

2010 Annual PQI Report

2010 was the first year that NEHS 'formally' instituted its PQI program. Three goals were set to measure, Progress in Treatment, Quality of case Records and Percentage of Intake calls that lead to initial diagnostic session. During the course of the year, and specifically following the first two quarter Jan – June 2010, it became evident that the goals we adopted were too expansive and too vague. This was also cited in our COA Post Commission Review Report dated 9/20/10, "Two quarters of outcome data were not included to address specific and detailed outcomes, analysis and corrective action. There is a lack of outcome clarity and organization in relation to analysis and utilization."

As a result, we scaled down our goals so that they could be measured, analyzed and inform action. With regard to the Quality of Records: A Random Sampling of 10 charts was reviewed each quarter in all 5 sites. We Choose to focus on the Treatment Plan Quality, Compliance scores were tabulated with the goal being to meet 80% compliance using the MBHP Standard 4: Treatment Plan: Medical Necessity Criteria.

Findings: Brockton: Q1=61% Q2=59% Q3=94% Q4=93%

Duxbury: Q1=72% Q2=80% Q3=74% Q4=83%

Middleboro: Q1=72% Q2=84% Q3=86% Q4=90%

Taunton: Q1=57% Q2=65% Q3=75% Q4=78%

Plymouth: Q1=77% Q2=88% Q3=69% Q4=92%

Summary: Compliance scores improved with changing paperwork. Taunton continued below 80% Compliance, however the areas that were deficient have been addressed in newer paperwork, therefore it's assumed that the 80% Compliance Score has been achieved for all sites.

With regard to Incident Reports and tracking, we choose to measure whether or not and Emergency Crisis Plan was in the record following a serious incident/hospitalization. We collected the following data and Compliance scores:

Duxbury: Q1= 10% Q2=22% Q3= 28% Q4= 40%

Brockton: Q1=20% Q2=50% Q3= 75% Q4= 50%

Middleboro: Q1=0 Q2=0 Q3=0 Q4= 12%

Plymouth: Q1=0 Q2=0 Q3= 100% Q4= 57%

Taunton: Q1=22% Q2=31% Q3=55% Q4=100%

It is clear from these results that this continues to be an area of weakness for us and therefore this will continue to be something we will be focusing on in 2011.

With Regard to Satisfaction Surveys: We have attached the findings, noting that with all survey's Client, Staff and collaterals the findings were overwhelmingly positive. We will be analyzing this data further to identify patterns either for the entire clinic or for sites and the findings will be communicated via internal email and/or made available on our website.

With Regard to Progress in Treatment, our goal was to both develop a data base for the BPRS that would allow clinicians to track progress and to incorporate the standardized assessment tool into treatment planning. These are not yet developed. As a result, the incorporation of a standardized assessment tool into treatment planning will continue to be a goal for 2011.

With regard to Measuring and improving the percentage to Intake alls that lead to an initial diagnostic session, we continue to collect data via telephone interviews with clients that did not make their first appointment and analyze that data. We are also looking more specifically at the way we are measuring this information at the present time to clarify that all sites are reporting the information identically, ensuring that the results then will inform us more accurately. Although this will not be a targeted goal for 2011, this will remain an area of practice that we will continue to collect and analysis data on.

In summary, we have learned a great deal this past year about choosing goals, measuring and analyzing results. We expect that our challenges this year will help inform our PQI goals for 2011.