



PSYCHIATRIC HEALTH FACILITY POLICY AND PROCEDURES

COUNTY OF SANTA BARBARA
ALCOHOL, DRUG AND MENTAL HEALTH SERVICES

Section - QUALITY ASSURANCE AND PROGRAM IMPROVEMENT (QAPI)

Effective: 4/6/2011

Policy- QAPI

Revised: 3/23/2011

PHF CEO's Approval _____ Date: _____

Executive Medical Staff Chair's Approval _____ Date: _____

Committee Chair's Approval _____ Date: _____

Form Ref.

POLICY:

The Santa Barbara County Psychiatric Health Facility will have an effective, on-going, data-driven, hospital-wide quality assessment and performance quality improvement program which includes a hospital specific Quality Assurance and Program Improvement Committee (QAPI Committee) with designated membership that meets a minimum of 1 time quarterly.

An appointed PHF Medical Staff Member will serve as Chair of the QAPI Committee.

PROCEDURE:

A. The Committee will develop and maintain the QAPI Work Plan that provides QAPI Committee guidelines for monitoring of hospital services including but not limited to:

- Infection Control Committee activities and data
- Review of hospital contracted services (Pharmacy, Dietary)
- Focus on indicators to improve outcomes in quality care and service
- Development and implementation of specific program improvement plans

B. Data reports will be reviewed at the QAPI Committee a minimum of quarterly. Examples of data reports to be reviewed include, but are not limited to, the following:

1. Medical Errors/Adverse Patient Events
2. Seclusion and Restraint Use
3. Acuity/Unit Staffing Data
4. UR Data
5. Medical Records Compliance
6. Patient Grievances and Appeals
7. Preliminary approval of and adherence to Policies and Procedures
8. Patient Rights Issues/Concerns
9. Indicators to improve outcomes in quality care and service
10. Program Improvement Projects
11. Environmental and Life Safety Compliance

12. Infection Control Activities
13. Contracted Services
14. Focused Chart Review Data

C. The QAPI Committee will track and analyze data quarterly with focused review and discussion on high risk, high volume, problem-prone areas in order to analyze causes and implement preventative and/or corrective actions.

D. The QAPI Committee will report to the Medical Staff Executive Committee a minimum of quarterly. The QAPI Committee will present data analysis and findings with recommendations for the Medical Staff Executive Committee to review with the Governing Body regarding QAPI activities and program improvement projects.

E. The QAPI Committee will develop on-going Program Improvement Plans to address problem areas, identify causes and implement interventions to improve patient care.

F. The QAPI Committee will obtain Medical Staff Executive Committee approval of Program Improvement Plans and report outcomes of program improvement activities minimum of quarterly. The Medical Staff Executive Committee will provide feedback and obtains approval from the Governing Body annually.