Gulf Bend Center

IMPROVING LIFE THROUGH RECOVERY.

Quality Management Plan

Fiscal Years 2019-2020

APPROVAL

The Quality Management Plan for Gulf Bend Center was reviewed and approved on 9, 24 2019.

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Gulf Bend Center
Quality Management Plan

I. PURPOSE AND SCOPE OF THE QUALITY MANGEMENT PROGRAM

The **purpose** of Gulf Bend Center's (GBC) Quality Management program is to assure ongoing excellence in the quality and safety of the care and services provided by Gulf Bend Center. GBC's Board of Directors and staff are committed to improving the overall health of individuals within our service area. GBC accomplishes this by continually monitoring, measuring and improving the excellence of all customer care services provided by or contracted by GBC and organizational operations. Our goal is for each program to provide care that is safe, effective, customer- oriented, timely, efficient, and equitable.

The **scope** of the Quality Management (QM) Program is comprehensive; quality and safety must extend to all facets of the organization - clinical and administrative.

II. OUR MISSION, OUR CULTURE & OUR VISION

III. OUR CORE VALUES

IV. STRUCTURE OF THE QUALITY MANAGEMENT PROGRAM

The structure of the Quality Management (QM) program flows from four underlying principles:

- An effective Quality Management program must be based on a functional definition of quality.
- The Quality Management program must ensure **accountability at all levels within all programs**.
- There must be clear differentiation of responsibilities between leadership and the Integrity, Quality and Compliance Committee.
- **All staff play a key role in quality management,** and this role should be made as efficient and effective as possible.

A. Defining Quality

- The quality process begins with the organization's mission, vision, strategic plan, and core values.

- Quality is the degree of excellence of Gulf Bend Center's processes, provider and staff performance, decisions, and customer-staff interactions. Therefore, through organization-wide Quality Management activities, Gulf Bend Center will focus on monitoring and improving customer care and quality outcomes along with provider/staff performance.

B. Accountability

Governance and leadership retain ultimate responsibility for the Quality Management Plan. This accountability begins with the Board's initial approval of the Quality Management Plan and progresses through re-approval of the QM Plan at least every two years more often if substantial changes are made in the Quality Management program.

The Board receives and acts upon periodic reports developed through the QM program, and it ensures the availability of resources and systems necessary to support all QM activities.

The Board holds Gulf Bend Center's Executive Director and Executive Management Team accountable for the development, implementation, monitoring and evaluation of the Quality Management Plan.

Gulf Bend Center's Director of Quality and Compliance has operational responsibility for the QM program and reports directly to the Executive Director and periodically reports quality Management program activities to the Board and community stakeholders as applicable. The Director of Quality and Compliance oversees the QM Department, and actively participates as a member of the Quality Management Team.

The Quality Management Department performs functions, which support and facilitate the development, implementation, monitoring and evaluation of the Quality Management Plan. The Quality Management Department is not to be the sole or primary source of performance improvement activities. Rather, its objective is to involve and provide support, expertise and guidance to administrative, executive management and all staff in performance improvement activities. See Appendix F.

The Quality Management Team is responsible for the following:

- Providing assistance with plans of improvement to meet the HHSC Performance Contracts for Behavioral Health and Intellectual Developmental Disability services;
- Ensuring implementation of the Quality Management Plan;
- Performing and ensuring compliance with Internal/External review activities;

- Ensuring QM training is provided to new and tenured employees;
- Providing technical assistance to other departments related to quality oversight necessary to improve the quality and accountability of services;
- Reviewing the QM Plan annually, update as needed, soliciting input from Integrity Quality and Compliance (IQC) and other stakeholders;
- Reporting and trending data collection related to reported incidents, medication errors, abuse, complaints and neglect, privacy/security incidents;
- Assisting with the development/revision of Center wide procedures
- Assisting in the development, facilitation and ensuring the implementation of Certified Community Behavioral Health Clinics (CCBHC) requirements for accreditation and there after compliance
- Facilitating the Integrity and Quality Committee Meetings; and
- Reviewing, trending and summarizing program performance indicator data for review by the IQC.

Within each Program/Department, the effectiveness of the QM program is the direct responsibility of the departmental leadership (e.g. Directors, Managers, and Supervisors). It is the leaders' responsibility to develop, support, and operate the Quality Management program. The leaders, with the support and assistance of the Integrity and Quality Committee (IQC) accomplish the following:

- Select and prioritize metrics (performance indicators) to monitor, with a performance goal for each;
- Determine acceptable performance thresholds (quality action points) for selected metric(s);
- Ensure that all necessary data related to each metric are submitted to the IQC and QM Department on a quarterly basis;
- Manage ongoing improvement activity, through records reviews, provision of programmatic trainings, staff supervision, performance reviews, etc.;
- Assume ultimate responsibility for resolving identified quality and safety problems, as well as taking advantage of any other opportunities to improve; and
- Communicating outcomes of quality improvement activities to the QM Department on a quarterly basis.

C. Integrity, Quality and Compliance Committee (IQC)

It is the IQC's responsibility to assess and ensure the highest level of overall effectiveness of the Center's Quality and Compliance program. The IQC accomplishes this by regularly monitoring trends, patterns and activities (reviews, satisfaction surveys, procedures, incident reporting, etc.) across all programs. The IQC, with the support and assistance of the Director of Quality and Management, ensures:

- Performance metrics are developed for each program/department;
- The chosen metrics are being monitored;
- Necessary data are being collected;
- Metrics not meeting pre-established performance thresholds are being moved into the quality improvement phase of activity;

- Quality improvement is being actively carried out; and
- Quality-related problems are fully resolved.

The IQC is comprised of division directors/managers from Intellectual Developmental Disability Services, Behavioral Health Services, Administration, QM, Information Technology, Nursing, Utilization Management, Medical, Human Resources, and Finance and is facilitated by Director of Quality and Compliance.

The IQC will meet quarterly, or more often as deemed necessary. The IQC will review/monitor the data and activities in the following areas:

- Performance metrics to facilitate management decisions;
- Performance contract measures, including targets;
- Complaints, appeals for services, and customer surveys to obtain information about satisfaction and other outcomes (e.g. customer waiting time, phone answering waiting time);
- Abuse and neglect issues;
- Unusual incidents including medication error data;
- Utilization data;
- Any other data determined to be important to the center, internal and external providers of services and stakeholders;
- Results of internal or external monitoring activities;
- Facility Management/Safety;
- Human Resource - training, turn over, worker's comp, staffing, complaints/grievances;
- Customer concerns/ complaints;
- Privacy and Security/Violations Breaches;
- Compliance issues;
- Policy and procedure development; and
- Board and Advisory Committee activities.

Based on the above reviews, the IQC will make appropriate recommendations for performance review activities or project management initiatives.

D. Committees

Gulf Bend Center has established standing committees to carry out Quality Management functions. These committees address issues which have center- wide implications and cross program and division lines and include:

- Death Review Committee;
- Safety Committee
- Office Space Committee
- CCBHC Core Committee
- Utilization Management/Utilization Review Committee;
- Planning Network Advisory Committee;

These Committees communicate data and issues to and from the Integrity, Quality and Compliance Committee via reports from membership. Advisory committees such as the Public and Network Advisory Committee (PNAC) provide a mechanism for input and participation from customers, families and other stakeholders in the planning and evaluation of services, thus involving our stakeholders in the QM process.

VI. PERFORMANCE MEASUREMENT

Performance measurement is the process of regularly assessing the results produced by Gulf Bend Center's programs and services. It involves identifying and designing processes, systems and outcomes that are integral to the performance of the service delivery system; selecting indicators of the quality of these processes, systems and outcomes; and analyzing information related to these indicators on a regular basis. Continuous Quality Improvement (CQI) involves acting as needed based on the results of the data analysis and the opportunities for performance they identify.

The purposes of performance measurement and assessment are to:

- Assess the stability of processes or outcomes to determine whether there is an undesirable degree of variation or a failure to perform at an expected level.
- Identify problems and opportunities to improve the performance of processes.
- Assess the outcome of the services/care provided.
- Assess whether a new or improved process meets performance expectations.

Measurement and assessment involve:

- Selection of a process or outcome to be measured, on a priority basis.
- Identification and/or development of performance indicators for the selected process or outcome to be measured.
- Aggregating data so that it is summarized and quantified to measure a process or outcome.
- Assessing performance with regard to these indicators at planned and regular intervals.
- Acting to address performance discrepancies when indicators indicate a process is not stable, is not performing at an expected level or represents an opportunity for quality improvement. Reporting within the organization on findings, conclusions and actions taken as a result of performance assessment.

A. Quality Assessment

Each department/program is charged with monitoring predetermined performance indicators (metrics) of quality outcomes, as selected by the Directors/Managers of each Program/Department in conjunction with Gulf Bend Center's IQC. At least two indicators will be selected/developed each fiscal year for each Program/Department. These indicators will be based on internal/external reviews, satisfaction surveys, incident reporting, grant/contract requirements, new service initiatives, etc. Throughout the year additional metrics (indicators) may be added for monitoring.

A performance indicator is a quantitative tool that provides information about the performance of the center's process, services, functions or outcomes. Selection of a Performance Indicator is based on the following considerations:

- Relevance to the Center's mission, values and strategic initiatives; and
- Importance - whether it addresses an important process that is:
  - high volume
  - problem prone or
  - high risk.

For the purposes of this plan, an indicator(s) comprises five key elements: name, definition, performance threshold, data to be collected, the frequency of analysis or assessment, and preliminary ideas for improvement.

The following Table will be used for each performance indicator chosen by the IQC and appropriate department program leadership. See appendix C.

Name	***Usually a brief two- or three-word title.***
Performance Standard	*Identify what you will review TAC if possible*
Comparative Data Used to Assess Performance	*Why is this performance standard being accessed*
Performance Threshold	*What are the specific performance expectations (list percentages)*
Data Collection	*How data will be collected and reported; frequency of collection and reporting; (who will collect the data)*
Outcomes/ Corrections	*Spreadsheet/tool submitted to QM? Yes ___ No___* *Outcomes submitted to Program Manager/Director? Yes No*

Once the performance indicator has been developed, data is collected and reported to the IQC, or to the Quality Management Team, using charts, graphs whenever helpful (see appendix A for tools). Data will be analyzed to identify trends, patterns, and performance levels that suggest opportunities for improvement.

Analysis is based on predetermined benchmarks, quality action points or thresholds.

B. CCBHC – CQI – (Upon Certification)

The QM Department will work in conjunction with the appropriate Director/Managers to maintain continuous quality improvement (CQI) for clinical services and clinical management for CCBHC population annually. Evaluation of improved behavioral and physical health outcomes and actions taken for compliance will be tracked for CCBHC performance. CCBHC special events such as (1) CCBHC consumer suicide deaths or suicide attempts;(2) CCBHC consumer 30-day hospital readmissions for psychiatric or substance use reasons; and (3) such other events the state or applicable accreditation bodies may deem appropriate for examination and remediation.

C. Quality Improvement Initiative

After the selected process has been measured, assessed and analyzed, the information gathered
for the above performance indicator(s) is used to identify a continuous quality improvement initiative that may need to be undertaken. The decision to undertake the initiative is based upon Center priorities. The purpose of an initiative is to improve the performance of existing services or to design new ones. The model utilized at Gulf Bend Center is called Plan-Do-Study-Act (PDSA) See appendix B.

The IQC will track reports on progress until improvement has been fully realized. When improvement activity is complete, the IQC will periodically re-analyze related performance and/or outcomes data to ensure that improvement is sustained. An annual summary of the results of each performance indicator will be completed at the end of the fiscal year and will be reported to the board of trustees.

VII. OTHER QM ACTIVITIES

The QM program operates through the following tasks/functions:

Contract Monitoring
Contract monitoring is a function of gathering and evaluating fiscal and qualitative indicators specific to a contracted service to determine whether the service provider is in compliance with the contract. The appropriate Program/Department Director/Manager, for which the contracted service is being provided to, is responsible for monitoring compliance with identified fiscal and qualitative indicators. Data are evaluated to make informed decisions regarding re-contracting with service providers. The qualitative indicators should be tailored to the service provided and ensure achievement of desired outcomes, compliance with applicable rules, laws, and standards which relate to the contracted service. Reports of monitoring should be reported to the IQC at least quarterly, or more often as needed.

CCBHC – (Upon Certification)
The appropriate department manager/director along with QM will routinely monitor clinical outcomes and organization indicators for the ongoing compliance for CCBHC certification. Individual provider adherence to evidence-based provider protocols is done no less than quarterly, and overall adherence to CCBHC criteria is formally assessed no less than annually. GBC will take customer input from satisfaction surveys to continuously gauge services being provided.

Utilization Management
Gulf Bend Center will employ a utilization management system to ensure customers receive the right services, in the right amount, at the right time; timely and meaningful assessments; accurate assignments of level of care; determination of medical necessity, focused treatment/recovery plan development and active monitoring of progress towards outcomes.

Gulf Bend Center participates in both a local and regional UM Committee for Behavioral and IDD services, both of which meet no less than quarterly. Established as a regional committee within the East Texas Behavioral Health Network (ETBHN), the primary function of the UM Committee is to monitor utilization of Gulf Bend Center's clinical resources to assist the promotion, maintenance

and availability of high-quality care in conjunction with effective and efficient utilization of resources. See Gulf Bend Center's Utilization Management Plan.

Customer Satisfaction and Perception of Care

Gulf Bend Center utilizes several different means to gather information regarding stakeholder's perception of care and services. Customer satisfaction with Clinical, Administrative, Behavioral Health services and IDD services are assessed utilizing surveys throughout the year. Findings of these surveys, and others, are reported to the IQC. For planning purposes, surveys are utilized to obtain feedback from community stakeholders. These surveys are used to identify areas of exceptional service and opportunities for improvement.

Feedback from State Contract and Other Oversight Entities

Reports, data and results from on site reviews or desk reviews from HHSC, TCOOMMI, Managed Care Organizations and other review agencies are used to identify performance improvement activities and to assess unmet needs of individuals served and service delivery problems.

Compliance Documentation Reviews

The QM Department will direct appropriate Directors/Managers to complete reviews of assessment, progress note, and treatment/recovery plan or person-directed plan to determine whether treatment is consistent with department approved evidenced-based practices throughout the fiscal year. QM will provide necessary audit tools with expected outcomes and the sample cases to be reviewed. Results will be reviewed by QM to identify compliance issues and to determine need for further reviews. The results will be reported to the IQC and used to identify performance improvement activities.

Compliance Billing Reviews

Two program areas will be selected for review on an annual basis. The review will assess timeliness and completion of documentation, appropriateness of service coding and compliance to billing requirements.

Safety and Risk Management

- The QM will review all submitted incident reports and medication errors to identify trends and patterns related to safety or health risks and reports the data to the IQC.
- Building inspections are completed by QM/Maintenance staff for and reported to the IQC on a quarterly basis to identify health and safety hazards and ADA compliance.
- All deaths are reviewed by the Death Review Committee to determine if the death resulted from inadequate care on the part of Gulf Bend Center or procedural reasons, and results reported to the IQC.
- Workmen's Compensation/Employee incidents will be reviewed by Human Resources and reported to the IQC.

Crisis, Registration and Intake Services

Appropriate Program/Department Director/Manager will complete reviews and collect data related to timeliness of response and appropriateness of care. QM will provide necessary audit and data collection tools with expected outcomes and the sample cases to be reviewed. Results will be reviewed by QM to identify compliance issues. A look behind sample will be reviewed by QM to determine inter rater reliability. The results will be reported to the IQC and used to identify performance improvement activities.

Staff Competency
Qualified and trained staff make up an important component of quality service provision. Qualifications and education are verified prior to hire and competency to perform essential direct care duties is assessed prior to staff working unaided with consumers. All staff complete required training and competency assessment annually and compliance with this performance indicator is monitored by the Human Resource Team and reported to the IQC on a quarterly basis.

MBOW Data Warehouse
The reports generated in the state database are constantly reviewed by appropriate Program/Department Directors/Managers to monitor GBC's performance on a variety of indicators. The reports are used to judge accuracy of data collection as well as to evaluate Gulf Bend Center's performance on outcome measures.

Rights Protection Process
See Appendix E

Reduction in Abuse, Neglect and Exploitation
See Appendix D

Yes Waiver Services
The Director of Behavioral Health Services, or their designee will be responsible for the monitoring of services provided through GBC's YES Waiver program and compliance with YES Waiver policies and procedures addressed in the YES Waiver Policy Manual. The Director of Behavioral Health Services is responsible for addressing any necessary corrective actions identified during Quality Management Reviews.

Identified outcomes to monitor include:
1. Waiver participants have timely access to services.
2. Waiver participants are enrolled in a timely manner.
3. Plans of Care and Services are based on underlying needs and outcome statements.
4. Services are provided according to the Waiver participant's approved Individual Plan of Care.
5. Child and family team meetings include provider participation.
6. IPCs are developed and revised according to DSHS policy.
7. Health and Safety risk factors are identified and updated.
8. Providers are credentialed and trained.
9. There is adherence to established policies and procedures.
10. There is continuity of care for waiver participants.
11. Medicaid, demographic, and clinical eligibility criteria are met.
12. Any applicable Waiver service associated cost limitations are not exceeded.

Fidelity Reviews
Adult and Children evidence-based practices will be reviewed by applicable Program/Department Directors/Managers/Supervisors and QM staff utilizing appropriate fidelity tools for each practice. Fidelity reviews will be completed at least annually with reports submitted to IQC. Evidence based practices to be reviewed include:

Adult
- Assertive Community Treatment (ACT)
- Supported Employment (SE)
- Permanent Supportive Housing (PSH)
- Illness Management and Recovery (IMR)

Children's

- Social Skills and Aggression Replacement Techniques (START)
- Preparing Adolescents for Young Adulthood (PAYA)
- Seeking Safety
- Nurturing Parenting Program
- Wraparound Planning Process.

Local Intellectual & Developmental Disability Authority (LIDDA) Services

The Director of Intellectual and Developmental Disability (IDD) Services, or their designee will be responsible for the monitoring of IDD Service Coordination program and compliance with Texas Administrative Codes (TAC) that apply to Home and Community Based Services (HSC), Texas Home Living (TxHmL), Community First Choice (CFC), and Preadmission Screening Resident Review (PASRR). The Director of Intellectual Development Disabilities program is responsible for addressing any necessary corrective actions identified during the external HHSC Review and the internal Quality Management Reviews.

- Screening Gathering information to determine need for services.
- Eligibility Determination
- Service Coordination
- Development and Monitoring of Person Directed Plan (PDP)
- Community Support
- Respite
- Behavioral Support
- Specialized Services
- Community First Choice Services
- Preadmission Screening and Resident Review (PASRR)
- Assistance locating Intermediate Care Facilities for Individual with an Intellectual Disability or Related Conditions (ICF/ID)
- Assistance in completing application for admission to State Supported Living Centers (SSLC's)

Behavioral Health Services

The Director of Behavioral Health Services, or their designee will be responsible for the providing Behavioral Health Services in compliance with Texas Administrative Codes (TAC) and Texas Health & Safety Code. Services are provided to Adult, Children and Adolescents.

- Mobile Crisis Outreach (MCOT)
- Crisis Intervention Services
- Screening
- Routine Case Management
- Counseling
- Peer Support
- Nursing Services
- Pharmacological Management
- Medication Training and Support
- Psychosocial Rehabilitative Services
- Skills Training and Development Services
- Employment Assistance

List Appendix

Appendix A: Quality Improvement Tools
Appendix B: Plan Do Study Act (PDSA) and examples
Appendix C: Performance Indicator
Appendix D: Plan for reducing the number of confirmed Incidents of Abuse, Neglect & Exploitation
Appendix E: Consumer Rights Protection Process
Appendix F: Quality Management Organizational Structure


Appendix A - Quality Improvement Tools 2(


Appendix B PDSA Directions & Exampl


Performance Indicator Appendix C.(


APPENDIX D.doc


APPENDIX E - Rights.doc


Appendix F Quality Mangement Organi: