Organizational Improvement and Compliance Department

Initial Initiation Date:

To be reviewed and revised QUARTERLY

Plan Oversight Responsibility: Dr. Michelle Baker/OICC

Executive Director of Quality Improvement and Compliance

1. **Process Improvement Assessment and Improvement**
2. **Objective of the Program**

**The objective of Hamilton Center’s Compliance, Quality Assessment, and Improvement Plan is to support the advancement of quality behavioral and integrated services in enhancing the holistic health of consumers and our community.**

1. **Scope of the Program**

**Hamilton Center’s Compliance, Quality Assessment, and Improvement Plan is primarily focused on clinical function within the organization. The foci is to assess and improve structure, process, and outcomes to which encompasses all provider disciplines.**

1. **Responsible Parties**

**Board and Chief Executive Officer Meetings:**

**The Chief Executive Officer and the Board of Directors appoint the Corporate Compliance Officer to oversee the compliance process improvement program and its effectiveness. In addition, process improvement plans are presented to the Chief Executive Officer and the Board of Directors.**

**Compliance, Quality, Risk, and Improvement Committee:**

**This committee is comprised of high and mid-level leadership from all areas of the corporation and chaired by the Chief of Quality Improvement and Compliance. The Adopted Performance Improvement model for Hamilton Center, OICC Department PDCA (Plan, Do, Check, and Act). This model provides structure to the measurement and evaluation process for the ongoing performance improvement in the organization. Planning involves 1) design of new processes and programs based on the prioritized needs established by the leadership, 2) research of the literature to establish benchmarks, 3) developing methodology of measurement, and 4) establishing a team of knowledgeable employees to lead the PDCA process. Doing includes 1) collecting comparative data, 2) analyzing data compared to benchmarks established in the Planning phase, 3) communicating results and teaching intended changes is a crucial phase that needs to occur for 4) implementation of improvements to be possible. After implementation of a new process or improvement, it is imperative to Check to assure effectiveness of the implementation. 1) Ongoing measurement of an implementation will show the efficacy of the change or new process. 2) Assessment of these measures will result in further refinements and development of a process or program. The Act phase involves formal implementation and continuous redesign and reassessment of the process.**

**Quality Management Committee:**

**This committee is chaired by the Quality Manager and is comprised of Director Level managers to report auditing results on a quarterly basis and to discuss the most prominent trends that require a process improvement plan. This committee assists in providing ideas to improve current processes based on the data presented and trended to prevent, detect, and detour misconduct, unlawful activities, and compliance with policy and procedure.**

**Department Management:**

**All Manager and Supervior groups of Hamilton Center that are responsible for quality improvement activities at the department level. These groups meet regularly.**

**CQRI**

1. **Integration and Coordination**

**Hamilton Center’s compliance, Quality Assessment, and Improvement Plan is fully integrated with participation of all departments and disciplines. The program is coordinated by the Chief of Quality Improvement and Compliance with assistance from the Director of Organization Improvement and Corporate Compliance, Quality Manager, and the Compliance, Quality, Risk, and Improvement Committee members.**

1. **Improvement Methodology**

**Hamilton Center has adopted an improvement approach engaged with The Joint Commission’s standards for Improving Organization Performance with the consumer at the center of planning activities. There are five steps we follow to ensure our performance and improvement plans are discovered and addressed.**

1. **Program: Our departmental programs are systematic, organization wide, collaborative and interdisciplinary.**
2. **Design: Process improvement is consumer-focused in every decision made with consumer input by different methods of consumer survey and input. The design process encompasses Hamilton Center’s Mission, Vision, and Values.**
3. **Measure: Data collection is essential to improvement processes in decision-making. Our data collection and sharing encompasses current processes, performance outcomes, guidance to decision-making, and consumer satisfaction.**
4. **Analyze: Analysis of predetermined benchmarks (internal and external), and statistical quality control techniques are used as appropriate.**
5. **Improve: Processes are systematically improved by using methodologies in data analysis, and then re-measured at pre-determined intervals.**
6. **Hamilton Center Definition of Quality**

**Quality is keeping high expectations of excellence in consumer care, which includes provider and support staff performance, center-wide decisions, and human interactions internally and externally.—thoughts?**

1. **Strategic Results of Quality**

**Hamilton Center is focused on three strategic results of quality:**

1. **Patient Satisfaction and wellness**
2. **Outcomes**
3. **Efficiency**
4. **Essential Methodology Components of the Plan**

**Hamilton Center’s Compliance, Quality Assessment, and Improvement Plan has five essential elements. Each element has ascribed purposes and accountabilities and is interrelated and coordinated with the aforementioned responsible groups described above. These elements are designed to address Hamilton Center’s three strategic results of Quality.**

1. **Essential Component #1:**
2. **Essential Component #2:**
3. **Essential Component #3:**
4. **Essential Component #4:**
5. **Essential Component #5:**

**Dr. Ashan Mahmood, M.D.**

**Chief Medical Director, Hamilton Center, Inc.**

**Melvin L. Burks**

**Chief Executive Officer, Hamilton Center, Inc.**

**Mr. Joseph Etling, Board of Directors President, Hamilton Center, Inc.**

**Quarterly Compliance Risk Identification**

**and Improvement Recommendations**

**01/08/2016**

**CQRI Compliance Risk Identification Survey**

**Responsible Oversight Party:**

**Organizational Improvement and Corporate Compliance Department**

|  |  |
| --- | --- |
| **Risk #1** | |
| **Cause:** | |
| **Impact:** | **Measurement:** |
| **Current Controls:** | **Suggested Improvement/Responsible Party:** |
| **Risk #2** | |
| **Cause:** | |
| **Impact:** | **Measurement:** |
| **Current Controls:** | **Suggested Improvement/Responsible Party:** |

|  |  |
| --- | --- |
| **Risk #3** | |
| **Cause:** | |
| **Impact:** | **Measurement:** |
| **Current Controls:** | **Suggested Improvement/Responsible Party:** |

|  |  |
| --- | --- |
| **Risk #4** | |
| **Cause:** | |
| **Impact:** | **Measurement:** |
| **Current Controls:** | **Suggested Improvement/Responsible Party:** |

|  |  |
| --- | --- |
| **Risk #5** | |
| **Cause:** | |
| **Impact:** | **Measurement:** |
| **Current Controls:** | **Suggested Improvement/Responsible Party:** |