Data Collection and Performance Measurement Policy

Effective Date: 08/15/2025

Approved By: Director of Medical and Clinical Services

Review Schedule: Annually or as Needed

Applies To: Integrated Primary Care/Behavioral Health, Day Treatment, PHP, Community Integration

Purpose

To establish standardized procedures for collecting, analyzing, and reporting data that measure the performance, effectiveness, efficiency, and satisfaction of REACH for Tomorrow's programs and services.

This policy ensures that data collection supports continuous quality improvement (CQI), regulatory compliance, and decision-making consistent with CARF 2025 and OhioMHAS standards.

I. Policy Statement

REACH for Tomorrow utilizes an organization-wide, systematic process for data collection and performance measurement to:
- Evaluate achievement of organizational goals and outcomes.
- Identify trends and opportunities for improvement.
- Ensure that services are effective, efficient, and responsive to persons served.
- Support compliance with CARF, OhioMHAS, HIPAA, and internal standards.

All data collected will be accurate, reliable, secure, and used solely for authorized organizational purposes.

II. Scope

This policy applies to all programs, departments, and staff within REACH for Tomorrow, including behavioral health, integrated primary care, and administrative functions.

III. Responsibilities

- The Executive Director ensures that performance measurement activities align with organizational goals and CARF standards.
- The Director of Medical and Clinical Services provides oversight for all clinical and operational data collection related to service quality and outcomes.
- The Quality Improvement (QI) Committee coordinates data collection, analysis, and

reporting.
- The CQI Coordinator (or designee) manages data integrity, report generation, and documentation.
- All staff are responsible for timely, accurate entry of service and outcome data into approved systems (e.g., BestNotes EHR).

IV. Performance Measurement Framework

Performance measurement at REACH for Tomorrow includes the following domains, reviewed at least quarterly:

Domain	Indicators	Purpose
Effectiveness of Services	Client goal attainment, symptom improvement, completion rates	To assess clinical and functional outcomes
Efficiency of Services	Timeliness of access, no-show rate, productivity, service utilization	To evaluate use of resources and system responsiveness
Access and Continuity	Intake timeframes, transitions between levels of care	To ensure service availability and coordination
Safety and Risk Management	Incident trends, medication errors, environmental safety findings	To identify and mitigate safety risks
Person-Served Satisfaction	Survey results, complaints, compliments, feedback trends	To measure satisfaction and engagement
Staff Competency and Satisfaction	Training completion, turnover, satisfaction surveys	To promote workforce stability and quality
Financial Performance	Billing accuracy, denials, payer mix, reimbursement trends	To support fiscal responsibility and sustainability

V. Data Sources and Collection Methods

- Electronic Health Records (EHR): Clinical documentation, encounters, service utilization.
- Surveys: Client satisfaction, staff satisfaction, and stakeholder feedback.

- Incident and Risk Reports: Safety events, medication errors, near misses.
- Administrative Records: Billing, payroll, HR, and credentialing data.
- Quality and Compliance Reports: Peer reviews, audits, CARF and OhioMHAS findings.
- External Benchmarks: CARF performance indicators, state or payer benchmarks.

Data are collected at the point of service and aggregated by the QI team for trend analysis.

VI. Data Analysis and Reporting

- Data are aggregated and analyzed quarterly by the QI Committee.
- Findings are used to identify patterns, compare results against benchmarks, and guide decision-making.
- Reports are prepared for:
  - Leadership and Board of Directors (quarterly and annually)
  - Program Directors and Supervisors (for operational improvement)
  - Staff and Stakeholders (through summaries and dashboards)
- Corrective Action Plans (CAPs) are developed for any area falling below target performance.

VII. Data Integrity, Accuracy, and Security

- All data entry will be completed by authorized staff only.
- Systems used for data storage (e.g., EHR, spreadsheets, dashboards) must be password-protected and HIPAA-compliant.
- Data validation and audits will be conducted quarterly to ensure reliability and accuracy.
- Any identified data errors must be corrected promptly and documented in the QI system.
- Backup and retention policies will align with organizational IT and privacy policies.

VIII. Communication and Use of Findings

Results of data collection and analysis are shared with:
- Staff, via meetings and training sessions, to encourage participation in CQI.
- Persons served and stakeholders, via satisfaction feedback loops.
- Leadership, to inform strategic planning, budgeting, and risk mitigation.
- External bodies, as required for CARF surveys, OhioMHAS reviews, or payer audits.

Findings are integrated into:
- Annual Quality Improvement Plan
- Risk Management Reports
- Staff Training Plans
- Performance Indicators Dashboards

IX. Continuous Improvement Cycle

The data collection process follows the Plan–Do–Check–Act (PDCA) model:

1. Plan – Identify indicators and data sources.
2. Do – Collect data using standardized methods.
3. Check – Analyze results, compare to targets, identify gaps.
4. Act – Implement corrective or preventive actions and monitor for improvement.

This continuous cycle ensures responsiveness to both client and organizational needs.

X. Record Retention

All data reports, analyses, and meeting minutes are retained for a minimum of seven (7) years, or longer if required by law or funding source.

XI. Review and Approval

This policy will be reviewed annually by the Executive Director, Quality Improvement Committee, and Board of Directors to ensure alignment with CARF 2025, OhioMHAS, and industry best practices.