



Recovery Technology  
Quality Management /  
Performance Improvement Plan  
2016

**Recovery Technology LLC**  
**Quality Management/Performance Improvement Plan**  
**2016**

**Mission Statement:** The Mission of Recovery Technology is making a positive difference in the quality of lives for the people we support.

**Purpose:** It is the purpose of Recovery Technology's Quality Management/Performance Improvement Program to systematically monitor and improve the organization's service delivery and administrative structures. This purpose is achieved through routine data collection, analysis of organizational performance, quality teamwork and continuous improvement activities. The Quality Management/Performance Improvement Program also supports the organization's Strategic Plan through application of the quality cycle to strategic activities.

**Scope:** The Recovery Technology Quality Management/Performance Improvement Program monitors, evaluates and improves the effectiveness of services, the efficiency of services, client's access to services and stakeholder satisfaction. The program focuses on all key organizational activities including management, treatment and support services. Improving organizational and service quality is a job function of all employees and contractors of the organization.

**Roles and Responsibilities:** All persons affiliated with Recovery Technology have a role in its Quality Management/Performance Improvement program:

- a. **Chief Executive Officer:** It is the role of the CEO to set the organization's strategic direction and vision and ensure organizational commitment to quality and the Quality Management Program. The CEO is a member of the Quality Improvement Team and serves as the **Director of Quality Improvement**. It is the role of the CEO to ensure implementation of the Quality management/Performance Improvement and Strategic Plans, oversee the Quality Improvement Team's support and implementation of the Quality Management/Performance Improvement and Strategic Plans, and routinely update the owner of Recovery Technology regarding program monitoring. The CEO creates and distributes the Quality Improvement Team agenda and facilitates its monthly meetings. The CEO also ensures the design of useful monitoring indicators, data collection methods, analysis and reporting, facilitates external audits by payers, accreditation bodies, the State of Michigan, and ongoing compliance with CARF accreditation standards.
- b. **Quality Management/Performance Improvement Team Members:** It is the role of the Quality Improvement team members to perform those quality management functions that ensure the successful implementation of the Quality Management and Strategic Plans. Those functions include the collection of valid and reliable data, analysis and

report writing, clinical case record review, billing verification, teamwork facilitation and quality training.

- c. **Advisory Board Members:** The Recovery Technology Advisory Board is made up of clients from all Recovery Technology services and is run by Teresa Knapper (Peer Support Specialist) and Amy Thomas (Executive Director). The Advisory Board meets monthly and is responsible for evaluating the accessibility, quality and client satisfaction with those services. The minutes from the Advisory Board meetings are reviewed by the Quality Improvement Team on a regular basis, usually at every meeting.
- d. **Leadership Team:** Recovery Technology's Leadership Team consists of the Owner, Greg Gallagher, Jim DeBruler, CEO, Devin Dombrowski, Clinical Director, Amy Thomas, Executive Director and Janet Liebendorfer, the CFO. The Leadership Team meets weekly and reviews any issues that may have occurred during the week, the minutes of the Quality Improvement Team, any Behavior Risk issues within Recovery Technology, clinical issues, billing issues and other financial matters and ensures the implementation of the Strategic and Quality Management/Performance Improvement Plans as well as other written plans. All members on the Leadership Team are considered equals, and final decisions about Recovery Technology are made by this team.
- e. **Management Team:** Recovery Technology's Management Team consists of Leaders from all departments and is led by the CEO. Other members are Devin Dombrowski (Clinical Director/Corporate Compliance officer) who supervises the Outpatient Therapy Department and Support Staff, Amy Thomas (Executive Director), Mardelle Robb (CSM supervisor), Janet Liebendorfer (CFO), Cathy Geistel (finance officer) and Jill Perticone, Physician's Unit Coordinator. The Management Team meets twice a month to discuss issues within their respective departments, Quality Improvement issues, Clinical Issues, Personnel issues and strives to constantly improve the culture within Recovery Technology. This team also ensures the implementation of the Strategic and Quality Management Plans.
- f. **Staff:** It is the role of all Recovery Technology Staff and Contractors to participate in the Quality Management/Performance Improvement Program by sharing their expertise in the teamwork process and ensuring data collected is valid and reliable.

**Goals:** The following Goals have been established for the Quality Improvement Program to be achieved by December 31, 2016:

- 1. Continue to market Recovery Technology in a way that increases public awareness and to a broad scope of stakeholders in the community (access).**

*Objectives:*

- A. Recovery Technology will make presentations in at least 6 organizations this year.

- 2. Recovery Technology will continue to strengthen a healthy work environment.**

*Objectives:*

- A. The management team will continue to strengthen their Nurtured Heart in the workplace skills by effectively implementing that skill set consistently in all interactions with staff and other Recovery Technology stakeholder (effectiveness and efficiency).
- B. Recovery Technology management will host events periodically throughout the year that will simply be a time of connecting with people from other departments and sharing successes and acknowledging staff for their accomplishments.

- 3. Recovery Technology will assure that all staff consistently receives their annual trainings in a meaningful way that will improve their clinical practices and strengthen the workplace (efficiency and effectiveness).**

*Objectives:*

- A. Training records will be audited periodically and at the end of the fiscal year to determine compliance, with an expectation of 100% on required trainings.
- B. Employee surveys will measure satisfaction with the quality and effectiveness of in house trainings (efficiency and effectiveness).

- 4. Audits: On an annual basis, regulatory audits will demonstrate superior organizational performance.**

*Objectives:*

- A. Recovery Technology will score 95% or better on all audits (efficiency and effectiveness).

- 5. At least 60% of Recovery Technology's discharges will be described as successful discharges.**

*Objectives:*

Discharges will be totaled at the end of the fiscal year. Successful discharge will be described as completion of treatment or discharged for reasons beyond our control (effectiveness and satisfaction).

**6. Recovery Technology will use the DLA-20 to measure clinical improvement in all services.**

*Objectives:*

- A. Clinical outcomes for Outpatient Therapy will be 6 point improvement or better
- B. Clinical outcomes for Case Management will be 4 point improvement or better
- C. Clinical outcomes for ACT/IDDT will be 3 point improvement or better  
(points based on an improvement of 2015 scores)

**7. Recovery Technology will work toward obtaining a CARF accreditation in Health Homes.**

*Objectives:*

- A. Recovery Technology will continue to move toward becoming a Health Home as outlined in the CARF program standards as part of our array of services, with a program start date of 1/1/17.

**8. Recovery Technology will receive a rating of 95% or better on client satisfaction surveys.**

- A. Recovery Technology will use customer surveys which will be totaled at the end of the fiscal year. 95% of these surveys will reflect customer satisfaction with the services received.

## **The Quality Cycle**

**Philosophy:** Recovery Technology practices a continuous quality improvement cycle which consists of planning, monitoring, reporting and responding.

**Planning:** The quality cycle is driven not only by this Quality Management/Performance Improvement Plan but also by Recovery Technology's Strategic Plan. These plans provide a basis that focuses efforts and activities and delineates clear goals and timelines to be achieved.

**Monitoring:** The quality cycle is informed by the continuous collection of valid and reliable performance data. Each performance indicator describes the data necessary for measurement, their source and the method utilized to analyze the data.

**Reporting:** Data collected are analyzed to routinely inform the organization. Reporting provides clarity around the areas that are working well, as well as areas that present opportunities for improvement.

**Response:** The quality cycle is fueled by data driven, quality improvement response. Responses include not only the quality improvement teamwork process, but also working on partnership with LifeWays and other payers toward systemic change, informing stakeholders and gathering their input, and systematically improving organizational treatment processes, policies and business practices. Response addresses areas for improvement, re-measures indicators for effect, and standardizes practices across the organization.

**Annual Review:** The Quality Management/Performance Improvement Plan is reviewed annually for continued efficacy. The review includes:

- a. Current accuracy of the descriptions of the program structure and Quality Improvement Committee Membership.
- b. The efficacy of performance indicators (does the Quality Improvement plan monitor what it should, at the frequency it should and in the way it should?)
- c. The achievement of each performance indicator.
- d. Recommendations of revisions to the program structure and performance monitoring plan.

**Quality Performance Improvement Partnerships:** Recovery Technology is committed to partnering with LifeWays and other organizations within the mental health treatment continuum of care to ensure clients receive the highest quality service. These partnerships include: facilitation of external audits of Recovery Technology programs, thoroughly addressing requests for improvement as a result of external audits, participation in LifeWays and other payer network quality improvement efforts, assistance and cooperation with audits performed by the Michigan Department of Community Health, maintenance of CARF accreditation, implementation of best practices and other activities identified as improving quality of care.

## **Inputs**

**Data Validity and Reliability:** Recovery Technology maintains a data driven Quality Management/Performance Improvement program. Performance improvement is based upon objective analysis of reliable data. The Quality Improvement Team routinely verifies the validity of data submitted for performance measurement purposes by asking the question “Are we measuring what we claim to be measuring?” When issues with data validity are noted, the Quality Improvement Team acts to ensure resolution.

Data reliability is tested through one of several ways: 1) comparison of Recovery Technology’s Quality analysis against external analyses completed by payers, accreditation bodies, or other regulatory entities; 2) comparison of data collection methods against standards established by

the State of Michigan Department of Community Health; 3) monitoring of unexpected or unexplained apparent shifts in performance based upon data used; 4) at least annual monitoring and evaluation of data collection methods and sources for ongoing accuracy and reliability.

**Strategic Planning:** On an annual basis, the CEO and the organization's leadership and management teams engage in strategic planning. Strategic planning is the process of determining the organization's long-term goals.

Strategic planning begins with an environmental scan which includes the following elements:

- a. Review of the organization's performance measurement data, including input from all stakeholder groups.
- b. Review of the results of external audits performed during the previous year.
- c. Review of the organization's financial status.
- d. Review of the organization's written vision statement.
- e. Review of the organization's written mission statement.
- f. Review of the organization's written corporate values.
- g. Review of the progress on the previous year's strategic plan.
- h. Analysis of the organization's current ability to meet its contracts and serve its consumers.

Recovery Technology utilizes the information collected as a part of the environmental scan to complete an analysis. This includes brainstorming of the organization's current strengths, weaknesses, opportunities and threats identified through discussing their relevance, immanence and their ability to be generalized across the organization; evaluating the continued relevance of the current plan and evaluate whether the fundamental strategic vision for Recovery Technology has changed.

**Stakeholder Input:** Recovery Technology routinely solicits, collects, analyzes and uses input from stakeholders to create and continuously improve its services. These stakeholders include persons served, personnel, contractors (including payers and service providers) and community members in general. Recovery Technology utilizes a variety of mechanisms to gather stakeholder input, including customer satisfaction surveys, Recovery Technology Advisory Board, routine meetings with contract managers representing payers and consumer/family input forms.



- a. **Customer Satisfaction Surveys:** Customer satisfaction surveys are continuously distributed, collected and analyzed.
- b. **Payer contract management meetings:** On a regular basis the CEO and other Leadership personnel participate with representatives of payer organizations in a review of Recovery Technology's contractual performance. Feedback provided by the payer is integrated into Recovery Technology's Quality Management/Performance Improvement Program and Strategic Planning process.
- c. **Client/Family input forms:** These forms are kept in both Recovery Technology lobbies and staff may also provide them to clients or stakeholders. These forms provide the opportunity to express concerns and ideas for improvement. These forms are presented to the Quality Improvement Team for action in the meeting after they are received. The Quality Improvement Team utilizes the input for planning and performance improvement activities. The Quality Improvement Team responds to each form (when contact information is provided), describing the activity(ies) that will occur as a result of the input.
- d. **External Audit Reports:** Recovery Technology routinely receives audits from various payer organizations (including Medicaid Health Plans, LifeWays and third party insurance carriers) and regulatory bodies (including the Michigan Department of Community Health and CARF). At the conclusion of each external audit, Recovery Technology receives an audit report, which details audit findings and recommendations. These audit reports generally require a response in the form of a Corrective Action Plan. There are three phases to the corrective action plan development process:
  - 1. Phase I: Corrective Action planning: identification of problems and administrative/service delivery policies and procedures affected by potential system changes made.
  - 2. Phase II: Corrective Action description: writing a precise and clear plan of correction that describes the changes to be made; expected results of those changes; monitoring currently in place or to be developed to ensure changes have the desired effect. An effective corrective action plan must validate the effectiveness of the corrective action to ensure that the problem does not reoccur.
  - 3. Phase III: Corrective Action Implementation: Managing a corrective action project to resolution is essential. Phases I and II of the corrective action plan development process must be completed with attention to implementation. For each corrective action plan developed, the developer must consider: who will be responsible for implementation of the corrective action plan; what policies and procedures must be revised/developed in order to effectively implement the corrective action proposed;

what are the timelines for effective corrective action; who must receive training/re-training in the proposed corrective action; how will Recovery Technology know that the planned corrective action has been effective in addressing/improving the identified issue?

**Environment of Care/Accessibility:** Recovery Technology promotes accessibility and the removal of barriers for the persons served and other stakeholders. Recovery Technology addresses accessibility issues in order to:

- a. Enhance the quality of life of consumers served in our programs
- b. Implement non-discriminatory employment practices
- c. Meet legal and regulatory requirements
- d. Meet the expectations of stakeholders in the area of accessibility

Annually the Quality Management/Performance Improvement Team conducts an Environmental Scan of Recovery Technology's facility. This scan identifies barriers in the following areas: architecture, environment or location, transportation, attitudes, finances, employment and communication. Barriers identified as a result of this environmental scan are addressed in an annual Accessibility Plan. The Leadership Team collects information regarding the removal of identified barriers throughout the year and writes an annual Accessibility Report as a part of its Quality Management planning process.

**Critical Incident/Sentinel Event Review:** Recovery Technology continually reviews and acts upon adverse occurrences that take place in clients' lives while receiving services. This review process must evaluate the extent to which:

- Recovery Technology services and/or staff were involved in precipitating events/circumstances to the critical incident/sentinel event.
- Additional precautions could have prevented the critical incident/sentinel event.
- Procedural changes that might prevent the critical incident/sentinel event from occurring in the future.

This critical incident/sentinel event review utilizes a root cause analysis process. This root cause analysis process takes place at the Leadership level and is augmented by routine clinical record review and service utilization review processes. The root cause analysis process requires that staff complete incident reports within 24 hours of the occurrence.

**Clinical Record Review:** Comprehensive, accurate and timely record of individualized services provided to our clients is paramount to the organization's success. Not only do payers require adherence to medical records standards, but also the maintenance of superb clinical records in

necessary to high quality care for our clients. Recovery Technology is committed to an internal record review procedure that continually ensures client records are comprehensively and accurately maintained. On an annual basis, the Quality clinical record review process ensures that a representative sample of each program's client population is reviewed. Reviews are completed using a standardized, objective data collection tool, which address the standards and requirements of payers.

## **Performance Measurement**

**Performance Measures:** Performance measures are developed to monitor the implementation, use and outcomes of organizational functions and service delivery. These performance measures have been developed in order to measure:

- The **effectiveness** of services (addressing the quality of care and service outcomes)
- The **efficiency** of services (administratively oriented measures)
- Service **access**
- **Satisfaction/feedback**

Performance measures are continuously monitored in order to effectively identify areas for improvement. Measures are established under each of the four domains.