

Policies & Procedures

Section: Clinical Policies

Pages: 2

Subject: QAPI Plan

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Quality Assessment and Performance Improvement Plan

INTRODUCTION

This Quality Assessment and Performance Improvement Plan is written as required by the Davis Behavioral Health (DBH) QAPI Policy. The QAPI Plan consists of four components: (1) Conducting Performance Improvement Projects (PIPs); (2) Collecting and submitting performance measurement data; (3) having in effect mechanisms to detect both overutilization and underutilization of services; and (4) having in effect mechanisms to assess the quality and appropriateness of care furnished to clients with special health care needs. This QAPI Plan is to be reviewed and updated annually by a designated member of DBH's Executive Leadership Team (ELT), QAPI Committee, and Chief Executive Officer.

OPERATIONAL GUIDELINES

A. QAPI Oversight

1. Compliance Officer

- a) Oversight of all QAPI activities
- b) Seeks consultation from the QAPI Committee
- c) Serves as the chair of the QAPI Committee
- d) Reports directly to the Chief Executive Officer

B. Quality Assessment and Performance Improvement Committee

- 1. The QAPI Committee is created and defined by ELT
- 2. The QAPI Committee is the body responsible for oversight of all quality assessment and performance improvement activities

C. Performance Improvement Projects (PIPs)

- 1. Using data from the sources and mechanisms described below the QAPI Committee conducts ongoing PIPs that focus on clinical or nonclinical areas, including any PIPs required by CMS or the Utah Department of Health (the Department)
- 2. Each PIP is designed to achieve significant improvement, sustained over time, in health outcomes and client satisfaction, and that include:
 - a) Measurement of improvement
 - b) Implementation of interventions to improve access to and quality of care

- c) Evaluation of intervention effectiveness
 - d) Planning and initiation of activities for increasing or sustaining improvement.
- D. Performance Measures and Standards for Timely Access
- 1. Timeliness of in-person contacts between DBH personnel and clients with emergent, urgent, and non-urgent service needs
 - 2. Ensure compliance with all other performance standards in accordance with the Department
 - 3. Contractors agree to take corrective action if there is a failure to comply (access to care and other)
- E. Detecting Overutilization and Underutilization of Services
- 1. Analyze data to identify unanticipated increases or decreases services rendered by CPT or treatment program
 - 2. Monitoring and Outcome Determination Mechanisms
 - a) Peer Review
 - a. Determines client's services levels are being received as prescribed
 - b. Identifies areas of needed improvement for future PIPs
 - c. Monitors effectiveness of interventions implemented in PIPs
 - d. Demonstrates adherence and/or need for improvement with documentation requirements
 - e. Monitors adherence to preferred practice guidelines
 - b) Standard and customized queries of operational, utilization and clinical data from the electronic health record
- F. Quality and Appropriateness of Care for Clients with Special Health Care Needs
- G. Cultural Competency
See Cultural Competency Policy