Quality Management Plan Guidelines

A quality management plan describes the actions the whole organization will take to improve business operations.

Begin the plan with the organization’s mission and vision statements or refer to the organization’s strategic plan.

A quality management plan includes at least the following:

**Purpose:** The purpose statement is a non-measurable description of the reason for continuous quality improvement activities for the next 12-24 months.

**Scope:** Describe everything the quality management plan covers (use program names or service descriptions, include everything done by the organization regardless of funding stream.) The things listed in the scope may be bullet points rather that full descriptions of the topic. Describe things that will not be included in the quality management plan with a clearly defined reason for the exclusion of that topic.

**Plan:** Describe the actions to be taken. Include methodology\(^1\), assessment process,\(^2\) baseline condition, expected change, timelines for taking action, and rational for adjustment or closure for each item listed below:

- Implementation of evidence-based practices (Prevention, intervention, and treatment curricula, Seeking Safety, Aggressive Replacement Therapies, Assertive Community Treatment, etc.), programs and research-based approaches to service delivery
- Client/participant satisfaction survey of services (include incidents [medical errors such as wrong dosage, miss placed medications, missed doses, etc.], physical accidents resulting in bodily injuries, death reports, client complaints)
- Service capacity and access to care (waitlist management, capacity management, crisis services, level of services based upon consumer need, barriers to services, etc.)
- Continuum of care (address the part provided by the organization and the impact for the consumer that may be moving through the system from universal prevention to aftercare, impact of utilization management decisions impacting

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\(^1\) Methodology: a system of methods used in a particular study or activity. Methods: a procedure, technique, or way of doing something, especially in accordance with a definite plan.

\(^2\) Assessment: the act of making a judgement about something.
continuum of care, community agreements for services not provide by the organization to meet consumer needs, etc.)

- Data accuracy (Accuracy of clinical or psycho-social assessments, diagnoses, recovery plans, performance measures, outcome measures, billing codes, financial records, etc.)
- Performance and outcome improvements\(^3\)

**Examples of methodologies:**
- Documentation checklist used to identify compliance and non-compliance with service delivery requirements
  - Scores for compliance: 0 or 1
  - Scores for quality: 5 for excellent quality, 4 for above average quality, 3 for average quality, 2 for below average, 1 for minimal quality, 0 no quality
  - Quality is defined as: the provision of services which, within the constraints of technology, resources, and consumer circumstances, will meet accepted standards and practices which will improve consumer’s health and safety status in the context of recovery.
- Observation checklist
  - Scores for appropriateness: 2 for exceeded requirements, 1 for met requirement, 0 for did not meet requirement quality
  - Appropriateness is defined as: the provision of treatment services consistent with the individual's identified clinical needs and level of functioning
- Fishbone activities with 5 hows, 5 whys, (The five whys are used for drilling down into a problem and the five hows are used to develop the details of a solution to a problem) 5 S’s (Sort, Simplify, Shine, Standardize, Sustain)
- Root Cause analysis results
- Strength, Weakness, Opportunities, Threats (SWOT) analysis
- Backward chaining
- Business process flow chart

**Examples of assessing:**
- Data gathered is used to determine or define the degree of the problem
- Evaluate the data gathered
- Evaluate the intervention options
- Evaluate the effectiveness of the intervention by looking at before and after data

**Examples of improvement:**
- Positive change in performance data
- Positive change in observation data
- Lack of change resulted in:
  - positive reinforcement
  - recognition that the tools were defective

\(^3\) Improvement: an example or instance of improving or being improved.
Texas Administrative Code references:

§448.504 Quality Management

The facility shall develop procedures and implement a quality management process. The procedures shall address at a minimum:

(1) goals and objectives that relate to the program purpose or mission statement;
(2) methods to review the progress toward the goals and a documented process to implement corrections or changes;
(3) a mechanism to review and analyze incident reports, monitor compliance with rules and other requirements, identify areas where quality is not optimal and procedures to analyze identified issues, implement corrections, and evaluate and monitor their ongoing effectiveness;
(4) methods of utilization review to ensure appropriate client placement, adequacy of services provided and length of stay; and
(5) documentation of the activities of the quality management process.

§412.317 Quality Management

(a) Quality management plan. The LMHA and MCO must develop a written quality management plan that includes:

(1) the quality management program description and work plan;
(2) measurable objective indicators to detect the need for improvement;
(3) procedures and timelines for taking appropriate action when problems are identified; and
(4) approval by the LMHA or MCO governing body.

(b) Quality management program. The LMHA and MCO must implement a quality management program that includes:

(1) a structure that ensures the program is implemented system-wide;
(2) allocation of adequate resources for implementation;
(3) oversight by professionals with adequate and appropriate experience in quality management;
(4) activities and processes that address identified clinical and organizational problems including fidelity and data integrity;
(5) periodic reporting of quality management program activities to its governing body, providers and other appropriate staff members and community stakeholders such as peer and family organizations;
(6) processes to systematically monitor, analyze, and improve performance of provider services and outcomes for individuals;
(7) review of the provider's treatment to determine:
   (A) whether it is consistent with the department's approved evidenced-based practices and the fidelity manual; and
   (B) the accuracy of assessments and treatment planning;
(8) ongoing monitoring of the quality of crisis services, access to services, service delivery, and continuity of services;
(9) provision of technical assistance to providers related to quality oversight necessary to improve the quality and accountability of provider services;
(10) use of reports and data from the department to inform performance improvement activities and assessment of unmet needs of individuals, service delivery problems, and effectiveness of authority functions for the local service area;
(11) mechanisms to measure, assess, and reduce incidents of abuse, neglect, and exploitation;
(12) mechanisms to improve individuals’ rights protection processes;
(13) risk management processes such as competency determinations, and the management and reporting of incidents and deaths; and
(14) coordination of activities and information management with the utilization management (UM) program, including participation in UM oversight activities.
(c) The LMHA and MCO must establish an integrated system to sufficiently monitor the quality management program for effectiveness on a regular basis and update the quality management plan as needed.