

QUALITY IMPROVEMENT WORK PLAN FOR 2010

<p>I. MONITORING SERVICE DELIVERY CAPACITY</p> <ol style="list-style-type: none"> 1. Utilize data to set percentage of improvement in penetration and retention rates for underserved Latino and Asian/Pacific Islander populations. <ol style="list-style-type: none"> a. Increase Latino penetration rates by 1.3%; from 21.5% in FY 08-09 to 22.8% in FY 09-10. b. Increase Asian/Pacific Islander penetration rates by 1.5%; from 10.3% in FY 08-09 to 11.8% in FY 09-10. c. Increase Latino retention rates by 1.5%; from 50.4% in FY 08-09 to 51.9% in FY 09-10 for 16 or more services and from 43.7% in FY 08-09 to 45.2% in FY 09-10 for 5 to 15 services. d. Increase Asian/Pacific Islander retention rates by 1.5% from 4.17% in FY 08-09 to 5.67% in FY 09-10 for 16 or more services and from 4.27% to 5.77% for 5 to 15 services. 2. The Cultural Competency Unit, in collaboration with the Cultural Competency Subcommittee and the Quality Improvement Council, will identify and select LAC-DMH forms for translation into the threshold languages following approval by the Executive Management Team by the end of CY 2010. 3. By April 2010, the 2008 Cultural Competency Organizational Assessment will be further developed by factoring out neutral responses to establish the strength of favorable and unfavorable responses in order for EMT to determine action steps. 4. Interpreter Training Program upgrades to be completed to: a. increase practicum interactions between staff and class instructor, b. increase focus on interpreter training for mental health settings and c. include DSM IV Cultural Bond Syndromes. Continue to provide a minimum of six (6) Interpreter Training Courses annually. 5. Completion of the Cultural Competency Plan with date of completion to be established once the new guidelines become available from the State Department of Mental Health.
<p>II. MONITORING ACCESSIBILITY OF SERVICES</p> <ol style="list-style-type: none"> 1. Reassess EOB Field Response Operations for After-Hours PMRT one-hour response rates (between 68% and 74%) using response rates trending data; array of available crisis intervention services, urgent care services and other intensive non-acute hospitalization services; and, staffing reductions due to budget curtailments that remain in effect. Identify potential strategies to manage/improve responsiveness. 2. Reassess rates of abandoned calls (between 13% and 14%) using trending data, call volume patterns, and call volume anomalies, including the significant increases in Non-English calls received, especially for Spanish, during CY 2009, reasons for increases and strategies to manage/improve language services. 3. Increase the overall rate by 4% from 84% in CY 2009 to 88% in CY 2010 for consumers/families reporting that they are able to receive services at convenient locations and continue year to year trending. [Source: Performance Outcomes]. 4. Increase the overall rate by 3% from 87% in CY 2009 to 90% in CY 2010 for consumer/families reporting that they are able to receive services at convenient times and continue year to year trending. [Source: Performance Outcomes].
<p>III. MONITORING BENEFICIARY SATISFACTION</p> <ol style="list-style-type: none"> 1. Participate with CDMH new survey methodology (once a year) for the Statewide Performance Outcomes, determine improved survey sampling methodology, and continue year to year trending. 2. Increase by 1% from 89% in CY 2009 to 90% in CY 2010 consumers/families reporting that staff was sensitive to cultural/ethnic background [Source: Performance Outcomes]. 3. Increase by 1% from 137.7 in CY 2009 to 139.1 in CY 2010 for the Overall Satisfaction Average Mean Score and initiate year to year trending. [Source: Performance Outcomes] 4. Maintain at 97% consumers/families reporting that written materials are available in their preferred language and continue year to year trending. 5. Apply Performance Outcomes findings to identify areas for improvement for Service Area QICs for use in quality improvement activities, especially to support capacity, access, language services, and application of Service Area Directories. 6. Develop and implement integrated electronic database system to continue to improve tracking, accuracy, and trend analysis of complaints, grievances, appeals, change of provider requests, and coordination between responsible units for timely and effective responsiveness and resolution.
<p>IV. MONITORING CLINICAL CARE</p> <ol style="list-style-type: none"> 1. Continue to improve medication practices through systematic use of medication protocols and trainings for the use of medication forms and clinical documentation for new and existing staff. 2. Conduct EPSDT Performance Improvement Project (PIP) to ensure that each consumer receives services that are appropriate, effective and efficient.
<p>V. MONITORING CONTINUITY OF CARE</p> <ol style="list-style-type: none"> 1. Utilize Performance Outcome measures to improve timely continuity of care by consumers being seen within 7 calendar days of discharge from an acute psychiatric hospital (Post Hospitalization Outpatient Access – PHOA) and conduct RC2 PIP in collaboration with APS/EQRO and Statewide consultants. 2. Conduct pilot project for timeliness of appointments as related to tracking and assessing “no shows”.
<p>VI. MONITORING OF PROVIDER APPEALS</p> <ol style="list-style-type: none"> 1. Continue monitoring the rate of zero appeals through CY 2010.