

Performance Improvement Project Implementation & Submission Tool

PLANNING TEMPLATE

INTRODUCTION & INSTRUCTION

This tool provides a structure for development and submission of Performance Improvement Projects (PIPs). It is based on EQR Protocol 3: Validating Performance Improvement Projects (PIPs), as a mandatory protocol delivered by the Centers for Medicare & Medicaid Services (CMS) in September of 2012.

The use of this format for PIP submission will assure that the MHP addresses all of the required elements of a PIP. If the MHP uses another format, they must ensure that all of the required elements of the PIP are addressed and included in their submission.

- ❖ The PIP should target improvement in either a clinical or non-clinical service delivered by the MHP.
- ❖ The PIP process is not used to evaluate the effectiveness of a specific program operated by the MHP. If a specific program is experiencing identified problems, changes and interventions can be studied using the PIP process. This can be done to create improvements in the program and should be included in the narrative.
- ❖ The narrative should explain how addressing the study issue will also address a broad spectrum of consumer care and services over time. If the PIP addresses a high-impact or high risk condition, it may involve a smaller portion of the MHP consumer population, so the importance of addressing this type of issue must be detailed in the study narrative.
- ❖ Each year a PIP is evaluated is separate and specific. Although topic selection and explanation may cover more the one PIP year, every section should be reviewed and updated, as needed, to ensure continued relevance and to address on-going and new interventions or changes to the study.
- ❖ If sampling methods are used the documentation presented must include the appropriateness and validity of the sampling method, the type of sampling method used and why, and what statistical subset of the consumer population was used.
- ❖ General information about the use of sampling methods and the types of sampling methods to use to obtain valid and reliable information can be found in Appendix II of the EQR Protocols.¹

¹ EQR Protocol: Appendix II: Sampling Approaches, Sept. 2012, DHHS, Centers for Medicare & Medicaid Services (CMS), OMB Approval No. 0938-0786

IDENTIFICATION OF PLAN/PROJECT

Plan Name:			
Project Title:	Consumer Grievances-Process Assessment and Improvement	Clinical: <input type="checkbox"/>	Non-Clinical: <input checked="" type="checkbox"/>
Project Leader:	Francisco Escobedo	Title: QI Sr. Staff Analyst	Role: Chair
Initiation Date:	2/24/2016		
Completion :			

SECTION 1: SELECT & DESCRIBE THE STUDY TOPIC

- The PIP Study Topic selection narrative should include a description of stakeholders involved in developing and implementing the PIP. MHPs are encouraged to seek input from consumers and all stakeholders who are users of, or are concerned with specific areas of service.
 - Assemble a multi-functional team.
 - Describe the stakeholders who are involved in developing and implementation of this PIP, and how they were selected to participate.

The multi-functional team included stakeholders involved in developing, implementing and advising on best practices for recording and reporting consumer Grievances. Each person on the team has a number of years of experience in behavioral health policies and practices, both clinical and administrative members.

The team includes: Francisco Escobedo, Sr. Staff Analyst/Chair; Lee Ann O'Neal, QI Coordinator; Kannika Toonnachat, DM, QI/IT; Betty Brown, DM, Managed Care; Kathy Rexroat, Clinical Supervisor, Managed Care; Chris Schreiber, Sr. MH Clinician, Managed Care; Stan Lum, Patient's Rights Advocate; Milagro Arevalo, QI Clinician. Others may be added as deemed most appropriate and effective.

- Define the problem.
 - The problem to be addressed should be clearly stated with narrative explanation including what brought the problem to the attention of the MHP.
 - What is the problem?
 - How did it come to your attention?
 - What data have you reviewed that suggests the issue is indeed a problem for the MHP? Describe any relevant benchmarks.
 - What literature and/or research have been reviewed that explain the issue's relevance to the MHP's consumers?
 - The study topic narrative will address:
 - What is the overarching goal of the PIP?
 - How will the PIP be used to improve processes and outcomes of care provided by the MHP?
 - How any proposed interventions are grounded in proven methods and critical to the study topic?

- The study topic narrative will clearly demonstrate:
 - How the identified study topic is relevant to the consumer population
 - How addressing the problem will impact a significant portion of MHP consumer population
 - How the interventions have the potential to impact the mental health, functional status, or satisfaction of consumers served.

After our May, 2015 Medi-Cal Oversight review, it was noted that Fresno County MHP had a low number of reported Grievances, in relation to other large California counties. The Fiscal Year (FY) 2014-15 reported number from Managed Care was 29; for MHSA it was seven; and 46 grievances for Patients' Rights advocate while the statewide range for large counties is 25-400, average 115 per year. The low numbers could indicate that Fresno County is doing an exceptional job of resolving consumer complaints before they reach the formal grievance process, or that we are not capturing all of the grievances. It is also possible that not all areas of the MHP are aware of what the grievance processes and procedures are, are not aware of current regulations, and are not informing their consumers of their right to file a grievance or whom to contact for further information on how to file.

While the goal of the Fresno County MHP is to resolve consumer issues as they arise in the most timely, appropriate and satisfactory manner, the MHP Leadership and QIC team wondered if we are capturing all grievances from all sources: Managed Care, MHSA, Patient's Rights Advocate, and Contracted Providers (see Oct. 2015 QIC meeting minutes). It had been noted during our Medi-Cal oversight review that the MHP Managed Care was following the criteria required by the state for reporting grievances. The team wondered if other areas of the department are doing the same.

An article on Health Center Compliance.com stated that certain programs participating in Medicare and Medicaid have specific requirements to grievance policies and procedures. Community Mental Health Centers (CMHCs) must inform their clients of their right to express a grievance. They must also provide written information to clients on filing a grievance during their initial assessment. The author also addressed importance of staff members being informed of the grievance process and how to direct grievances to the appropriate department.²

The MHP will utilize the "*Plan, Do, Study, Act*" (PDSA) model to identify areas of need to determine any gaps in the grievance process and interventions to improve the process. A provider survey (via SurveyMonkey) was developed to research the adequacy of the client care and contractual grievance process. The survey was analyzed in two categories; Overall number of Respondents (261 survey responses) inclusive of Department of Behavioral Health (DBH) Adult system of care, DBH Children's Outpatient, Managed Care, Mental Health Services Act (MHSA), Patients' Rights Advocate, Contracted Providers and Other. The second category is licensed and unlicensed Mental Health staff inclusive of Medical staff that has direct contact with clients. . The survey will identify: the agency, types of grievances recorded/logged, which grievances are currently reported to the MHP, whether or not the agencies have policies in place, contractual language, and clients awareness of the grievance process (accessibility to file, options for filing a grievance and appeals).

The problem we want to address is ensuring that the Fresno County MHP (in house and contracted providers) are following

² Pledgie, D Responding to patient complaints and grievances. Healthcentercompliance.com Feb 26, 2016

appropriate state regulations, the MHP Policy and Procedures Guidelines, and whether contracted providers are following the procedure as stated in their respective contracts.

A study done by Stanford Health Care (SHC) discussed the need to capture patient complaints as a priority and to make the process as easy as possible for patients. This information was a valuable source of information, allowing SHC to improve patient satisfaction, identify at-risk staff and identify opportunities for services recovery. To achieve their goal of capturing more complaints, SHC redesigned a patient complaint brochure (in 4 languages), increased the amount of space for patient comments, and published articles in the SHC's publications to educate staff about their grievances policies. Flyers were also posted in all of their patient rooms.³

The overarching goal of the PIP is to review and analyze our current processes and procedures to identify areas in need of improvement. We want to ensure that all clients have equal opportunities and an equal process to filing grievances. The MHP will review and may revise current PPGs and review in house and contracted providers current practice and advise on best practices going forward.

From time to time, a Fresno County beneficiary may find themselves unable to adequately resolve a decision, complaint, or not know who to contact if they disagree with a decision, which may require assistance in processing a formal grievance. This non-clinical PIP will validate the current grievance process utilized by the MHP and close any gaps in the process determined to be unsatisfactory by the MHP. In review of existing policies and regulations, the PIP would allow for any required changes to its grievance process to provide accessibility to all beneficiaries.

In an informal survey of clinicians at a weekly QA meeting on 3/10/16, eight various clinical staff from Fresno County children's mental health were asked if they knew how to inform a consumer of the grievance process, and did they have the forms and brochure to provide them. Only one staff person (who's been with the department for 23 years) could inform a client of the grievance process and had the forms and brochures to provide to them. The other seven did not know how to assist the consumer with the process, didn't have the brochure, didn't know where to find them, didn't know who to ask to find them, and all would tell their client to speak with the clinical supervisor regarding the grievance.

In an informal check of two of the consumer lobbies at the Heritage Centre, one had no information available and the staff didn't know where to get the forms. The other lobby did have the brochure and forms available in our threshold languages, though the client would need to ask the receptionist for them. Addressing any gaps within the grievance process and placing appropriate interventions, the MHP anticipates it could have a significant impact for all beneficiaries receiving Specialty Mental Health Services through the Fresno County MHP.

³ Levin CM, et al. Creating a patient complaint capture and resolution process to incorporate best practices for patient-centered representation. *The Joint Commission Journal on Quality and Patient Safety*. Nov 2014; 40(11):484-492.

SECTION 2: DEFINE & INCLUDE THE STUDY QUESTION

The study question must be stated in a clear, concise and answerable format. It should identify the focus of the PIP. The study question establishes a framework for the goals, measurement, and evaluation of the study.

Is the Fresno County MHP capturing all beneficiary grievances, from all areas: Managed Care, MHSA, Patient's Rights, and Contracted Providers, and is the grievance process readily available to all beneficiaries?

Will educating and training staff on the Fresno County MHP grievance process increase the number of Grievances captured?

Measures to include:

1. A baseline survey of all providers noted above (SurveyMonkey) to determine understanding of current policies, practices and procedures.
2. Analysis of reports of actual grievances filed during FY14-15 and FY15-16.
3. A review of current MHP PPG related to Consumer Grievance Resolution Process (1.2.11)
4. A review of current regulations pertaining to reporting and resolving consumer grievances.
5. A review of current contractual languages (contracted providers).
6. Pre- and post-consumer satisfaction surveys sent to consumers who have filed grievances.
7. Re-issue the SurveyMonkey 6 months after educating and training staff.

SECTION 3: IDENTIFY STUDY POPULATION

Clearly identify the consumer population included in the study. An explanation about how the study will address the entire consumer population, or a specific sample of that population. If the study pertains to an identified sector of the MHP consumer population, how inclusion of all members will occur is required. The documentation must include data on the MHPs enrolled consumers, as well as the number of consumers relevant to the study topic.

This section may include:

- Demographic information;
- Utilization and outcome data or information available; and
- Other study sources (such as pharmacy data) that may be utilized to identify all consumers who are to be included in the study.

Demographic Information: The study population will be the behavioral health staff of in house and contracted MHP providers, including clinicians, case managers, clinical supervisors, division managers, and administrative and clerical support staff. Even if the provider does not resolve or manage grievances directly, we want to ensure providers understand the correct process on how to inform the consumer.

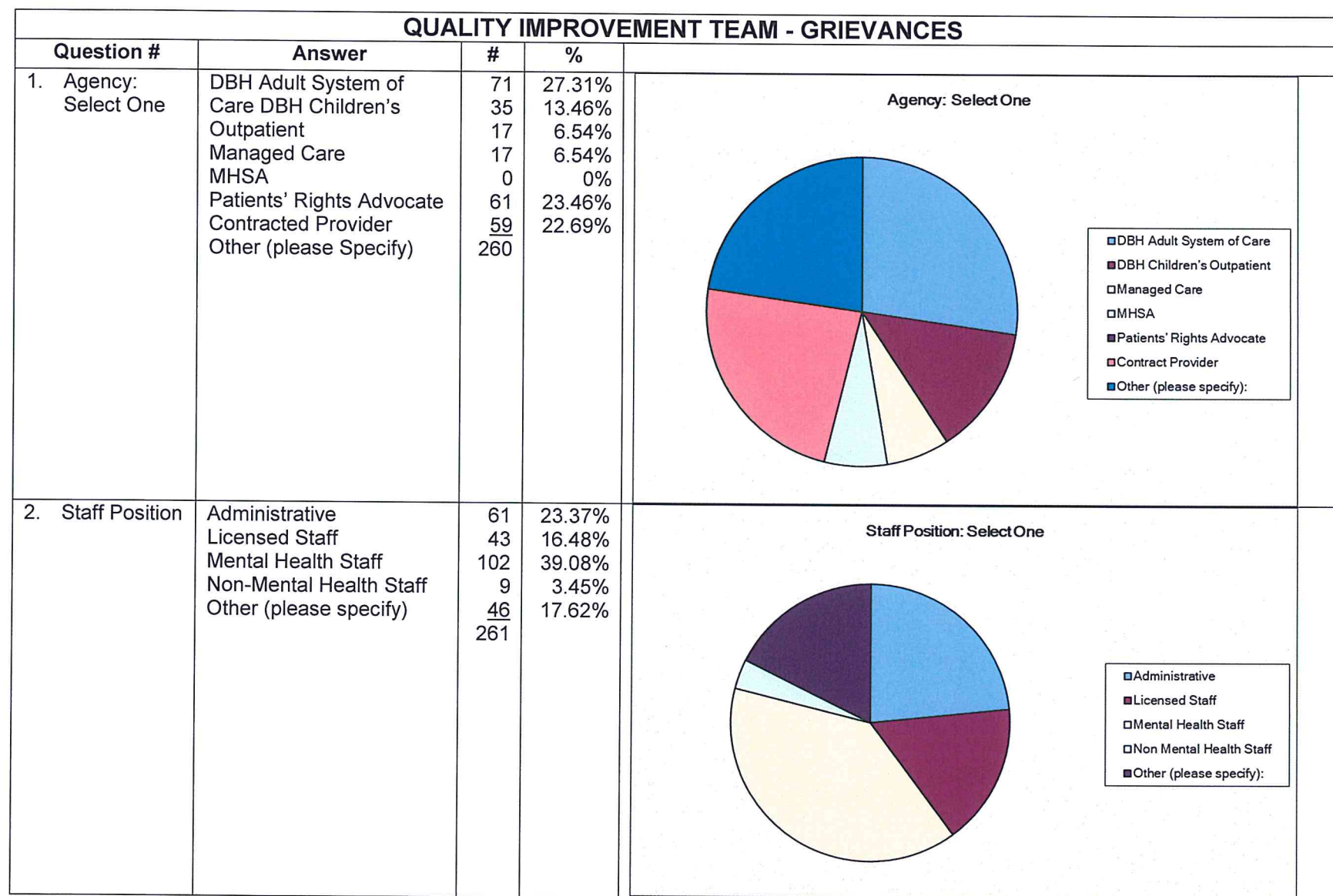
Utilization of Outcome Data/Information: The results from the SurveyMonkey were analyzed to identify gaps in our processes & procedures. Results are below.

PDSA Worksheet for Testing Change (*Institute for Healthcare Improvement*)

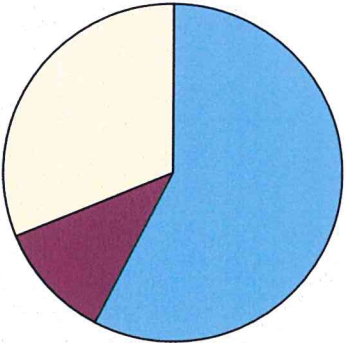
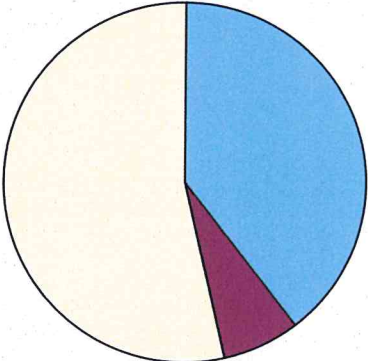
Aim: *Ensure all clients have an equal accessibility and equal process for filing Grievances.*

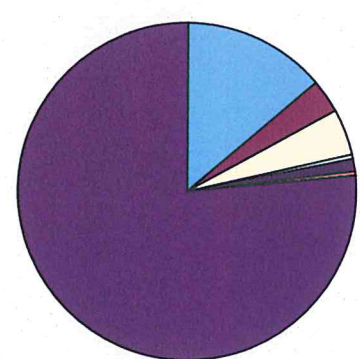
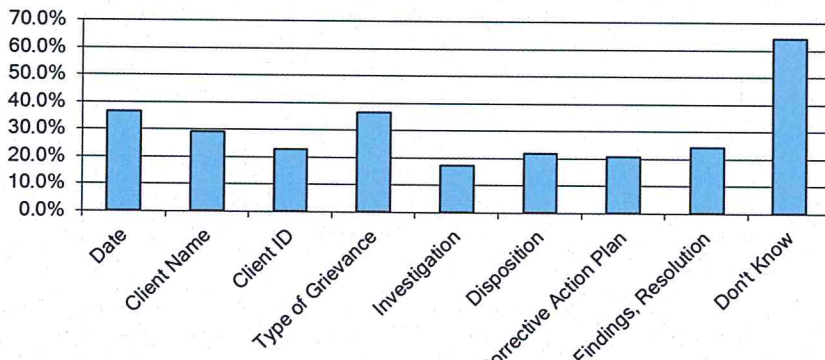
Every goal will require multiple smaller tests of change

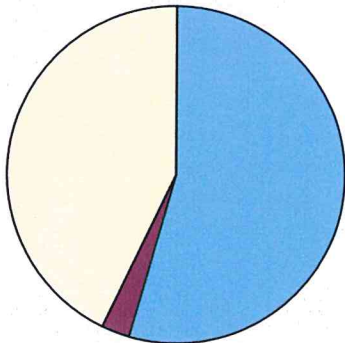
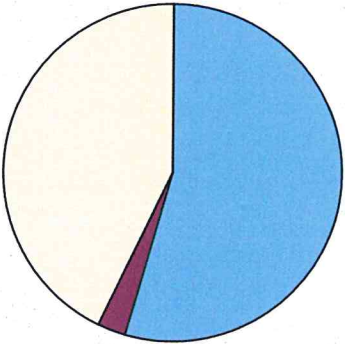
Describe your first (or next) test of change:	Person responsible	When to be done	Where to be done
The Fresno County MHP will increase staff education on grievance policies and procedures to assist in ensuring the capture of all formal grievances.	QI Sr. Staff Analyst	Feb-Mar 2016	Within all areas of the Fresno County MHP
<u>Plan</u>			
List the tasks needed to set up this test of change	Person responsible	When to be done	Where to be done
Development of a Survey to issue to all Fresno County MHP providers to analyze their level of knowledge of grievance policies, practices and procedures.	QI Sr. Staff Analyst	March 2016	
Predict what will happen when the test is carried out	Measures to determine if prediction succeeds		
The Survey will show a significant percentage of staff that do not know the MHP Grievance policies, procedures, or how to assist a consumer when they want to file a grievance.	The initial Survey will be used as the baseline. After educating staff through a variety of means, the same survey will be run again to determine if staff knowledge increased, as well as the number of reported Grievances increased throughout the MHP.		
<u>Do</u> Describe what actually happened when you ran the test			
The survey was opened on 3/11/16 and closed on 3/22/16. It was sent via E-mail to all MHP staff, including contracted providers. The survey consisted of 16 questions designed to help identify staff knowledge about the grievance process and procedures. Below are the questions and responses:			

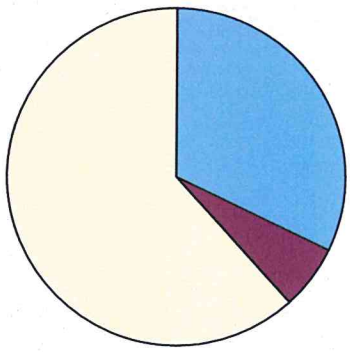
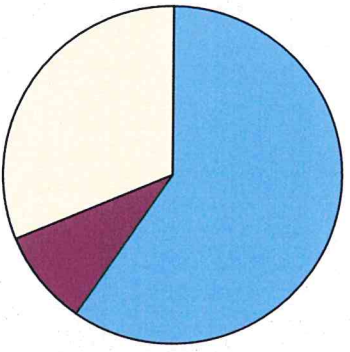


3. Are you aware of your agency's/program's Grievance process?	Yes No Don't Know	173 65 <u>22</u> 260	66.54% 25.00% 8.46%	<p>Are you aware of your agency's/program's Grievance process?</p> <p>■ Yes ■ No</p>
4. Are you aware of all of the client's options for reporting Grievances?	Yes No Don't Know	155 74 <u>31</u> 260	59.62% 28.46% 11.92%	<p>Are you aware of all of the client's options for reporting Grievances?</p> <p>■ Yes ■ No</p>

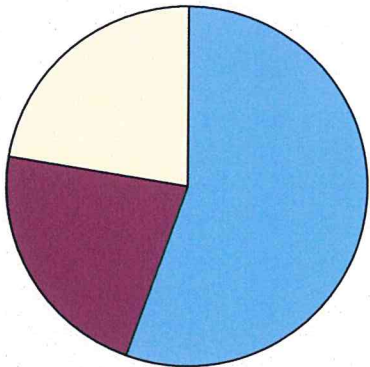
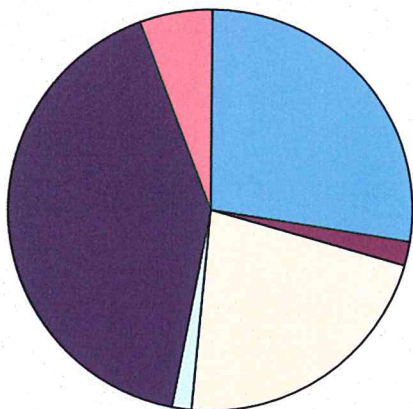
5. Are clients made aware of all of their options for reporting Grievances?	Yes No Don't Know	149 29 <u>81</u> 259	57.53% 11.20% 31.27%	<p>Are clients made aware of all of their options for reporting Grievances?</p>  <p>■ Yes ■ No □ Don't Know</p>
6. Does your agency utilize a written log/database of Grievances?	Yes No Don't Know	103 18 <u>140</u> 261	39.46% 6.90% 53.64%	<p>Does your agency utilize a written log/data base of Grievances?</p>  <p>■ Yes ■ No □ Don't Know</p>

7. If yes, how many Grievances, on average, are recorded each year?	0-10 11-20 21-30 31-40 41-50 51-60 61-70 71-80 81-90 91-100 101-110 Don't Know	34 8 11 1 3 1 0 0 0 0 0 0 0 0 0 190 249	13.65% 3.21% 4.42% 0.40% 1.20% 0.40% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 76.31%	<p>If yes, how many Grievances, on average, are recorded each year?</p>  <p>Legend:</p> <ul style="list-style-type: none"> 0-10 11-20 21-30 31-40 41-50 51-60 61-70 71-80 81-90 91-100 101-110 100 + Don't Know
8. Which of the items below are identified within your Grievance log? Check all that apply.	Date Client Name Client ID Type of Grievance Investigation Disposition Corrective Action Plan Findings, Resolution Don't Know	92 74 58 92 44 55 52 61 162 252	36.51% 29.37% 23.02% 36.51% 17.46% 21.83% 20.63% 24.21% 64.29%	<p>Which of the items below are identified within your Grievance log? Check all that apply:</p>  <p>Legend:</p> <ul style="list-style-type: none"> Date Client Name Client ID Type of Grievance Investigation Disposition Corrective Action Plan Findings, Resolution Don't Know

9. Does your agency/program resolve and report Grievances to the Fresno County MHP within ten business days?	Yes No Don't Know	68 21 <u>170</u> 259	26.25% 8.11% 65.64%	<p>Does your agency/program resolve and report Grievances to the Fresno County Mental Health Plan within ten business days?</p>  <p>■ Yes ■ No □ Don't Know</p>
10. Does your agency/program have a Grievance Resolution Process available to clients?	Yes No Don't Know	142 7 <u>112</u> 261	54.41% 2.68% 42.91%	<p>Does your agency/program have a Grievance Resolution Process available to clients?</p>  <p>■ Yes ■ No □ Don't Know</p>

<p>11. Does your agency/program report all formal (written) grievances to the Fresno County MHP?</p>	<p>Yes No Don't Know</p>	<p>83 16 <u>160</u> 259</p>	<p>32.05% 6.18% 61.78%</p>	<p>Does your agency/program report all formal (written) grievances to the Fresno County MHP?</p>  <p>■ Yes ■ No □ Don't Know</p>
<p>12. In your agency/program lobby, are there postings regarding how to file Grievances?</p>	<p>Yes No Don't Know</p>	<p>156 24 <u>82</u> 260</p>	<p>60.00% 9.23% 31.54%</p>	<p>In your agency/program lobby, are there postings regarding how to file Grievances?</p>  <p>■ Yes ■ No □ Don't Know</p>

As of 3-2017																												
13. Within your lobby, which Grievance forms are visible or made available to clients?	Brochures Poster Boards Flyers Business Cards Self-addressed Envelopes Don't Know Other (please specify)	140 54 58 11 44 87 17 259	54.05% 20.65% 22.39% 4.25% 16.99% 33.59% 6.56%	<p>Within your lobby, which Grievance forms are visible or made available to clients?</p> <table><thead><tr><th>Form Type</th><th>Count</th><th>Percentage</th></tr></thead><tbody><tr><td>Brochures</td><td>140</td><td>54.05%</td></tr><tr><td>Poster Boards</td><td>54</td><td>20.65%</td></tr><tr><td>Flyers</td><td>58</td><td>22.39%</td></tr><tr><td>Business Cards</td><td>11</td><td>4.25%</td></tr><tr><td>Self-addressed envelopes</td><td>44</td><td>16.99%</td></tr><tr><td>Don't Know</td><td>87</td><td>33.59%</td></tr><tr><td>Other (please specify):</td><td>17</td><td>6.56%</td></tr></tbody></table>	Form Type	Count	Percentage	Brochures	140	54.05%	Poster Boards	54	20.65%	Flyers	58	22.39%	Business Cards	11	4.25%	Self-addressed envelopes	44	16.99%	Don't Know	87	33.59%	Other (please specify):	17	6.56%
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14. Other than postings/brochures, how are clients notified of their rights to file a Grievance?	Verbally During Orientation Face to Face Sessions At Discharge Don't Know Other (please specify)	103 89 15 108 32 259	39.77% 34.36% 5.79% 41.70% 12.36%	<p>Other than postings/brochures, how are clients notified of their rights to file a Grievance?</p> <table><thead><tr><th>Notification Method</th><th>Count</th><th>Percentage</th></tr></thead><tbody><tr><td>Verbally during orientation</td><td>103</td><td>39.77%</td></tr><tr><td>Face to Face sessions</td><td>89</td><td>34.36%</td></tr><tr><td>At discharge</td><td>15</td><td>5.79%</td></tr><tr><td>Don't Know</td><td>108</td><td>41.70%</td></tr><tr><td>Other (please specify):</td><td>32</td><td>12.36%</td></tr></tbody></table>	Notification Method	Count	Percentage	Verbally during orientation	103	39.77%	Face to Face sessions	89	34.36%	At discharge	15	5.79%	Don't Know	108	41.70%	Other (please specify):	32	12.36%						
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15. Do you know where to submit Grievances?	Yes No Don't Know	143 57 58 258	55.43% 22.09% 22.48%	<p>Do you know where to submit Grievances?</p>  <p>■ Yes ■ No ■ Don't Know</p>
16. Your agency/program Grievances are submitted to:	Fresno County MHP Patient's Right's Advocate Program Supervisor Contract Analyst Don't Know Other (please specify)	71 5 57 4 107 15 259	27.41% 1.93% 22.01% 1.54% 41.31% 5.79%	<p>Your agency/program Grievances are submitted to:</p>  <p>■ Fresno County MHP ■ Patient's Right's Advocate ■ Program Supervisor ■ Contract Analyst ■ Don't know ■ Other (please specify):</p>

Study Describe the measured results and how they compared to the predictions

The goal of PDSA is to measure the current knowledge of all staff from the Department of Behavioral Health inclusive of contracted providers (Mental Health & Substance Use Disorders). The Survey focuses on the staff knowledge of the grievance policies, procedures or how to assist a consumer when they want to file a grievance.

The initial survey will be used as the baseline and later (6-8 month) will be compared to a follow up Survey to demonstrate the results of the interventions implemented to increase staff and consumer knowledge of the grievance policy and procedures. In addition, the Department will measure the number of grievances increased throughout the MHP. Baseline to be measured (14 of the 16 Survey Questions):

Number	Survey Question	Overall # of Respondents		% Combined (No/Don't Know)*	Licensed and Mental Health Staff with Direct Client Contact		% Combined (No/Don't Know)
		No	Don't Know		No	Don't Know	
3	Are you aware of your agency's/program's Grievance process?	65	22	33%	32	10	29%
4	Are you aware of all of the client's options for reporting Grievances?	74	31	40%	37	16	37%
5	Are clients made aware of all of their options for reporting Grievances?	29	81	42%	17	31	34%
6	Does your agency utilize a written log/database of Grievances?	18	140	61%	7	82	61%
7	If yes, how many Grievances, on average, are recorded each year?	N/A	190	76%	N/A	109	79%
8	Which of the items below are identified within your Grievance log? Check all that apply	N/A	162	64%	N/A	91	64%
9	Does your agency/program resolve and report Grievances to the Fresno County MHP within ten business days?	21	170	74%	10	101	77%

10	Does your agency/pro-gram have a Grievance Resolution Process available to clients?	7	112	46%	2	63	45%
11	Does your agency/pro-gram report all formal (written) grievances to the Fresno County MHP?	16	160	68%	9	91	69%
12	In your agency/pro-gram lobby, are there postings regarding how to file Grievances?	24	82	41%	10	44	38%
13	Within your lobby, which Grievance forms are visible or made available to clients?	N/A	87	34%	N/A	45	31%
14	Other than postings/brochures, how are clients notified of their rights to file a Grievance?	N/A	108	42%	N/A	47	33%
15	Do you know where to submit Grievances?	57	58	45%	33	33	46%
16	Your agency/program Grievances are submitted to?	N/A	107	41%	N/A	59	41%

*Anything over 30% requires attention; interventions will be established to increase staff knowledge/understanding of grievance process. A list of interventions is listed below.

Act Describe what modifications to the plan will be made for the next cycle from what you learned

It has been identified that more than 30% of staff are *NOT* knowledgeable of the MHP policies and procedures as it relates to grievances. The next step is to provide interventions to increase staff knowledge and validate the number of grievances reported to the Fresno County MHP. In addition, interventions will also increase the consumer's knowledge on how to file a grievance and make information to file a grievance readily available and accessible to the consumer.

1. Incorporate Grievance policies and process at staff orientations and annual mandatory staff trainings.
2. Provide monthly updates within the Departments internal *DBH Newsletter* and the *MHP News You Can Use*.
3. Implement additional test calls (2-3 per month), test call scenario requesting grievance information to the County's 1-800,

24/7 Access Line. These calls will be in addition to the seven calls mandated by the State.

4. Develop and implement a 30 minute active video regarding the grievance process, mandatory staff training.
5. Notify consumers of their rights at initial contact for services (review of grievance and appeals policies and process).
6. Incorporate a systematic way of tracking, via AVATAR to confirm the consumer has received information regarding the grievance and appeals process. It is anticipated that this tracked information will be captured within the Access Form and/or the information consent form, to be filled out by a mental health clinician.
7. Modify Department lobby/entryways and staff (direct client contact) offices with readily available and accessible Grievance materials for consumers.
8. Format Grievance forms where applicable (Threshold languages, large print, large spacing to allow consumer to write more detailed information).
9. Mail out a consumer satisfaction survey, within 30-days of resolution, to all consumers who filed a formal grievance through the MHP.
10. Dash Board - Report and provide annual and immediate updates (inclusive of previous years) on grievances reported to the MHP. Data set will be provided via Managed Care reporting.
11. Allow consumers access to file complaints via the Departments website and/or provide other options which allow for easy access to file a grievance.
12. Quality Improvement Committee (QIC) – MHP to continue to report to the QIC and Leadership (semi-annual).
13. Amend Contract Provider boilerplate language to reflect MHP policies for submission of Formal Grievances.
14. Annual Grievance Survey to Department staff, Contracted providers (Mental Health & Substance Use Disorders).

Other Study Sources: Review of MHP Policies, Procedures, and Practices

Our study included a review of current Policies and Procedures for in house providers (*Exhibit A, PPG 1.2.11*) and contracted providers (*Exhibit B, Contract Language; Exhibit C, Contractor Grievance Process*). We also reviewed the brochure that is made available to consumers (*Exhibit D, Grievance Form*). We recognized the need for the following updates or revisions:

PPG 1.2.11 Dated 3/7/2012

- It was not clear that consumers are given written information on the Grievance process upon admission.
- The PPG for in-house providers dated 3/7/12, there was no information on where Grievances are to be filed.
- It was not clear that all providers should be logging all Grievances and sending them to Managed Care (MHP), and within what timeframe.
- The PPG indicated that QI staff would respond to the consumer within 60 calendar days regarding the Grievance decision, but in practice, this is done by Managed Care.

In the spirit of best practices, we reviewed CARF guidelines on complaints/grievances (2015 CARF Manual, pp. 84-85):

“The organization makes complaint procedures and, if applicable, forms, readily available to the persons served and understandable to the persons serviced. Documents formal complaints received. A written analysis of all formal complaints is conducted annually. It determines:

- Trends
- Areas needing performance improvement
- Actions to be taken”

SECTION 4: SELECT & EXPLAIN THE STUDY INDICATORS

“A study indicator is a measurable characteristic, quality, trait, or attribute of a particular individual, object, or situation to be studied.”⁴ Each PIP must include one or more measurable indicators to track performance and improvement over a specific period of time. Indicators should be:

- Objective;
- Clearly defined;
- Based on current clinical knowledge or health service research; and
- A valid indicator of consumer outcomes.

The indicators will be evaluated based on:

- Why they were selected;
- How they measure performance;
- How they measure change a mental health status, functional status, beneficiary satisfaction; and/or
- Have outcomes improved that are strongly associated with a process of care;
- Do they use data available through administrative, medical records, or another readily accessible source; and
- Relevance to the study question.

The measures can be based on current clinical practice guidelines or health services research. The MHP must document the basis for adopting the specific indicator.

In reporting on the chosen indicators include:

- A description of the indicator;
- The numerator and denominator;
- The baseline for each performance indicator; and
- The performance goal.

Specify the performance indicators in a Table. For example:

⁴ EQR Protocol 3, Validation of Performance Improvement Project, Sept. 2012, DHHS, Centers for Medicare & Medicaid Services (CMS), OMB Approval No. 0938-0786

#	Describe Performance Indicator	Numerator	Denominator	Baseline for Performance Indicator (number)	Goal (number)
1	The Number of Department of Behavioral Health staff participating in the grievance survey (March 11-18, 2016)	140: Number of in-house DBH Staff participants	261: Number of Overall survey participants	140/261 = 54%	10% Increase of DBH staff participation
2	Track the number of Grievances reported by MHP. Baseline Fiscal Year 2014-15	N/A	N/A	29: Baseline Data as reported by MHP FY 2014-15	5% Increase of grievances reported via MHP
3	Consumer Satisfaction Survey participation	0: Current number of surveys received in FY 2014-15	29: number of grievances filed in FY 2014-15	0/29 = 0%	10% Increase in the number of responses received for FY 2014-15
4	Survey Questions:				
	Are you aware of your agency's/program's Grievance process?	87: Number of participants who responded with "No" or "Don't Know"	260: Number of total Respondents	87/260 = 33%	5% Decrease from baseline data
	Are you aware of all of the client's options for reporting Grievances?	105: Number of participants who responded with "No" or "Don't Know"	260: Number of total Respondents	105/260 = 40%	5% Decrease from baseline data
	Are clients made	110: Number	259: Number	110/259 = 42%	5% Decrease

aware of all of their options for reporting Grievances?	of participants who responded with "No" or "Don't Know"	of total Respondents		from baseline data
Does your agency utilize a written log/database of Grievances?	158: Number of participants who responded with "No" or "Don't Know"	261: Number of total Respondents	158/261 = 61%	5% Decrease from baseline data
If yes, how many Grievances, on average, are recorded each year?	190: Number of participants who responded with "Don't Know"	249: Number of total Respondents	190/249 = 76%	5% Decrease from baseline data
Which of the items below are identified within your Grievance log?	162: Number of participants who responded with "Don't Know"	252: Number of total Respondents	162/252 = 64%	5% Decrease from baseline data
Does your agency/program resolve and report Grievances to the Fresno County MHP within ten business days?	191: Number of participants who responded with "No" or "Don't Know"	259: Number of total Respondents	191/259 = 74%	5% Decrease from baseline data
Does your	119: Number	261: Number	119/261 = 46%	5% Decrease

agency/pro-gram have a Grievance Resolution Process available to clients?	of participants who responded with "No" or "Don't Know"	of total Respondents		from baseline data
Does your agency/pro-gram report all formal (written) grievances to the Fresno County MHP?	176: Number of participants who responded with "No" or "Don't Know"	259: Number of total Respondents	176/259 = 68%	5% Decrease from baseline data
In your agency/pro-gram lobby, are there postings regarding how to file Grievances?	106: Number of participants who responded with "No" or "Don't Know"	260: Number of total Respondents	106/260 = 41%	5% Decrease from baseline data
Within your lobby, which Grievance forms are visible or made available to clients?	87: Number of participants who responded with "Don't Know"	259: Number of total Respondents	87/259 = 34%	5% Decrease from baseline data
Other than postings/brochures, how are clients notified of their rights to file a Grievance?	108: Number of participants who responded with "Don't Know"	259: Number of total Respondents	108/259 = 42%	5% Decrease from baseline data
Do you know where to submit	115: Number of	258: Number of total	115/258 = 45%	5% Decrease from baseline

Grievances?	participants who responded with "No" or "Don't Know"	Respondents		data
Your agency/program Grievances are submitted to?	107: Number of participants who responded with "Don't Know"	259: Number of total Respondents	107/259 = 41%	5% Decrease from baseline data

SECTION 5: DEVELOP & DESCRIBE STUDY INTERVENTIONS

The MHP must develop reasonable interventions that address causes/barriers identified through data analysis and QI processes. Summarize interventions in a table that:

- Describes each intervention;
- Identifies the specific barriers/causes each intervention is designed to address;
- Identifies the corresponding indicator that measures the performance of the intervention; and
- Maintains the integrity/measurability of each intervention.

For example:

Number of Intervention	List each Specific Intervention	Barriers/Causes Intervention Designed to Target	Corresponding Indicator	Date Applied
1	Incorporate Grievance policies and process at staff orientations and annual mandatory staff trainings.	Increase staff knowledge of the Grievance procedures and increase staff awareness of the process for filing a grievance	#4	To Be Determined (TBD)
2	Provide monthly updates within the Departments internal <i>DBH Newsletter</i> and the <i>MHP News You Can Use</i> .	Increase staff knowledge of the Grievance procedures and increase staff awareness of the process for filing a grievance.	#4	TBD
3	Implement additional test calls (2-3 per month), test call scenario requesting grievance information to the County's 1-	Providing additional information and make available and increase accessibility to consumers assisting/guiding consumers,	#4	TBD

	800, 24/7 Access Line. These calls will be in addition to the seven calls mandated by the State.	family members, and caregivers in filing a grievance		
4	Develop and implement a 30 minute active video regarding the grievance process, mandatory staff training.	Increase staff knowledge of the Grievance procedures and increase staff awareness of the process for filing a grievance.	#4	TBD
5	Notify consumers of their rights at initial contact for services (review of grievance and appeals policies and process).	Increase consumer, family, and Caregiver knowledge of their rights in filing a grievance.	#2	TBD
6	Incorporate a systematic way of tracking, via AVATAR to confirm the consumer has received information regarding the grievance and appeals process. It is anticipated that this tracked information will be captured within the Access Form and/or the information consent form, to be filled out by a mental health clinician.	Validate and track consumers have been informed about the grievance process.	#2	TBD
7	Modify Department lobby/entryways and staff (direct client contact) offices with readily available and accessible Grievance materials for consumers.	Increase staff knowledge of the Grievance procedures and increase staff awareness of the process for filing a grievance.	#2	TBD
8	Format Grievance forms where applicable (Threshold languages, large print, large spacing to allow consumer to write more detailed information).	Providing additional information and make available and increase accessibility to consumers assisting/guiding consumers, family members, and caregivers in filing a grievance.	#2	TBD
9	Mail out a consumer satisfaction survey, within 30-	Allow consumers ability to provide their satisfaction of their	#3	TBD

	days of resolution, to all consumers who filed a formal grievance through the MHP.	experience of the grievance process.		
10	Dash Board - Report and provide annual and immediate updates (inclusive of previous years) on grievances reported to the MHP. Data set will be provided via Managed Care reporting.	Increase staff knowledge of the Grievance procedures and increase staff awareness of the process for filing a grievance.	#4	TBD
11	Allow consumers access to file complaints via the Departments website and/or provide other options which allow for easy access to file a grievance.	Providing additional information and make available and increase accessibility to consumers assisting/guiding consumers, family members, and caregivers in filing a grievance.	#2	TBD
12	Quality Improvement Committee (QIC) – MHP to continue to report to the QIC and Leadership (semi-annual).	Improve grievance tracking and trends and allow for further studies if needed.	#2	TBD
13	Amend Contract Provider boilerplate language to reflect MHP policies for submission of Formal Grievances.	Improve grievance tracking and trends and allow for further studies if needed.	#2	TBD
14	Annual Grievance Survey	Increase staff knowledge of the Grievance procedures and increase staff awareness of the process for filing a grievance.	#1 and #4	TBD

SECTION 6: DEVELOP STUDY DESIGN & DATA COLLECTION PROCEDURES

A study design must be developed that will show the impact of all planned interventions. Include the information describing the following:

- Describe the data to be collected.
- Describe the methods of data collection and sources of the data. How do these factors produce valid and reliable data representing the entire consumer population to which the study indicators apply?
- Describe the instruments for data collection, and how they provided for consistent and accurate data collection over time.
- Describe the prospective data analysis plan. Include contingencies for untoward results.
- Identify the staff that will be collecting data, and their qualifications. Include contractual, temporary, or consultative personnel.

SECTION 7: DATA ANALYSIS & INTERPRETATION OF STUDY RESULTS

Data analysis begins with examining the performance of each intervention, based on the defined indicators. (For detailed guidance, follow the criteria outlined in Protocol 3, Activity 1, Step 8.)

- Describe the data analysis process. Did it occur as planned?
- Did results trigger modifications to the project or its interventions?
- Did analysis trigger other QI projects?
- Review results in adherence to the statistical analysis techniques defined in the data analysis plan.
- Does the analysis identify factors that influence the comparability of initial and repeat measurements?

The analysis of the study data must include an interpretation of the extent to which the PIP is successful and any follow-up activities planned.

Present objective data analysis results for each performance indicator. A Table can be included (see example), and attach all supporting data, tables, charts, or graphs as appropriate.

Performance Indicator	Date of Baseline Measurement	Baseline Measurement (numerator/denominator)	Goal for % Improvement	Intervention Applied & Date	Date of Re-measurement	Results (numerator/denominator)	% Improvement Achieved
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SECTION 8: ASSESS OUTCOMES OF PIP

Real and sustained improvement are the result of a continuous cycle of measuring and analyzing performance, thoroughly analyzing results, and ensuring implementation of appropriate solutions. To analyze the results of the PIP the MPH must document the following steps:

- Describe issues associated with data analysis –
 - Did data cycles clearly identify when measurements occurred? Should monitoring have occurred more frequently?
 - Results of statistical significance testing.
 - What factors influenced comparability of the initial and repeat measures?
 - What, in any, factors threatened the internal or external validity of the outcomes?
- To what extent was the PIP successful and how did the interventions applied contribute to this success?
- Are there plans for follow-up activities?
- Does the data analysis demonstrate an improvement in processes or consumer outcomes?

SECTION 9: PLAN FOR "REAL" IMPROVEMENT

It is essential to determine if the reported change is "real" change, or the result of an environmental or unintended consequence, or random chance. The following questions should be answered in the documentation:

- How did you validate that the same methodology was used when each measurement was repeated?
- Was there documented quantitative improvement in process or outcomes of care?
- Describe the "face validity," or how the improvements appear to be the results of the PIP interventions.
- Describe the statistical evidence supporting that the improvement is true improvement.
- Was the improvement sustained through repeated measurements over comparable time periods? (If this is a new PIP, what is the plan for monitoring and sustaining improvement?)