

**CENTRAL CARE POLICY
CONTINUOUS QUALITY IMPROVEMENT AND QUALITY ASSURANCE
MANAGEMENT**

SUBJECT:	CONTINUOUS QUALITY IMPROVEMENT AND QUALITY ASSURANCE MANAGEMENT
ANNUAL REVIEW MONTH:	June
RESPONSIBLE FOR REVIEW:	Director of Central Care
LAST REVISION DATE:	August 2010

POLICY:

To establish guidelines for Continuous Quality Improvement and Quality Assurance Management program which ensures the provision of quality consumer services and the protection of consumers.

To insure quality care and the implementation of the Individual Service Plan is provided to each individual in the care of the services operated by Central Care Community Homes. The services will comply with the Standards for Community Mental Health, Mental Retardation and Substance Abuse Services as well as JCAHO standards for Behavioral Health (MH/MR/SA Community Standards attached and Division Policy on Continuous Quality Improvement).

REFERENCES:

Policies and Procedures for Community Habilitation and Support Services Waiver Program, Chapter 1300 Special Program Requirements for Service Monitoring and Evaluation Providers.

Continuous Quality Improvement and Quality Assurance Management Policy for Division of MHMRSA- - Policy Number 9.101.

ACCREDITATION OF PROVIDER OF SERVICES:

- A. Central Care Community Homes is a state-operated agency accredited by Joint Commission in the area of Behavioral Health Care.
- B. The Baldwin Service Center, located in Milledgeville is a licensed Day Support and Day Habilitation Center and is accredited under the CARF regulations.
- C. Other community CSBs are accredited by JCAHO such as River Edge and Oconee Center.

PLAN FOR OVERSIGHT:

Central State Hospital is an accredited; state operated facility under the governance of the Division of Mental Health, Mental Retardation and Substance Abuse, and the State of Georgia. The CEO of Central State Hospital and the Director of Central Care Community Homes are

responsible for the oversight of community service programs. Responsibilities include ensuring that consumers' health and welfare needs are met, that services are quality focused, efficiently delivered and that the Director of Central Care is held accountable for service operations

The CEO, Leadership Group and Director of Central Care will meet at least monthly to formally review Continuous Quality Improvement Data related to the procedures outlined below, issues and trends, etc. and develop plan(s) of action as required.

PROCEDURES:

- A. Service monitor will monitor monthly the provision of the Individual Service Plan.
- B. Safety and Infection Control inspections will be done monthly by house manager.
- C. Training reports on personnel will be sent monthly to the Central Care Director.
- D. MH/MR/SA standards will be reviewed twice per year by a neutral body.
- E. Team Leader will monitor service areas for cleanliness on a weekly basis providing feedback to employees.
- F. Team Leader and Licensed Management will monitor documentation for compliance with MH/MR/SA standards on a monthly basis and report to CEO and Leadership Group.
- G. Maintain tracking system and conduct investigations of consumer accidents, injuries, and deaths and other serious incidents. These monitoring systems will provide avenues for improvement.
- H. Review WIG and encounter data monthly.
- I. Review outside agency reports (ORS, CMS, APS, Delmarva, etc.) on our effectiveness on provision of care and identify areas of improvement.

APPROVED:

_____ TITLE: Director of Central Care DATE: _____
George Harris, LCSW