Annual Quality Improvement (QI) Plan, Data Analysis, and Reporting Policy

Effective Date: 08/15/2025

Approved By: Director of Medical and Clinical Services

Review Schedule: Annually or as Needed

Applies To: All Programs — Outpatient MH/SUD, IOP, PHP, and Integrated Primary Care/Behavioral Health

Policy Statement
REACH for Tomorrow is dedicated to maintaining a culture of continuous quality improvement (CQI) to enhance service effectiveness, safety, and client outcomes across all programs. The organization uses a data-driven Quality Improvement (QI) framework to monitor performance, evaluate trends, and implement changes that advance client care and operational excellence.

An annual Quality Improvement (QI) Plan outlines performance priorities, key indicators, and methods for data collection, analysis, and reporting. This plan ensures that REACH for Tomorrow complies with all CARF, SAMHSA, and state performance standards and promotes accountability across all service lines.

Purpose
The purpose of this policy is to:
- Establish a structured, organization-wide system for developing and implementing the annual QI plan;
- Define data collection, analysis, and reporting processes that support informed decision-making;
- Identify and monitor key performance and outcome indicators;
- Facilitate the use of data to improve clinical, operational, and administrative effectiveness; and
- Ensure regulatory compliance and transparency in performance reporting.

Scope
This policy applies to all programs, departments, and staff of REACH for Tomorrow, including:
- Integrated Behavioral Health and Primary Care (IBHPC);
- Outpatient behavioral health and substance use programs;
- Medication-Assisted Treatment (MAT); and
- Partial Hospitalization Programs (PHP).

All staff members are responsible for contributing to QI activities, data accuracy, and implementation of improvement strategies relevant to their roles.

Definitions
- Quality Improvement (QI): A systematic, organization-wide approach to continuously analyze and improve the quality and outcomes of services.
- Performance Indicator: A measurable element that reflects service effectiveness, efficiency, or client outcomes.
- Outcome Measure: A data point reflecting the results of care or service delivery.
- Performance Improvement Project (PIP): A focused, time-limited effort to address an identified area of underperformance.
- Benchmark: A target or external standard used to evaluate performance results.
- QI Committee: The multidisciplinary group responsible for oversight of QI activities, data analysis, and plan implementation.

Procedures

1. Development of the Annual Quality Improvement Plan
- The Clinical Director and Quality Improvement (QI) Committee develop the Annual QI Plan each January, covering the fiscal year.
- The plan is reviewed and approved by the Executive Director and governing body.
- The Annual QI Plan includes objectives, domains, indicators, projects, responsibilities, schedules, and evaluation methods.
- The plan aligns with CARF Section 2 Quality standards, risk management goals, and organizational strategy.

2. Data Collection
- Data are gathered from the Electronic Health Record (EHR), incident logs, satisfaction surveys, staff training records, and program reports.
- Data categories include access to care, service effectiveness, safety and risk, efficiency, and client satisfaction.
- Data are collected continuously, summarized monthly, and analyzed quarterly by the QI Committee.
- The Data Analyst performs quarterly audits to verify completeness and accuracy.
- All data are securely stored and protected under HIPAA and 42 CFR Part 2.

3. Data Analysis
- The QI Committee reviews data quarterly, evaluating trends, comparing benchmarks, and identifying performance gaps.
- When results fall below target thresholds, root cause and gap analyses are performed.
- Performance Improvement Projects (PIPs) are initiated for persistent issues, sentinel events, or system inefficiencies.
- Each PIP includes problem statements, measurable goals, timelines, and documented

outcomes.

4. Reporting and Communication
- Monthly: Indicator dashboards distributed to program leads and supervisors.
- Quarterly: Comprehensive QI Report presented to leadership and governing body.
- Annually: Year-End QI Summary highlighting achievements, trends, and new goals.
- Results are shared in staff meetings, intranet dashboards, and QI reports.
- All QI data are confidential and de-identified in organization-wide reports.

5. Integration with Risk Management
- The QI Plan integrates with the Risk Management and Safety Program to ensure alignment between performance monitoring and safety prevention.
- Cross-referencing of adverse events, medication errors, and infection control reports identifies systemic risks for improvement.

6. Roles and Responsibilities
Role | Responsibilities
Director of Medical and Clinical Services | Provides oversight, approves annual plan, ensures resources for QI activities.| Ensures clinical and medical indicators align with evidence-based standards.
QI Chair | Oversees processes, supervises data analysis, chairs QI Committee.
QI Committee | Reviews indicators, identifies trends, implements corrective actions.
Data Analyst | Collects, audits, and reports data, ensuring accuracy and timeliness.
Supervisors | Communicate results to staff, monitor follow-through on improvement actions.
All Staff | Participate in QI initiatives, ensure accurate documentation, and follow quality protocols.

7. Annual Evaluation
- The QI Committee conducts an annual evaluation of the plan's effectiveness, assessing goal attainment, project outcomes, and impact on service quality.
- Evaluation results inform updates to the next year's QI Plan and guide staff training and organizational priorities.

8. Performance Indicators
- ≥ 90% of QI indicators monitored quarterly and reported to leadership.
- 100% of Performance Improvement Projects initiated for metrics below target for two consecutive quarters.
- 100% of programs participate in QI reporting.
- ≥ 90% staff compliance with data accuracy and documentation standards.

9. Review and Revision
This policy is reviewed annually or upon major organizational or regulatory change.

REACH for Tomorrow

Revisions are approved by the Clinical Director, QI Committee, and Executive Leadership.