


LAPEER COUNTY COMMUNITY MENTAL HEALTH**Date Issued** 06/04/2007**Date Revised** 01/20/12; 05/07/14; 07/13/15; 10/01/15; 12/12/17; 04/24/18; 06/01/21;9/1/22

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. The LCCMH Services Board through its By-Laws give the appointed CEO full managerial control of the operations of the agency.
- B. The Chief Executive Officer (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. These oversight activities include, but are not limited to:
 - 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, Clinical Directors, the medical director, the Recipient Rights Officer, the chairpersons of the agency's quality-related standing subcommittees, a person served representative and provider network representatives.
3. The goals of the Quality Council and its subcommittees include, but are not limited to, the following:
 - a. Implementing continuous quality improvement activities.
 - b. Striving toward continuing improvement of clinical care.
 - c. Providing for individual and aggregate review of clinical services through the collection, compilation, analysis and reporting of data.
 - d. Assisting the administration in establishing quality and appropriateness standards, policies, and procedures for clinical practice and monitoring staff compliance with those standards, policies and procedures.

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- e. Identifying and resolving problems affecting the provisions of quality care and impact upon persons served, staff and programs.
 - f. Assuring persons served are treated with respect and dignity and the rights of persons served are preserved throughout their course of treatment.
 - g. Integrating quality improvement activities through an annual Quality Improvement Plan.
 - h. Supporting and strengthening the skills of clinicians.
 - i. Monitoring the proper documentation of treatment.
 - j. Providing on-going evaluation of the quality improvement program activities and to revise them as needed, based on the results of the evaluation.
 - k. Documenting 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 Board.
- D. Quality improvement activities are reported to the LCCMHSB through the Quality Council meeting minutes, oral and written reports provided at board meetings.
 - E. Clinical Supervisors, with oversight from the Clinical Directors, 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. The Quality Council 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 held as deemed necessary to oversee evaluation and monitoring activities.
 - 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 Improvement Supervisor 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 is responsible for monitoring and evaluating:
 - a. the quality of clinical care provided to persons served
 - b. the ethical and professional conduct and practices of staff members, including those granted clinical privileges

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5. The Quality Council acts in an analytical capacity to review data and make recommendations regarding needed actions.
6. 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 direct supervisor and the CEO.

B. Quality Improvement Program

1. Quality Council Subcommittee Members and QI Staff systematically gather data used to review, evaluate, assure and improve the clinical care provided to persons served.
 2. The Quality Improvement Program Staff performs various functions in carrying out the agency goals and objectives;
 - a. Program supervisors provide input into the development of the Annual Quality Improvement Plan, which is presented to the Board for approval.
 - b. Quality Improvement Staff track Quality Improvement Plan indicators identified.
 - c. Quarterly reports of the QI Plan are reviewed at Quality Council meetings and at Board Meetings for approval.
 3. The Quality Improvement Program provides a review of all agency quality improvement activities through its Annual Report.
- 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 Clinical Directors based on the identified needs. An in-depth explanation of each committee's functions can be found in individual Policy and Procedures, a brief overview is listed below.

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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
 - a. The purpose of training and staff development is to enhance the quality of care for persons served through the growth of its professional staff, including the use of various evidence-based and promising practices. Based on its findings, the Quality Council may make recommendations regarding staff training and development activities. These recommendations are utilized in the development of the staff in-service schedule and the orientation of new staff.
 - b. Training and staff development activities are also coordinated to meet the CARF and MDHHS training requirements.
 - c. The Quality Council makes recommendations to the management team relative to staff attendance at conferences and/or workshops and may make recommendations on individual staff development plans, basing its recommendations on the findings and analysis of other committee reports and special studies.
6. Health and Safety policy manual sections 05.003 and 08.003.
 - a. It is the Health and Safety Committee's responsibility to ensure the agency provides a safe and healthy environment for staff, persons served and visitors.
 - b. The Health and Safety Committee ensures periodic safety inspections are performed and oversees the agency's Emergency Preparedness and Response Plan.

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- c. The Health and Safety Committee is also responsible for new staff orientation and ongoing staff training related to safety and infection control issues.
 - d. The Health and Safety Committee recommends policies for health and safety.
 - e. Unresolved problems / issues involving the health and welfare of persons served and/or staff are referred to the Quality Council or Management Team.
- E. Quality Improvement Program Staff gather quantitative and qualitative input from Persons Served (Policy 01.001.20 Input from Persons Served/Satisfaction Survey).
- F. The Quality Improvement Program 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.

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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.
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.
6. The annual Quality Council Report highlights major quality improvement activities. The Quality Improvement Supervisor prepares and submits the annual report to the Board and Region 10 PIHP.

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