

Fountain of Hope Family Services Inc.

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Quality Improvement Plan (QIP)

2018/202019/2020

By Executive Director

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►Overview

This document presents the comprehensive and systematic plan for the operation of the quality assurance program of **FOHFS agency**. The Quality Assurance Plan shall be the standard that guides business function and service delivery and applies to all programming and services at the Agency. **FOHFS agency** understands the need to strategically monitor and assess its performance as defined by the Agency's Performance Indicators. The Quality Assurance Plan will serve as the foundation for Performance Improvement. This comprehensive approach to Quality Assurance will define the Performance Indicators.

►Purpose

To stay on target at both strategic and tactical levels, the **FOHFS agency** will continually monitor and evaluate its performance against a series of defined performance indicators and targets. By setting specific, measurable goals and tracking performance, the **FOHFS agency** can ascertain to what degree it is reaching its desires goals for service and business outcomes. Data will be collected from a variety of sources including Clients, stakeholders and staff.

►Mission

Our mission at **Fountain of Hope Family Services Inc.** is to provide quality and excellent services to all at-risk youth in OJA, DHS custody, their families and other members of the community. In addition, our aim is to assist in reunification of families, reducing psychiatric impairment and assisting individuals with behavioral challenges to enhance the quality of their life. We are committed to serve the needs of each family with compassion, respect and dignity. Delivering of highest quality service to each client we have the privilege to serve is our goal.

In response to the mission statement, the **FOHFS agency** has developed the following goals to guide the overall mission:

Meet the • • targeted mental health and substance abuse needs of our Clients

Obtain the • • funding necessary to provide services

Provide a work environment which • • promotes quality, productivity and employee satisfaction

►Scope of Service

The **FOHFS agency** is a comprehensive provider of mental health services to a target population for community youth services programs in youth and families in the **FOHFS agency** catchments area, which shall include **Oklahoma County, Cleveland, and Logan, and the townships of Midwest City, Del City, Spencer, and all of Oklahoma City.**

►The Model

Quality Improvement plan (QIP) is a systematic, ongoing process that is designed to assess and evaluate the quality and appropriateness of services, to resolve identified problems, to identify gaps in service, to promote opportunities to improve business practices and service delivery and overall **FOHFS agency** performance.

- 1. Study** the system or process where improvement is needed. Evaluate the available information and describe what the information is telling you. Are there particular problems and what are the causes?
- 2. Act** and decide what change is needed. Will this be a large-scale or small-scale change?
- 3. Plan** on how the data will be collected. When will the progress be reviewed? Who will do the work?
- 4. Do** the work according to the plan that was created.
- 5. Study** the gathered information and determine whether the desired outcome was achieved or not?
- 6. Act** by deciding if any further action is needed to bring improvement to noted area. Performance Improvement Process will be conducted annually and it will be the goal of this process to:
 - Identify areas in need of improvement.
 - Develop an improvement plan that clearly defines steps to take for corrective actions, reevaluate outcome measures if needed, revise performance indicators if needed.
 - Assign responsibilities to ensure completion of corrective action.
 - Develop summary report to be shared with Clients, staff, and other stakeholders to ensure transparency, accountability and to garner valuable feedback to be used for continual quality improvement activities.

►Program Services

→All programs are accredited for both adults and children and adolescents unless stated

- Case Management
- Crisis Intervention
- Trauma Services
- Support Groups
- Individual/Group Therapy
- Child/Family Services
- Acute care Services
- Substance Abuse
- Care Coordination

► **Data Collection System**

FOHFS agency understands the need to strategically monitor and assess its performance as defined by the **FOHFS agency** Performance Indicators identified in the **FOHFS agency** Quality Improvement Plan. This section of the Quality Improvement Plan describes the Agency process of obtaining the information that is used to meet Performance Indicators and how this information is disseminated to the **FOHFS agency** and other stakeholders for the purposes of Quality Improvement, Evaluation, and Corrective Action.

It shall be the continual goal of **FOHFS agency** to demonstrate the effectiveness of the data collection system in place by addressing the following areas:

1. Reliability

- The **FOHFS agency** will take steps to ensure data is collected consistently across the board. For example, the intent is to guarantee that multiple data gatherers can replicate the information being reported.
- ⇨ The **FOHFS agency** will have the following safeguards in place to ensure data is reliable:
 - ⇨ Performance Indicators will be clearly identified and reviewed with all staff.
 - ⇨ Results will be collected and validated by Quality Assurance Committee.
 - ⇨ Staff shall receive training when asked to collect a particular data element.

2. Validity

- ⇨ The **FOHFS agency** will choose performance indicators and data elements to measure what it is both mandated to measure as well as what is agreed upon by the Quality Assurance Committee to measure.
- ⇨ The **FOHFS agency** will have the following safeguards in place to ensure data is valid:
 - ⇨ Quality Improvement Plan will be reviewed by QIP Committee, **FOHFS agency** Leadership, Board of Advisory to ensure thoroughness and validity.
 - ⇨ The **FOHFS agency** will ensure that input from Clients, stakeholders and employees are garnered and that their input is incorporated in the performance indicators that are included in the Quality Improvement Plan.

3. Completeness

- ⇨ The **FOHFS agency** will take steps to ensure that the data used for decision making is as complete as possible, no accredited programs are omitted from the information and performance improvement effort, no groups of persons served are omitted from the data gathering or analysis, no data elements or indicators are systematically missing, and any database is checked for completeness of records before final analyses are run and decisions made.

→ Staff members assigned for data collection will be trained on appropriate methods of data collection. Results will be shared with Quality Improvement Committee in a report. Recommendations and edits/additions will be included in the report.

4. Accuracy

⇒ The **FOHFS agency** will take steps to ensure that data is recorded appropriately and that errors are caught and correction.

→ Staff members will be encouraged to re-run reports to ensure accuracy. Data will be reviewed with historical data to monitor variance/accuracy.

►Data Collection Rational

Although quality service is a function of the relationship between service provider and the Client who receives the service, quality is evidenced by complete and appropriate record keeping. Methods of review are therefore based on data that should routinely be found in any Client record at any given time. The following is a modest overview of methods, sample sizes, frequency and reporting that will be used to verify quality and identify problems that are related to service provision.

⇒ Data Collection Methods

1. Individual Client Record Review
2. Annual Review of Performance Indicators
3. Clinician Peer Review
4. Clinical Safety Drill Reporting Form
5. Annual Review of Emergency Drills and Procedures
6. Annual Review of Grievances and Formal Complaints
7. Financial Audit by Independent Accounting Firm on Individual Client Records
8. Psychiatric Peer Review (Drug Utilization Evaluation)
9. Consumer Satisfaction Surveys
10. Stakeholder Satisfaction Surveys
11. External Website Survey (optional)
12. Internal Employee Satisfaction Surveys
14. Clinical Supervision
15. Annual Review of Critical Incidents

►Performance Indicator

As defined is a quantitative expression that can be used to evaluate key performance in relation to objectives. And as stated above, the **FOHFS agency** shall gather feedback and establish performance indicators for the following areas:

→ Effectiveness

→ Efficiency

- Access
- Satisfaction
- Organizational/Business

⇒ **Effectiveness**

- How well the programs work and what outcomes are being achieved.

⇒ **Clinical Indicators**

1. 100% of Clients surveyed will report at a level of 85% or greater that their symptoms have decreased as a direct result of receiving services.
2. 100% of Clients surveyed will report at a level of 89% or greater that treatment has helped them find more purpose in life.

⇒ **Efficiency**

- How well resources are used to accomplish outcomes achieved.

⇐ **Clinical Indicators**

1. 100% of Clients and/or stakeholders surveyed will report that their treatment provider and/or Agency representative was “on time” for their scheduled appointment or was provided a reason why their treatment provider and/or Agency representative was running behind schedule.
2. 100% of staff with a productivity standard will achieve a 90% productivity standard by each of the FY 2019, 2020.

▶ **Access**

- ⇒ Our capacity to provide services to those who desire them

⇐ **Clinical Indicators**

1. 100% of Clients scheduled for a diagnostic assessment will be seen within two weeks of initial contact.
2. The **FOHFS agency** see a 5% decrease in “staff cancels” for Client appointments by the end of FY 2020.

▶ **Satisfaction**

- The general experience guests and stakeholders have with our services and overall satisfaction.

⇐ **Clinical Indicators**

1. 100% of Clients surveyed will report that they will recommend **FOHFS agency** services to a friend or family member.

2. 100% of Clients surveyed will report that they liked the services here at **FOHFS agency**.

3. 100% of services surveyed will see a 45% or greater improvement in overall satisfaction.

4. 100% expected Client survey return from each accredited program and/or service.

► **Organization Business**

➤ The “nuts and bolts” of doing everyday business

1. 100% of stakeholders surveyed will report that they found the facility to be clean, attractive and well-maintained.

2. The **FOHFS agency** will have a 5% or less overall “**No-Show**” rate by the end of FY 2020.

3. The **FOHFS agency** will not average more than 5% staff vacancies for a period averaging thirty days or more during FY 2020.

4. 100% of records reviewed will achieved at least an 88% compliance percentage in the specified areas being reviewed.

5. 100% of Clinicians will conduct annual drills and inspections as specified in the **FOHFS agency** Policy and Procedure Manual.

► **Data Collection Method Overview**

1. **Individual Client Record Review**: Clinical Director, along with the Compliance/Safety Officer will review five (5) records per month to ensure accurate documentation, ISP compliance, chart completeness, etc. This will result in a yearly goal of reviewing of 60 charts. Record Review audits charts from an administrative perspective to ensure thoroughness of the record. The **FOHFS agency** offered some guidance on this process as well by establishing the need for our v to define critical areas to look at when reviewing individual Client records. Individual Client Record Review occurs on a monthly basis with the Clinical Director along with the Compliance/Safety Officer reviewing five charts per month and then submitting these findings to the Administrative Assistant who is responsible for processing this data and reporting on the findings in the Quality Assurance Meetings held each month.

1. Does the ICR have a current and signed Individualized Service Plan (ISP)?

2. Does the ICR have a current Health Assessment for the Client?

3. Are there progress notes for every rendered service?
4. Does the ICR have up-to-date Authorization of Release Forms?
5. Does ICR have up-to-date Comprehensive Assessment?

2. Peer Review: The purpose of the Peer Review is to conduct a thorough review of Client cases and the Clinician's actions on these cases to ensure appropriate levels of care.

During this time, progress notes are reviewed along with the overall completeness of the Individual Client Record. This review looks to see if services provided coincide with listed services on the Client Individualized Service Plan. The Peer Review audits records from a Clinical perspective to ensure Individualized Service Plan adherence, and overall goal progress. Clinical Peer Review occurs on a quarterly basis and involves Clinicians at **FOHFS agency** office. Clinicians are asked to pull charts of "challenging" cases.

3. Financial Audit by Independent Accounting Firm on Individual Client Records:

This individual Client record review is conducted by an independent accounting firm that ensures that services billed coincide with the Client's Individualized Service Plan; and billing information is accurate and meets state billing requirements. A Financial Audit by an independent accounting firm occurs each year and is conducted by an independent firm that samples a random number of charts.

4. Psychosocial Peer Review (Utilization Evaluation): The Psychosocial Peer Review examines the appropriateness per Client diagnosis, overall effectiveness and overall satisfaction of Client treatment. Psychosocial Peer Reviews occurs on a monthly basis and sample size varies but methodology and frequency remain constant. Findings are reported to the **Clinical Director** as well as the **Executive Director** who share this information at the monthly Quality Assurance Meeting.

5. Consumer Satisfaction Surveys: Each year, the **FOHFS agency** participates in a survey process with our Client_served population. The intent of this survey process is to examine all provided services to Clients and their effectiveness in an attempt to improve overall service delivery and ensure that services are efficient, effective and high-quality. Consumer Satisfaction Surveys along with Stakeholder Surveys occur each year and will focus on all services provided by the **FOHFS agency**. The Stakeholder Surveys will focus on various groups in the community that hold a stake or interest in the services we provide. Consumer Satisfaction Surveys along with Stakeholder Surveys will be monitored by the Quality Assurance Committee.

6. Stakeholder Satisfaction Surveys: The **FOHFS agency** values the opinions of the community and it is understood that community opinion regarding mental health services can greatly influence overall public opinion of services. The opinions regarding services, Client outcomes, and access to services that are gathered from stakeholder satisfaction surveys is incorporated into the **FOHFS agency** effort to improve service delivery and Client outcomes.

Clinical Focus Reviews: A Clinical focus review will take place when a program receives a rating below 85% based on the results of the consumer satisfaction survey. The focus reviews looks at trends, feedback received, noted problems and areas for improvement, future goals, and implementation of action plan. Focus Reviews occur when a service program receives a rating of below **85%** from the Consumer Satisfaction Survey. Focus reviews occur at the location where the service did not reach the 85% threshold.

8. Clinical Supervision: The underlying purpose of Clinical supervision is to oversee the delivery of Clinical services within context: ensure safety, facilitate learning, promote reflection and understanding, support staff, and enhance competence and resilience, problem solve, and improve Client outcomes. Clinical Supervision is an ongoing review of Clinical work that takes place weekly at each Agency location. Supervision works to address concerns/questions that Clinicians have regarding services, Clients, the **FOHFS agency**, etc. Supervision is the first-line defense in ensuring that Quality Assurance is top priority.

9. Annual Trend Analysis of Critical Incidents: An important aspect of ongoing quality assurance is to learn from things that have occurred and use this data to prevent those events from occurring in the future. Trend analysis looks at patterns of events and processes the findings to implement procedures/plans to prevent those occurrences from happening again or to minimize the possibility. Review of critical incidents consists of reviewing all incident reports received within a given year and determining trends/patterns. The process evaluates how the **FOHFS agency** can improve on areas and performance improvement is directly connected to this annual review process.

10. Annual Review of Performance Indicators: A Performance Improvement Plan will occur each year to determine whether or not the **FOHFS agency** met stated indicators. This review will either prompt the **FOHFS agency** to take corrective action and address deficiencies or will show **FOHFS agency** compliance to Performance Indicators. This review will be conducted by members of the Leadership Team. Review of Performance Indicators will occur from within Leadership and Management each year. The purpose of this review will be to evaluate current indicators being monitored and to determine whether or not these indicators are resulting in better outcomes or if the indicators need to change.

11. Millennium Medical System: Our software program, **Millennium Medical System** EHR application software, has tremendous capabilities to run reports that enable the **FOHFS agency** to ensure compliance on numerous indicators contained in this plan. Think Health software will be a critical element in ensuring that **FOHFS agency** expectations are met.

►The Data Collected by the agency shall include

- * Financial information
- * Accessibility status reports
- * Resource allocation
- * Surveys
- * Risk Management
- * Human Resources
- * Technology
- * Health and safety reports
- * Field trends
- * Service delivery

►The Data Collected by the FOHFS Agency Shall Address

- The needs of persons served
- The needs of personnel
- The needs of other stakeholders
- The business needs of the **FOHFS** agency

►Cross-Policy References

1. Pre-employment Background Checks
2. Performance Appraisals

►Forms

1. Incident Report
2. Performance Appraisal
3. Client Satisfaction Survey
4. Stakeholder Satisfaction Survey
5. Complaint/Grievance
6. Deficiency Report/Chart Check

