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Appendix A

Problem Statement (why is it important and what is it meant to do?): Performance improvement, quality assurance, and outcomes are important activities for any provider because these processes enable the provider to monitor the effectiveness of their mission, vision, and values; their assurance of quality; and whether they are achieving the outcomes they desire. These processes need to be planned in advance, approached systematically, and address organization-wide activities. Additionally, the plan and activities need to be individualized to each provider. A good process and plan should be routinely evaluated for effectiveness and amended to ensure the provider is addressing current needs and priorities.

I. Performance Improvement

A. **Develop a Provider Performance Improvement Plan**: The provider will develop a performance improvement plan that identifies key areas of operation, sets priorities for data collection with attention to both safety and quality, and at a minimum addresses the following areas:

(a) Business operations: These activities include areas related to finance, technology, human resources, real property, and other non-clinical aeras.

Examples: Billing and reimbursement percentages.

- No-show rates for appointments.
- Technology use and/or technology plan.
- Staff turnover rates/staff retention

(b) Client satisfaction: These activities include client/family satisfaction with services as well as satisfaction with other processes or environment.

Examples: Client/family's perception of benefits of treatment/services.

- Satisfaction with availability of appointments.
- Satisfaction with adequate parking.
- Satisfaction with staff communications.
- Welcoming and comfortable environment.

(c) Stakeholder satisfaction: These activities include satisfaction from the perspective of the stakeholders, e.g., persons who may be referral sources or other entities with an interest in the organization.

Examples:

- Satisfaction with service delivery.
- Satisfaction with business practices or reputation.
- Satisfaction of client/family members of those referred.

- Identification with service gaps or needs.

(d) Client outcomes: These activities are directly related to the evaluation or measurement of the result/outcome of treatment or support services. The outcome process should include items that provide data to help the provider evaluate whether clients are receiving the expected outcomes of the services they offer.

Examples: Whether the client achieved the treatment plan goals identified by the client and the clinician. The provider may utilize pre- and post-treatment evidence-based rating scales (e.g., Beck Depression Inventory, Columbia Suicide Severity Rating Scale, PHQ, PHQ9, or others identified by the provider) to measure improvement for specific diagnoses. These tools will help provide clear data associated with the outcome of services provided.

(e) The quality of service delivery, including appropriateness, and efficiency: The overall goal of measuring the quality of the program service delivery is to choose meaningful areas to measure and to begin to measure provider success. The provider should determine what areas of quality they want to measure. Examples may include:

- Appropriateness of service (e.g., is the client at the correct level of care).
- The length of time between intake and first appointment.
- Utilization of standardized instruments like Beck's Depression Scale, the Columbia risk assessment tools, etc.

(f) Client protections, including seclusion and restraint, if applicable, client rights, complaints and grievances, and incident notification: Each provider's performance improvement plan and activities include the areas listed in this section. Provider activities should include data collection, evaluation, and monitoring of the identified areas. These items are required to be reported to senior leadership and boards of directors in order to receive leadership input into the improvement strategies. Examples of provider activities include:

- Tracking the number of restraints per month or quarter (agencies should, as an example, track the appropriateness of restraints while working to reduce and eliminate restraints).
- The number of grievances received by the program.
- The volume and types of incidents.

B. **Implementation of the plan**: A provider must develop an on-going, systematic approach to performance improvement that includes attention to client population served, determines specific areas of improvement to measure, and the intervals at which data will be collected and analyzed. The provider may describe different intervals based on varying population characteristics. The process should include all of the following:

1. Identifying areas of needed improvement: A provider should outline a list of areas that it intends to monitor and analyze for a specific time period – e.g., 6 months, 12 months, etc. The provider will create a list of areas of operation and clinical processes that they want to evaluate and improve.

2. Collecting and analyzing data: Once the areas of improvement are established, the provider should determine the data they will collect, establish the manner in which the data will be collected (e.g., computer generated reports, in person evaluations, patient or staff interviews, etc.) and how the data will be tabulated. The end result should be a set of data that can be analyzed, reported to leadership, and acted upon.

3. Develop an action plan: If the provider determines that an area consistently does not meet the expected minimum standard it established, the provider should convene a larger number of staff and evaluate the area of concern (note: many agencies have monthly committee meetings such as a performance improvement committee that looks at the data collected, analyzes it, and makes recommendations to change). As part of the evaluation the group should determine variables that may be affecting the provider's ability to meet their established standard, e.g., why they think the area of focus is falling outside of the established acceptable standard? This group and/or leadership should recommend changes in the process designed to bring the area into compliance with the desired limits.

4. Implement improvements, monitor and evaluate their effectiveness: The provider must establish a way to determine if their intervention has made an impact on the area they have determined is out of compliance with their established standard. This generally means that the provider will continue to monitor the data until the area is aligning with the established standard for a period of time (e.g., 6-12 months as an example).

5. Activities which evaluate the overall effectiveness of the provider's performance improvement process: As part of the performance improvement and quality assurance processes, the provider should include in its overall plan a mechanism to ensure that the quality of the services delivered meets the expected standard and that the clients who are served have received effective care. This should include a mechanism to ensure that the performance projects that the provider is monitoring are evaluated on a regular basis to ensure that the performance improvement activities are meaningful to the organization and include areas that will assist both the overall operation of the provider as well as the quality of service that is delivered (e.g., is the provider meeting its goals and mission?).

An Example of a Performance Improvement Process: The provider determines that it wants to monitor the length of time new clients have to wait from intake to first appointment. Clients who cannot get an immediate appointment are placed on a waiting list for the first available appointment. As a performance improvement activity the provider determines to monitor and analyze the length of time a client is placed on a waiting list.

The provider has determined that they want to evaluate their waiting list and determines to collect the time frame from the client's first call to the provider until the first appointment. In keeping with this focus, the provider begins to keep an Excel spreadsheet that lists the date of the first call for service and then the date of the first appointment. The data that is focused on is the average length of time on the waiting list. As part of the provider analysis, the provider establishes a goal that the maximum and acceptable amount of time a person can be left on the waiting list is two weeks (fourteen days). Once the provider has enough data (usually 30-90 days), the average time frame data is then compared to the established standard and determined to be within acceptable limits, on average, or it is determined that the average time is longer than the established acceptable standard (e.g., the time frame for clients on a waiting list exceeds fourteen days).

If the provider determines that an area consistently does not meet the expected minimum standard it established, the provider performance improvement committee evaluates the variables that may be affecting the provider's ability to meet their established standard, e.g., why do they think the area of focus is falling outside of the established acceptable standard? This group and/or leadership then determines that the wait time is too long because there are not enough clinicians. The proposed solution is to hire a new clinician.

Following the new hire and the onboarding of the new clinician, the provider continues to evaluate the time frame from placement on the waiting list to first appointment to determine if hiring the new clinician (the provider intervention) has impacted the outcome and has reduced the average wait time and therefore improved their compliance with the established standard.

The provider determines that this intervention has brought the wait list times into compliance with its established acceptable waitlist time and they continue to monitor the area for compliance for six additional months to ensure the positive outcome is maintained.