POLICY: The Division of Public and Behavioral Health will ensure that the service delivery model of the Division inpatient psychiatric facilities, outpatient clinics, and Forensic Psychiatric Hospital are appropriate and aligned with accreditation standards, federal and state regulations, and/or best practices through the implementation of a statewide performance improvement process.

PURPOSE: To ensure continual adherence to federal and state regulations, accreditation standards, as applicable, through systematic, continuous readiness process and activities.

SCOPE: All Inpatient and Outpatient Mental Health Services Statewide

PROCEDURES

I. Definitions:

A. Tracer methodology

An evaluation method in which surveyors select a client, patient, or resident and use that individual's record as a roadmap to move through an organization, assessing and evaluating the organizations compliance with the standards, looking at various processes, policies and procedures, for delivery of safe, and/or quality health care.

B. Division Project Leaders:

Quality Assurance Specialist III's assigned to support inpatient and outpatient clinical services.

II. Tracers

A. Each facility or agency will assign a point person to distribute and collect results from readiness tracers that will be provided by Division Project Leaders to each facility, clinic, or agency. The facility, clinic, or agency will be responsible for notifying the Division Project Leaders who has been assigned as the point person. If there are modifications to who the identified point person is; the facility, clinic, or agency will notify the Division Project Leaders

within 1 week of known changes, to ensure flow of communication and completion of readiness tracers are uninterrupted.

B. On a monthly basis, utilizing tracer methodology and following accreditation standard chapters, readiness tracers will be developed and provided to the point person for distribution to the appropriate individuals based on the subject matter by the 15th of each month.

C. Assigned individuals at the agency level will be responsible to complete the distributed readiness tracer and provide findings back to the agency point person within sufficient time to ensure findings are submitted back to the Division Project Leaders no later than the 10th of the following month.

D. Each point person at the agency level will be responsible for collecting the information and submitting it to the Division Project Leaders.

E. Data will be collected and analyzed based on the readiness tracer findings to determine needs, trends, and improvements at the agency level, state level, and for each program area (i.e. IP, PACT, SC) by the Division Project Leaders.

III. Surveys by Division:

A. Scheduled and unannounced on-site visits and mock surveys will be conducted at the inpatient facilities and outpatient clinics by the Division Project Leaders and/or designees at varying intervals to monitor compliance and address concerns as needed and requested by Division Administration and/or Agency Administrators.

B. Data will be collected and analyzed based on the site visits and mock surveys to determine needs, trends, and improvements at the agency level, state level, and for each program area (i.e. POU, IP, PACT, SC) by the Division Project Leaders.

C. Findings of all readiness activities will be compiled and distributed to Agency Directors, Division Administration, agency level staff and Local Governing Boards (LGB) as deemed appropriate through quarterly meetings and/or communications. Readiness activities, findings, performance improvement

activities, and action plans will be discussed, as well as recommendations to improve the readiness program.

IV. Training/Support:

A. The Division Project Leaders will be responsible to provide resources and support to each of the agencies on accreditation standards, state and federal regulations and best practices as requested and indicated.

B. Division Project Leaders will be responsible to receive and maintain current information and status of all state/federal and accreditation agency's survey findings/reports and correlating follow up activities.

C. Findings of all survey reports will be compiled and analyzed to determine needs, trends and improvements at the agency level as applicable, and/or statewide level.

V. Notification Process for all Announced/Unannounced Surveys Occurring in Any IP/OP Mental Health Service Delivery Location

A. Each facility or agency will be responsible for notifying the Division Administrator, Chief Medical Officer, Deputy Administrator of Clinical Services and Division Project Leaders when any surveying/regulatory body (i.e. CMS, BHCQC, OSHA, accreditation agency, Medicaid, etc.), or other surveyors arrive at a facility or agency for an announced or unannounced survey.

VI. Regulatory Body Survey Findings

A. Each facility or agency will be responsible for providing a copy of all regulatory body survey findings or formal communications to the Division Administrator, Chief Medical Officer, Deputy Administrator of Clinical Services and Division, Project Leaders and Local Governing Boards (LGB) upon receipt.

1. When a plan of correction is indicated by the regulatory body, the facility or agency will be responsible for providing a copy of the proposed plan of correction to the Division Administrator, Chief Medical Officer, Deputy Administrator of Clinical Services, Assigned Deputy Administrators and Division Project Leaders for review, feedback and approval prior to submission to the regulatory body.

B. On a monthly basis but no later than the 10th of each month, the facility or agency will be responsible to submit aggregate data on performance improvement measures implemented based on corrective action taken for survey findings to the Division Project Leaders.

1. The Division Project Leaders will be responsible to review, and use the aggregate data for tracer and mock survey activities.

2. The Division Project Leaders will conduct validation reviews/audits of performance improvement measures implemented based on the facility or agency request, Administration request or identified need if indicated.

3. The Division Project Leaders with be responsible to provide technical assistance as requested and indicated to the facility or agency throughout the survey and plan of correction process.

4. The Division Project Leaders will gather and aggregate each facility or agency's survey findings and related plans of correction regionally and statewide and provide this information to the Division Administrator, Chief Medical Officer, Deputy Administrator of Clinical Services and Local Governing Boards (LGB) for planning purposes.

   a. The survey findings and aggregate data will be used when developing continuous readiness tracers and mock surveys.

ADMINISTRATOR

EFFECTIVE DATE: 11/15/13

APPROVED BY DPBH ADMINISTRATOR: 11/15/13

APPROVED BY COMMISSION ON BEHAVIORAL HEALTH: 11/15/13