	General Policy			
	Chapter:	Board Services and Program Administration	**Policy #**	2-4-1
	Section:	Performance Improvement Plan	**Revision #**	2

I. **PURPOSE:** To establish policy and procedures for a Performance Improvement program for all services provided by the West Michigan Community Mental Health.

II. **APPLICATION:** All programs and services operated by the West Michigan Community Mental Health Governing Body.

III. **REQUIRED BY:** Michigan Standard for Community Mental Health Services, 1976, Sections 7.5 and 9.12; Accrediting Bodies; Mental Health Manual; Department of Health and Human Services, Administrative Rules 330.7199 (4) (0) Act 258, Public Act of 1974, and as amended being MCL 330.1717; Lakeshore Regional Entity.

IV. **DEFINITIONS:** Not applicable.

V. **POLICY:** It is the policy of the West Michigan Community Mental Health to develop and implement a Performance Improvement Plan in accordance with guidelines and standards established by the Department of Health and Human Services Master Contract and accrediting bodies.

VI. **PROCEDURES:**

1. The Director of Network, Quality Improvement, and Compliance and/or the Continuous Quality Improvement Coordinator will be responsible for developing the Performance Improvement Plan, under the direction of the Chief Executive Officer.

2. The Quality Assurance / Performance Improvement Plan (QAPIP) is a standing document that outlines the structure, scope, activities, and functions of the overall plan to align resources around positive program outcomes and improved quality of life for persons served.

3. The QAPIP will be assessed for ongoing relevance and annually reviewed for approval by the Quality Improvement Steering Committee (QISC), the Senior Management Team, and the Board.

4. The implementation of the QAPIP and its goals will be overseen by the Network, Quality, and Compliance Team. The responsibility for performance improvement/quality assurance activities, however, lies with all WMCMH employees.

VII. **SUPPORTING DOCUMENTS:**

Appendix 2-4-1A: WMCMH Quality Assurance / Performance Improvement Plan

VIII. **POLICY/PROCEDURE REVIEW:**

REV#	APPROVED BY	Policy/Procedure	DATE
NC			08/2007
NC			10/2010
NC			01/2015

NC			12/2016
1		Procedure	01/2020
2	PIOC	Title Changes	01/2021
NC	QISC	Annual Review/QAPIP Plan Updated	01/2022
***Board Approval Date**: 04/16/1996*			

IX. **CHIEF EXECUTIVE OFFICER ENDORSEMENT:**

I have reviewed and approved of policy # 2-4-1 Revision# 2.

CEO: Lisa Williams Approval Signature:_____

Quality Assurance and Performance Improvement Program

2022

Mission

To partner in coordinating and providing high quality care for children, adults and families experiencing mental illness, intellectual/developmental disabilities, and substance use disorders.

Contents

Introduction

The Foundation of a strong, effective quality assurance and performance improvement program (QAPIP) begins with people. That means, first and foremost, persons served are at the center of every process, their input guides every decision, and the desire for vibrant, healthy communities guides every action. An effective QAPIP also requires the active participation in and commitment from stakeholders at all levels of the organization. This includes agency and contractual providers, organizational leadership and governance, administrative and support staff, funders, including local, state, and federal payors and partners, and community stakeholders directly and indirectly invested in the health the communities in which West Michigan Community Mental Health (WMCMH) operates.

This document describes WMCMH's commitment to continuous quality improvement (CQI) and outlines the structure, scope, activities, and functions of the overall plan to align resources around positive program outcomes and improved quality of life for persons served. This program emphasizes and targets that measure improved health status, quality of life, and satisfaction of persons served.

WMCMH's Quality Assurance and Performance Improvement Program is founded on:

- Personal and organizational accountability.
- Data-driven decision making.
- A commitment to organizational excellence in all business areas.
- Input from stakeholders, including persons served, contract providers, payors, and the community.
- A focus on positive outcomes for persons served.
- Active and meaningful engagement of all stakeholders.
- A workforce that is knowledgeable about and engaged in performance measurement and performance improvement activities.
- An investment of resources to implement a successful QAPIP.

Core Values, Purpose, and Promise

WMCMH aligns its QAPIP and related activities around the achievement of positive health outcomes and improved quality of life for persons served. As such, the organization strives to maintain the following core values, purpose, and brand promise.

Core Values

WMCMH **Values**:

- We believe every person has the potential to renew, rebuild, and recover.
- We strive for excellence.
- We demonstrate integrity and resiliency.
- We honor and respect the uniqueness and diversity of all people.

Purpose

WMCMH's **Purpose**:

- We help people lead their best life.

- We coordinate and provide high quality care for children, adults and families experiencing mental illness, intellectual/developmental disabilities, and substance use disorders.
- We collaborate to support whole-person care for the people and communities we serve.

Brand Promise

WMCMH **Promises**:

We offer experienced, local professionals to coordinate personalized care for everyone we serve.
We provide access to a variety of proven services to address each person's needs.
We provide access to Crisis services, 24 hours a day, 365 days a year.
We provide support to each person in their recovery.

Scope

WMCMH's QAPIP is the vehicle for improving the quality of care for persons served through a focus on improved service delivery. This includes services and programs directly operated by WMCMH, but includes any service or program operated under contractual agreement under the authority of WMCMH's governing board. This program incorporates, by reference, any and all policies and procedures necessary to operate as a Community Mental Health Services (CMHSP) program. WMCMH's QAPIP meets applicable Federal and state laws, contractual requirements, and regulatory standards.

Authority and Accountability

Ultimate authority for performance measurement and management rests with the WMCMH Board of Directors, who vests operational responsibility to the Chief Executive Officer. Implementation of the organization's performance improvement activities falls to the Operations Team, most specifically within the Network, Quality Improvement, and Compliance Department.

WMCMH's QAPIP aligns with the broader regional approach to quality improvement, as directed by the Lakeshore Regional Entity (LRE)/PIHP. WMCMH partners with LRE and Community Mental Health Services Programs (CMHSPs) across the seven-county regional affiliation. WMCMH is represented at regional quality meetings and is contractually delegated to adhere to regional QI/QA efforts, including the broader regional QAPIP. As part of this arrangement, all CMHSPs develop, implement, and maintain quality improvement programs and report results of monitoring and improvement activities to the Quality Improvement Regional Operations Advisory Team (QIROAT) as requested.

Statement of Confidentiality

WMCMH is committed to maintaining the confidentiality and integrity of persons served. Although the utmost efforts are made to prevent the use or sharing of personal health information/personally-identifiable information (PHI/PII), there may be times when PHI/PII, or other confidential information, is used in the assessment of performance and when carrying out oversight activities. All information will be kept strictly confidential in accordance with federal and state laws and consistent with organizational policy, and used solely for the purposes of oversight and/or directly related activities.

Key Roles/Positions

The Network, Quality Improvement, and Compliance (NQC) Department is housed within Operations, under the direction from the **Chief Operations Officer**, who is responsible for establishing the strategic direction of NQC efforts and ensuring that quality assurance/improvement activities align to the broader organizational

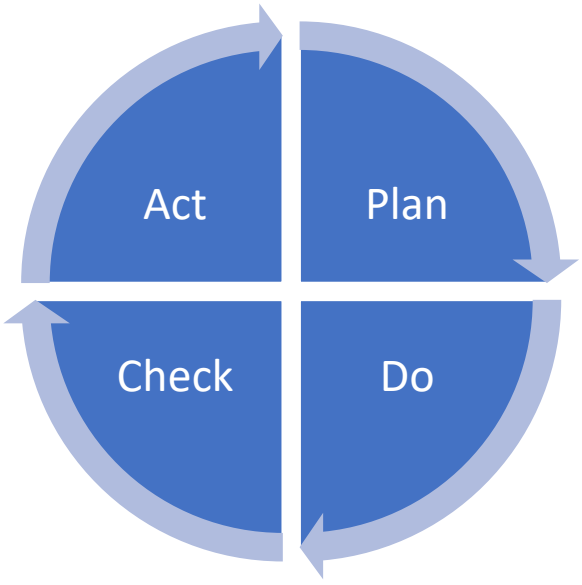
objectives. The **Director of Network, Quality Improvement, and Compliance** is responsible for setting departmental objectives and the successful implementation of the QAPIP, coaching team members on Continuous Quality Improvement (CQI) principles, and ensuring inter-departmental collaboration on QA/QI initiatives. The **Continuous Quality Improvement Coordinator** oversees the day-to-day implementation of the QAPIP, ensuring effective monitoring and reporting structures to promote achievement of identified objectives, as well as serves chair for QI Steering Committee and acts as champion for CQI and QA/QI initiatives throughout the organization.

Philosophical Framework

WMCMH is committed to a philosophy of continuous quality improvement (CQI), defined as *the systematic and continuous actions that lead to measurable improvement in health care services and consumer outcomes*.[1] CQI ensures a proactive and systematic approach that incorporates current environmental constraints and promotes innovation and adaptability toward continued growth and development.

WMCMH's performance improvement activities will be guided by the Shewhart Cycle of Continuous Improvement, more commonly referred to as Plan, Do, Check, Act (PDCA). Once an issue has been identified, WMCMH incorporates the follow process for process improvement:

1. Develop a **PLAN** to change.
2. **DO** something to test that plan.
3. Review results to **CHECK** what was learned.
4. **ACT** on what was discovered to determine the next course of action.



As the model suggests, PDCA is a continuous process. Planning and adjustment occur as part of ongoing assessment ("check") of processes and outcomes. It is recognized that even actions that achieve the desired

[1] [1] Adopted from the U.S Department of Health and Human Services Health Resources and Services Administration (HRSA).

outcome may benefit from further refinement or there were unintended consequences from chosen actions that present emergent problems to be addressed.

WMCMH recognizes that improvement does not, and cannot, happen in a vacuum. If people are at the center of an effective quality improvement system, then their engagement is at the center of any successful action. QI activities are most effective when they occur organically, with input and involvement of stakeholders across all teams and at all levels of the organization, rather than being imposed hierarchically. As such, WMCMH strives to create opportunities for all stakeholders to engage meaningfully and purposefully with ongoing efforts to drive CQI.

Quality Management System

Network, Quality Improvement, and Compliance Team

Responsibility for quality improvement activities, while shared across the organization, rests primarily within the NQC Team. The NQC Team is responsible for putting into practice WMCMH's QAPIP and fidelity to the broader regional quality improvement activities.

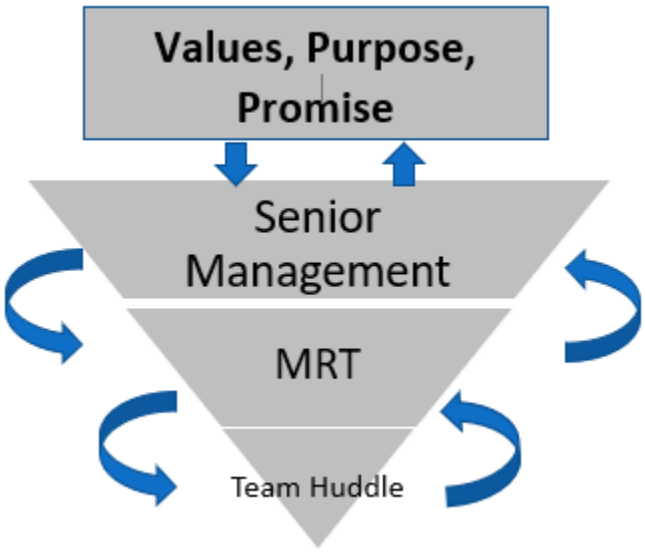
The NQC Team acts in partnership with stakeholders, recipients, advocates, contracted providers, organizational leadership, and WMCMH staff.

QAPIP Structure

WMCMH's quality improvement structure is a multi-tiered approach to coordinating and aligning the organization's quality improvement activities to achieve desired program and administrative outcomes. The QAPIP utilizes internal and external systems to ensure high-quality, person-focused services, and effective stewardship of public resources.

The QAPIP is driven by active, ongoing strategic planning and cross-functional coordination of organizational activities. The strategic direction of the organization informs and guides **key performance metrics/indicators (KPMs/KPIs)** measured at the team level across all service delivery and business functions. Daily team huddles are the venue for daily monitoring and oversight of KPMs/KPIs. At huddles, teams will implement and carry out performance improvement projects that address performance issues identified through internal or external monitoring. This structure embeds CQI in each organizational team, supporting that performance improvement is the responsibility of every team and every team member.

Monitoring and accountability of team huddles will occur through **Management Review Team (MRT)**, which meets weekly to provide broad team oversight of departments within the larger team. Team leaders will report on metrics and provide project updates, as well as discuss cross-departmental issues that arise. **Senior Management Team (SMT)** will monitor MRT metrics and ensure that ongoing quality improvement activities uphold the values, purpose, and promise.



Quality Improvement Steering Committee

Role and Function

The QI Steering Committee acts as the primary operational body charged with ensuring quality improvement activities are undertaken in accordance with established policies and procedures. In concert with each organizational team's roles and responsibilities toward performance improvement, the QI Steering Committee drives action to improve efficiencies and enhance operational and program excellence. The QI Steering Committee also provides operational and technical support to teams completing performance improvement projects or otherwise seeking to implement positive change strategies.

QI Steering Committee, in coordination with individual administrative and clinical teams, will design and develop reporting dashboards to facilitate the smooth, timely sharing of business and program information.

Committee Charge

The QI Steering Committee has five (5) main purposes:

1. Oversee, implement, and revise WMCMH QAPIP as needed.
2. Embed a culture of continuous quality improvement into the everyday work of the organization.
3. Facilitate and support the use of quality improvement tools to drive improved organizational performance.

4. Connect quality improvement activities with service provision to measure organizational success.
5. Communicate critical and relevant performance data timely to inform strategic decision-making.
6. Perform an annual QAPIP Evaluation.

Membership

Consistent with WMCMH's commitment to organic, grassroots (i.e. "team-based") performance improvement efforts, membership on the QI Steering Committee will draw membership from across the organization, including direct service staff and at least one member of the consumer advisory committee. Membership will be on a voluntary basis but will, ideally, include representation from every team huddle. In this way, QI activities are focal at the individual team level and team-based initiatives are accountable to broader organizational QI efforts.

Role of CQI Coordinator

The CQI Coordinator will chair committee meetings and accept general responsibility for ensuring the committee achieves desired outcomes. The committee chair is the liaison between the committee and team-based QI initiatives. Responsibilities include:

- Preparing the meeting agenda and facilitating meetings;
- With input from committee members, determining an appropriate frequency for meetings;
- Assisting with identifying and planning for performance improvement projects;
- Leading problem solving initiatives; and
- Maintaining a committee workbook to organize, monitor, and coordinate performance improvement activities and ensure timely and accurate required reporting.

Annual QAPIP Evaluation

In the spirit of continuous quality improvement, and to ensure the ongoing effectiveness of the organization's QI/QA efforts, the QI Steering Committee will conduct an annual QAPIP Evaluation which includes

1. A Self-Evaluation of the committee's effectiveness;
2. A review of all quality oversight activities;
3. A review of the appropriateness and relevance of current measures (contained throughout this report).
4. An overall performance summary including improvements to quality of service delivery, trends in service delivery and health outcomes over time.
5. Recommendations and next steps.

The QAPIP annual review, its findings, and recommendations are forwarded to the Senior Management Team. A summary is provided to the Board, the Consumer Advisory Panel, and any person served upon request. The annual review may lead to:

1. Identification of educational/training needs;
2. Establishment and revision of policies and procedures related to quality initiatives;
3. Recommendations regarding credentialing of practitioners;
4. Changes in operations to minimize risks in the delivery of quality services, and;
5. Development of objectives for the coming year.

Performance Management Activities

WMCMH's QAPIP operates from a set of strategically planned activities to help guide and direct decisions, assess performance, maintain conformance, and ensure continual feedback loops from multiple sources inform the overall system.

Stakeholder Input

WMCMH recognizes that a vital aspect of any performance program includes successfully obtaining and meaningfully using stakeholder input and information. For the purposes of this plan, *stakeholder* is defined as any person or organization that partners with, relies upon, or directly or indirectly supports WMCMH's efforts in fulfilling its obligation as Community Mental Health Services Program (CMHSP). This includes the state of Michigan, Lakeshore Regional Entity, contractual providers, WMCMH staff, recipients of services and their families or other natural supports, advocates, community partners and the community-at-large.

Input is obtained through various methods, including directly through committee participation and involvement, surveys, and as part of ongoing person-centered planning, as well as indirectly through review of critical incident reports, complaints, and grievances. Collectively, this information helps WMCMH better understand its performance as it relates to stakeholder perception. Input also informs how WMCMH operates. Information obtained is analyzed and integrated into processes and practices.

Provider Network Monitoring

WMCMH regularly monitors contracted providers to ensure contractual, legal, and program compliance. This review considers program and contract program performance requirements, including, but not limited to:

- Compliance with all elements of Provider Service Agreement.
- Procedures to ensure health and safety of recipients of staff.
- Promotion and protection of Recipient Rights.
- Completion of clinical documentation.
- Verification of Medicaid Services.
- Implementation of effective clinical treatments, in accordance with evidence-based practices.

Periodic desk and physical audits will be conducted to ensure compliance with training and credentialing requirements of all provider staff. Physical plant inspections will be coordinated with PIHP Quality Site Reviews and WMCMH Clinical staff to ensure that programs and locations comply with health and safety regulations. Random samples of providers will be conducted at least bi-monthly. A corrective action plan (CAP) will be required to address any individual and systemic findings.

Utilization Management (UM)

WMCMH is committed to using resources effectively, efficiently, and in accordance with medical necessity criteria. WMCMH uses its oversight authority to manage care from the point of entry, through treatment, and discharge. UM policies and procedures establish a framework for oversight of Medicaid-funded programs to assure consistency in applying program/service eligibility criteria and the decision-making regrading requests for initial or continued authorization for services. UM processes and procedures are also meant to support successful management of resources by identifying gaps in service deliver and resolution for under- or over-utilization of services.

WMCMH is structured to maximize conflict-free principles, with the UM department operating and managed entirely separate from service provision. This ensures clinical decisions are clean, free from the potential for any influence from service providers. Many functions of this department overlap or rely on coordination with quality improvement, integrated care, and other clinical teams. Successful interface is essential to the success of WMCMH's QAPIP and is accomplished by data-sharing, reporting, joint participation on organizational committees, and collaboration across teams on policies and practices to address any UM-related concerns.

Credentialing and Qualification of Providers

A strong, vibrant, and qualified network or providers is vital to WMCMH's service array. This includes internal staff and contracted providers. To this end, WMCMH has put in practices to ensure service providers meet all credentialing and qualification standards prior to the beginning of service provision. Qualifications of professional staff hired directly by WMCMH or under contract are reviewed according to the WMCMH Credentialing and Privileging policies, with final approval granted by the Credentialing and Privileging Committee. Ongoing and regular monitoring of credentials occurs consistent with established policies and practices. WMCMH delegates credentialing to the provider when a service is provided through a network contract. Oversight of compliance is managed through the annual site visit. WMCMH retains the right to request, at its discretion, a sampling of credentialing at any time.

The Network sub-unit of the NQC Team is responsible for paneling network providers consistent with established policies and procedures. Final approval for adding contracted providers rests with the Clinical Oversight Committee. PIHP/LRE retains the right to approve or disapprove any provider from the network.

Protection of Rights and Oversight of Vulnerable Individuals

WMCMH is committed to protecting the health and safety and upholding the rights of all persons. This is accomplished through a number of mechanisms that promote quality care, timely reporting when incidents occur, ongoing monitoring of care, and responsiveness when systemic failures occur. A variety of tools and reports are used to evaluate the quality of care and to identify when improvements are needed.

WMCMH is committed to protecting the health and safety and upholding rights of all persons. This is achieved through a variety of tools and mechanisms, including timely reporting and analysis of incidents, ongoing clinical and administrative monitoring of programs and services, and responsiveness when systemic failures occur. Clinical Oversight Committee, in partnership with the NQC Team and Office of Recipient Rights (ORR), is responsible for ensuring care is provided in accordance with practice guidelines and for driving improvements in care and systems when clinical outcomes are not met.

The WMCMH ORR is responsible for the protection of the rights of recipients receiving mental health services. ORR provides broad oversight into clinical practices and guidance on matters relating to mental health protected rights, including acting as an ex-officio member of Behavior Treatment Review, and investigating any suspected or reported violations.

Event Reporting and Notification

WMCMH uses event reporting and information to monitor for quality care concerns, to identify improvement opportunities, and to plan for remedial interventions to reduce the likelihood of recurrence. Events will be analyzed individually as they occur and at least quarterly in an aggregation.

Reports made in accordance with WMCMH's Critical Incident Reporting policy will be uploaded and stored in R3 (WMCMH's PCE product). Reports of critical incidents will be reported to the QI Steering Committee at least quarterly. This data will be made available to other oversight groups as necessary to promote CQI efforts.

Critical Events

Critical Event reporting will be uploaded monthly to the PIHP/LRE as required. Detailed requirements can be found in WMCMH and LRE critical event reporting policies.

Event Notification

WMCMH will notify the PIHP/LRE of any reportable events, including Sentinel Events, within the established time frames. Detailed requirements and reporting timelines can be found in WMCMH and LRE critical event reporting and sentinel event reporting policies.

Sentinel Events

Sentinel Events, as defined in the MDHHS Sentinel Event technical requirement and MDHHS/PIHP Contract, must be reviewed and acted upon as appropriate and in according with WMCMH and LRE's Sentinel Event policies and procedures.

Risk Events

Events that put individuals at risk of harm, including, minimally: actions taken by individuals to cause harm to self or others; two or more unscheduled hospitalizations within a 12-month period; emergency use of physical management by staff in response to behavioral crisis; or police calls, under certain circumstances. Detailed information of Risk Event reporting can be found in MDHHS/PIHP Contract Attachment 7.9.1

(QAPIP). Risk Events are reviewed at least quarterly for trends and/or performance improvement opportunities.

Oversight Committees

WMCMH ensures collaboration and coordination of QI and improvement activities, including oversight and planning, through various committees.

Clinical Oversight Committee (COC)

COC is responsible for ensuring quality care is provided in all settings. This includes services provided directly and those provided through contract. COC meets monthly to discuss, minimally:

- Clinical Case review of any deaths or suicides, including but not limited to Sentinel Events, to determine if any aspect of care may have contributed to the occurrence, and as a way to inform future treatment approaches to reduce recurrence.
- Review and approve any changes to clinical processes or procedures.
- Review and address any network provider concerns.
- Address any ongoing corrective actions related to performance improvement activities, whether focused on internal processes or external provider expectations.
- Review and approve any practice guidelines, evidence-based practices, or treatment philosophies.

Membership of COC includes, but is not limited to:

- Chief Clinical Officer (co-chair)
- Chief Healthcare Integration Officer (co-chair)
- Medical Director
- Director of Adult Services
- Director of Children's Services
- Director of Health Home Integration
- Director of Conflict Free Case Management
- Director of Network, QI, and Compliance
- Executive Assistant (recorder)

Establishing Practice Guidelines

WMCMH recognizes that quality care requires use of the most current and evidence-based clinical practices. National research provides a foundation for direction for treatments specific to diagnostic categories. COC is responsible for reviewing the literature with research supporting evidence and expert consensus, assessing the validity of treatment modalities, and implementing new or emergent strategies for treatment or eliminating those which are no longer deemed effective.

WMCMH is also responsible for implementing all contractually mandated Practice Guidelines. These include but are not limited to Person Centered Planning / Family-Centered Planning, Self-Determination Policy and

Practice Guideline, Inclusion, Housing, Consumerism, Co-occurring Treatment, Jail Diversion, and School to Community Transition.

Credentialing and Privileging Committee

CPC operates as a sub-committee of COC and is responsible for the initial and ongoing review of professional staff credentials. CPC reviews and recommends approval. The standing committee is composed of: Chief Clinical Officer or Chief Healthcare Integration Officer, who operate as chairpersons, a rotating clinical director, and the Medical Director. Other members include, on an ad hoc basis, the Director of Human Resources and the presenting clinical coordinator.

Meeting frequency is determined based on need, with the committee meeting when credentialing or re-credentialing decisions are required.

Behavior Treatment Review (BTC)

WMCMH has established policies and procedures in accordance with MDHHS/PIHP Contract Attachment C.6.8.3.1 for intervening with an individual who exhibits seriously aggressive, self-injurious, or other behaviors that place the individual or others at risk of harm. BTC reviews and approves any behavior plan that includes an MDHHS-defined intrusive technique. BTC also ensures that patterns and trends will be evaluated for possible system and/or process improvement. Data will be reported to PIHP/LRE as required in policy and procedure. For more detailed information on BTC refer to WMCMH's Behavior Treatment Committee policy.

Recipient Rights Advisory Committee (RRAC)

RRAC serves to provide input on rights policies and procedures, review and monitor on reporting trends, and provide general oversight to activities related to the protection of the rights of persons served.

External Quality Reviews

WMCMH is accountable to a variety of external stakeholders. External quality reviews offer ample opportunity for improvement and better alignment with regional partners. As an evaluative tool, external quality reviews help identify problem performance areas, orient improvement activities, and coordinate regional activities and processes.

PIHP Monitoring

WMCMH is most directly accountable to the Lakeshore Regional Entity (LRE), who is responsible for the regional QI/QA efforts employed across the region. As such, WMCMH is accountable for ensuring adherence

to the MDHHS/PIHP Contract, LRE policies and procedures, and for using resources in a manner consistent with regional expectations and guidelines. LRE ensures compliance through two primary mechanisms: Annual Site Visits and Quarterly Medicaid Verification audits.

Annual Site Visits

LRE conducts annual evaluation of WMCMH's compliance with contractual and legal requirements, as well as conformance to established LRE policy and procedure. This evaluation is conducted through a combination of onsite and remote review. The Annual Site Visit results in a follow up report, noting any deficiencies requiring corrective action. These findings provide areas of improvement. Depending on the nature of the finding, follow up action may involve a process change, a policy revision, or a more formal performance improvement project. The follow up for corrective actions is addressed through a Corrective Action Plan (CAP) submitted to the LRE-designated staff responsible for working with WMCMH to remediate any deficiencies.

The CAP is managed by the CQI Coordinator, who oversees that (1) action steps are created to address findings that require follow up, (2) plans are implemented timely or within defined timelines, and (3) that corrective actions achieve the desired results (i.e. compliance with the required standard).

Medicaid Verification

To ensure that financial resources are used appropriately, LRE conducts quarterly Medicaid Verification Audits. Findings from Medicaid Verification Audits guide process improvement activities around utilization review, documentation, and reporting of service provision.

CARF Accreditation

WMCMH is accredited through CARF. CARF Standards provide a framework to improve business and clinical practices against nationally recognized standards. WMCMH's accreditation status is included on the organization's website and posted at all office locations.

Performance Measurement

WMCMH measures performance using a variety of standardized and customized indicators developed as part of systematic, ongoing collection and analysis of valid and reliable data. Through ongoing monitoring and evaluation, WMCMH can improve clinical and business practices to achieve improved health outcomes for persons receiving services and better business performance through more efficient and better managed operations.

Indicators allow for the measurement between the target and actual performance. Indicators are the control mechanisms allowing for performance improvement. In this way, actions can be developed to

ensure that actions achieve the desired outcome or, if not, help inform what other actions might achieve better results. This form of measurement serves as the foundation for PDCA, as it provides a way to analyze whether an action has improved performance or not.

WMCMH uses performance measurement to guide key decision-making related to:

- Strategic Planning
- Resource allocation
- Service delivery
- Administrative process changes
- Staff training
- Support and monitoring of network providers
- Other activities identified by stakeholders

Performance Indicators

WMCMH monitors compliance with multiple performance indicators, which serve as a proxy measure for the success of the QAPIP. Activities around and focus on indicators is aligned to assure at least minimum performance level on each indicator. Areas where WMCMH fails to meet minimally accepted performance standards are subject to higher scrutiny and may initiate formal Methodical Problem Solving (MPS) project status.

Michigan Mission Based Performance Indicator System (MMBPIS)

MMBPIS is a MDHHS-mandated indicator system required by all CMHSPs. MMBPIS data is reported quarterly to the LRE, who submits aggregated regional and individual CMHSP data to MDHHS. MMBPIS indicators contain CMHSP and PIHP performance measures. Internally, MMBPIS reporting is managed by the NQC Department and reported results are reported to clinical leadership. A regional MMBPIS reporting workgroup meets to review and discuss measures, results, and reporting requirements monthly.

WMCMH Measures

As noted above, WMCMH aligns its operational and clinical activities around ongoing strategic planning. This process is used to identify team-based and organizational indicators, which act as markers for progress toward the achievement of critical performance targets.

Contracted Provider Indicators

WMCMH holds providers accountable to high-quality care through monitoring of key performance indicators described in Provider Service Agreement Attachment F (Performance Indicators) and through at least annual program monitoring.

Outcomes Management and Reporting

Performance on the following measures will be monitored at the QI Steering Committee. Where appropriate, analysis will include performance compared to established benchmarks or targets, tracking of performance over time, actions to improve performance, outcomes of the actions to improve performance, and ongoing plans for each measure. The committee will assign corrective action plans to the appropriate teams, will provide support in the PDCA process, and will monitor results from the teams to ensure that remedial action results in performance improvement.

Measure	**Source**	**Suggested Reporting Frequency**
CAFAS and PECFAS	Annual CAFAS and PECFAS reports	Annual
Access, efficiency, and outcomes as reported via the Michigan Mission-Based Performance Indicator System	MMBPIS	Quarterly
LRE Site Review	LRE	Annual
CARF Accreditation Summary	CARF	Triennial
Medicaid Verification Results	LRE	Quarterly
Physical Management and Behavior Treatment Review Committee Data	BTC report	
Post-Discharge Monitoring (MH and SUD)	LRE Satisfaction Survey	Quarterly
QI Steering Committee Self-Evaluation	QISC	Annual
Accessibility Reporting	Accessibility Committee	Annual
UMUR Summaries	UM Coordinator	Monthly
Satisfaction	LRE Satisfaction Survey	Quarterly
Suicide deaths and suicide attempts	Sentinel Events, CIRE	Quarterly
Prescriber Peer Review	Prescriber Peer Review	Semi-Annual
Monitoring effects of psychotropic medications: metabolic labs, AIMS, and side effects	Prescriber Peer Review	Semi-Annual
Jail Diversion Data	R3	Semi-annual
Mobile Crisis Utilization	R3	Quarterly
Customer Service Activity	Grievance Report	Annual
Grievance and Appeal Monitoring	Grievance Report	Annual
Critical Incidents and Risk Events	CIR data	Quarterly
Sentinel Events	Sentinel Events log	Semi-Annual
Preventive Care and Screening: Adult Body Mass Index (BMI) Screening and Follow-Up	R3	Semi-annual
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)	R3	Semi-annual

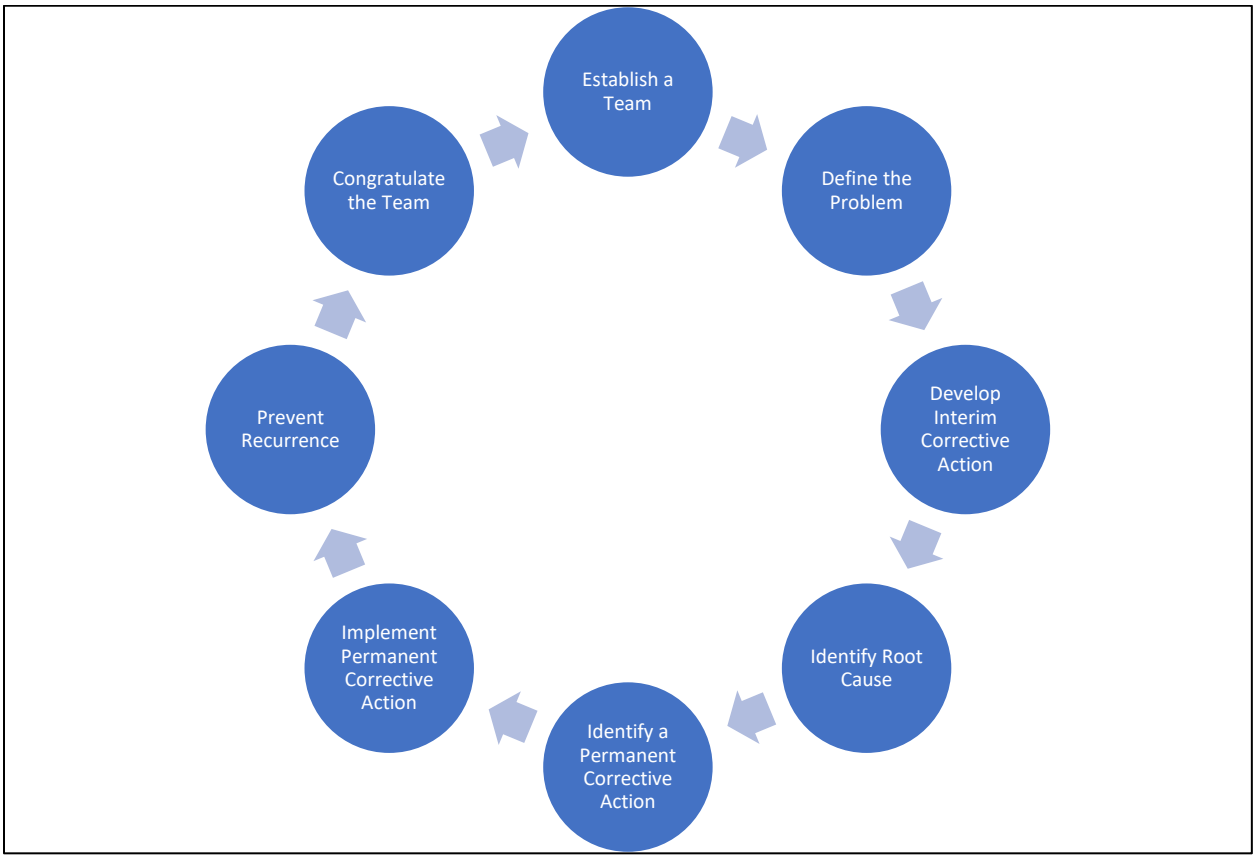
Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention	R3	Semi-annual
Preventive Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling	R3	Semi-annual
Child and adolescent major depressive disorder (MDD): Suicide Risk Assessment (see Medicaid Child Core Set)	R3	Quarterly
Adult major depressive disorder (MDD): Suicide risk assessment	R3	Quarterly
Screening for Clinical Depression and Follow-Up Plan	R3	Quarterly
Depression Remission at 12 months (CCBHC requirement)	R3	Semi-annual
Provider Network Quality Oversight – Site Reviews	Network Coordinator / LRE	Annual

Performance Improvement Strategies

In the effort to drive continuous quality improvement, WMCMH will apply a rigorous, consistent approach to process and performance improvement. This will ensure that performance improvement activities align with the broader organizational strategic and performance goals, and adhere to strict standards.

Methodical Problem Solving (MPS)

MPS will be used to address any problem or concern that is identified as persistent, critical, or of a foundational nature, to be determined on a case-by-base analysis. Each MPS project will follow a formal structure and format using a pre-determined eight-step framework (outlined below). Any formal performance improvement project will be approached using this format.



The MPS team will be composed of:

- Champion, or member of SMT who provides strategic guidance and project support;
- Team Leader, who is responsible for ensuring accountability to project members, and for ensuring change is achieved;
- Facilitator, to organize and manage group efforts and assure fidelity to CQI and MPS;
- Recorder, to document decisions, take minutes, and log action items; and
- Other team members as assigned, based on subject expertise, investment in outcomes, and critical input needed to achieve project goals.

Root Cause Analysis

Root Cause Analysis (RCA) is used to identify root causes of events. The purpose of this process is to reduce the likelihood of recurrence by understanding and addressing systemic factors that negatively impact care. RCA is required for any identified Sentinel Event. Detailed requirements can be found in WMCMH's Sentinel Event reporting policy. RCA may also be conducted upon request, when the cause of an event is not known, when recurrence presents a significant risk to health or safety, or if multiple attempts to address a problem have failed to initiate change.

WMCMH ensures RCA participants have the appropriate credentials and experience to address the scope of issues involved. For any concerns related to the health, safety, or clinical treatment of an individual, the Medical Director must be consulted and provide meaningful input into the development of corrective action

measures. Other participants may vary, depending on the nature of the concern, the risk of recurrence, and the potential impact on organizational processes and procedures.

A member of the NQC Team will be responsible for facilitating an RCA, including monitoring and reporting follow up on corrective action measures. The Clinical Oversight Committee is the accountable body for any RCA related to service provision. Reports on activities, progress, and remediation efforts will be made to this committee upon completion. If activities are expected to be ongoing, a defined reporting schedule will be determined when developing corrective action steps. RCAs conducted on non-clinical events will be accountable to the body of Directors.

RCA will, at minimum, involve:

- Use of Fishbone Diagram, 5Whys, or other approved analysis tool.
- A final statement, or cause, that led to a process breakdown.
- The action step(s) to be taken to remediate the concern or prevent recurrence.
- If measures are expected to be ongoing, a schedule for reporting results and the anticipated time frame until the process can be closed.
- Clear responsibilities, roles, and expectations of all participants, including those responsible for implementation of new processes and monitoring of progress.

Summary

Through development of an annual QAPIP, WMCMH hopes to achieve a streamlined, efficient process for driving optimal program and clinical performance that results in improved health outcomes for persons served. By better defining systems, clarifying responsibilities and expectations, and engaging with stakeholders at all levels, the process of performance improvement can lead to meaningful change and deeper engagement across the organization and network.