COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
PROGRAM REVIEW: QUALITY IMPROVEMENT PROFILE

QI. 1 QUALITY IMPROVEMENT (QI)

QI.1.1 Do you have a copy of current DMH Quality Improvement Work Plan?

QI.1.2 Does a representative from your organization/clinic attend a Service Area Quality Improvement Committee (QIC) meeting?

QI.1.2.1 List the name of the representative who attends the Service Area QIC

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QI.1.3 Does your Service Area QIC meet at least quarterly?

QI.1.3.1 Do you maintain copies of your Service Area QIC Minutes?

OI.1.3.2 Do you maintain these minutes for at least 3 years?

QI.1.4 Does your organization/clinic have an in-house Quality Improvement (QI) Program?

QI.1.4.1 Do you have a written description of your QI program?

QI.1.4.1.1 Are the QIC's role, structure, and function operating as described in the QI program description?

QI.1.4.2 Does your QI program include the active participation of the following stakeholders in the ongoing planning, design, and execution of the QI Program?

QI.1.4.2.1 Practitioners/Providers?

QI.1.4.2.2 Beneficiaries?

QI.1.4.2.3 Family members?

QI.1.5 Does your in-house QIC meet at least quarterly?

QI.1.6 Are the minutes:

QI.1.6.1 Dated?

QI.1.6.2 Signed?

QI.1.6.3 Reflective of QIC decisions and actions?

QI.1.6.4 Kept for last 3 years?

QI.1.7 Is the QIC involved in or overseeing the following QI activities:

QI.1.7.1 Recommending clinic policy changes?

QI.1.7.2 Reviewing and evaluating the results of QI activities?

QI.1.7.3 Instituting needed QI actions?

QI.1.7.4 Ensuring follow-up of QI processes?

QI.1.8 Does the QIC evaluate the effectiveness of the QI activities at least annually?

QI.1.8.1 Does the QIC show how QI activities have contributed to improvement in clinical care and beneficiary services?
QI.1.8.2 Does the QIC monitor previously identified issues, including tracking of issues over time?

QI.1.9 Does the QIC include monitoring activities in the following areas:
QI.1.9.1 Monitoring the **accessibility of services** as evidenced by:
QI.1.9.1.1 Timeliness of routine mental health appointment.
QI.1.9.1.2 Timeliness of services for urgent conditions.

QI.1.9.2 Monitoring **beneficiary satisfaction** as evidenced by:
QI.1.9.2.1 Annual survey of beneficiary satisfaction.
QI.1.9.2.2 Annual evaluation of beneficiary grievances and fair hearing.
QI.1.9.2.3 Annual review of request for changing persons providing services.
QI.1.9.2.5 Indication that the beneficiary has access to written information in their primary language.

QI.1.9.3 Monitoring the organization/clinic **service delivery system** as evidenced by:
QI.1.9.3.1 Relevant clinical issues, including the safety and effectiveness of medication practices, are identified.
QI.1.9.3.2 The interventions implemented when occurrences of potential poor care are identified.

QI.1.10 Is there an identified plan to evaluate the linguistic proficiency and training of staff and interpreters?

QI.1.11 Has the organization/clinic developed plans in the following areas to facilitate the ease with which culturally diverse populations can obtain services:
QI.1.11.1 Hours of operation, or other relevant areas?
QI.1.11.2. Adapting physical facilities to be comfortable and inviting?

QI.2 UTILIZATION REVIEW

QI.2.1 Does your organization/clinics have a written description of your UR process?

QI.2.2 Does your Utilization Review (UR) Committee conduct clinical chart reviews of at least 10% of the caseload for the your agency on an annual basis?
QI.2.2.1 Is the review based on a random selection of charts?
QI.2.2.2 Does the UR committee use the Chart Review Tool?

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NOTE: The review excludes Day Treatment Intensive; Day Rehabilitation, and Therapeutic Behavioral Services (TBS) charts, since these services are authorized through a centralized authorization process.

QI.2.3	Do you ensure that all charts are reviewed annually, either by:
QI.2.3.1	the individual providing the service; or
QI.2.3.2	the UR Committee (this will depend on the size of the agency.
QI.2.3.3	Does the annual review coincide with the Coordination Cycle date?
QI.2.3.4	Are charts reviewed using the Chart Review Tool?
QI.2.4	How does your organization/clinic communicate the results of the chart reviews to clinicians and managers?
QI.2.5	Does your organization/clinic provide internal documentation training?
QI.2.6	What trends have been identified through chart review?
QI.2.7	What quality improvements have been instituted based on chart review findings?