
Quality Management Plan



Intellectual Developmental Disabilities Services

**Quality Management Plan
FY – 2021**

Inman White	4/1/21
Executive Director	Date
Marilyn Wyman	4/1/21
Director of Operations	Date

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Plan to Reduce the Number of planned and unplanned transitions by 1%

***Provide Crisis Intervention Services, which may include training for law enforcement, IDD Providers, families and IDD individuals**

***Refer individuals to community resources**

*** Provide crisis intervention training to staff**

***Refer information/data to Regional Hub**

I. Overview

Purpose

Comprehensive quality management plan for Intellectual Developmental Disabilities care program is designed to achieve several purposes:

- Assure the quality of the care provided
- Improve Intellectual Developmental Disabilities services
- Ensure coordination and continuity of care across providers and disciplines
- Provide a means for assessing and resolving negative outcomes and events

At its best, the quality management program increases the probability of positive client outcomes and decreases the likelihood of adverse events by continually assessing and improving governance, managerial, clinical, and support mechanisms that directly and indirectly impact outcomes. The program serves two main functions: Quality Assessment and Performance Improvement.

Mission Statement

“HELPING PEOPLE ACHIEVE DIGNITY, INDEPENDENCE AND THEIR DREAMS.”

Vision Statement

Serving as the mental health and Intellectual Developmental Disabilities authority for Bowie, Cass, Gregg, Harrison, Marion, Panola, Red River, Rusk and Upshur counties.

Helping people and their families heal the consequences of mental illness.

Assisting people with Intellectual Developmental Disabilities and their families achieve maximum independence in all aspects of their lives.

Providing programs and services in greater East Texas that help people lead lives free from addictions.

Values

It is the position of Community Healthcore, that every effort is made to ensure the following core values are preserved at Community Healthcore:

- Creativity, innovation, and empowerment of consumers and employees
- The success of consumers and employees
- Safe, healthy, and therapeutic environments for consumers and employees
- Continuous quality and performance improvement
- The pursuit of excellence by each employee
- Cooperation and teamwork within the agency, and between agencies
- Community concerns, ideas, and opinions
- Respect and confidentiality for consumers and employees
- The judicious and effective use of, and access to, available resources
- Diversity
- The value of change
- The abilities and talents of consumers and employees

Guiding Principles for Providing Quality Care

The key attributes that support our vision of services describe a system that:

Respect for consumers and families, their individual needs, rights and responsibilities. Community Healthcore has the utmost sensitivity to the special needs of consumers and families, and recognizes the invaluable experience and knowledge they offer to the overall quality of Community Healthcore.

Partnership between consumers, families, stakeholders, providers, advocates, community resources and government and Community Healthcore provide the highest quality services.

Excellence/Quality in services offered, Community Healthcore strives for excellence in how we do business and to enhance the quality of consumers' lives through the services provided. Our services will meet measurable standards of safety, quality and clinical effectiveness at every level of mental health, developmental disability, and substance abuse service delivery.

Empowerment/Choice of each individual or family member to achieve the fullest possible control over their own lives, in their own communities is a guiding principle.

Trust is built through honest and open collaboration among consumers, families, providers, and advocates. A strong organization requires that every individual component cooperate and collaborate fully within the structure.

Strategic Direction of the Organization:

Effective Quality Management is planned and systematic. Community Healthcore maintains ongoing quality activities that include a continuous assessment of services, measurement of outcomes, and compliance with state and federal regulatory requirements. A consistent performance improvement is achieved through the collaborative and strategic direction of the organization.

The Strategic Planning Goals Of The Organization Are:

- 1 To be accountable for public dollars and provision of service to individuals served through effective business operations.
- 2 To explore opportunities for growth and influence in partnerships.
- 3 Recruit, train and retain a competitive workforce.

Scope of the Quality and Safety Programs

All Community Healthcore facilities, services, independent contractor and employees are required to comply with this plan. The Quality Management system will touch all services to all consumers and will involve all providers. This will be an interactive system and involve the Center's staff, consumers and providers. The system will work collaboratively to set quality standards with benchmark comparisons for system optimization, identify system problems, require the development of corrective action plans and recommend solutions.

Staff Credentials

Community Healthcore's Human resource (HR) Department is responsible for ensuring all providers, as applicable meet the job performance and education levels of the position they are hired to fill. The HR Department has lists of licenses, credentials, certifications and/or accreditations. In addition HR has a staff roster and designation to identify if staff are full time, part time, or on call status.

The Lead Safety Officer (two) with assistance from the staff of the Center's liability insurance manager (TCRMF) conducts on-site walk through inspections of Community Healthcore offices, waiting rooms, restrooms, storage rooms, parking lots to reduce and prevent consumer injury. The Director of Operations and Safety Officer work with site managers for identified corrections required. Follow-up monitoring is done by Safety Officer to determine that deficiencies have been corrected.

Incidents: Staff are required to complete an incident report for any activity that is considered unusual for a consumer. This data is electronically entered into the TAS Risk Management database located on Community Healthcore's intranet site. This system enables reporting and review of

incidents in a more efficient mode. The Rights Officers' meet quarterly with the Environment of Care Committee (EOC) throughout Community Healthcore's catchment area.

The Safety Officers review Incident Reports and analyze trends to determine whether the trends are inconsistent with the safe practices and operation of the agency's physical locations and vehicles. Trends are noted and reported to Executive Management Team for recommendation, and follow-up action as required.

Root Cause Analyses (RCA) are conducted on serious incidents. Community Healthcore uses Root Cause Analysis as a process of identifying the basic or casual factors that underlie variation in performance, including the occurrence or possible occurrence of a sentinel event. An RCA focuses on systems and processes, not on individual performance. Community Healthcore

II. QM PROGRAM STRUCTURE

Goals and Objectives of the Quality Management Plan - The goal of the performance improvement program is to assure continuous and incremental performance improvement toward the delivery of quality care that is efficient, cost effective, and consistent with the mission of Community Healthcore. The program promotes a system-wide commitment to the delivery of quality care through effective leadership involvement in quality assessment and improvement activities. The program emphasizes analysis of the appropriateness of care and evaluation of problems and concerns as opportunities for improvement.

Specific objectives include goals of the Quality Management Plan are:

1. To provide appropriate, high quality care and services;
2. To meet all professionally recognized standards in the delivery of services;
3. To measure performance in existing programs and services to identify and prioritize areas for improvement;
4. To promote continuing quality review of professional and other providers to prevent inappropriate or substandard care and limit inappropriate utilization of resources;
5. To identify opportunities to improve the quality of care and the effectiveness of services by developing appropriate new programs and services.
6. To implement a preventive approach toward continuous performance improvement and monitor actions taken to assure that desired results are achieved and sustained.
7. To facilitate communication and reporting of performance improvement activities by and between departments, administration, staff, governing body, and others as deemed necessary. Specific risk indicators are tracked through Quality Management and reported to the Executive Management Team.
8. To promote safety and prevent inappropriate occurrences through systematic

monitoring of the treatment environment to reduce medical liability.

Governance and Leadership – the Community Healthcore Board of Trustees has delegated authority to the Executive Director to establish necessary procedures to effectively achieve the mission and values of the Center. The Executive Director has delegated the authority to the Director of Operations to implement and monitor all clinical components of the quality management system.

The Executive Management Team oversees continuous quality management activities by prioritizing opportunities for improvement and reviewing activities of quality management.

The Executive Management Team expectations including those related to compliance activities and priorities for center-wide systemic improvement activities designed to improve organizational and clinical outcomes and processes.

The leadership allocates adequate resources for improvement and assures that all staff are trained and educated about assessing and improving processes that contribute to improved organizational outcomes. Leadership fosters communication among individuals and components of the organization to improve the coordination of activities.

As deemed appropriate and needed, Community Healthcore leadership appoints cross-functional workgroups to achieve identified goals. It is expected that both internal and external providers assess the delivery of services in their areas to implement changes to improve service delivery. Many quality improvement activities occur at the service delivery level. Program staff in Intellectual Developmental Disabilities service delivery areas monitor within the programs for compliance with regulatory requirements.

Involving Consumers, Advocates and Family Members in the Quality Management Process – Community Healthcore

Key Performance Indicators – Community Healthcore continually seeks to self assess through methods that are appropriate, timely, efficient, and reliable. Key Performance areas are reviewed internally through Anasazi (internal software program) and through Data Warehouse **MBOW reports**.

Anasazi indicators:

Data retrieved to:

1. Ensure timely data entry
2. Ensure status of services
3. Ensure staff productivity
4. Achieve target of serving an average of 45 Service Coordination consumers monthly

Business Objects database is utilized in assessing:

1. Encounter Exceptions
2. IDD Financial

Within six weeks

- Community Healthcore IDD Crisis Intervention Specialist will present Crisis Respite Plan and Services to the IDD PNAC - completed in 2017
- Community Healthcore IDD Crisis Intervention Specialist will present Crisis Respite Services to Community Healthcore Center Board of Directors completed in 2017
- Community Healthcore IDD Crisis Intervention Specialist will present Crisis Respite Plan and Services to other community partners, including; Local Law Enforcement, Hospitals/Social Workers, School Districts/Region 7, and etc. ongoing

Describe any other necessary revisions to the approved crisis plan, including plans for expanding crisis respite services.

CHC will closely monitor the activities described in the 2021 Plan. CHC will track using the Quarterly Crisis report the number of individuals served, the number of presentations given to law enforcement, MCOT, Providers, and LIDDA staff- adjustments will be made when necessary. CHC CIS staff will work to evaluate services provided to individuals in out of home crisis. The number of individuals served will determine if crisis respite services will need to be expanded.

IV. LIDDA Contact Information

Name: Sandra Taylor	Phone Number: 903-237-2368
Email Address: Sandra.taylor@communityhealthcore.com	