

Department of Mental Health
TRANSMITTAL LETTER

SUBJECT

Internal Quality Committee and Quality Council

POLICY NUMBER

DMH Policy 612.1

DATE

APR 28 2012

TL# 164

Purpose. The purpose of this policy is to describe the scope and responsibilities of the Internal Quality Committee (IQC), and the Quality Council; as well as their purposes, functions, and composition.

Applicability. This policy applies to the Department of Mental Health (DMH), core services agencies (CSAs), and all providers of Mental Health Rehabilitation Services (MHRS).

Policy Clearance. This policy was cleared through the Deputy Director, Office of Accountability.

Implementation Plans. A plan of action to implement or adhere to a policy must be developed by designated responsible staff. If materials and/or training are required to implement the policy, these requirements must be part of the action plan. Specific staff should be designated to carry out the implementation and program managers are responsible to follow through to ensure compliance. Action plans and completion dates should be sent to the appropriate authority. Contracting Officer Technical Representatives (COTRs) must also ensure that contractors are informed of this policy if it is applicable or pertinent to their scope of work. Implementation of all DMH policies shall begin as soon as possible. Full implementation of this policy shall be completed within sixty (60) days after the date of this policy.

Policy Dissemination and Filing Instructions. Managers/supervisors of DMH and DMH contractors must ensure that staff is informed of this policy. Each staff person who maintains policy manuals must promptly file this policy in Volume II of the **DMH Policy and Procedures Manual** and contractors must ensure that this policy is maintained in accordance with their internal procedures.

*If any DMH policies are referenced in this policy, copies may be obtained via DMH Intranet on the dmhweb or the District Internet at www.dmh.dc.gov Hard copies of DMH policies may be obtained from DMH Policy Support Division by calling (202) 671-4070.

ACTION

REMOVE AND DESTROY


NONE

INSERT

**DMH Policy 612.1 Internal Quality
Committee and Quality Council**


Stephen T. Baron
Director, DMH

4/28/12
Date

<p>GOVERNMENT OF THE DISTRICT OF COLUMBIA</p>  <p>DEPARTMENT OF MENTAL HEALTH</p>	<p>Policy No. 612.1</p>	<p>Date APR 28 2012</p>	<p>Page 1</p>
<p>Supersedes <u>NONE</u></p>			

Subject: Internal Quality Committee and Quality Council

1. **Purpose.** The purpose of this policy is to describe the scope and responsibilities of the Internal Quality Committee (IQC), and the Quality Council; as well as their purposes, functions, and composition.
2. **Applicability.** This policy applies to the Department of Mental Health (DMH), core services agencies (CSAs), and all providers of Mental Health Rehabilitation Services (MHRS).
3. **Authority.** Department of Mental Health (DMH) Establishment Amendment Act of 2001 and the Mental Health Rehabilitation Services (MHRS) Certification Standards.
4. **Policy.** The Department of Mental Health shall provide leadership and direction for promoting and establishing quality mental health services within the public mental health system through actions targeted both within and external to DMH. The Internal Quality Council, working in partnership with the Quality Council, aims to achieve this purpose through the following scope and responsibilities:
 - 4a. **Provide** leadership in ensuring that quality of processes, activities, programs, and services provided at the DMH are continuously assessed and monitored toward quality assurance and improvement.
 - 4b. **Coordinate** the implementation and use of data gathered from methods and tools such as surveys, studies, and various analyses (e.g., trending analysis, outcomes analysis), and reports to promote compliance, quality assurance and quality improvement.
 - 4c. **Provide** feedback and advice on compliance and quality improvement issues to the Director and Executive Staff; and
 - 4d. **Utilize** the Quality Council (see section 10) as a forum for information, responses and interaction on quality improvement matters for DMH Quality Improvement Directors, and Quality Improvement Directors of providers.
5. **Definitions.**
 - 5a. **Internal Quality Committee (IQC).** Responsible for coordination of quality assurance and improvement activities within DMH including the Mental Health Authority (MHA), Mental Health Services Division (MHSD), Comprehensive Psychiatric Emergency Program (CPEP) and Saint Elizabeths Hospital (SEH) – see section 6.
 - 5b. **Provider Quality Council (QC).** The committee is responsible for the following: (1) informing providers of quality issues identified by the DMH IQC, (2) the implementation of the annual Quality Improvement Initiatives and (3) sharing best practices for improving quality in the MHRS community - see section 10.

6. Purposes and functions of the IQC.

6a. The purposes and functions of the IQC are:

(1) **Provide** leadership in ensuring that the quality of processes, activities, programs, and services provided at the DMH and by DMH providers are continuously assessed and monitored toward quality assurance and improvement by:

- a. Developing indicators on quality improvement and measuring performance against those indicators;
- b. Reviewing trends from information and data based on quality improvement indicators;
- c. Instituting quality improvement initiatives throughout the DMH provider network;
- d. Gathering and analyzing provider quality performance data through various instruments or measurement strategies (e.g., consumer satisfaction surveys, Community Service Reviews (CSR), audit/site review, MUI/UI trending analysis); and feedback from the Division of Quality Improvement (DQI) work groups; and
- e. Reviewing oversight and enforcement actions for inadequate service delivery performance and lack of adherence to quality initiatives within MHA, Saint Elizabeths Hospital and DMH contracted provider services; and developing remediation strategies.

(2) **Provide** feedback and advice on quality improvement matters to the executive team and the Quality Council (e.g., trends in causes of major incidents, results of consumer satisfaction surveys, CSR, etc.);

(3) **Identify and communicate** quality trends and outcomes to the Director, DMH.

(4) **Provide** a quarterly formal report on quality initiatives to the DMH Director and the Executive Staff.

(5) **Serve** as an advisory group to the QC, identifying and tracking quality improvement (QI) initiatives during each fiscal year, and making other quality assurance (QA)/QI recommendations.

6b. **Develop** indicators on quality improvement and utilize possible best practices;

6c. **Review and assess** trending from information and data based on quality indicators, taking action as necessary through quality improvement initiatives to resolve problems and pursue improvements in various areas [e.g., review and evaluate quality improvement performance from consumer satisfaction surveys, Community Services Review (CSR), audit/site review findings and recommendations and feedback from various workgroups under the Division of Quality Improvement (DQI) such as MUI/UI trends].

6d. **Establish and support** specific quality improvement initiatives of DQI through the implementation and use of data gathered from methods and tools such as surveys, studies, and various analyses (e.g., trending analysis, outcomes analysis), and report.

7. **Composition.** The IQC Standing Committee members are selected by the Director, Office of Accountability (OA). They are:

- (1) DMH Chief Clinical Officer (or designee)
- (2) Quality Improvement Director (or designee)
- (3) Organizational Development Director (or designee)
- (4) Policy Support Division (PSD) Director (or designee)
- (5) Director, Saint Elizabeths Hospital Performance Improvement Division (or designee)
- (6) Director, MHSD (or designee)
- (7) Director, CPEP (or designee)
- (8) Director, DMH Provider Relations Unit (or designee)
- (9) Lead Auditor, OA
- (10) Data Analyst, Office of Accountability and
- (11) Other representatives, as necessary

The Deputy Director, OA, serves as the chairperson of the committee and may invite other participants to its meetings (e.g., outside experts or consultants and such other persons) depending on the agenda.

8. **Meetings.**

8a. **Frequency.** The IQC shall meet at least monthly and may meet more frequently as deemed necessary.

8b. **Content.**

- (1) IQC meetings include consideration and review of quality issues affecting the DMH such as quality reports from the various parts of DMH represented on the Committee, including: Saint Elizabeths Hospital, Mental Health Authority (MHA), including MHSD and the Division of Quality Improvement (DQI).
- (2) Meetings may also include feedback and direction for quality issues pursued by the provider DMH network. Examples may include but are not limited to the following:
 - a. LOCUS/CALOCUS¹ implementation and utilization;
 - b. Mental Health Statistics Improvement Program (MHSIP) implementation and data use;
 - c. Recommendations regarding the development of annual Quality Improvement Initiatives, as well as considerations for further use of the data collected;
 - d. preparation of the tools and elements considered for the Provider Scorecards; review and input for the creation and use of DMH data reports on trends noted in the Critical Incident Mortality Review Committee, and suggestion for best practices noted as a result.

9. **IQC Work Groups.** IQC may organize work groups to focus on certain projects to pursue quality initiatives to:

- a. Examine/analyze data to formulate quality initiatives based on results;
- b. Maximize the use of quality improvement instruments and strategies to improve consumer care.

¹ See DMH Policy 300.1D Level of Care Utilization System (LOCUS/CALOCUS) Evaluations, signed 02/27/2012

10. The Quality Council (QC).

10a. The scope and responsibilities of the QC are:

- (1) **Facilitate** the implementation of quality improvement recommendations and initiatives originating from the IQC by their provider agencies;
- (2) **Provide** status report and feedback on implementation of DMH quality improvement initiatives at provider level;
- (3) **Disseminate** reports on quality improvement initiatives at service level among providers and to DMH on a quarterly basis;
- (4) **Review** system data from OA and **provide** feedback, as warranted;
- (5) **Share** best practices for improving quality at in the MHRS provider community.

10b. Composition of the QC. The QC will be comprised of the following core members.

- (1) DMH Quality Improvement Director (or designee)
- (2) Quality Improvement Directors of providers (or designee)

The QI Director serves as the chairperson of the QC and may invite other representations from various groups or consultants, depending on the agenda.

10c. Meetings.

(1) Frequency. The QC shall meet at least quarterly or more frequently, as deemed necessary by the Chairperson.

(2) Content.

- a. Quality improvement matters reported by the IQC (e.g., trends in root causes of major incidents, results of consumer satisfaction surveys, CSR, etc.);
- b. Reports on quality initiatives and issues from the various parts of DMH provider network.
- c. Feedback on DMH quality improvement initiatives and directions.
- d. Presentations from providers on best practices and quality improvement activities at their agencies.

11. **Inquiries.** Any questions regarding this policy may be addressed to the DMH Deputy Director, Office of Accountability.

Approved By:

Stephen T. Baron
Director, DMH

(Signature)

(Date)