

# Outline of the Quality Management Program for the Solnit Center

A program developed by Beacon Health Options at the Request  
of The Department of Children and Families

2018

# **SOLNIT CENTER QUALITY MANAGEMENT PROGRAM OUTLINE**

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## I. INTRODUCTION

This program outline, prepared by Beacon Health Options at the request of the Commissioner of the Department of Children and Families (DCF), provides a structure for operationalizing the Solnit Center (Including the Solnit Center North and South Campus PRTFs and South Campus Inpatient Program) clinical strategy and organizational goals. This outline forms the basis of a comprehensive Quality Management Program Description to be further developed in collaboration with the DCF and Solnit Center leadership. This outline is applicable to the quality vision and direction of the organization and its program operations. The Quality Management Program Outline (QMPO) describes the framework and process that supports high quality clinical care and service.

The QMPO provides a clear definition of the authority of the program and its accountability to the governing body and the DCF leadership. This document describes the QM mission, philosophy, goals, objectives, and committee hierarchy. The Program Outline, in conjunction with a Comprehensive Program Description and Project Plan, defines the annual quality activities and goals that the Solnit Center Program is responsible to operationalize and report up through the relevant committee structures.

The QM Program receives input from and coordinates its program with the Medical, Nursing Clinical, Recreation, Children Services Workers, Facilities and other staff of the facility. Additional staff/positions and job types will be required to fully implement the Quality Management Program described herein. In addition, additional committees, organizational structures, data management capacity, and other resources will be required to effectively implement and operate a QM program. Initially, the core staffing and direction for this program will reside within Beacon Health Options but will eventually be fully transitioned to Solnit Center personnel and leadership. Although the primary impetus for the development of this QM program was concern regarding the quality of care at the Solnit South PRTF, **the program described here is applicable to the entire facility including both the inpatient hospital and the PRTF programs at both the North and South campuses.** A joint Solnit Center Hospital/PRTF Quality Management structure has been developed due to:

- The reality that staff are shared across the two facilities
- At times children and youth are transferred between the programs
- The south campus programs share many common spaces (pool, recreation areas, etc.)
- An integrated QMPO program will avoid redundancies and be more cost effective

- Economies of scale will allow for a more robust QMPO program than would be possible if several parallel programs were established

## **BACKGROUND**

The genesis of this program stems from recent and past clinical events and subsequent reviews by DPH, including the most recent in response to the suicide of a youth in care. Immediately following the incident, DCF sought assistance from Barrins and Associates, a nationally recognized consulting firm for the behavioral health care industries specializing in Joint Commission and Centers for Medicaid and Medicare Services. The multifaceted review by Barrins allowed for an evaluation of the program so DCF could start improvements immediately. That report along with multiple discussions with the departments has led to a recommendation for needed improvements and achieving best practices across multiple domains. This will best be achieved by the formation of a new Quality Management Program with a particular focus on clinical services, through a collaborative effort with DCF and led by Beacon Health Options to establish best practices and ensure ongoing accountability throughout the facility.

Beacon Health Options, as the contracted Administrative Services Organization of the Connecticut Behavioral Partnership (CTBHP), has the responsibility to promote improved access, quality, and efficiency of behavioral health services under the Connecticut Medicaid Program. Beacon, as certified by CMS as a Quality Improvement Organization (QIO – Pro-Like Entity) also performs similar quality of care functions in other states in relation to state administered and private managed care contracts. Beacon also has extensive experience working with Solnit through the CTBHPs utilization management, clinical care management, and quality management functions. Although Beacon's purview is in regards to behavioral services for Medicaid Members, and not children or youth that are either uninsured or privately insured, the vast majority of clients served at the Solnit Center Inpatient and PRTF Programs are Medicaid recipients. Given Beacon's status as a private organization, its expertise in performing quality management functions, the aforementioned activities of the CTBHP, and Beacon's familiarity with Solnit, Beacon is well qualified and positioned to further develop and oversee the functions of a QM plan for Solnit Center.

## II. MISSION, AND VALUES OF THE SOLNIT CENTER PROGRAM AND THE QM PROGRAM

The Solnit Center Mission Statement is Caring, Healing and Teaching ----Partnering with children, families and communities to build hope and create opportunities.

Solnit believes that:

- Children and adolescents with serious emotional disorders can lead productive and satisfying lives.
- Children, youth and their families have the right and responsibility to participate in their treatment.
- No child will be refused treatment based on their ability to pay for services.
- Services work best when integrated with community care.

The mission of the QM Program, is to sustain and continuously improve the quality of care by helping to operationalize, monitor and reinforce the Solnit mission and clinical philosophy.

## III. PURPOSE OF THE SOLNIT CENTER QM PROGRAM

The purpose of the Solnit Center QM Program is to provide high quality clinical care and service in a manner that promotes and assures patient safety.

Within the QM Program, there are two primary domains: **Quality Assurance (QA)** and **Quality Improvement (QI)**. The Quality Assurance aspects of the program include activities such as the development and approval of policies and procedures that govern Quality Management, oversight and preparation for accreditation, as well as participation in and review of the results of auditing activities within the organization.

The Quality Improvement aspects of the program involve facilitation of the process of identifying opportunities for improvement in any of the functional areas of the organization as well as in the design and implementation of interventions to improve performance.

To achieve its purposes, the Solnit Center QM Program assures:

- Involvement and input from representatives of all stakeholder groups in the Quality Improvement Program
- Decisions are made objectively using performance data and comparing to established goals/benchmarks and industry standards
- Improvement of care and service via formalized clinical and service improvement activities

- The promotion of quality care via the use of empirically-based, clinical practice guidelines and ethical practices by program staff

#### **IV. QM PROGRAM AUTHORITY, ACCOUNTABILITY, AND STRUCTURE**

##### **A. Authority of the Solnit Center QM Program**

The management and oversight of the Solnit Center QM Program will ultimately primarily rest with the Quality Management Steering Committee (QMSC) at the facility. However, during the initial implementation of the program and for an as yet undetermined period of time, the key staff positions and oversight will rest with Beacon Health Options and transition to Solnit staffing and oversight once the program is fully operational and demonstrating the capacity to more effectively manage the quality of care. At all points, this is envisioned as a collaborative and iterative approach, allowing for information sharing and problem solving between Solnit Governing body and Beacon Health Options. The Director of Quality Management, is responsible for the Solnit Center Quality Management Program, co-chairs the Quality Management Steering Committee, and provides oversight of the day-to-day operations of the QM Program. The Director of Quality Management is supported by the Medical Director and Clinical Director, providing input into all clinical aspects of quality improvement activities undertaken by the QM Program. The Director of Quality Management reports to the Superintendent(s) of the facility/programs.

##### **B. Accountability of the Solnit Center QM Steering Committee**

In order to function effectively, a QM Program must be directed by a QM Committee that is chiefly responsible for the QM Program, in collaboration with other Solnit Departments and defined committees. In turn, the Solnit QM Committee reports to the Solnit Governing Body, which in turn reports to the appropriate DCF Central Office quality management body responsible for coordinating all the departmental Quality Management activities. The Solnit Center QM Steering Committee is responsible for oversight of the day-to-day operations of the quality management program but also to communicate activities and findings back to the Governing Body and the DCF Leadership.

##### **C. The Solnit Center QM Program Structure**

###### **Existing Program Structure**

At present, Solnit operates the following quality management sub-committees; Infection Prevention, Legal and Ethics, Pharmacy and Therapeutics, Environment of Care, Medical Records, and Staff Development. All of these committees report up to the Solnit South Governing Body. An improved Quality Management Program Structure will build upon this existing structure with modifications and additions as necessary. Based on a review of the most recent sub-committee reports, it appears that these committees are primarily focused on the

quality of care within the inpatient program and it does not appear that the same structure is operative over the PRTF. A new program structure that applies to both Solnit Inpatient and PRTF QM Program Structure will need to be established encompassing all programs.

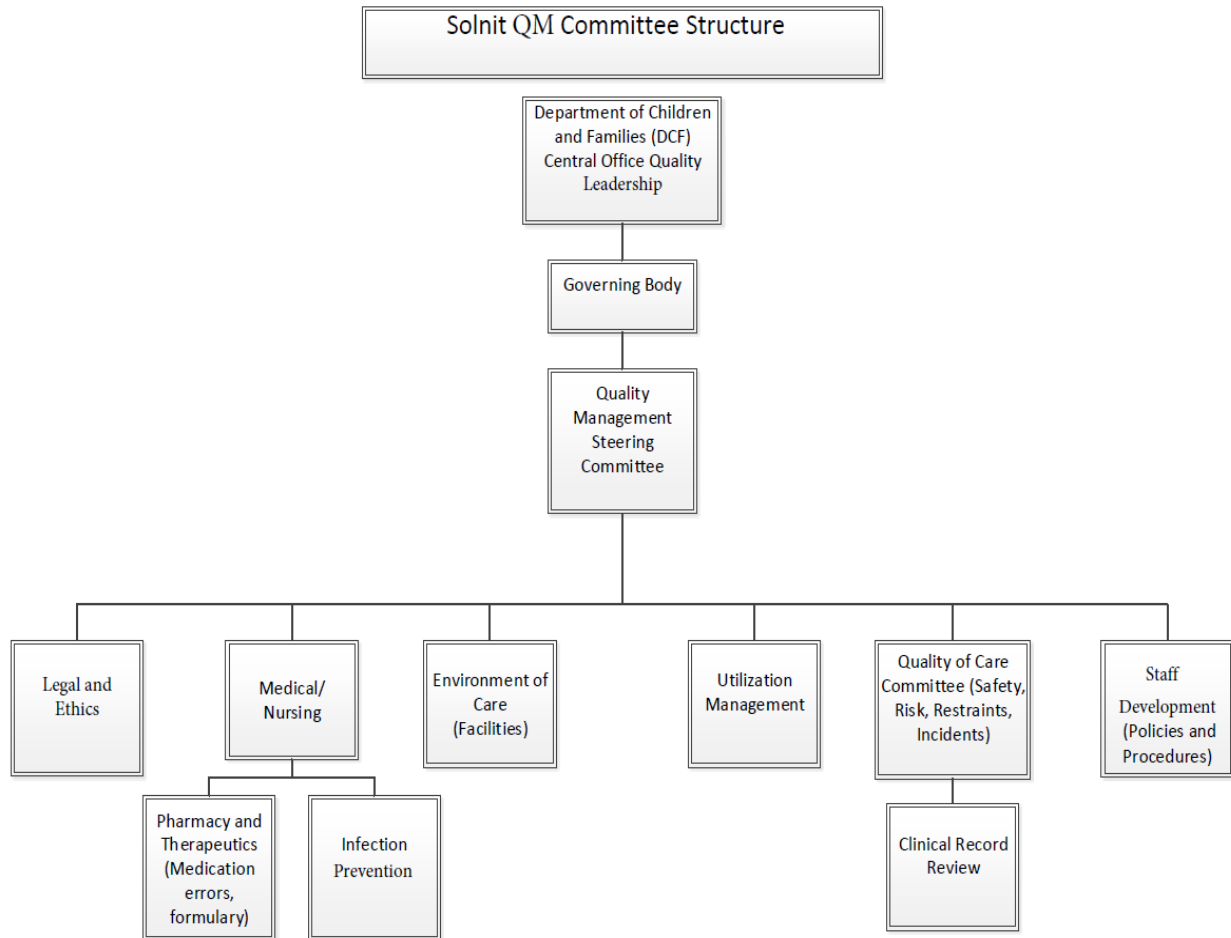
Additionally, the metrics, benchmarks, review processes, database content, reporting detail and other quality processes may require review and improvement. For example, as noted in the Barrin's report, medical record reviews may require the addition of qualitative analysis and include timeliness of completion. Collaboration between the Beacon Quality Staff and the Solnit leadership will be required to evaluate existing quality program structures and functions,

### **New Program Structure**

The Solnit Center QM Program is supported and guided by the Governing Body and the QM organizational structure operative within Hospital and PRTF Programs. The QM Program provides a unified and integrated approach within which the departments, committees, patients, families, and other stakeholders provide feedback and guidance to the facility regarding the quality of care and safety of the patients and staff.

### **The Solnit Center Committee and Subcommittee Program Structure**

The following committees and sub-committees provide the internal structure that supports the day-to-day oversight and operation of the Solnit Center QM Program. Each sub-committee reports up to the Quality Management Committee either directly or through another sub-committee. Several of these committees already exist or the functions outlined may be divided across multiple individuals and workgroups. The point is to organize current resources, and complement them to achieve the overarching structure envisioned here.



### Quality Management Steering Committee (QMSC)

The Quality Management Committee is comprised of the lead staff of the Solnit Center clinical and management teams. This Committee reviews data reflecting overall operations of the Solnit Center South Inpatient and Solnit North and South PRTF programs. Staff prepare reports for the Committee based on the Quality Management Plan, prior Quality Management Program Evaluations, and directions of the Governing Body or broader DCF Quality Bodies. The Department members of the Committee are responsible for approving the Quality Management Program Description, Quality Management Project Plan, Quality Management Annual Evaluation and the development of quality improvement activities and clinical initiatives on an annual basis.

### Quality of Care/Risk Management Committee

The Quality of Care/Risk Management Committee reports to the QMSC and is co-chaired by the Director of Quality Management (or designee) and the Medical Director (or designee). The committee meets frequently and reviews:

- all quality of care issues and adverse incidents identified in the interim
- all restraints and seclusions administered in the interim
- rates of staff injury and staff leave related to workers compensation
- compliance and quality of care as reflected in documentation in the medical record
- follows-up on the results of actions and/or investigations identified by the committee
- and oversees the action plans established for specific Solnit Departments, Units, or other entities.

The protocols and Policies and Procedures (P&Ps) associated with this committee assure timely, appropriate communication and collaboration with appropriate regulatory bodies regarding adverse Incidents and quality of care issues identified in the course of quality management activities.

### **Utilization Management Sub-Committee (UMC)**

According to the Utilization Review Accreditation Commission (URAC), a national association and recognized expert in the field, utilization management refers to "the evaluation of the medical necessity, appropriateness, and efficiency of the use of health care services, procedures, and facilities." Utilization management concerns the tracking of indices such as admissions, discharges, length of stay, occupancy and readmission rates, and other metrics that speak to how efficiently and effectively program services are utilized and managed. Activities of the admissions office, review and response to Beacon Health Options Provider Analysis and Reporting Program ,other data reports, and tracking of staffing efficiency fall under the purview of the Utilization Management Committee. The utilization Management Sub-Committee reports to the Quality Management Steering Committee.

### **Medical Affairs/Nursing Committee**

By regulation and design, a PRTF is a physician directed clinical program as is a Psychiatric Inpatient Hospital. At Solnit Center, nurses also perform critical clinical functions regarding medication administration, facilitating orders for physical restraint (seclusions are no longer utilized at Solnit), conducting assessments, etc. Either a combined Medical Affairs/Nursing Committee or separate Nursing and Medical Affairs committees will be necessary. This committee(s), through its oversight of two sub-committees is responsible for Pharmacy and Therapeutics, Infection Control, and other medical/nursing functions. The Medical Affairs/Nursing Committee reports to the QMC.

### **Pharmacy and Therapeutics Sub-Committee (P&T)**

Reporting through the Medical Affairs/Nursing Sub-committee, The Pharmacy and Therapeutics (P & T) Committee is an important medical staff advisory group. The P&T committee is responsible for managing the formulary system. It is composed of actively practicing physicians, other prescribers, pharmacists, nurses, administrators, quality improvement managers, and other health care professionals and staff who participate in the medication-use process. The P&T committee serves in an evaluative, educational, and advisory capacity to the medical staff and organizational administration in all matters pertaining to the use of medications. The P&T committee is responsible for overseeing policies and procedures related to all aspects of medication use within an institution.

### **Infection Prevention Sub-Committee**

The Infection Control Sub-Committee, under the direction of the infection control nurse, reports to the Medical Affairs/Nursing Sub-Committee. The primary function of the Infection Control Committee is to prevent and control nosocomial infections. The committee plans, monitors, evaluates, updates, and educates regarding infection control issues and processes. It sets general infection control policy and procedure and provides input into specific infection control issues including the handling of food, surveillance of nosocomial infections, investigation of infection outbreaks and infection clusters, development of infection control procedures for all departments, staff and patient education, medical waste management, universal and standard precautions, etc.

### **Environment of Care (facilities) Sub-Committee**

The objective of the Environment of Care Sub-Committee is to provide Solnit patients, personnel and visitors with a physical environment that is clean, welcoming, safe, therapeutic, and free of hazards by proactively monitoring and addressing deficiencies in the state of the grounds and physical plant. The Director of Facilities Management directs and oversees the operations of this committee along with selected members of the medical, nursing, clinical, recreational, direct care and other departments. The Environment of Care Sub-Committee reports to the QMSC.

### **Legal and Ethics Sub-Committee**

Guided by Solnit Policy regarding patient rights, and the handling of complaints and grievances the Legal and Ethics Sub-Committee, in consultation with the office of the ombudsman, accepts, investigates, and works to resolve complaints regarding Solnit services that are received from patients, families, staff, advocates, or other stakeholders that express concern regarding the quality and equity of services provided at the facility. The Legal and Ethics Sub-Committee reports to the QMSC.

### **Staff Development Sub-Committee**

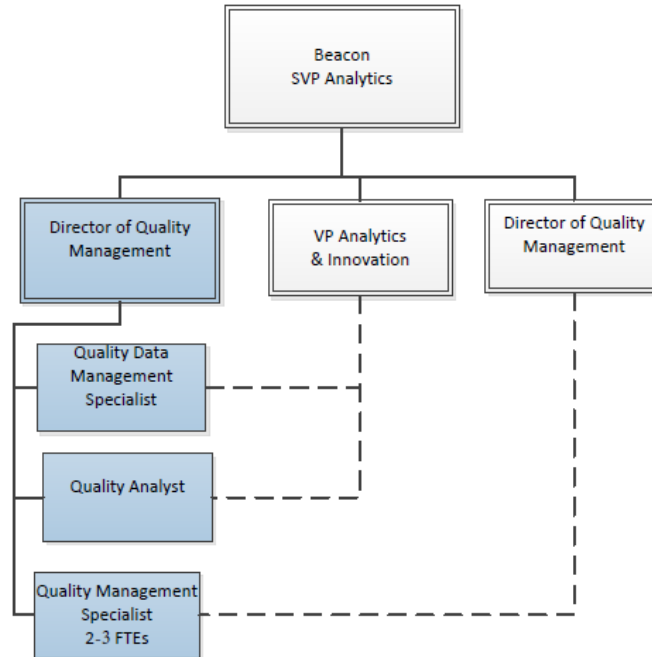
The Staff Development Sub-Committee provides a framework for the organization to implement industry best practices that help to effectively and efficiently educate, train and credential staff of

the organization. The committee insures that incoming staff meet credentialing requirements and that such requirements are maintained over the course of their employment at the facility. It also manages a program of mandatory and elective training and monitors employee participation to insure that staff and contracted agencies meet defined training standards. This sub-committee also reports to the QMSC.

#### **D. The Solnit Center QM Program Resources**

The following section describes the Employee (FTE) resources necessary to implement the QM Program and describes the manner of their participation in the program. As noted above, these positions would initially be employees of Beacon Health Options. This would facilitate a more rapid implementation of the program and function as an external review entity. Over time, the plan is to transition the positions and oversight to Solnit once the facility has been acculturated to this type of quality structure.

## Quality Management Program Staffing Initial Plan



\* Dotted lines represent an indirect supervisory relationship.

\*\* All staff in blue boxes will initially be Beacon employees but transition to Solnit staff by the end of the second year of Quality program implementation. All other positions are, and will remain, Beacon staff.

### Director of Quality Management (1 FTE)

A master's prepared quality specialist with a background in mental health service delivery and 5 or more years experience delivering or overseeing a quality management program in a healthcare setting has primary responsibility for directing the Quality Management Program. The Quality Management Director reports to the Hospital Superintendent(s) and has overall responsibility for the Solnit Quality Management Program, including both the quality assurance and quality improvement aspects of the program, as well as data management and analysis. The Quality Management Director, supported by designated quality department staff, the Department heads and the Solnit Center leadership team, provides quality management oversight and consultation to all quality management initiatives. He or she supervises the Staff of the Quality Management Department.

### **Quality Data Management Specialist (1 FTE)**

A Quality Data Management Specialist develops and manages the primary databases utilized by Solnit Center and the quality management staff to carry out the work of the quality management program. They require an understanding of developing and utilizing database management software, establishing and managing data collection, entry, storage, retrieval, aggregation, and reporting. They work closely with the Quality Analysts to supply the data in a format that can be analyzed, visualized and reported to inform the quality management process.

### **Quality Analyst (1 FTE)**

The Quality Analyst reports to the Director of Quality Management. He or she utilizes the data produced by the reporting system to provide analytic support to the quality management department as well as to other departments within the engagement center. This employee has expertise in the assessment of the accuracy of data and reports, the development of the display of the data that will best lend itself to the identification of trends and/or opportunities for improvement, and the analysis of the data. The Analyst always works in collaboration with the departments whose work generates the data. Staff in these positions participate in the development, maintenance, and reporting on the indicators in the Quality Management Project Plan.

### **Quality Management Specialists (2-3 FTEs)**

The QM Specialists, are licensed behavioral health clinicians who report to the Director of QM. They review internal clinical documentation as part of the Solnit Center Medical Record Review Program, for the purpose of ensuring quality of care, verifying documentation to support information received during medical necessity reviews and confirming conformance with treatment record documentation and quality of care standards. They are responsible for documenting performance on reviews and play a significant role in the internal audits of clinical staff documentation, the development of audit tools for those purposes, and the maintenance of the tracking of performance. The QM Specialists are also responsible for the processing and investigation of adverse incidents, quality of care concerns, and other defined quality issues.

### **Other Staff Resources Needed**

There are other tasks, activities, and processes that the quality program will require that may be absorbed by existing clerical, clinical, nursing, direct care, and other facility staff and/or by centralized departmental resources (IT, personnel, etc.). These activities, tasks, and processes include but are not limited to the following:

- Monitoring, addressing, and reporting on patient rights and complaints
- Tracking and evaluating use of restraints
- Documenting environment of care reviews and observed safety risks/status
- Tracking training participation in relation to standards

- Evaluating and securing the protection of confidential data sources
- Monitoring supervisory practices and documentation
- Collecting and aggregating logs regarding levels of observation and verification of adherence to required checks
- Medication error tracking
- Analysis of prescribing practices
- Other data collection and aggregation processes
- Other quality management activities as defined by policy and procedure or in response to findings and recommendations

## **F. Data Resources**

Data and the requisite data infrastructure to support it are essential components of any effective quality management program. Data collection, entry, storage, retrieval, quality control, monitoring, integration, aggregation, analysis, reporting, and visualization are fundamental components that every quality management program requires. With no electronic health record and limited infrastructure for data management, Solnit will be required to invest in data management technology (software, & hardware), staff education, policy and procedure, and new staff resources (quality analyst[s], IT resources, data manager) in order to develop and implement an effective quality management program. Further consultation with Solnit leadership will be required to identify existing sources of data and critical data needs. While budget and competing priorities may limit options, it is highly recommended that the department invest in a customizable data platform that is relational and begin the process towards the implementation of an electronic health record (EHR). Examples of the types of digitized data that will be required will include, but not be limited to the following:

- Utilization Management Data regarding admissions, discharges, transfers, Length of stay. Etc.
- Patient demographics
- Training completion
- Environment of Care Reviews
- Critical incidents
- Restraints
- Clinical Record Review
- Complaints and Patient rights issues
- Medication Administration Records
- Staff Credentials
- Quality Metrics
- Clinical Program Fidelity Indicators

- 1:1, levels of observation, etc.
- Satisfaction with services

The data from multiple data sources is integrated in order to obtain as complete a picture of the services provided and clinical status of patients as possible. As appropriate, data from these multiple sources is included in the monitoring reports that are audited for accuracy, aggregated, and then reviewed, trended and analyzed by multi-disciplinary, multi-functional area teams. When opportunities for improvement are identified, they are prioritized based on risk assessment, ability to impact performance, and resource availability.

## **V. SCOPE OF THE ENGAGEMENT CENTER QM PROGRAM**

### **A. Quality Improvement Activities/Projects**

Each year the quality management program will identify the Quality Improvement Activities/projects to be initiated in the next year. Based on directives from the Governing Body, or based on the findings or priorities set by the Quality Management Steering Committee, a set of activities/projects is identified. Such initiatives and activities are described in the annual Quality Management Project Plan delivered in the first quarter of each calendar (or fiscal) year.

### **B. Quality Indicators**

The specific quality indicators, metrics, benchmarks and standards will be established in the initial phase of program implementation based on a review of past quality concerns and with the input of facility staff, DCF leadership, and other appropriate stakeholders.

## **VI. QUALITY IMPROVEMENT MODEL/CYCLE**

### **Development of the Goals and Objectives for the QM Program Description/Project Plan**

Each year, Solnit Center formulates a QM Project Plan that includes goals, and actions that are necessary to achieve those goals. Monitoring processes for each of the key aspects of program operations are developed and maintained. The collection of data for each measure is only begun after consistent data collection methodology has been established. This will allow the program to accurately compare findings from year to year.

Once the opportunities for improvement have been prioritized, performance goals or desired levels of improvement over current performance are established. Multi-departmental teams, most importantly including the line-staff who will need to implement the new process, design the interventions and workflows. Barriers to improving the process or outcome are identified and problem solving conducted to determine the best ways to overcome the barriers. Once the intervention is implemented, these process-improvement teams continue to meet and examine the impact the intervention is having on operations.

Finally, re-measurement at appropriate intervals is conducted. The re-measurement data is analyzed in order to determine the impact of the intervention. Where performance is not acceptable, the cycle is begun again.

### **Description of the Annual QM and UM Program Evaluation**

On an annual basis, the entire Solnit Center's QM Program is reviewed and evaluated. The evaluation consists of a comprehensive analysis of the accomplishment of objectives, subcommittee activity, and the results of quality improvement activities and trending of indicator data. The evaluation assesses the overall effectiveness in improving quality of care, and staff and patient safety.

As a result of the analysis of the year's findings, activities that need to be carried over into the next year are identified, and new activities proposed. The annual evaluation may also lead to identification of educational/training needs, the establishment and/or revision of policies and procedures, or the alteration of operations to minimize risks in the delivery of care and service.

Once the annual QM Program Evaluation is complete, the findings and recommendations resulting from the evaluation are incorporated into the next year's QM Program Description and Project Plan. Input into the development of goals and objectives for the coming year is obtained from stakeholders. The annual QM Project Plan includes the goals for the coming year and the sub-goals that will allow the Solnit Center to achieve its purposes. The Project Plan describes the means of measuring whether goals have been met, as well as the persons responsible, and the timeframes for achieving the goals. The resulting Project Plan represents the strategies and major activities required to ensure quality improvement in the delivery of services, both clinical and administrative, to all patients.

### **Solnit Center QM Documents**

The Quality Program Evaluation is a retrospective review of the previous year's activities. The QM Program Evaluation is produced by the end of the first quarter of each year.

The Solnit Center QM Program is described in the annual QM Program Description. The QM Program Description is produced by the end of the first quarter of each year. The QM Program Description is supplemented by the Annual QM Project Plan which is also produced by the end of the first quarter of each year. The initiatives and activities are listed with reporting frequencies and benchmarks.

All three documents are reviewed and approved by the Governing Body and DCF Leadership.

## **VII. POLICIES AND PROCEDURES**

The Solnit Center develops and maintains policies and procedures that address the specific program offerings at the facility.