



# Visual Aid for the DVD Training

Quality Improvement Committee  
*Training by Kathi Stringer*

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**A Project for the California Network of Mental Health Clients**

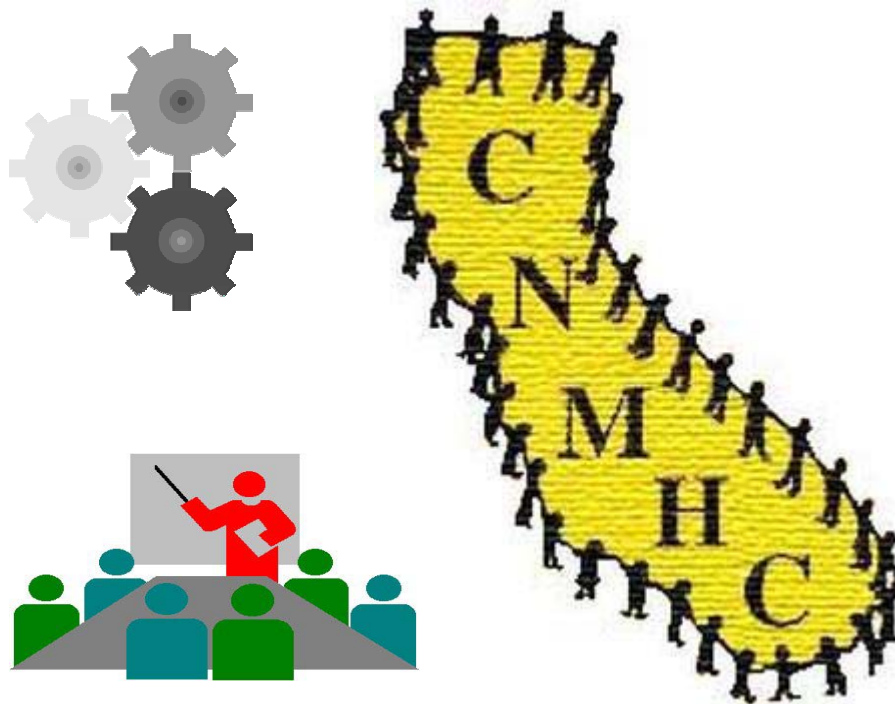
California Network of Mental Health Clients  
Presents

# QIC Manual

For

Quality Improvement Committee

Version 1.5.1



Project of the Far South Region

Compiled and Written by Kathi Stringer - April 10, 2005, Revised June 4, 2005

Edited by Georgette deFriesse



*Forward - by Kathi Stringer Director of the Far-South Region of the CNMHC*



### Why

Often times it seems people that come to QIC meetings are lost or don't have a clue as to what is going on. In these cases members/visitors may drop out due to the frustration from lack of improvements. Or many feel like their presence doesn't make a difference because nothing ever changes, or if it does, it is at a snail's pace. Some feel like meetings are a place to vent and little else. However, we ARE encouraged with this new QIC manual, the first of its kind to get Mental Health Service improvements on the move and into action.



### When

During a NETWORK regional meeting in Orange County California in 2004, the suggestion of a QIC manual was voted in by the California Network of Mental Health Clients as their 2004/2005 Regional Project for a statewide tool, reference and guide to assist QIC members to have meaningful and knowledgeable participation in QIC meetings.



### Who

You! You can make a difference. Even if you read the contents of this manual and support your fellow members with a raise of hands with an informed choice, you can/will help make the future brighter for everyone.



### How

Show up at the monthly meetings! Your presence is a vital first step. You can also meet with other QIC members to discuss issues of concern during the week. Between QIC meetings, you can hold townhall-style meetings to brainstorm on how to improve upon the foundation of this manual. Remember that this manual is only a starting point. The possibilities are as endless as your imagination.



### Hopes/Goals

To change → "Nothing changes if nothing changes." Set your sights on well-defined goals and keep working towards them. When you feel discouraged, remember: There is always more than one way to get things done. This QIC manual is only a starting point to get you up and running!



## *How to Use this QIC Manual*

We'd like to get you up and running quickly as possible. In order to do that, this manual is split up into several sections. The more in-depth information is placed at the end of the manual.

To help make the written content easier to understand and to aid in the learning process, we make ample use of examples, charts and illustrations.

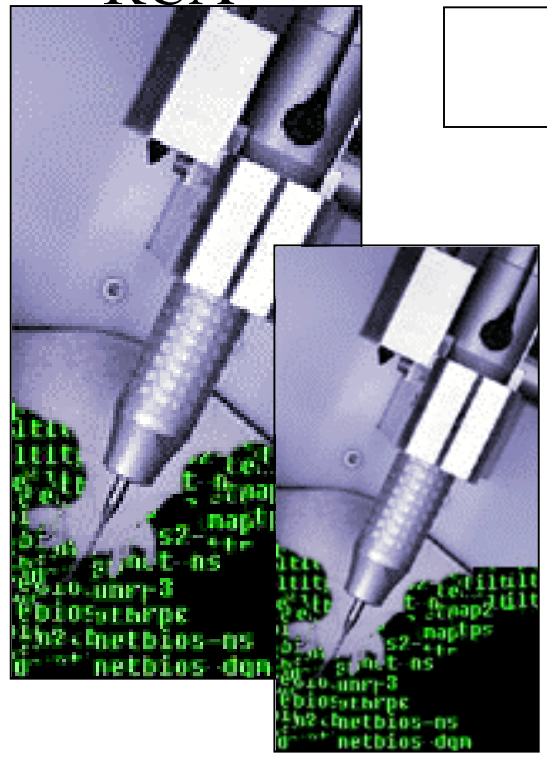
### Source

Part of the material in this manual was extracted from the State Department of Mental Health Website and from the State Quality Improvement Counsel, and other policy and procedures manuals written by State employees or contractors. Included are flow charts and step-models written especially for this manual along with flow charts from the State Department of Mental Health. *References are in "[ ]"*

Remember what the first Model-T Automobiles looked like compared to today's cars? Similarly, this is the NETWORK'S first QIC Manual, and this manual is just the beginning! There is a great deal of room for improvement as other members get excited and involved. Optimistically, individuals with different perspectives will add their contributions, and QIC Manual version 1.5.1 will continue to be revised. We hope this manual will inspire you and stir your imagination to the endless opportunities for performance improvement! Our number one goal is to insure "*Safety - Avoiding injuries to patients from the care that is intended to help them.*"

You are a pioneer in developing and beta testing the NETWORK'S first QIC manual! Congratulations and welcome aboard!

RCA



Root Cause Analysis

Getting to the Bottom of It!

WHY?

WHY?

WHY?

?

WHY?

?

5 → ?

WHY?

Root Cause Analysis is a method of asking a series of "WHY" questions to help identify the root problem. Usually the magic number is about five "why" questions.

## REPORTS



### KEYWORDS

- Concern(s)
- Data
- Performance Measurement
- Indicator(s)
- Baseline → Starting Point
- Benchmark → Goal



## CONCERN

Looking At Data – Is there a Concern?  
Frame a question with “I have a concern that...”



## DATA

Reports should have at least 2 sources of data.

DATA 1

DATA 2



## PERFORMANCE MEASUREMENT (PM)

2 sources are needed for “performance measurement”

Data 1
Data 2

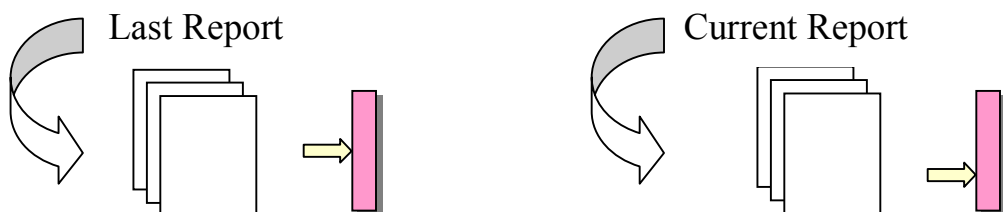


## INDICATOR

An indicator is the result of a performance measurement

$\frac{\text{Data 1}}{\text{Data 2}} = \text{Indicator}$
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Each report should have at least 1 indicator, and 1 indicator from a prior report to determine if there had been improvement



Compare Indicators With Each Report  
IMPROVEMENT?

# Example of Report Concern

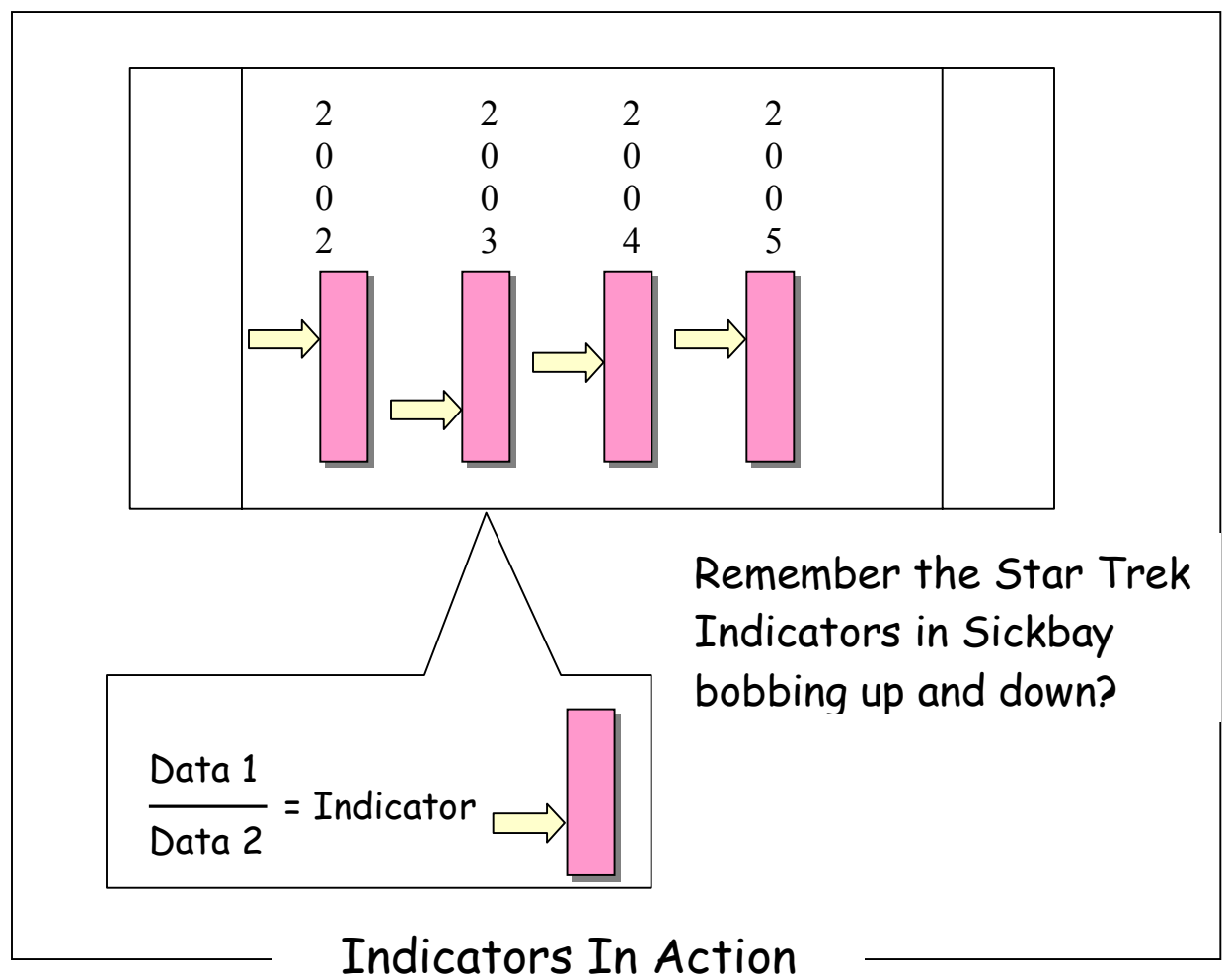
After Reviewing the Report  
FRAME THE QUESTION WITH...



**CONCERN:**

"I Have A Concern that..."

150.2000.125.1000 7.5-12.5 P2 – 125, Glass



Now that we have a better idea on tools we can use for Root Cause Analysis and looking at reports, lets move on to what QIC is all about.



## WHY DO WE NEED A QUALITY IMPROVEMENT COMMITTEE?

### Medicaid

- In Some States, Consumers Can Go to ANY Provider that Accepts Medicaid WITHOUT County Approval.

VS

### Medi-Cal

M o n o p o l y

- Is Medicaid California Style
- California Has Monopoly
- 58 Counties in California and 56 of them have Mental Health Plans (MHPs)
- Consumer Can Only Go To County Mental Health Plans
- Or, County Mental Health Plan Approved Providers



### FEDS NEEDED ASSURANCES

THAT

California's Monopoly Will Not Affect Consumers Negatively

California Created the State Quality Improvement Council (SQIC)  
AND  
Each County MHP → Quality Improvement Committee (QIC)



# "Crossing the Quality Chasm"

## Quality Improvement and Accountability

Proposes six aims for quality improvement.

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### Safety -



Avoiding injuries to patients from the care that is intended to help them

### Effectiveness -



Providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and overuse, respectively)

### Patient-centered -



Providing care that is respectful of and responsive to individual patient preferences, needs, and values guide all clinical decisions.

### Timeliness -



Reducing waits and sometimes harmful delays for both those who receive and those who give care.

### Efficiency -



Avoiding waste, including waste of equipment, supplies, ideas and energy.

### Equity -



Providing care that does not vary in quality because of personal characteristics, such as gender, ethnicity, geographic location, and socioeconomic status.



## Overview

### **Why would a Quality Improvement Committee (QIC) procedure manual be helpful?**

Many people do not have the slightest idea what a Quality Improvement Committee does. It may be that visitors and new members come to the monthly meetings, yet remain in a fog as to exactly how they can contribute to the process. It all seems very complex, so they sit in the meetings and try to 'wing it,' hoping for more clues from meeting to meeting. For this reason, many become discouraged or drop out. And who could blame them? Who would want to play a board game that is missing the instructions? One gets the feeling the rules and goals change depending on who is running the game. For this reason, the California Network of Mental Health Clients (CNMHC) voted to create a QIC manual as a step-by-step guide for clients to participate knowledgeably and effectively on the Quality Improvement Committees.

This manual will explain how performance improvement begins. It will explain State-to-County QIC policy & guidelines. It will help diminish the vagueness associated with the function of QIC. It will help explain and simplify complicated and confusing data. It will help explain the importance of collecting data that is accurate, appropriate, and which reflects the entire process. It will help identify resources available for brainstorming and problem solving. It can serve as a handbook and be used universally as a teaching aid.

### **What is QIC?**

- QIC = Quality Improvement Committee (QIC).
- Each county in California that has a Mental Health Plan (MHP) must have a Quality Improvement Committee.

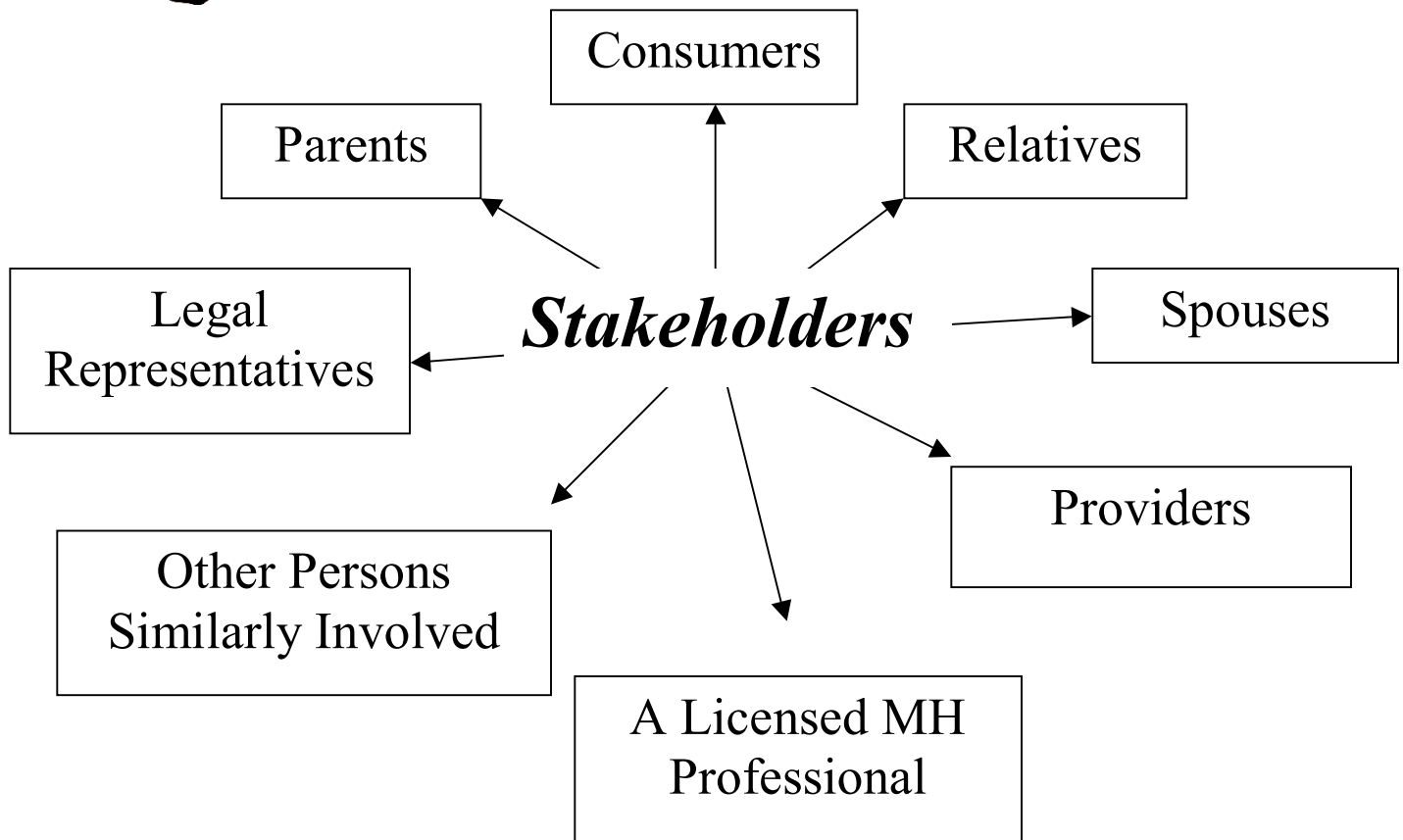
### **Why would QIC be important to you?**

QIC will be of important to you if:

- You are interested in the quality of out-patient services
- You are interested in the quality of in-patient services
- You are interested in improving mental health services



# Who Comes to QIC?




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## Stakeholder Clout Goes Beyond Making “Recommendations”

QIC shall have an active involvement in the

- ◇ Planning,
- ◇ Design,
- ◇ Execution

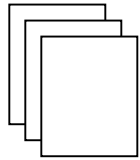
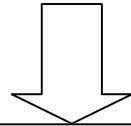
Of QI Program and the QI Work Plan.

Note: QI Work Plan is Part of the QI Program

# First QIC Meeting

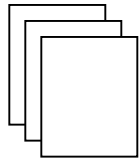
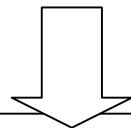


## What to ask for:



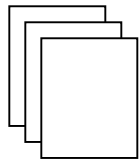
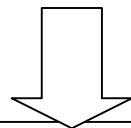
### QI Work Plan

Each Mental Health Plan (MHP) must have a Quality Improvement Work Plan



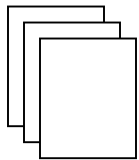
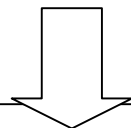
### Last QI Performance Evaluation

The last QI Performance Evaluation sent to the State



### Minutes

The last 3-months of minutes



### Reports

The last several reports.

## The Basics

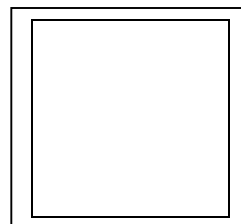
### What is a Quality Improvement Program and Quality Improvement Work Plan?

MHP = Mental Health Plan

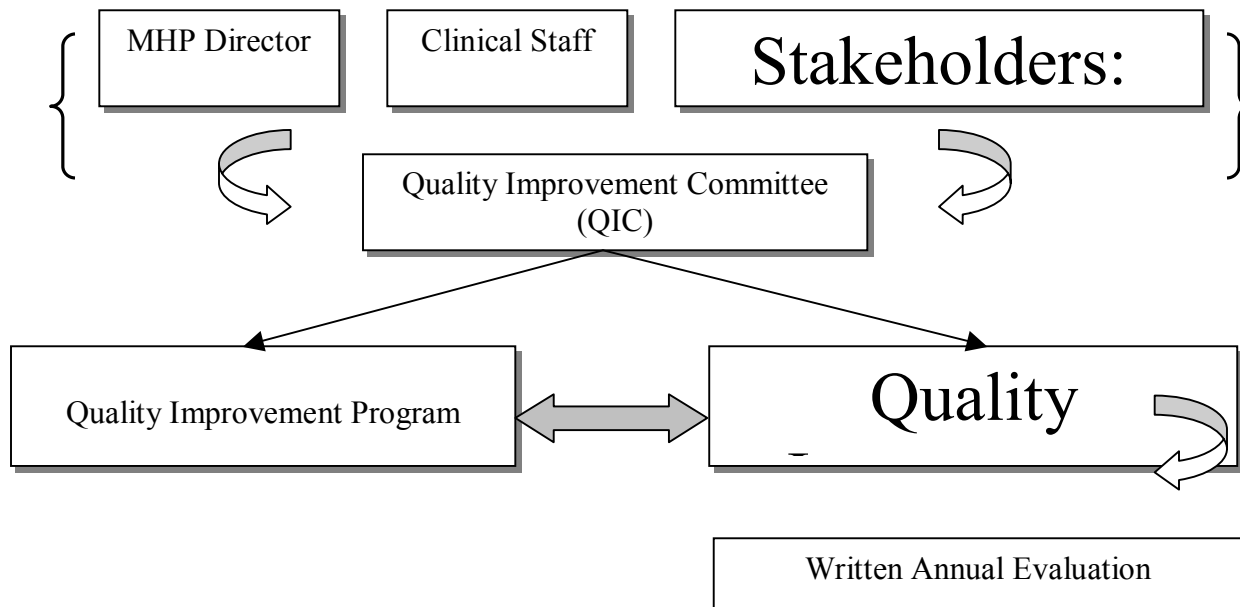
QIC = Quality Improvement Committee

QI Program = Quality Improvement Program

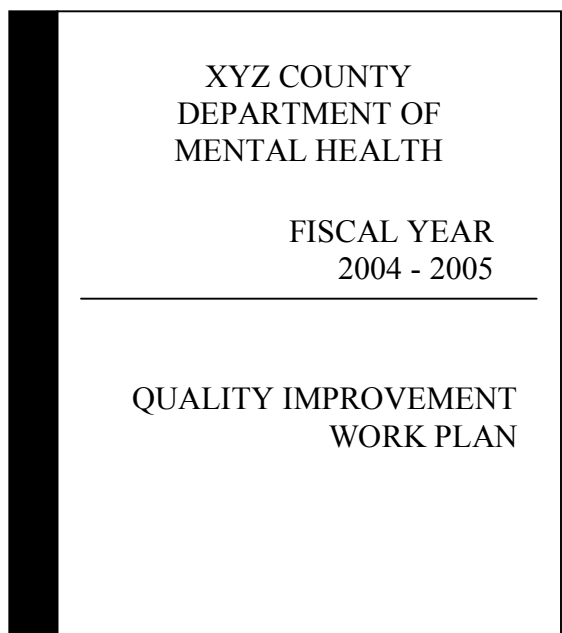
QI Work Plan = Quality Improvement Work Plan



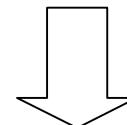
### QIC Flow Chart



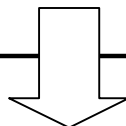
# QUALITY IMPROVEMENT WORK PLAN



A BLUEPRINT

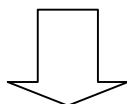


FOR THE QUALITY  
IMPROVEMENT PROGRAM



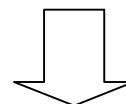
- Includes an Annual Evaluation on QI Effectiveness
- Monitoring of Six (6) State Mandated Items
- Two (2) Performance Improvement Projects (PIPs)
- Monitoring of Previously Identified Issues
- Other Areas Identified by QIC and Staff

## QIC TOOLS INCLUDE



Create Special Surveys

Analyze Data



Initiate Special Studies

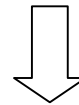
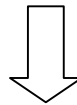
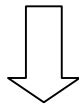
You Name It

## QIC Range of Duties and Discretion



# Quality Improvement Committee

Monitors & Plans, Design & Execute



Service Delivery Capacity of the MHP

Accessibility of Services

Beneficiary satisfaction

MHP's service delivery system

Continuity and coordination of care with physical health

Provider Appeals.

**FOLLOW-UP**  
Monitoring of previously identified issues, including tracking of issues over time.

Planning and initiation of activities for sustaining improvement.

**OTHER AREAS OF CONCERN TO QIC**

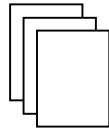
Conducts monitoring activities including but not limited to review of beneficiary complaints and grievances and fair hearings, provider appeals, and clinical records review.

PIP's → Two (2) Performance Improvement Projects → 1 Clinical & 1 Non-Clinical

An annual evaluation of the overall effectiveness of the QI Program,



## Actual Report Given in QIC



Year → 2005

Verbal Report

## CENTRAL ACCESS TEAM

Method - Secret Shoppers

Data#1 - 3 Calls Rejected

Data#2 - 17 Test Calls Made

What Can We Find Out With This Information?

QIC Chair Response

*"The point was, we made 17 test calls and she reported that 14 were logged by the program correctly and 3 were not. That was the report and what the state wants to know."*



Missing → Performance Improvement Measurement

- Last Report's Indicator?
- This Report's Indicator

Rejection rates over 3% (3 out of 100) in many companies will result in the whole lot being rejected and require documentation for corrective action immediately.



## Overview

### Consideration for QIC subcommittee

Discuss Flow for creating Subcommittee.



Review Report →  
 Review Indicators →  
 Review Source Data →  
 State Concern

**Subcommittee?**

If no, continue to monitor: OR

Phase 1

Subcommittee



Define Project:  
 "What do we hope to accomplish?"



Collect Data:  
 Surveys, Databases, Special Studies

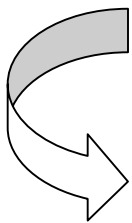


Develop Indicators from Data:  
 Ex Data1/Data2 = PM = Indicator(s)

**Proceed?** If no, continue to monitor: OR

Phase 2

Corrective Action / Improvement Circle



1. Develop and Activate Corrective Action
2. Collect New Data, Re-measure, Evaluate Results
3. Modify Policy and Procedures
4. Monitor to Hold Gains



Insert  
QIC Subcommittee Flow Chart Here



## Checking the Minutes

The minutes are a summary of what happened in the last meeting.

- Do the minutes appear to be objective? Do they portray and capture the essence of the meeting or do the minutes portray the meeting in a slanted, distorted light i.e. too positive or too negative?
- Are any important subjects missing?
- Look for a BALANCE: Is only one aspect of the report, say all the positive comments in the minutes and none of the negative points?
- Are all the unfinished items set aside for action completed?



## Getting on the Agenda

- You could call the QIC chair and request he/she add the agenda item(s). Write down your message, and the date and time of the request.
- Put your request in writing and deliver it in person and request to have a copy signed as a receipt.
- You could write an email to the QIC chair and CC a copy to all QIC attendees and yourself.
- You could mail your request by certified mail.

## What is the Difference Between a GRIEVANCE and ACTION?



**Grievance:** Usually Personality Conflicts, Rude Staff

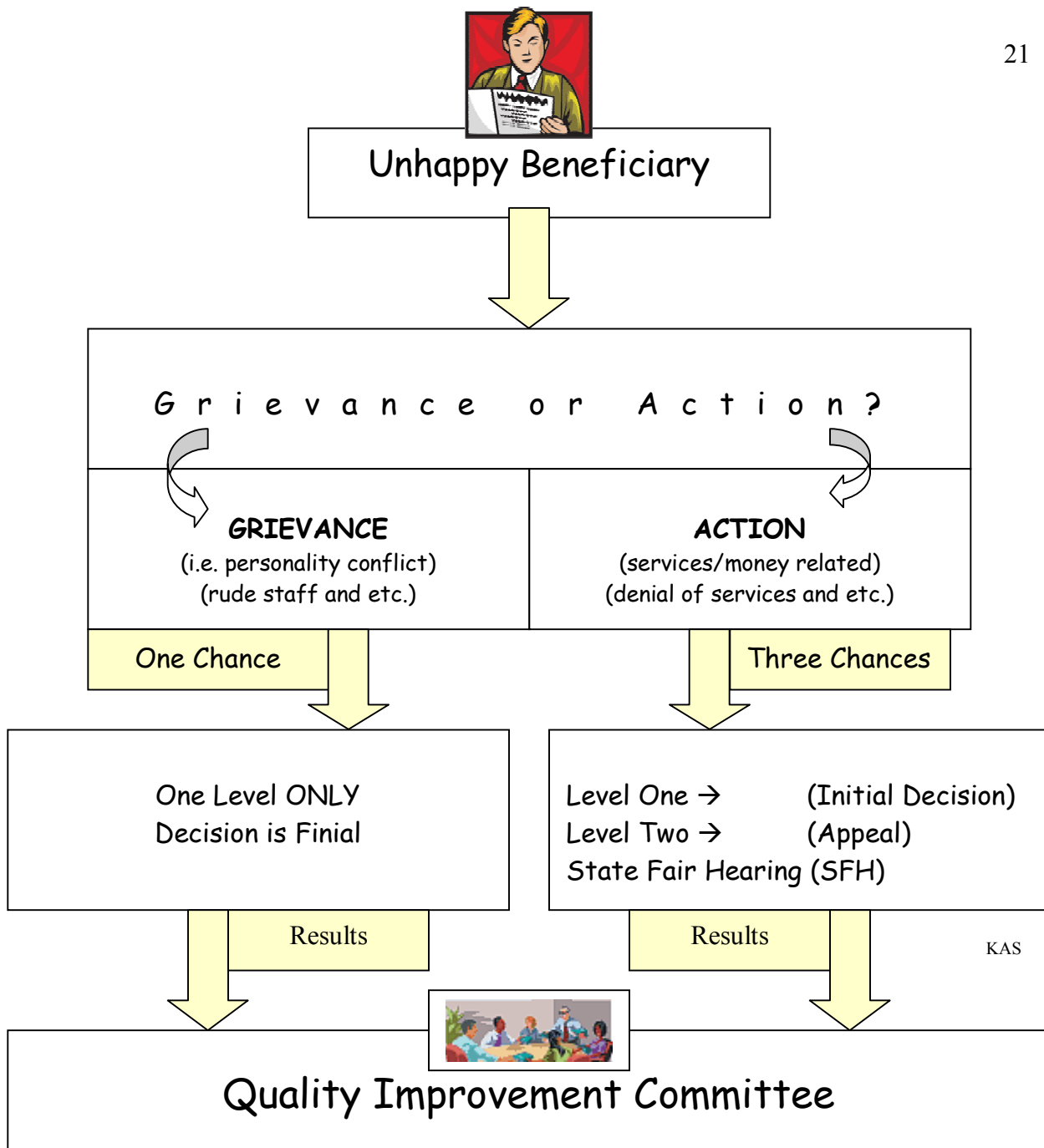
- Reception staff was laughing at me.
- Staff keeps hangs up on me every time I call.
- A staffer called me a 'sicko'.



**Action:** Usually Money Based

- Appointments Cut Back: I was seeing a doctor once a week and now they are making my appointments for once a month but I need to see a doctor once a week.
- Medication Refusal: I was getting Restoral for sleep and now they won't give it to me anymore.
- Services Cutoff: They say I don't need mental health services anymore and I know that I need them to keep from getting sicker.
- Services Refused: My son is mentally ill and I can't get services or help through the Mental Health Plan (MHP).

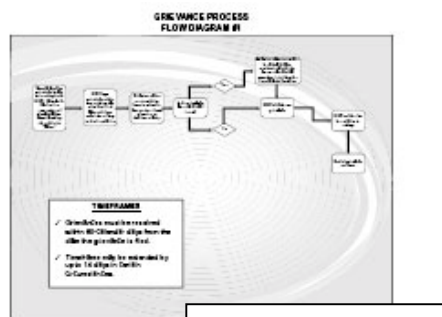
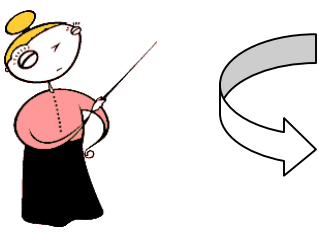
Complaints have been 'redefined' into 2 categories...i.e. Grievance and Action. Grievance has to do with rude staff, personality conflicts and etc. Action has to do with denial of services, medication, appointments → basically regulatory



Notice that all decisions on *grievances* are final. Especially for this reason there needs to be a method to separate and categorize all grievance decisions so that QIC and keep an eye on trends. Perhaps each category represents a data source to develop an Indicator.

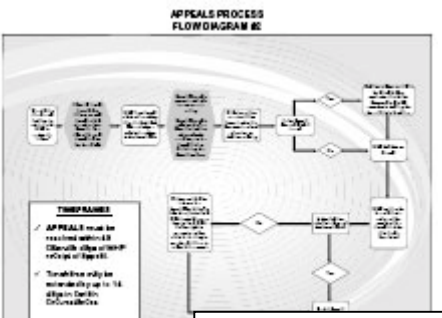
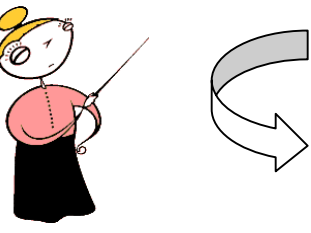
# State Flow Charts For: *Grievances / Appeals / Expedited Appeals* (In Your QIC Manual)

**Grievances**



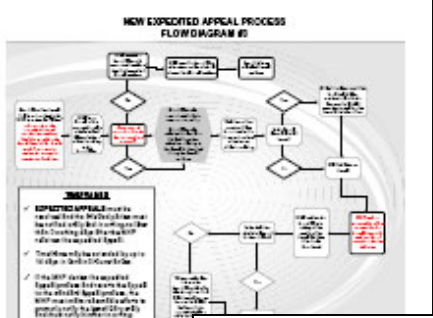
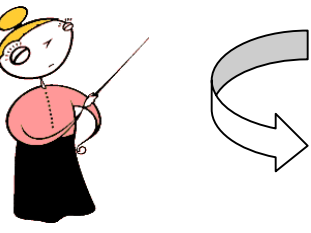
**State Flow Chart**

**Appeals**



**State Flow Chart**

**Expedited Appeals**



**State Flow Chart**

## What Are PIPs?

# Performance Improvement Projects

The purpose of PIPS is to assess and improve processes, and thereby improve outcomes of care. What sets a PIP apart from a



Data is usually based on

- enrollee characteristics,
- standardized measures,
- diagnosis and outcome information
- data from surveys, grievance and appeals processes, etc.

regular report is that PIPs must be designed and conducted in a methodologically sound manner.

QIC must conduct 2 Performance Improvement Projects (PIP's) every year.

One must be clinical in nature

One must be non-clinical in



## Each PIP begins with a STUDY QUESTION

1. "Will training inpatient hospital staff significantly reduce the number of times patients are put into restrains?"
2. "Does the location of the clinic(s) impact utilization of mental health services by Latino beneficiaries?"
3. Do the opening and closing hours of a mental health clinic have an impact on Older Adult Access?"

To proceed with our PIP we must measure performance at two periods of time to find out if improvement has occurred.

### **1<sup>st</sup> → First Period of Time**

We develop an indicator(s) to compare the current number of times patients are being restrained.

### **2<sup>nd</sup> → Second Period of Time**

We compare the indicator(s) in from our first period of time with our new indicators after inpatient training. Has been a reduction in the use of restraints?



PIP's are "Assessed to determine the Likelihood that Improvement is "Real" Improvement. One way to make this assessment is to calculate the degree that the intervention is statistically "significant".

# Looking Ahead

## Quality Improvement Committee

### *Modes of Operation*



#### Passive:

Is the committee only nodding their heads, and going along with nearly everything put in front of them?



#### Reactive:

Is the committee only doing something after a problem happens? Or, when a problem becomes out-of-hand?

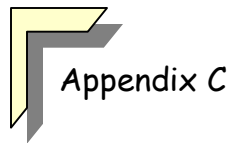


#### Active:

Or is the committee looking ahead and trying to find problems before they get out-o

- Anticipating Type of Data Needed
- Verifying Data Sources
- Verifying Data Collection Methods
- Does the Report Have the Required Data and Indicators?
- Looking into convoluted data and simplifying
- Does the Report Exist?
- Is the Report Verbal or Written?





## Law, Codes and Regulations [12]

### California Code of Regulations (CCR) Title 9; Division I; Chapter 11; § 1810.440

The MHP shall establish a Quality Management Program in accordance with the terms of the contract between the MHP and the department that includes at least the following elements:

- (a) A Quality Improvement Program responsible for reviewing the quality of specialty mental health services provided to beneficiaries by the MHP that:
  1. Is accountable to the director of the MHP.
  2. Has active involvement in planning, design and execution from:
    - A. Providers;
    - B. Beneficiaries who have accessed, specialty mental health services through the MHP; and
    - C. Parents, spouses, relatives, legal representatives, or other persons similarly involved with beneficiaries who have accessed specialty mental health services.
  3. Includes substantial involvement of a licensed mental health professional.
  4. Conducts monitoring activities including but not limited to review of beneficiary complaints and grievances and fair hearings, provider appeals, and clinical records review.
  5. Is reviewed by the MHP and revised as appropriate annually.
- (b) A Utilization Management Program responsible for assuring that beneficiaries have appropriate access to specialty mental health services from the MHP that:
  1. Assures that the access and authorization criteria established in this chapter are met.
  2. Conducts monitoring activities to ensure that the MHP meets the established standards for authorization decision making and takes action to improve performance if necessary.
  3. Is reviewed by the MHP and revised as appropriate annually.
- (c) A beneficiary documentation and medical record system that meets the requirements of the contract between the MHP and the department and any applicable requirements of state and federal law and regulation.

NOTE: Authority cited: Section 14680, Welfare and Institutions Code.  
Reference: Sections 5777, 14683, and 14684, Welfare and Institutions Code.

Overview on  
Additional QIC Manual Sections



Medi-Cal History and Waivers → 40-41

*Knowledge in Depth* → 43



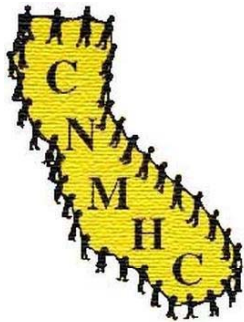
*Use of Words and Phrases* → 47

*Meaning of Acronyms* → 50



Suggestions for Data Sources → 52

*References* → 57



*California Network of Mental Health Clients*

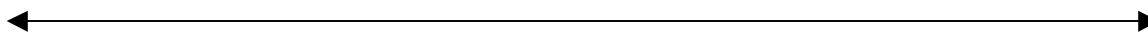
Far South Projects

2004 - 2005

QIC Manual

# Congratulations!

You Have Completed the NETWORK QIC Training



Thanks to:



The NETWORK & PAI

Pamila Lew – PAI Staff Attorney

Sally Zinman - Network Executive Director

*Additional Thanks to our RSVP PAI Contacts*



*Lucy Garcia ----- LA Office*

*Charlena Washington ----- San Diego Office*

*Evelyn Bello-Grant ----- Oakland Office*

*Joseph Le ----- Sacramento Office*