

Charleston Dorchester Mental Health Center

Quality Improvement Policy

I. Policy:

The Charleston Dorchester Mental Health Center continuously strives for quality improvement by:

- Improving access to our services
- Providing “best practice” treatment services to our clients
- Planning and delivering the services within a recovery-oriented approach
- Providing professional development opportunities for our staff
- Continuously monitoring whether clients are receiving the appropriate services at the right frequency to meet their needs
- Adjusting programming to meet the ever changing needs of our community

II. Persons Responsible:

Every staff member is responsible for quality improvement.

III. Procedures:

A. Education and Training

1. When a clinician is hired, s/he is provided training regarding many aspects of quality of care, including but not limited to:

- Recovery
- Confidentiality and HIPAA
- Continuity of Care
- Case Management
- Documentation Standards- Part 1 & 2
- Corporate Compliance

2. QI Staff provide face-to-face trainings on needed topics, e.g. Writing a Recovery Plan, Treatment Service Standards, etc. Other specialized trainings developed by the Quality Improvement Department are available on the Center’s web site, www.cdcmhc.org.

3. The QI Dept. maintains a “quality improvement” electronic-mail box so employees from the field can ask questions and receive written responses within 24-72 hrs.

B Internal Audit Process

1. The DMH/DHHS contract specifies the percentage of medical records to be audited quarterly/annually. Auditing may be done by clinicians, supervisors and or the Quality Improvement staff. The DMH standardized Individual Medical Record and Utilization Management Audit Tool is used.

2. The quarterly report, once compiled, is sent to DMH/Quality Management & Corporate Compliance, and DHHS. Disallowances/paybacks are processed and sent within 90 days of filing the quarterly reports.
3. Since the individual audit reports constitute valuable training tools, they are sent to the appropriate Clinical Directors for their review and then distributed to their supervisors and clinicians
4. The Annual Quality Improvement Report reflects the audit results of the past fiscal year and focuses on areas needing improvement, particularly those reflecting quality of care issues, and is distributed to all staff, and the Board.

C. Utilization Management Review System

1. Quarterly audit reports review such utilization management items as the frequency of services delivered and the types of services rendered for clinical appropriateness. Results are shared with Senior Management and/or Management Team and actions, appropriate to the results, occur.
2. Additional utilization reviews are conducted by the QI Dept. when the Executive Director, Senior Management and/or Management Team so request for quality improvement purposes.

D. Continuity of Care System

1. Continuity of Care Reports (admission and discharges from our state hospitals) are monitored and compiled regularly.
2. Breaks in continuity of care are reported to the Clinical Supervisors and the Hospital Liaison as they occur. The Hospital Liaison then reports the break to the appropriate DMH personnel.

Deborah S Blalock 11/13/08
Deborah S. Blalock Date
Executive Director

S T Monogan 11/13/08
Susan T. Monogan Date
Quality Improvement Director