


LAPEER COUNTY COMMUNITY MENTAL HEALTH

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CHAPTER Administrative	CHAPTER 01	SECTION 002	SUBJECT 40
SECTION Operations		DESCRIPTION Quality Council, Subcommittee Structure and Quality Improvement Plan	
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APPLICATION:

<input checked="" type="checkbox"/> CMH Staff	<input checked="" type="checkbox"/> Board Members	<input type="checkbox"/> Provider Network	<input checked="" type="checkbox"/> Employment Services Providers
<input type="checkbox"/> Employment Services Provider Agencies	<input checked="" type="checkbox"/> Independent Contractors	<input checked="" type="checkbox"/> Students	<input checked="" type="checkbox"/> Interns
<input checked="" type="checkbox"/> Volunteers	<input checked="" type="checkbox"/> Persons Served		

POLICY:

The Lapeer County Community Mental Health (LCCMH) Quality Council provides agency-wide quality improvement activities and is accountable to the Lapeer County Community Mental Health Services Board (LCCMHSB) and Region 10 Prepaid Inpatient Health Plan (PIHP).

STANDARDS:

- A. The LCCMHSB evaluates the effectiveness and efficiency of services being provided based on established performance criteria. Through its By-Laws, the LCCMHSB gives the Chief Executive Officer (CEO) full managerial control of the operations of the agency.
- B. The CEO has designated the Quality Improvement Supervisor to serve as chairperson of the Quality Council.
- C. The LCCMH Quality Council oversees quality improvement activities.

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1. The Quality Council monitors the quality improvement activities of subcommittees or individuals toward an integrated continuous quality improvement program. The subcommittees include:
 - a. Utilization Management
 - b. Behavior Treatment Plan Review Committee
 - c. Training and Staff Development
 - d. Health and Safety
 - e. Clinical Case Review Committee
 - f. Standards and Accreditation Compliance
2. Quality Council membership includes the CEO, the Quality Improvement staff, Chief Clinical Officer (CCO), the medical director, the Recipient Rights Officer, the chairpersons of the agency's quality-related standing subcommittees; Clinical Case Review Committee, Behavior Treatment Plan Review Committee, Health and Safety Committee, Training and Staff Development, Utilization Management Committee and Clinical Privileging, a person served representative and provider network representatives.
3. The functions of the Quality Council and its subcommittees include, but are not limited to, the following:
 - a. Implement and evaluate quality improvement program and activities revising them as necessary.
 - b. Supports and strengthens skills of clinicians and improve clinical care.
 - c. Reviews clinical services through the collection, compilation, analysis and reporting of data.

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- d. Assists administration in establishing and monitoring quality and appropriateness standards, policies, and procedures for clinical practice.
 - e. Identifies and resolves problems affecting the provisions of quality care and impact upon persons served, staff and programs.
 - f. Assures persons served are treated with respect and dignity and the rights of persons served are preserved throughout their course of treatment.
 - g. Monitors the ethical and professional conduct and practices of staff members.
 - h. Integrates quality improvement activities through an annual Quality Improvement Plan.
 - i. Monitors proper documentation of treatment.
 - j. Documents quality improvement issues and concerns and to communicate them to the administration, the Board and staff.
4. All activities of the Quality Council are guided by the agency's mission, vision and values.
5. The Quality Council is a structured means of participation and makes recommendations to the Management Team, CEO and the LCCMHSB.
- D. Quality improvement activities are reported to the LCCMHSB through the Quality Council meeting minutes and through oral and written reports provided at board meetings.
- E. Clinical Supervisors, with oversight from the CCO, have the ongoing responsibility for the quality of services provided in their respective programs.
- F. Staff are involved in a variety of quality improvement activities including time-limited, focused work groups and performance improvement projects.

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PROCEDURES:

A. Quality Council

1. Implements, oversees and maintains quality improvement activities.
2. The Quality Council immediately reports any major program problems, changes in program criteria and plans, and evaluations of program activities to the CEO.
3. The Quality Council meets at least quarterly to conduct its activities. More frequent meetings by the council as a whole, ad hoc, or subcommittees may be held as deemed necessary.
 - a. The Quality Council chairperson calls and conducts meetings, sets agendas, and ensures reports are submitted on a timely basis. The CEO and/or the Quality Council chairperson are responsible to submit reports to the Board.
 - b. All Quality Council meeting minutes are recorded and distributed to the council members, the LCCMHSB, and others upon request.
 - c. A simple majority (fifty percent plus one) constitutes a quorum and can transact business.
 - d. The Quality Council may invite non-members (from inside or outside the staff) to attend meetings or portions of meetings for purposes of clarifying issues, but only members may vote.
4. The Quality Council acts in an analytical capacity to review data and make recommendations regarding needed actions.
5. While the Quality Council is concerned with the general welfare of persons served, the ultimate responsibility and legal accountability for care for persons served lies with the primary therapist / case manager, the clinical supervisor, CCO, and the CEO.

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B. Quality Improvement Program

1. Quality Council Subcommittee Members and Quality Improvement Staff systematically gather data used to review, evaluate, assure and improve the clinical care provided to persons served.
 2. The Quality Improvement Staff perform various functions in carrying out the agency goals and objectives;
 - a. Program supervisors provide input into the development of the Quality Improvement Plan, which is presented to the Board for approval.
 - b. Quality Improvement Staff track Quality Improvement Plan indicators.
 - c. Quarterly reports of the Quality Improvement Plan are reviewed at Quality Council meetings and at Board Meetings for approval.
 3. The Quality Improvement Program Annual Report highlights major quality improvement activities. The Quality Improvement Supervisor prepares and submits the annual report to the Board and Region 10 PIHP.
- C. The Quality Improvement Program Staff maintains a roster of Quality Council Subcommittee members and submits the list to Region 10 PIHP when requested.
- D. Assignments to staff subcommittees are made by the CEO and CCO based on the identified needs. The subcommittees and related policies are listed below:
1. Clinical Privileging Policy 01.002.50
 2. Utilization Management Policy 01.002.55
 3. Behavior Treatment Plan Review Committee (BTPRC) Policy 01.002.45
 4. Clinical Case Review Committee- Policy 01.002.90
 5. Training and Staff Development – updates from this committee are provided periodically as needed. The Quality Council may make recommendations regarding staff training and development activities. Training and staff

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development activities are also coordinated to meet the CARF and MDHHS training requirements.

6. Health and Safety policy manual sections 05.003 and 08.003.
- E. Quality Improvement Staff gather quantitative and qualitative input from Persons Served (Policy 01.001.20 Input from Persons Served/Satisfaction Survey).
- F. The Quality Improvement Staff periodically implement work teams for time-limited projects focusing on one process problem at a time.
 1. Each suspected problem may have direct or indirect impact upon care or outcome for persons served. The problems identified may be categorized as:
 - a. Safety - A problem concerning the physical safety of persons served, staff or visitors.
 - b. Quality - A problem concerning the quality of any area of clinical care operation.
 - c. Resource utilization - A problem concerning the efficient use of agency resources, i.e., personnel, supplies, moneys.
 - d. Performance Improvement Projects - As identified by Michigan Department of Health and Human Services or Region 10 PIHP.
 2. Work team outcomes and recommendations are reported to the Quality Council.
 3. When the problem has been satisfactorily resolved, reduced or eliminated, follow-up monitoring mechanisms are established to assure the problem does not recur.
 4. When problems are brought before the Quality Council for resolution, the Council minutes reflect a statement of the problem, the assessment data, the solution, and the assignment for follow-up monitoring.

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5. When the recommendation endorsed by the Quality Council necessitates a revision in agency procedures, the change goes through the normal Policy and Procedure development process and staff are notified of the changes. Supervisors communicate procedure revisions to their staff when it effects their department.

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This policy supersedes
#06/07009 dated 06/04/2007.
