

PENINSULA REGIONAL SUPPORT NETWORK

QUALITY INDICATORS: Contract Years 11-13

The PRSN has identified the following indicators as measures of quality performance, effective service delivery and efficiency of regional mental health systems. Progress toward achieving the standard for each indicator is regularly reported to the appropriate bodies within the PRSN who will evaluate the impact and effectiveness of the indicators. Data collected for each indicator and is tracked using the format established in this policy. Tracking and review of each indicator will assist the PRSN to identify necessary improvements and implement change to improve the overall quality of mental health services within the region.

* **Core performance measures required and measured by The Department in 09-11 contract years**

** **Submitted to The Department as Regional Performance Measures for the 09-11 contract years, and required by 11-13 contract**

Performance-based Measure for 11-13 contract years.

Definition of Indicator and Measurement Standard	Measurements																														
A. Ensure client participation in treatment planning.																															
<p>1. Client voice in treatment planning**</p> <p><u>Numerator:</u> Sum of score for presence of treatment plans written in the words of the client (or family member if the client is under 18) as evidenced by quotations on the treatment plan and treatment plan review for enrolled clients for whom a chart review was performed.</p> <p><u>Denominator:</u> Number of enrolled clients for whom a chart review was performed.</p> <p>Data Source: Standard Intake and Reauthorization Chart Reviews and additional treatment plan reviews</p> <p>Current Target: 70%</p>	<p style="text-align: center;">Reported to QUIC Semiannually in the following format:</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #d3d3d3;"> <th></th> <th>Region</th> <th>KMHS</th> <th>PCMHC</th> <th>JMHS</th> <th>WEOS</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;"><i>Quarter 1 & 2</i></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: left;"><i>Quarter 2 & 3</i></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: left;">Annual Measure</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: left;">Data notes:</td> <td colspan="5"></td> </tr> </tbody> </table>		Region	KMHS	PCMHC	JMHS	WEOS	<i>Quarter 1 & 2</i>						<i>Quarter 2 & 3</i>						Annual Measure						Data notes:					
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<p>2. Client voice in treatment planning</p> <p>Problems identified by the consumer at intake or during treatment will be addressed on the treatment plan or 180-day update</p> <p><u>Numerator:</u> Number of treatments plans including problems identified at intake or during treatment.</p> <p><u>Denominator:</u> Number of charts reviewed in reporting period</p> <p>Data Source: Standard Intake and Reauthorization Chart Reviews (Minimum Performance Standard = 90%)</p>	Reported to QUIC annually in the following format:					
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B. To ensure services are effective, efficient and appropriate.																															
<p>3. Inpatient Utilization (readmission rate) Readmission rate to inpatient services <u>Numerator:</u> Number re-admitted to inpatient services within 30 days from discharge. <u>Denominator:</u> Number of individuals discharged from inpatient services during the reporting period</p> <p>Data Source: PRSN IS (Minimum Performance Standard= Within 2 points of the State's average for previous fiscal year) State's Average for FY 11=6.3 FY 10= 6.9, FY 09 = 6.9, and FY 08= 7.4 State's Average for Medicaid Only, FY 11 = 7.2</p>	<p>Reported to QUIC Semiannually in the following format:</p> <table border="1"> <thead> <tr> <th></th> <th>Region</th> <th>KMHS</th> <th>PCMHC</th> <th>JMHS</th> <th>WEOS</th> </tr> </thead> <tbody> <tr> <td>Quarter 1 & 2</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Quarter 2 & 3</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Annual Measure</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Data notes:</td> <td colspan="5"></td> </tr> </tbody> </table>		Region	KMHS	PCMHC	JMHS	WEOS	Quarter 1 & 2						Quarter 2 & 3						Annual Measure						Data notes:					
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<p>4. Children's Inpatient Utilization ** Bed Days by 1000 for children</p> <p><u>Numerator:</u> Number of days of E& T or psychiatric inpatient community hospital service in a given year for Medicaid enrolled children ages 0-17 in PRSN</p> <p style="text-align: right;">X 1000</p> <p><u>Denominator:</u> Estimate of children in the general population in the given year Data Source: Authorization Records Current Target: 22.57 (This target represents a 5% decrease in admissions when the average length of stay remains constant)</p>	<p>Reported to QUIC annually in the following format:</p> <table border="1"> <thead> <tr> <th>Year</th> <th>Region</th> </tr> </thead> <tbody> <tr> <td>Federal Year 09</td> <td></td> </tr> <tr> <td>Federal Year 10</td> <td></td> </tr> </tbody> </table>	Year	Region	Federal Year 09		Federal Year 10																									
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<p>5. Access to services (to intake) *</p> <p>Time from the request for outpatient services to actual intake appointment.</p> <p><u>Numerator:</u> Number of actual intake appointments that occur within 14 calendar days of request for service.</p> <p><u>Denominator:</u> Number of requests that result in an intake appointment 60 days of their request.</p> <p>Data Source: PRSN IS</p> <p>(Minimum Performance Standard for Region = 82.5%)</p> <p>Notes: Request from request to first <i>offered</i> intake may also be calculated to demonstrate capacity and contract compliance</p>	<p>Reported to QUIC Quarterly in the following format:</p> <table border="1" data-bbox="1073 256 2003 574"> <thead> <tr> <th></th> <th>Region</th> <th>KMHS</th> <th>PCMHC</th> <th>JMHS</th> <th>WEOS</th> </tr> </thead> <tbody> <tr> <td>Quarter 1</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Quarter 2</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Quarter 3</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Quarter 4</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Annual Measure</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Data notes: Quarter is determined by Intake date.</p>							Region	KMHS	PCMHC	JMHS	WEOS	Quarter 1						Quarter 2						Quarter 3						Quarter 4						Annual Measure					
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<p>6. Access to services (to routine appointment) *</p> <p>Time from Request to Service to first Routine Appointment.</p> <p><u>Numerator:</u> The number of Enrollees who receive service within 28 days of request for service.</p> <p><u>Denominator:</u> The Total number of Enrollees who receive a first routine service.</p> <p>Data Source: PRSN IS</p> <p>PRSN average of 75% or a minimum of 50% for FY 10 with an increase of 20% each year after.</p> <p>Notes: Request from request to first <i>offered</i> routine appointment may also be calculated to demonstrate capacity and contract compliance</p>	<p>Reported to QUIC Quarterly in the following format:</p> <table border="1" data-bbox="1073 686 2003 1005"> <thead> <tr> <th></th> <th>Region</th> <th>KMHS</th> <th>PCMHC</th> <th>JMHS</th> <th>WEOS</th> </tr> </thead> <tbody> <tr> <td>Quarter 1</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Quarter 2</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Quarter 3</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Quarter 4</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Annual Measure</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Data notes: Quarter is determined by first routine service date.</p>							Region	KMHS	PCMHC	JMHS	WEOS	Quarter 1						Quarter 2						Quarter 3						Quarter 4						Annual Measure					
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<p>7. Access to Services (emergent requests)</p> <p>Time from request for emergent mental health care to face to face response to the request.</p> <p><u>Numerator:</u> The number of face to face emergent mental health care responses that occur within two hours of the request.</p> <p><u>Denominator:</u> The number of requests for emergent mental health care.</p> <p>Data Source: PRSN IS</p> <p>PRSN average of 90% or 10% improvement from the last quarter</p>	<p>Reported to QUIC Quarterly in the following format:</p> <table border="1"> <thead> <tr> <th></th> <th>Region</th> <th>KMHS</th> <th>PCMHC</th> <th>JMHS</th> <th>WEOS</th> </tr> </thead> <tbody> <tr> <td>Quarter 1</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Quarter 2</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Quarter 3</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Quarter 4</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Annual Measure</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Data notes:</td> <td colspan="5"></td> </tr> </tbody> </table>							Region	KMHS	PCMHC	JMHS	WEOS	Quarter 1						Quarter 2						Quarter 3						Quarter 4						Annual Measure						Data notes:					
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<p><input checked="" type="checkbox"/> Performance-based Measure</p> <p>8a. Coordination of Care (inpatient and outpatient)*</p> <p>Time from discharge from hospital to first non-crisis outpatient services.</p> <p><u>Numerator:</u> First non-crisis outpatient services received 7 or fewer days after hospital discharge.</p> <p><u>Denominator:</u> Number of hospital discharges of consumers who are Medicaid enrolled.</p> <p>Data Source: PRSN IS/Looking Glass Analytics</p> <p>(Minimum Performance Standard for a 6 month period= 50% with a improvement of 10% each 6 months to reach a target of 75%)</p>	<p>Reported to QUIC semiannually in the following format:</p> <table border="1"> <thead> <tr> <th></th> <th>Region</th> <th>KMHS</th> <th>PCMHC</th> <th>JMHS</th> <th>WEOS</th> </tr> </thead> <tbody> <tr> <td>Quarter 1 & 2</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Quarter 2 & 3</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Annual Measure</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Data notes:</td> <td colspan="5"></td> </tr> </tbody> </table>							Region	KMHS	PCMHC	JMHS	WEOS	Quarter 1 & 2						Quarter 2 & 3						Annual Measure						Data notes:																	
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<p>8b. Coordination of Care (inpatient and outpatient)*</p> <p>Time from discharge from hospital to first non-crisis outpatient services.</p> <p><u>Numerator:</u> First non-crisis outpatient services received 7 or fewer days after hospital discharge.</p> <p><u>Denominator:</u> Number of hospital discharges of consumers who are not Medicaid enrolled.</p> <p>Data Source: PRSN IS/Looking Glass</p>	<p>Reported to QUIC semiannually in the following format:</p> <table border="1"> <thead> <tr> <th></th> <th>Region</th> <th>KMHS</th> <th>PCMHC</th> <th>JMHS</th> <th>WEOS</th> </tr> </thead> <tbody> <tr> <td>Quarter 1 & 2</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Quarter 2 & 3</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Annual Measure</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Data notes:</td> <td colspan="5"></td> </tr> </tbody> </table>							Region	KMHS	PCMHC	JMHS	WEOS	Quarter 1 & 2						Quarter 2 & 3						Annual Measure						Data notes:																	
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<p>9. Coordination of Care (with PCPs)** Coordination of Care with Primary Care Physicians <u>Numerator:</u> Number of charts that document communication that has occurred with PCP within the last year either by sending medical notes, by documenting phone conversations, or by requesting notes from the PCP. <u>Denominator:</u> Number of Charts reviewed that have been authorized for continued care. Data Source: Standard Reauthorization Chart reviews and additional coordination of care chart reviews Current Target: 75%</p>	<p>Reported to QUIC semiannually in the following format:</p> <table border="1"> <thead> <tr> <th></th> <th>Region</th> <th>KMHS</th> <th>PCMHC</th> <th>JMHS</th> <th>WEOS</th> </tr> </thead> <tbody> <tr> <td>Quarter 1 & 2</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Quarter 2 & 3</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Annual Measure</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Data notes:</td> <td colspan="5"></td> </tr> </tbody> </table>							Region	KMHS	PCMHC	JMHS	WEOS	Quarter 1 & 2						Quarter 2 & 3						Annual Measure						Data notes:																	
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<p>10. Support for Employment Goals ** Employment, Education or Volunteer Goals Reflected on the Treatment Plan. <u>Numerator:</u> Number of charts in the denominator that include a treatment plan with a treatment goal addressing education, volunteering, or employment. <u>Denominator:</u> Number Level 2 authorized, Medicaid-funded clients' charts whose intake indicates that the client is interested in pursuing education, volunteering, or employment goals Current Target: 80%</p>	<p>Reported to QUIC Quarterly in the following format:</p> <table border="1"> <thead> <tr> <th></th> <th>Region</th> <th>KMHS</th> <th>PCMHC</th> <th>JMHS</th> <th>WEOS</th> </tr> </thead> <tbody> <tr> <td>Quarter 1</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Quarter 2</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Quarter 3</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Quarter 4</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Annual Measure</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Data notes:</td> <td colspan="5"></td> </tr> </tbody> </table>							Region	KMHS	PCMHC	JMHS	WEOS	Quarter 1						Quarter 2						Quarter 3						Quarter 4						Annual Measure						Data notes:					
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C. To ensure data is accurate and complete and timely.																			
<p><input checked="" type="checkbox"/> Performance-based Measure</p> <p>11a. Data Integrity *</p> <p>Service activity and recipient demographic (ethnicity) in the MIS system are compared with documentation in the clinical record.</p> <p><u>Numerator:</u> Number of encounters where every data element reviewed matches</p> <p><u>Denominator:</u> Total number of service encounters</p> <p>Data Source: Encounter Data Validation Reviews (Minimum Performance Standard 90% for 2012 and 95% for 2013)</p>	<p>Reported to QUIC annually in the following format:</p> <table border="1" data-bbox="1073 310 2007 581"> <thead> <tr> <th></th> <th>Region</th> <th>KMHS</th> <th>PCMHC</th> <th>JMHS</th> <th>WEOS</th> </tr> </thead> <tbody> <tr> <td>Annual Measure</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Data notes:</td> <td colspan="5"></td> </tr> </tbody> </table>		Region	KMHS	PCMHC	JMHS	WEOS	Annual Measure						Data notes:					
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<p><input checked="" type="checkbox"/> Performance-based Measure</p> <p>11b. Data Integrity *</p> <p><u>Numerator:</u> Number of encounters that are unsubstantiated (service or data element cannot be verified in clinical documentation).</p> <p><u>Denominator:</u> Total number Service encounters reviewed.</p> <p>Data Source: Encounter Data Validation Reviews (Minimum Performance Standard 4% for 2012, and 2% for 2013)</p>	<p>Reported to QUIC annually in the following format:</p> <table border="1" data-bbox="1073 683 2007 954"> <thead> <tr> <th></th> <th>Region</th> <th>KMHS</th> <th>PCMHC</th> <th>JMHS</th> <th>WEOS</th> </tr> </thead> <tbody> <tr> <td>Annual Measure</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Data notes:</td> <td colspan="5"></td> </tr> </tbody> </table>		Region	KMHS	PCMHC	JMHS	WEOS	Annual Measure						Data notes:					
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<p>12. Data Integrity *</p> <p>Consumer Periodics submission timeliness</p> <p><u>Numerator:</u> Number of Consumer Periodics that were successfully submitted within 60 days of collection.</p> <p><u>Denominator:</u> Number of Consumer Periodics that were submitted.</p> <p>Data Source: The Department Minimum performance standard: Yearly Average of 95%</p>	<p>Measures are calculated monthly and provided to PRSN on a quarterly basis by The Department. Measures are provided to QUIC quarterly.</p>																		

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<p>13. Data Integrity *</p> <p>Outpatient encounter submission timeliness</p> <p><u>Numerator</u>: Number of outpatient encounters successfully submitted within 60 days after the close of the month in which the services were provided (i.e. service month).</p> <p><u>Denominator</u>: Number of outpatient encounters submitted.</p> <p>Data Source: The Department</p> <p>Minimum performance standard: Yearly Average of 95%</p>	<p>Measures are calculated monthly and provided to PRSN on a quarterly basis by The Department. Measures are provided to QUIC quarterly.</p>