skills, work requirements and conditions; and prospective employers offering employment compatible with the consumer's identified preferences, skills and work requirements and conditions.
SUPPORTED EMPLOYEMENT	Supported employment is provided to a consumer who has paid individualized, competitive employment in the community to help the consumer sustain that employment.
TXHML	The TxHmL program is a federally funded program for qualified Medicaid recipients who have a diagnosis of MR and provides service coordination, day habilitation, supported employment, nursing, counseling/therapies, respite, adaptive aids, home modifications, community support, and dental treatment.
DAY HABILITATION	Assistance with acquiring, retaining, or improving self-help, socialization and adaptive skills necessary to live successfully in the community and to participate in home and community life. Individualized activities are consistent with achieving the outcomes identified in the person's PDP and activities are designed to reinforce therapeutic outcomes targeted by other service components.
NURSING	Treatment and monitoring of health care procedures prescribed by physician or medical practitioner or required by standards of professional practice or state law to be performed by licensed nursing personnel.
CONTINUITY OF SERVICES	This is a service coordination activity that is provided for a consumer residing in a state MR facility whose movement to the community is being planned or for a consumer who formerly resided in a state facility and is on community-placement status. Additionally,

	this service is provided for a consumer enrolled in the HCS or ICF/MR program to maintain the consumer's placement or to develop another placement for the consumer.
IN-HOME & FAMILY SUPPORT (IHFS)	IHFS is designed to provide funds to eligible individuals or their families for the purchase of supported living services and/or goods. The purchased items must be specifically linked to the individual's disability and support the recipient in the family's or his/her own home.
ICF-MR	The ICF-MR program is a federally funded program for Medicaid recipients who have a diagnosis of mental retardation and provides service coordination, day habilitation, supported employment, nursing, counseling/therapies, adaptive aids, behavioral support, residential support in a six bed group home, and dental treatment.

LEADERSHIP & DELEGATION OF RESPONSIBILITY:

Central Plains Center's Management Team is responsible for supporting system-wide efforts to improve performance by setting expectations, developing plans, and managing processes to assess, improve, and maintain the quality of the Center's governance, managerial, clinical, and support activities. The Management Team is made up of the following staff:

- Chief Executive Officer (Executive Director)
- Chief Operations Officer
- Chief Services Officer
- Chief Financial Officer
- Director of Contracts Management
- Director of Human Resources

Although the Board of Trustees maintains ultimate responsibility, the Center's Management Team (collectively and individually) will:

- Understand the approaches and methods of performance improvement through involvement in educational and training activities.
- Adopt an approach to performance improvement that includes at least:
 - Planning the process of improvement
 - Setting priorities for improvement
 - Assessing performance systematically
 - Implementing improvement activities
 - Maintaining achieved improvements
- Assure that the internal processes and activities that affect consumer outcomes throughout the Center are continuously and systematically improved.
- Review, analyze, and assess the effectiveness of performance improvement activities at least annually or as needed to focus on:

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- Comprehensiveness and effectiveness of the improvement process
 - Minimal duplication of effort
 - Cost effectiveness
 - Improvement in consumer services/outcomes
- Approve a written plan that is revised and submitted bi-annually by the Quality Management Department. The MR QM Plan may be revised more often, if necessary, as a result of analysis and assessment to maintain compliance with external standard, and/or to improve the delivery of services.
 - The Chief Executive Officer or his designee shall provide sufficient resources and training needed for these activities through:
 - Supporting the requirement that all departments, programs and services participate in the MR Quality Management program
 - The provision and approval of adequate time for staff to participate in these activities.
 - The provision of training and tools needed to conduct the QM activities.
 - The Quality Council and the various Center committees, acting in their official capacity, have authority to review all of their respective performance improvement activities. These teams and committees function in an oversight capacity and are responsible for ensuring that the performance improvement activities are continuous and effective in improving service delivery.
 - The Director of Contracts Management shall be authorized by the Chief Executive Officer to assume the necessary oversight duties and functions to meet the Center's performance improvement objectives.

THE QUALITY MANAGEMENT PROGRAM

The implementation of the MR Quality Management Program allows for a systematic, coordinated, and continuous approach to planning, directing, and improving performance. The principal goal is to use all available resources in striving to achieve optimal outcomes with continuous, incremental improvements in quality. An effective Quality Management Program should:

- Identify desired outcomes
- Measure performance
- Promote changes to improve performance
- Measure the effect of those changes in relation to the desired outcomes

The **over-all** objectives of Central Plains Center's MR Quality Management Program are to:

- Enhance and facilitate the delivery of quality care to the people we serve
- Evaluate and take opportunities to improve quality of care and service
- Enhance the health status of the communities we serve

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- Provide an interactive needs assessment process, encouraging community involvement with meaningful participation by people served, families, advocates, and other stakeholders
 - Allow for an avenue of feedback regarding satisfaction with the quality, quantity, and types of services desired by the persons served
 - Ensure the communication of information to service areas when opportunities to improve services are provided
 - Ensure compliance with contracting agencies, federal, state, and licensing requirements
 - Ensure the ongoing evaluation of the effectiveness of processes identified and implemented through the plan for quality improvement
 - Maintaining and improving staff competency and performance
 - Preventing or eliminating barriers to quality customer service and supports

PROGRAM STRUCTURE AND DESIGN:

The MR Quality Management Committee (QMC) is responsible for overseeing the MR Quality Management Plan. The members of this committee play a critical role in setting standards, deciding whether the organization is headed in the direction intended, determining whether the services being provided are leading to the desired results, and determining whether the contract rules and requirements are being met.

Quality related issues/concerns regarding consumer care may be identified at various levels throughout the Center and by external bodies/parties including committees, management staff, volunteers, advisory committees, external consultants, etc. In order for the Center to identify opportunities for improving consumer care, all identified problems or deficiencies that impact care and clinical performance shall be reported through minutes, reports, etc. to the Quality Management Committee and the Administrative Staff.

The Center's framework for quality improvement was selected as a process to measure and assess the effectiveness of improvement activities. The framework provides a means to choose the process or outcome to be addressed and a way to form the group that implements the improvement effort. It includes steps that collect information about a process, analyze that information, take action based on the analysis, and determine the affect of the action.

THE QUALITY MANAGEMENT PLAN:

The Quality Management Plan serves as a blueprint for the Center's system-wide effort to assess and improve the quality of service delivery. It requires a system of activities internally developed, approved, and coordinated through the QM department, and implemented at all program sites and by all quality management-related committees. The **specific** objectives are as follows:

- To identify agency wide quality indicators upon which the components will base their individual plans,
- To monitor and evaluate the quality and appropriateness of consumer care and clinical performance through a continuous, coordinated, integrated process;
- To identify opportunities to improve services and outcomes by assessing specific processes that affect consumer outcomes;

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- To facilitate the timely flow of communication among individuals and departments of the Center concerning the quality of consumer services
 - To ensure the provision of services that provides the optimal level of care throughout the Center.
 - To evaluate and improve the effectiveness of this program in improving the processes and outcomes of service delivery.
 - To monitor and evaluate the implementation of the goals, objectives, and strategies of the Center's Local Plan.
 - To oversee the Center's Corporate Compliance Program.

The MR Quality Management Plan is a functional tool to assist the Center in accomplishing its mission and directing the staff in achieving identified performance outcomes. The plan will assist the Center with moving in a positive direction for change. This will be possible by implementing, and monitoring the following quality management activities:

- Local Strategic Planning
- Policy and Procedure Development and Revision
- Competency Reviews of Staff
- Rights Protection and Advocacy
- Risk Management/Safety/Infection Control
- Self-Assessment
- Qualitative and Quantitative Record Reviews
- Consumer Satisfaction
- Corporate Compliance Reviews
- HIPPA Compliance

The Quality Management Plan is to be revised, using information gathered from program ("component") self-assessments and external reviews, and submitted to the Chief Executive Officer bi-annually for approval. Component Quality Management plans are also to be revised at least annually and will be reviewed and approved for implementation by the component Chief followed with the approval of the Director of Contracts Management. All information and documentation relevant to quality management activities will be maintained in the Contracts Management office.

COMPONENT QUALITY MANAGEMENT PLANS

CPC Mental Retardation Services shall ensure the competent and consistent monitoring and evaluation of quality of care issues in MR programs through regular and routine evaluation of programs and services. Using Component Quality Management Plans (CQMP), CPC MR Program Directors and Supervisors will conduct monthly chart and program reviews and will report findings in quarterly reports to the Contracts Management Department and to necessary administrative staff. The Component Quality Management Plans also assist CPC MR Services to maintain and strive toward Central Plains Centers mission: "to improve the quality of life of persons served."

The Component Quality Management Plan is intended to serve the following purposes:

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1. To provide structure for an active, systematic, objective and continuous process for the monitoring, evaluation and improvement of the quality and appropriateness of the consumer service delivery system.
 2. To provide a mechanism for on-going process of the continued evaluation and improvement for the service delivery system.
 3. To provide a process which enables CPC MR Services to comply with DADS Performance Contract requirements and the Texas Administrative Code Requirements.

Each program director and supervisor will be responsible for conducting, at least monthly, comprehensive chart reviews for the designated number of charts as defined in each CQMP. The chart reviews serve as the mechanism for ensuring that each director and supervisor is continually aware of the quality of services and documentation being delivered in each program. When findings are sub-standard, each director and supervisor is responsible to quickly address deficiencies with appropriate direct service providers. It is up to the discretion of each director/supervisor as to what actions to take when on-going problems appear, however it is the expectation of CPC MR QM program that corrections be made quickly and problem areas receive necessary attention to improve the quality of services being delivered.

The Component Quality Management Plans is to be summarized each quarter in the Component Quality Management Summary report. This report is due to the Director of Contracts Management by the 30th day of the month following the end of a quarter. The summary will include the following:

1. Quantifiable results from chart and program reviews in the form of a percentage score. It is required that specific documentation be reviewed for each chart utilizing the QM Chart Reviews forms per service package.
2. Plan of Improvement when desired scores are not met. The POI should include steps to be taken to improve the scores. Steps should be measurable.

The results of the quarterly reviews will be discussed at the quarterly MR QM Committee meetings. Program directors and supervisors will be expected to give reports on on-going efforts to improve the quality of services delivered and program administration.

COORDINATION, INTEGRATION AND PLANNING

MECHANISMS FOR GATHERING INTERNAL DATA:

Central Plains Center coordinates activities between the Contracts Management Department and other management functions to assure the highest quality of services are available. The Center has established a variety of committees to carry out Quality Management activities and other vital functions. Each of these committees plays a role in gathering and reviewing data. Feedback is solicited from Center committees on a quarterly basis through use of Committee Feedback Reports. Based on these committee reports, the QM committee will, if necessary, develop a plan of improvement. After the plan is implemented, it is monitored to ensure it continues to be effective.

The internal committees that are an integral part of the Quality Management Program include:

- Executive Management Team
- Quality Management Committee/Corporate Compliance Committee
- Medical Records/Forms Committee
- Risk Management/Safety Committee
- Human Rights Committee
- Benefits Committee

Each of these committees is described next.

Executive Management Team	
Purpose:	To provide leadership for Central Plains Center
Membership:	Executive Director, Chief Operations Officer, Chief Services Officer, Chief Financial Officer, Director of Contracts Management, Director of Human Resources
Frequency:	Weekly
MR Quality Management Committee/Corporate Compliance Committee	
Purpose:	To provide a forum for review and action related to committee reports, record audits, surveys, plans of improvement, Corporate Compliance issues, the Quality Management Plan, and all quality assessment activities. On a quarterly basis, all committees turn in a report to the QAC. The information is reviewed, and trends are identified. Plans of improvement are developed and results are monitored.
Membership:	Director of Contracts Management, Director of MR Services, Director of Waiver Services, Coordinator of MR Service Coordination, HCS Supervisor, ICF-MR Supervisor, Coordinator of MRSS, MR Specialist
Frequency:	Quarterly
Medical Records/Forms Committee	
Purpose:	To review and monitor the Center's records system to assure the records are effective and efficient for clinical use and quantitative record reviews. The members are responsible for ongoing review of medical records policies and procedures and communication of procedural changes to staff. The committee will review and approve any new forms or proposed changes to documents in the record.
Membership:	Client Records Supervisor, Accounts Receivable Clerk, CMH Specialist, Director of MR Non-Residential Services, Director of MR Residential Services, Director of Utilization Management Director of Adult Rehab/Admissions
Frequency:	Quarterly
Risk Management/Safety Committee	
Purpose:	This committee will assure a safe, healthy and risk free environment for the people served at Central Plains Center. The committee is charged with conducting routine, timely reviews of trends regarding infection control, safety management, incident reporting, and legal issues impacting consumer care.
Membership:	Unit Risk/Safety Officers, Director of Contracts Management, MH Registered Nurse

Frequency:	Quarterly
Human Rights Committee	
Purpose:	This committee protects, preserves, promotes, and advocates for the health, safety, welfare, and legal and human rights of individuals. The committee reviews rights restrictions, and ensures due process when rights are restricted.
Membership:	Director of Contracts Management, Director of MR Non-Residential Services, Director of MR Residential Services, Center Employed Certified Licensed Psychological Associate, Community Representative
Frequency:	Quarterly and as needed.
Benefits Committee	
Purpose:	This committee is responsible for evaluation and assessment of employee fringe benefits (sick, vacation, health insurance, dental), FMLA issues and specific employee situations related to benefits.
Membership:	Director of Human Resources and others as assigned by the CEO.
Frequency:	Annually or as needed
Advisory Committees	
Purpose:	Advisory committees are charged with providing input and support consumer and Program needs and liaison with local community leaders for program assessment and Support
Membership:	These committees will consist of family members, non-affiliated community members, consumers and advocates.
Frequency:	Quarterly or as needed
Ad Hoc Committees:	
Purpose:	Ad Hoc Committees may be formed when issues arise that are outside the normal scope of the Centers standing committees.
Membership:	Membership to Ad Hoc committees will be assigned by the Management Team. Ad Hoc Committees will be dispersed when the presenting issue is resolved.
Frequency:	As needed

MH & MR PLANNING & NETWORK ADVISORY COMMITTEE (PNAC):

The PNAC is established by the Board of Trustees and its membership is composed of fifty percent participation by MR consumers or family members of consumers and fifty percent participation by MH consumers or family members of consumers. Prior to assuming their membership duties, the PNAC members are trained regarding the following topics:

- Organization of MHMR Services
- Responsibilities and Guidelines of Advisory Committees
- DADS and DSHS Performance Contracts
- Aging and Disability Services
- Center Vision, Mission and Values

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- Local Plan and Objectives
 - Operating Budget
 - Confidentiality
 - Abuse/Neglect/Exploitation of People Served.

The PNAC is responsible for the following activities:

- Advising the Board and Center staff on issues relating to: delivery of service, policy operations, evaluation of services, provider network expansion, provider selection criteria, impartial evaluation of network providers, and mechanisms for determining which services shall be put up for bid
- Reviewing information provided by CPC staff regarding the implementation of the Quality Management Plan
- Making recommendations to the Board regarding Local Planning
- Responding to special charges assigned by the Board
- Meeting on a quarterly basis

MECHANISMS FOR STAKEHOLDER PARTICIPATION

The continuous quality improvement process is not the sole responsibility of one individual or one committee. It is a combination of internal committees as well as a broad array of community stakeholders. These stakeholders include people served, family members, advocates, and the community at large. The stakeholders will be offered an opportunity to indicate the goals and objectives that are important to them.

The organization will involve consumers, families, advocates, providers, staff, and stakeholders in identifying desired outcomes, and providing input that will guide our service delivery system. This will be the most effective way of ensuring that the needs of the community are being met. A satisfaction survey/assessment of needs will be conducted at least on an annual basis. The Quality Management Committee will review the feedback that is received, and efforts will be made to meet the needs of the people we serve. Further, input will be gathered through the Planning and Network Advisory Committee

At CPC we believe that a cyclic, comprehensive, systematic and regular review of our organization's activities and results against the set organizational objectives and set performance goals culminates in planned improvement actions.

Self-assessment helps identify gaps between where the Center is, and where it needs to be in order to provide relevant services to the individuals served at Central Plains Center. The organization completes the self-assessment annually and utilizes the results for improving the planning process at all levels. The self-assessment is a continuous cycle for improving the organization, and its services and supports.

A goal is defined as a generally desirable outcome. A goal implies a direction for change, but does not in itself include criteria for success or measurable objectives.

An objective is more specific than a goal. Objectives indicate the intended outcome. A measurable objective often implies that a certain type of data needs to be collected to determine whether the objective is being met.

The performance indicator represents the level of performance against which the attainment of specific objectives is measured. It represents the point at which an organization can say it has succeeded in reaching an objective.

In the absence of goals, objectives, and performance indicators, an organization cannot tell whether or not it has effectively achieved its goals. It is essential to establish meaningful outcomes and performance indicators to honestly appraise the progress the organization is making. Please see Tab #2 to review the goals, objectives and performance indicators that will be regularly monitored by Central Plains Center.

BENCHMARKING KEY PERFORMANCE MEASURES

The term “benchmark” refers to processes and results that represent best practices and performance for similar activities, inside or outside an organization’s industry. Benchmarking is a process to understand the current dimensions of world-class performance and to achieve discontinuous (non-incremental) or breakthrough improvement.

Central Plains Center is highly active in the process of improving its performance by continuously identifying, understanding, and adapting outstanding practices and processes found inside and outside the Center. We have integrated benchmarking into the process of improving our Centers performance. In addition, benchmarking has resulted in a win/win scenario for both our consumers and employees, and this continues to be our ultimate goal. Benchmarking will remain an important ingredient in which our Center can continuously compare and measure ourselves in the improvement process.

Measurements of performance that contribute to the achievement of organizational effectiveness indicate the degree to which CPC has managed the operating efficiency of this Center; in essence this is our report card. Furthermore, benchmarking is an important factor in determining measurements in the success of improving performance within this Center. CPC has developed sound performance indicators and included benchmarking in order to maintain a highly effective and efficient level of performance.

MEASURING – ASSESSING – IMPROVING ESSENTIAL FUNCTIONS

Central Plains Center will use a variety of methods to measure, assess and improve key indicators. These indicators are identified through stakeholders, advisory committees, as well as internal committees. Contractual requirements, departmental rules, and federal and state laws will also be adhered to when determining what data should be measured. (See page 17 for a description of quality monitoring elements.)

MEASURING-ASSESSING-IMPROVING MR AUTHORITY FUNCTIONS:

Authority Function	Measurement/Assessment	Improvement
Local Planning	The Executive Management Team conducts a semi-annual review of the achievement of goals and objectives defined in the Local Plan.	Based on MT review and consideration, local planning improvement is achieved by instituting additional staff training where necessary and charging local Center committees with special tasks for completion and presentation to the QAC for implementation.
Policy Development	As new TAC rules, contract mandates and other governing guidelines are released, the Quality Management Department reviews/revises and/or develops appropriate policies.	The Management Team presents policies for approval to the Board of Trustees as needed. The Board of Trustees will approve the policies as presented or with their revisions.
Oversight for MRA services	Qualitative chart reviews and customer satisfaction surveys.	Results of examinations are presented to the Quality Management Committee for review. Strategies for improvement are developed in this forum and implemented by the appropriate directors. Follow up on implementation is also reviewed by the Quality Management Committee.
Supervise & Ensure provision of MR service array	Review of encounter data and MBOW reports on a regularly scheduled basis.	The Director of Contracts Management presents encounter information and MBOW outlier data to the QAC on a monthly basis. Data is monitored for trends. Improvement strategies are recommended and results are followed to ensure implementation.

MEASURING-ASSESSING-IMPROVING MRA PROVIDER SERVICES:

Several steps are taken to monitor and evaluate opportunities to improve care to individuals and service operations, and to solve identified problems. Results of consumer satisfaction surveys, performance audits, and other committee activities are reviewed to identify issues. Further, contracts with all service providers are reviewed to ensure they meet compliance with Community Standards. Problem areas are assessed by outlining the priority, impact of care provided to individuals, implementation costs, and accessibility to services. Reviews occur on a

quarterly, semi-annual and annual basis. The Quality Management Committee manages improvement strategies. Table #1, found on page 16, indicates the Quality Management review schedule and the frequency of the reviews.

MEASURING-ASSESSING-IMPROVING MR SERVICE CAPACITY AND ACCESS:

Prospects for enhancement of access and capacity will be identified using several methods. The Center's committee structure plays a primary role in this process along with the use of MBOW reports and CMHC service reports.

MR access will be monitored by examining trends identified in the consumer complaint process, appeals process and by reviewing CMHC reports. By scrutinizing the rate of admitted clients versus those screened for intake and other comparable data reports the Center can monitor access issues and make improvements when needed. MR issues related to access that deserve enhancement will be evaluated by the Quality Management Committee and subsequently monitored by this committee.

Capacity will be evaluated by monitoring MR operating efficiencies and management reporting compared with benchmark indicators. MR service capacity is primarily measured and assessed in relation to the following service components: Service Coordination, Day Activity/Day Habilitation, Vocational Workshops, IHFS, Respite and Community Support. The Directors of MR Community Services and MR Vocational Services are designated as the responsible staff for capacity review. The Director of MR Community Services has a predetermined capacity marker for each Service Coordinator depending on their specific job duties and case load type. When a Service Coordinator is approaching or has reached this predetermined limit, the Director of MR Community Services will instruct Service Coordinators to scrutinize their current case loads to determine need for Service Coordination for each consumer. If it is determined that discharge is appropriate for a consumer, that action will be taken. If discharge is not appropriate, caseloads will be rearranged amongst the current Service Coordinators.

The two MR Directors work jointly to monitor and assess capacity for Day Activity/Day Habilitation and Vocational Workshops. The primary capacity determinant is staff to client ratio. When the consumer attendance rate meets the staff to client ratio and the MR budget will not allow for hiring additional staff, then this service component has reached capacity. A secondary capacity item is the physical plant. If the staff to client ratio is not a factor, then the only other boundary is the Center's ability to properly serve the clients within a comfortable format within the confines of the building. Limited capacity has not been an issue faced by the MR Directors in relation to Day Activity/Day Habilitation and Vocational Workshops. In the event that this becomes an issue, the MR Directors would report this to the Quality Management Committee for consideration and review.

Capacity measurement for IHFS and Respite services is driven primarily by financial allocations granted by DADS. The Directors of MR services monitor and manage the funding allocation for

these services and realize capacity when funding is depleted. Along the same logic, capacity for community support services is driven by funding and staffing limitations. When there are no longer dollars or staff available to perform the service then capacity has been reached. As needed a waiting list is implemented to manage the consumer need for community support services.

MEASURING-ASSESSING-IMPROVING MR DATA ACCURACY:

Central Plains Center data accuracy will be measured, assessed and improved based on active use of MBOW reports, implementation of tentative encounter data processes and on-going staff training related to data accuracy obligations.

The Center's Executive Management Team will aggressively review those MBOW reports that are relevant and associated with respective job duties. Further, accountability will be enforced regarding supervisory staff's obligations to review and act on correcting data found to be inaccurate. Job descriptions will include reference to requirements associated with data management and accuracy.

The use of tentative data processes will allow appropriate time for data submission, correction and re-submission in a timely fashion to ensure accuracy. Part of this process will be the incorporation of training for those staff whose data submissions are determined to be problematic. This training will be closely associated with training regarding Data Verification Criteria. Data Verification Criteria and systems analysis findings will be addressed in face-to-face meetings with staff during regularly scheduled program meetings.

Table #1 - "Quality Management MR Review Schedule"

TITLE OF REVIEW	QUARTERLY	SEMI-ANNUALLY	ANNUALLY	BI-ANNUALLY
Internal DVC Chart Reviews	♦			
Consumer Rights Review			♦	
Voter Registration Review			♦	
Site Assessment Survey (based on ADA/LSC)			♦	
MR Explanation of Residential Options		♦		
MR IHFS			♦	
MR Permanency Planning		♦		
MR HCS Interest List	♦			
Comprehensive Organizational Self-Assessment				♦
Policy & Procedure Review			♦	
Community Needs Survey			♦	
Consumer Satisfaction Surveys			♦	
Plan of Improvement Reviews	♦	♦	♦	

QUALITY MONITORING ELEMENTS

DATA REQUIREMENTS/ ELEMENTS REVIEWED	METHODOLOGY/DATA SOURCES	RESPONSIBLE PARTY	REPORTING FREQUENCY
Current performance on all target driven services	Collect information from MBOW and CARE workload measures reports.	Contracts Management	Monthly
		Quality Management Committee	Quarterly
Number of deaths	Information will be collected through Quality Management Data, CARE data and MR CIRS.	Risk Management Committee	Quarterly
Number of individuals served per program and service	Information will be collected by CARE data.	Contracts Management	Monthly
Number of abuse, neglect and rights violations, allegations and confirmations.	This information will be collected via CARE reports, and through internal reporting systems.	Contracts Management Office/ Risk Management Committee	Quarterly
Caseload management ratio	This will be collected through MBOW and CMHC data systems	Quality Management Committee	Quarterly
Cost of services	This will be collected through Utilization Management data and internal reporting systems	Utilization Management Committee/ Executive Management Team	Monthly

OTHER OPERATIONAL METHODS

HEALTH INSPECTIONS:

Central Plains Center will ensure all provider programs which serve food for ten or more individuals provide an annual health inspection. In the event the health department cannot provide such inspection, the agency will ensure the registered dietician completes a comparable inspection. If violations are cited, a plan of improvement will be completed along with deadlines for completion of tasks. The staff in the program in which the deficits are cited will complete this. The program manager will be responsible for following up to ensure the corrections were implemented. This process will be monitored in the applicable component's QM plan.

INFECTION CONTROL PROGRAM:

The Infection Control Program will be monitored and evaluated by having all incidents involving infection control and consumers reported to the Infection Control Officer who will review the incidents and report any findings to the Administrative Staff and the Risk Management Committee. The Risk Management Officer will work with the Center's nursing staff to follow the Infection Control Plan. The responsibilities include providing ongoing staff in-service training, conducting inquiries into reported health related incidents. The Infection Control Program will be in compliance with Community Standards, Center Policy and Procedure, and federal, state and local requirements.

OVERVIEW OF THE ANNUAL SELF ASSESSMENT PROCESS

PURPOSE OF SELF ASSESSMENT:

Self Assessment can be defined as “a cyclic, comprehensive, systematic and regular review of an organization’s activities and results against a model of business excellence culminating in planned improvement actions”. There are four purposes to Self Assessment:

- ◆ Determines how well the organization functions as a system
- ◆ Provides a baseline understanding of where the organization is in order to measure improvement
- ◆ Provides a comprehensive description of the organization as a system
- ◆ Systematically identifies areas for improvement

SELF ASSESSMENT ACTIVITIES:

Self Assessment– A tool will be used to review all components of operation to include the following:

- Organizational Structure and Process
- Local Planning
- Assembling a Network of Providers
- Quality Management
- Credentialing / Re-Credentialing
- Consumer Relations and Rights Protection
- Service Coordination
- Fiscal Management
- Management Information Systems

Consumer and Staff Satisfaction Surveys – As part of the annual Self-Assessment, feedback is solicited from individuals receiving services, staff, and external agencies who come in contact with the Center. Surveys include evaluations of leadership, responsiveness, and overall satisfaction of both the agency and the specific programs.

Public Meetings – Public meetings will be held when possible, soliciting input from community members, family, and other stakeholders regarding the quality of the services offered at Central Plains Center.

The information gathered in the self-assessment will be reviewed by the Executive Management Team. This information is used to formulate the quality improvement work plan.

DEVELOPMENT OF PLANS FOR IMPROVEMENT

Quality Improvement Plans are intended to be dynamic documents that reflect Central Plains Center's commitment to making improvements in service delivery. The agency- wide Quality Improvement Plan correlates with, and is supported by the local strategic plan. The Director of Contracts Management, with assistance from the Executive Management Team, maintains the responsibility of developing, monitoring and reviewing the agency-wide Quality Improvement Plan on a regular basis. In addition, program specific plans of improvement are developed for the purpose of improving and monitoring services. This type of plan of improvement is usually a requirement as a direct result of an internal Quality Management record review.

- **Organizational Quality Improvement Plan** – The information gathered from the annual self-assessment process (including work group findings, site assessments, feedback from stakeholders, satisfaction survey results etc) and other assessment activities is put into a quality improvement work plan. Tasks are outlined, staff assigned responsibility, and time frames are initiated for organizational and service related improvement activities. The plan is reviewed on a regular basis to assure each item is being addressed.
- **Program Specific Quality Improvement Plan** – Any internal record review accuracy score that falls below the predetermined level of acceptability results in the need for a programmatic plan of improvement be submitted to the Contracts Management Department. The program plan of improvement requires that the following elements be addressed: name of supervisor submitting the plan of improvement, an indication of when the specific deficiencies will be corrected, a description of the type of education that will be provided to staff regarding the review and findings, a description of what measures will be taken to ensure that the errors cited will not occur in the future, an explanation as to whether the findings of the review are systematic or person specific and what action will be taken as a result, and a description of what items will require limited attention for correction and which items will require immediate and far reaching attention.

REVIEW/REVISION OF THE QUALITY MANAGEMENT PLAN

Central Plains Center views the Quality Management Plan as an ever-changing document that continues to be updated and reassessed on an ongoing basis. The Quality Management Plan is thoroughly reviewed and evaluated for its validity, effectiveness, and efficiency at least on an annual basis. The intent of the review is to:

- Ensure the system-wide assessment of performance
- Determine whether the processes in place are valid
- Provide a forum to the stakeholders to express their needs for services and views on areas of improvement
- Determine if the resources allotted and the cost of the tasks was in line with what was intended and what was accomplished
- Determine if the outcomes were maintained over time
- Review and monitor anticipated changes in standards, contracts, and funding sources
- Define new goals and objectives for the plan based on the data elements reviewed

PARTICIPANTS IN THE ANNUAL REVIEW:

The individuals selected to participate in the annual review of CPC's Quality Management Plan include:

- MR Quality Management Committee
- Executive Management Team
- PNAC

After the suggested revisions are incorporated and final revisions are made, the Center's CEO will review and approve the MR Quality Management Plan.

REPORTING INFORMATION REGARDING THE MR QUALITY MANAGEMENT PLAN:

The information gathered through the review of the plan will be shared with the following:

- Executive Management Team
- PNAC
- Board of Trustees
- Other interested Stakeholders
- DADS (as required)

Central Plains Center
FY 2010 MR QUALITY MANAGEMENT PLAN
Revised August 31, 2009

The MR Quality Management Plan for Central Plains Center was reviewed and submitted for approval on _____.

The MR Quality Management Plan has been reviewed and approved by Ron Trusler, Chief Executive Officer.

Ron Trusler, CEO

Date