

REGIONAL QUALITY IMPROVEMENT PLAN POLICY– DHS 36.08

Purpose

To clarify how quality improvement practices will be coordinated to strengthen services to the region.

Policy

This regional Quality Improvement (QI) plan derives from the fundamental mission of the CCS program, which is the improvement of consumers' lives and their movement toward recovery. As such, the data we have chosen to monitor is intended to measure such improvement and recovery directly. That data ranges from consumer-specific progress on identified goals, to functional improvement across life domains, to general satisfaction with life, to specific satisfaction with CCS services, to team-wide success in helping the entire range of consumers served within the entire range of relevant life domains. This policy is designed to enhance best practices across shared services.

In compliance with DHS 36.08, all CCS programs have quality improvement plans. Local QI plans are designed to assess consumer progress toward desired outcomes identified through the assessment process, as well as consumer satisfaction with services generally. These quality improvement plans include survey tools required by State of WI, DHS. The regional priority for QI is to address needs of the system and improve psychosocial recovery practices across all counties.

Tenants of the regional approach to QI:

1. Quality improvement is a continuous process and should be integrated into each practice and at every level across our system of care.
2. Quality improvement requires objectivity and willingness to question operating assumptions.
3. Innovative approaches to data collection and consumer feedback will be encouraged. Especially where the needs of underserved populations are misperceived or poorly recognized using conventional assessment tools.
4. Best practices will be showcased at the regional level and encouraged for implementation through local programs.

Procedure

1. Each County program must administer the Mental Health Statistics Improvement Program (MHSIP) and/or Recovery Oriented Systems Inventory (ROSI) consumer surveys as part of their Q.I. plan.
2. The Regional Coordinating Committee will continue to centralize efforts around Q.I. and oversee coordination of site surveys for purposes of certification and recertification by DQA. Survey results are shared across counties to strengthen accountability and learning.
3. Quality improvement will be a standing agenda item for the RCC.
4. If possible, outcome and program measures will be stored and shared through a central website database that also contains unidentifiable PPS and medical data.
5. The QI subcommittee of the RCC is responsible for the development and implementation of a regional QI plan.
6. Aggregate pooling of data (where possible), will allow the QI committee to form judgments about the overall effectiveness of the CCS program, its relative effectiveness within each of the identified domains, and its effectiveness relative to other regional collaborative systems of care.

7. Results from the aggregated surveys and from general electronic database reports will all be shared as they become available with the Regional Coordination Committee during the committee's regular meetings. The committee will be asked to review and comment on these reports, and it is expected that suggestions for program improvement will come from this committee based in part on these ongoing reviews.
8. CCS supervisors will annually set goals for their county program based on results of the above outcome measurements and on the suggestions given by the Regional Coordination Committee. They will also annually evaluate their counties' performance over the past year relative to the goals set for the program the previous year. The supervisors' annual goals and reports will also be shared with the Coordination Committee, and the supervisors will review and update their general CCS plans based on the above.