

Revised: October 18, 2005

Westmoreland County Mental Health and
Mental Retardation Administration

Quality Management Plan Description &
Implementation 2005

DRAFT

Table of Contents

	Page
OVERVIEW	3
I. Mission.....	4
II. Goals and Objectives.....	5
III. Structure	6
IV. Quality Management Activities	7
V. QM Work Forms	12
VI. Confidentiality.....	

OVERVIEW

This Quality Management Plan (QMP) description represents the Westmoreland County Department of MH/MR's blueprint for planning and implementing quality management throughout the entire administration, including, by extension, contracted service providers and vendors. The purpose of this document is to communicate to internal and external stakeholders the Department's shared vision of quality.

Previously, the County reviewed six iterations of the document, had meetings throughout the second half of calendar year 2004, evaluated and rejected a variety of approaches, and arrived at the following conclusions:

- Senior Management will engage in an ongoing and proactive manner in all aspects of QM planning.
- The QM working document would be pared back to only the most essential elements, also to better and more clearly reflect directions set through earlier endeavors.
- The QM team has prioritized areas of concern, called Domains, and will continue to define goals or objectives within each Domain. Identified Domains cross both MH and MR systems.
- Some Goals within each Domain also cross both systems, others are clearly different. Those that are different will be developed within separate Mental Retardation and Mental Health committees. ALL goal development will be reviewed and approved by the entire Westmoreland County MH/MR QM Team and Senior Management.
- The QM team will continue to research available data sources to measure our success with each goal, hence improving the quality of services. Currently data sources exist via internal reports, provider and vendor reports, and State OMR and OMHSAS reports. If necessary, the QM team will also continue exploring report and analysis software packages available for purchase.
- The QMP document is intended to be a description that is continually refined and updated.

I. Mission

The mission of the Westmoreland County Quality Management Plan (WCQMP) is to continually improve the administration of quality of mental health, mental retardation, and early intervention services to the citizens of Westmoreland County. The program philosophy is that high-quality care and services are a result of close partnerships between the County, consumers and families, advocacy groups, and providers. The importance of data-driven decisions is emphasized and quality problems are resolved through monitoring, evaluation, feedback, system enhancements, and training.

Action items in support of the Mission include:

- ✓ Define quality dimensions and domains
- ✓ Prioritize quality concerns and phase in added steps over time
- ✓ Educate staff and all stakeholders
- ✓ Create an environment in which quality considerations become embedded in administrative procedures
- ✓ Customize data sources to yield needed quality-related reports
- ✓ Identify points of accountability within the organization
- ✓ See overriding quality initiatives that encompass all divisions of the organization to the greatest extent possible
- ✓ Develop, manage and enhance Key Management Indicators continuously
- ✓ Utilize findings to establish performance standards internally and externally with providers
- ✓ Follow a quality loop of "Design, Reassess, Implement" on an ongoing basis
- ✓ Over time, formalize the Quality Plan and staff to it

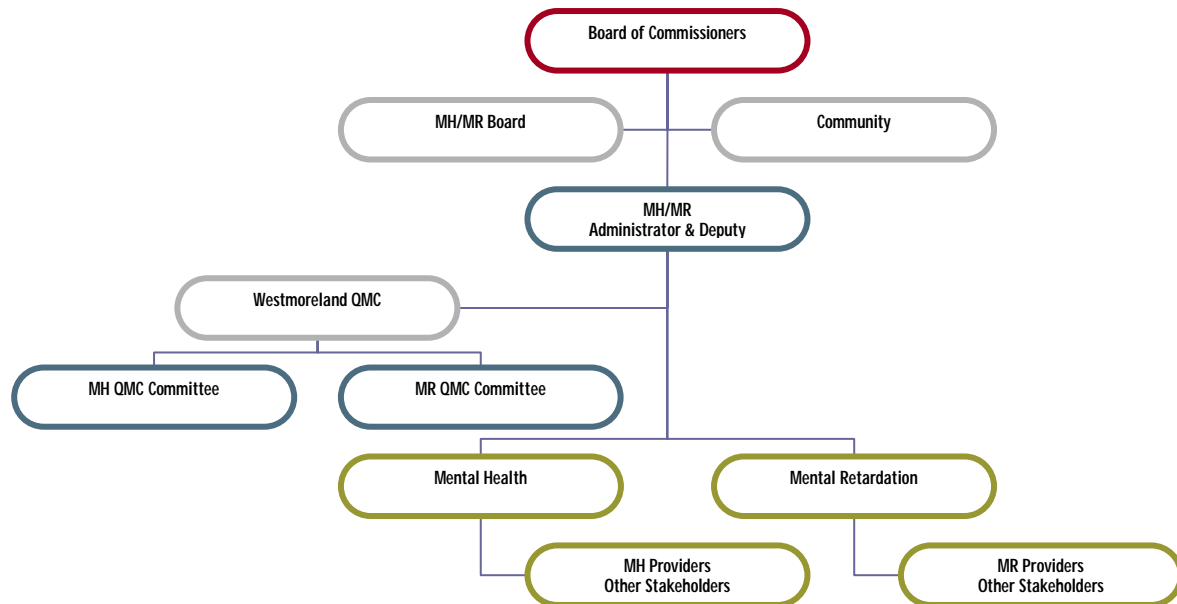
II. Goals and Objectives

The goals of the Quality Management Plan include:

- ✓ Development and approval of a written formalized QM Plan description and working documents.
- ✓ Formalization of internal QM Committee structure and meeting frequency
- ✓ Development and refinement of quality management policies and procedures
- ✓ Standardization of reporting mechanisms and data analysis
- ✓ Standardization of quality improvement tools, audit instruments, and methodology
- ✓ Orientation of all staff to performance standards and monitoring requirements
- ✓ Systematic solicitation of agency, consumer, family, provider and other stakeholder feedback on service delivery issues
- ✓ Establishment of baseline performance indicators consistent with the County's and the Commonwealth's vision and requirements

III. Structure

Quality Management (QM) activities and responsibilities are imbedded within the job functions of MH/MR staff members. The results of these activities are reported and managed through the Westmoreland County QM Committee (QMC) structure. The following schema depicts the QMC and key relationships:



IV. Quality Management Activities

Quality management and continuous quality improvement activities are carried out within the context of various planned activities. These include, but may not be limited to, the use of:

- Provider site visits and audits (VBH-PA network, county contracted)
- Chart audits (VBH-PA care management, provider charts, waiver monitoring)
- Satisfaction surveys
- Complaint, grievance, and appeal monitoring
- Performance measures
- Outcomes measures
- Reporting (VBH-PA, SBHM, BSU, HCQU)
- Critical incident reporting
- Needs assessments

Discussions within the County's Quality Management group have identified seven focus areas of QM indicators that will be used to structure the County's QM approach. These are:

- Access to services
- Individualized Service Planning and Delivery
- Provider capacity and capabilities
- Consumer safeguards
- Support for people exercising their rights
- Consumer outcomes and satisfaction
- System Performance

Based on both the Commonwealth's and the County's analysis, specific priorities include the following monitors.

Mental Health

- Unserved, underserved and high volume users
- Inpatient involuntary admission rates
 - ✓ Follow-up after hospitalization (Follow-up appointments within 7 and 30 days, anti-psychotic prescriptions filled within 60 days)
 - ✓ Readmissions to inpatient within hospitalization within 7 and 30 days
 - ✓ Assessing BHRS utilization
- Progress toward meeting service area plan goals
- Individual outcomes through the Performance Outcomes Measurement System (POMS)
- Consumer/family satisfaction
- Ensuring that the Integrated Children's Service Plan is developed and implemented in a timely manner

Current and ongoing County QM activities include:

- Semi-annual provider site visits and monitoring and chart audits
- Monthly reviews of C/FST reports, follow-up and technical assistance as appropriate
- Annual Community Support Program (CSP) and Child/Adolescent Service System Program (CASSP) indicators surveys
- Monitoring state hospital admissions

Monitoring services for the following target populations:

- Mentally ill substance abusers
- Aging
- MH/MR
- Transitional age
- Sex offender/forensic
- Personality disorder

Monitoring of services provided by the BSU, including:

- Access to services
- Crisis intervention
- Case management
- Individualized service plans

Monitoring services provided through HealthChoices, including:

- High volume services
- BHRS utilization by age, diagnosis, program discipline, and units
- Quality of care issues
- Service utilization by individual service
- Critical incidents monthly review
- Determination of required follow-up
- VBH-PA provider network credentialing and site visits

Review of SBHM's oversight activities, including, but not limited to:

- Quality review of BH-MCO reporting including PLE, POMS
- Denials
- Complaints and grievances
- BHRS reporting
- Provider files
- Telephone response time
- Claims
- Financial reporting

Mental Retardation

Priorities include, but are not limited to:

- Revision of the hearing and appeals process
- Monitoring of services provided by the BSU, including:
 - ✓ Access to services
 - ✓ Meeting PUNS requirements
 - ✓ Case management
 - ✓ Service coordination
 - ✓ Individual support plans
 - ✓

Current and ongoing quality management activities include, but are not limited to:

- Development of a framework to establish capacity for the delivery of coordinated treatment and care for adults with comorbid mental retardation and mental illness.
- Monitoring of services provided by the HCQU, including:
 - ✓ Data analysis through the use of the health risk profile sample in comparison to Healthy People 2010.
 - ✓ Identification of health care trends of those with MR in comparison to the standard population.
 - ✓ Geo mapping of physicians who will serve people diagnosed with MR
 - ✓ Educational opportunities for the provider service community, generic resources, and the medical field.
 - ✓ Promotion of the health and safety of people supported by the MR system through providing people within the stakeholders of the Mental Retardation system with exposure to specific health information related to mental retardation.
 - ✓ Promote the health and safety of people supported by the MR system through providing data analysis and technical assistance to the counties and providers via the risk management process
 - ✓ Technical assistance to the provider service community to ensure consumer access to health care.
 - ✓ Development of needs based training sessions identified by the provider service community
 - ✓ Community outreach designed to enhance and promote quality local service capacity.
 - ✓ Identification of best practices in medical care.
- Provider site visits and chart audits, including monitoring of medication administration practices
- Analysis of provider capacity and capabilities
- Monitoring IM4Q teams, review and analysis of survey results
- Monitoring complaints
- Critical incident management
- Transportation services monitoring

Early Intervention

Priorities for Early Intervention services quality management activities include the following:

- The County will, with the assistance of the LICC (Local Interagency Coordinating Council) and other child serving systems, coordinate the child find system and the use of public and departmental resources for child find, with other major efforts to
- identify at risk children/infants/toddlers with disabilities.
- Ensuring that all eligible infants and toddlers are identified and served under the early intervention program.
- Tracking at risk children to include the use of a standardized developmental checklist as approved by OMR.
- Ensuring that all eligible children have an IFSP in place and receive the services and supports identified.
- Ensuring that all early intervention personnel have their pre-service and annual training requirements completed as identified in the Early Intervention Regulations.
- Ensuring that all eligible children have a transition plan in place and that families are afforded the opportunity to participate in a transition meeting 90 days prior to the child's third birthday.

Current and ongoing quality management activities include, but are not limited to:

- Moving beyond compliance with the regulations to performance.
- Increasing efforts to monitoring child progress and family outcomes.
- Enhancing family skills so that they are able to meet the needs of their children.
- Meeting OSEP requirements for quality improvement by utilizing quality indicators in annual performance reports.
- Increasing reliance on the Early Intervention reporting system data to improve the quality of direct care services.
- Enhancing the focus of training and technical assistance on the quality improvement process.
- Utilizing the new Early Intervention Quality Measurement Tool which provides the County with performance indicators, incorporates a range of scores to show improvement, and provides a formalized structure for looking at multiple data sources which will be used for comparative analysis when making program improvements.

QM Work Forms

[HERE IS WHERE YOU INSERT THE NEW FORMS YOU ARE USING PLUS PROGRESS NOTES, WITH SUCCEEDING VERSIONS OF THIS PLAN TO RENAMED AND SAVED ITERATIVELY AS YOU MAKE PROGRESS.]

VI. Confidentiality

All documentation that is created as a result of the QMP, Program Implementation Plan, and QMC follows Westmoreland County's policies and procedures related to confidentiality. All individuals who have a right to review confidential Quality Management data shall maintain the confidentiality of the discussions pursuant to Continuous Quality Improvement action planning. Whenever possible, no reference will be made to individual consumers' or providers' names, or other identifying information, except if explicitly required within the quality initiative. All written contemporaneous minutes, other correspondence, or work products related to Quality Management activities is considered privileged and confidential.