Policy Summary

Policy Number and Topic: 12.01.00 Continuous Quality Improvement

Submitted by: Clair Green, QI Administrator

This is a: New ____ Revised ___ policy.

Throughout policy:
Revised grammar and language, intent remains the same.

The major changes in this policy are as follows:

Section IV B:
Deleted: “Monthly, the Quality Improvement (QI) Administrator will produce a CQI Documentation Report, which details each service team’s or department’s compliance with the CQI process. This report will be distributed to the Management Team of Talbert House and Affiliates on a monthly basis.” This report is no longer created under the new CQI process.

Section VI:
Updated the titles of applicable rules, standards, and codes.
Deleted Ohio Revised Codes 5122.32, 2305.253, and 2305.252 as these codes no longer exist.
SUBJECT:
Continuous Quality Improvement

I. PURPOSE
To state the Affiliation’s practices in Continuous Quality Improvement (CQI) and to ensure compliance in adherence to the Affiliation CQI Plan.

II. APPLICATION:
All Affiliation staff

III. DEFINITIONS:
Continuous Quality Improvement: is a proactive approach to ensuring that quality holds a central priority in all aspects of the affiliation’s operations. CQI uses data to evaluate the effectiveness and efficiency of processes and to identify opportunities for improvement. CQI is non-punitive in its approach and is reliant upon the feedback of internal and external customers as well as the users of the CQI process itself. CQI does not focus on a single data point but looks at trends and variances in the data to focus efforts on improving the quality of services provided. All employees of the affiliation have an essential role to play in ensuring continuous quality improvement.

IV. SUBJECT CONTENT:
A. Affiliation CQI Plan and Procedures
The Affiliation will have a CQI Plan, which outlines procedures for the CQI process. This plan will be reviewed and revised annually by the Executive CQI Committee. Approval of the Affiliation Plan will be sought annually from each Agency’s Board of Trustees.

B. Compliance with the CQI Plan
Compliance with the CQI Plan will be monitored by the Executive CQI Committee. Compliance with the CQI Plan will be defined with parameters including basic compliance (completing and turning in proper documentation in a timely manner), as well as advanced quality measures (developing clear, measurable, indicators and goal oriented action plans for attaining goals, monitoring the success of these action plans and amending them if needed.) Management Team is responsible for ensuring compliance with the CQI Plan for the member’s respective service line.
C. Use of CQI Data

1. Confidentiality of CQI Data to External Sources:
   All CQI documents are considered confidential in nature and cannot be released to external sources, except as required by contract or accreditation requirements. CQI documentation should be stamped with either:

   This is a confidential Quality Assurance Document of Talbert House, Cincinnati, Ohio. It is prohibited from disclosure by Ohio Revised Code 2305.24, 2305.25, 2305.251.

   This is a confidential Quality Assurance Document of Gateways, Cincinnati, Ohio. It is prohibited from disclosure by Ohio Revised Code 2305.24, 2305.25, 2305.251.

2. Confidentiality of CQI Data to Internal Sources:
   CQI data is generated for use in the CQI process. It will be used for monitoring performance and making improvements to delivery of care, services and processes. Aggregate information may be provided for the purposes of improvement and trend-identification across the Agency/Affiliation. Aggregate CQI Data may also be used for marketing purposes.

   All internal CQI documentation should be labeled with the Quality Assurance Document stamp and retrieved for shredding at the conclusion of use.

   When using electronic documentation, all correspondence containing CQI information should be labeled as confidential.

D. Reporting Requirements and Responsibilities

   The QI Administrator is responsible for creating and submitting required reports for outside reporting entities (e.g. Hamilton County Mental Health and Recovery Services Board). The QI Administrator is also responsible for creating and submitting quarterly reports to the Agency’s Board of Trustees through the Program and Planning Committee.

E. Committee Relationships with the Executive CQI Committee:

1. Risk Management Committee - The Risk Management Committee is a subcommittee of the Executive CQI Committee. This Committee reports directly to the Executive CQI Committee and has authority to review and enact policy within the Agency.
2. Safety Committee - The Safety Committee is a subcommittee of the Executive CQI Committee. This Committee reports directly to the Executive CQI Committee and must act through the Executive CQI Committee in order to enact policy within the Agency.

3. Diversity Committee - The Diversity Committee is a committee outside the authority of the Executive CQI Committee. This Committee acts in consultation with the Executive CQI Committee and Service Area CQI Committees on Diversity issues identified through the CQI process. Reporting for all activity within the CQI process will be reported through the Executive CQI Committee.

V. RESPONSIBILITIES:

The QI Administrator is responsible for coordinating the CQI process within the Affiliation. This Administrator is also responsible for ensuring timely reporting of CQI data to funding sources and internal stakeholders.

The Executive CQI Committee is responsible for reviewing CQI Data and offering recommendations for improvement to various Service Sites and Departments. The Committee is also responsible for overseeing the actions of the Risk Management Committee, the Safety Committee, and Diversity Committee in their roles with the CQI process.

VI. REFERENCES:

Ohio MHAS Administrative Rule 5122-28-03
Ohio MHAS Administrative Rule 5122-28-04
Ohio Revised Code 2305.24
Ohio Revised Code 2305.25
Ohio Revised Code 2305.251
Ohio MHAS General Standards 3793:2-1-04
Ohio MHAS General Standards 3793:5-1-04
Affiliation Annual Continuous Quality Improvement Plan
VII. APPROVAL(S):

Prepared by:  
**Signed**
QI Administrator
Talbert House & Affiliates

Date: **11/25/14**

Approved by:  
**Signed**
President/CEO
Talbert House

Executive Director
Gateways

Approval Date: **January 12, 2000**

Effective Date: **January 12, 2000**