



DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
CLINICAL SERVICES

Control #	Rev. Date:	Title:	Effective Date: 10/16
A 5.3	10/16	QUALITY ASSURANCE AND	Next Review Date: 10/18
(4.039)		PERFORMANCE IMPROVEMENT	

1.0 POLICY:

The Division of Public and Behavioral Health (DPBH) Clinical Services Branch shall maintain a statewide, comprehensive and integrated quality assurance and performance improvement (QAPI) program. Responsibility for oversight and coordination of QAPI initiatives and processes at the Division, Agency and Program levels lies with the DPBH Clinical Services QAPI Department under the leadership of the Statewide QAPI Manager. The QAPI Department is driven by the following values: (a) a non-static, dynamic concept of quality; (b) efficiency in resource allocation; (c) consumer driven and directed services; (d) staff empowerment in organizational improvement activities; (e) valuing DPBH staff and their contributions; (f) diversity and cultural competency; (g) positive reinforcement; and (h) adherence to the DPBH Strategic Plan.

2.0 PURPOSE:

QAPI uses data-driven, proactive approach to improving the quality of care and services in DPBH inpatient and outpatient behavioral health care facilities and services. The activities of QAPI involve members at all levels of the organization to identify opportunities for improvement, address gaps in systems or processes, develop and implement an improvement or corrective plan, and continuously monitor the effectiveness of interventions.

The mission of the DBPH Clinical Services QAPI Department is “to create an organizational focus on continuous performance improvement, patient safety and staff development in all functional areas to assist adults with mental illness improve their quality of life.”



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The quality assurance (QA) components of QAPI focus on assisting the Division in meeting or exceeding regulatory standards as set forth by State CMS (HCQC), The Joint Commission (TJC), and the Centers for Medicare and Medicaid Services (CMS). The performance improvement (PI) components of QAPI move beyond the expectations of external regulatory entities to promote Division-wide continuous improvement in the efficiency, effectiveness and availability of resources aimed at meeting the needs of and protecting, promoting and improving the lives of consumers who seek our services.

PI is a continuous, positive, process-oriented endeavor that provides educational and technical support to leadership and staff at Division, Agency and Program levels.

3.0 SCOPE:

All DPBH entities within the Clinical Services branch including (1) Southern Nevada Adult Mental Health Services-SNAMHS, (2) Northern Nevada Adult Mental Health Services-NNAMHS, (3) Rural Community Health Services-RCHS, (4) Lakes Crossing Center-LCC.

4.0 DEFINITIONS

Agency – A local entity within the DPBH Clinical Services Branch providing services to a defined geographic area or a defined population. Examples would include SNAMHS, NNAMHS, RCHS, and LCC.

Clinical Services – A Branch within the DPBH with the primary purpose of providing statewide inpatient, outpatient and community-based public and behavioral health services to Nevadans.

CMS – The Centers for Medicare & Medicaid Services. CMS is part of the Federal Department of Health and Human Services (HHS) and administers Medicare, Medicaid, the Children’s Health Insurance Program (CHIP), and the Health Insurance Marketplace.



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DPBH – The Nevada Division of Public and Behavioral Health, part of the Nevada Department of Health and Human Services, protects, promotes and improves the physical and behavioral health of the people in Nevada.

HCQC – The Bureau of Health Care Quality and Compliance (HCQC) licenses medical and other health facilities, laboratories, dieticians, and music therapists in Nevada.

LCC – Lake's Crossing Center (LCC) is Nevada's first forensic psychiatric facility. The program provides inpatient and outpatient services statewide to individuals involved with the criminal justice system who have concurrent mental health issues.

NNAMHS – Northern Nevada Adult Mental Health Services. The Agency within the Clinical Services Branch of DPBH providing inpatient and outpatient services to individuals and families in northern Nevada.

PI – Performance Improvement. The part of QAPI that focuses on continuously analyzing performance and developing systematic efforts to improve it.

PIP – Performance Improvement Plan. A concentrated effort on a particular problem in one area of a facility/agency or facility/agency wide.

Program – A service delivery entity within a local agency focused on a specific population or specific outcomes.

QA – Quality Assurance. The process of meeting quality standards and assuring that care reaches an acceptable level.

QAPI – Quality Assurance Performance Improvement. A comprehensive approach to ensuring high quality care and services. Also, the name for the Department within the Clinical Services Branch responsible for oversight of QAPI initiatives.

RGHS – Rural Community Health Services. The Agency within the Clinical services Branch offering outpatient behavioral health services to both children and adults in 13 clinics and one integrated care center in the northern rural areas of the state.



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SNAMHS – Southern Nevada Adult Mental Health Services. The Agency within the Clinical Services Branch of DPBH providing inpatient and outpatient services for adults living in Clark County and adults, children and adolescents in two southern rural communities –Mesquite and Laughlin.

TJC – The Joint Commission. An independent, not-for-profit organization that accredits and certifies nearly 21,000 health care organizations and programs in the United States. Joint Commission accreditation and certification is recognized nationwide as a symbol of quality that reflects an organization’s commitment to meeting certain performance standards.

5.0 PROCEDURES:

- 5.1. QAPI team members will provide technical assistance, support and training to leadership and staff regarding QAPI processes, including the standards used by HCQC, TJC and CMS for site reviews, which may include, but is not limited to: (a) consumer surveys; (b) staff surveys; (c) administrative/fiscal review; (d) environment of care review; (e) contract service provider review; (f) clinical record review; (g) individual centered evaluation; (h) cultural competency.
- 5.2. QAPI activities are the responsibility of all staff at all levels of the Division. Coordination of these activities is the responsibility of the DPBH Clinical Services QAPI Department. Coordination and implementation of the QAPI process at the Agency level (including contract providers) is the responsibility of the Agency Director. QAPI team member(s) located at the agencies shall assist and provide technical support to Agency Directors in order to implement and coordinate the QAPI process. It is the responsibility of QAPI personnel to resist the tendency to assume full responsibility for QAPI activities at the Agency and/or Program level and instead provide guidance, technical assistance, consultation and oversight.
- 5.3. Division Administration and Agency Managers will participate in the analysis of QAPI reports and approval of remediation plans. QAPI



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Activity Reports and Program Evaluation Data Reports shall be considered QAPI reports.

- 5.4. The Division shall have a defined process for reviewing, analyzing and noting actions required of QAPI reports. This process shall include Division staff, the Agency Director, other management staff and QAPI personnel. Each Agency shall have a defined process for reviewing, analyzing and noting actions required of QAPI reports. This process shall include the Agency Director, other management staff and QAPI personnel.
- 5.5. All QAPI activities will be aligned with accreditation, certification and licensing requirements to the extent possible.
- 5.6. Each Agency shall develop and maintain a comprehensive and integrated QAPI process throughout all programs (clinical and administrative) at the Agency (including the role of contract providers). Each Department and/or Program within each Agency will submit a Performance Improvement Plan (PIP) on an annual basis. Each PIP should be: (a) multi-tiered, (b) involve staff at all levels, (c) approved by the Agency QAPI Coordinator and the Agency Director.
- 5.7. QAPI will collaborate with staff training coordinators at the Division and Agency levels to enhance competencies related to performance improvement activities.
- 5.8. QAPI may be involved with, but is not limited to, the following initiatives at the Division and Agency levels: (a) licensure, certification and accreditation of DPBH hospitals; (b) Reviewing Serious Incident Reports; (c) Administering the Statewide PASRR Program in collaboration with the Division of Health Care Financing and Policy; (d) Patient Safety; (e) Patient Satisfaction; (f) Patient Advocacy, Compliments, Complaints and Grievances; (g) Policy and Procedure Development and Management; (h) Disaster Management and Emergency Preparedness; (i) Corrective Action



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Plans and Measures of Success; (j) Root Cause Analyses; (k) Staff Development and Training.

6.0 ATTACHMENTS: N/A

7.0 Implementation of Policy:

Each Division agency within the scope of this policy shall implement this policy and may develop specific written procedures as necessary to do so effectively.