

**CONTINUOUS QUALITY IMPROVEMENT PLAN**

**YEAR ENDING 2023**

**PROGRAM DESCRIPTION**

Continuous quality improvement (CQI) is the complete process of identifying, describing, and analyzing strengths and problems and then testing, implementing, learning from, and revising solutions. Through our team approach at Peerstar, CQI remains proactive and supports continuous learning. The process is dependent upon the active inclusion and participation of staff at all levels in the agency, providers, consumers, and other stakeholders. Peerstar has monthly leadership meetings, quarterly Compliance Committee meetings, conducts member satisfaction surveys, employee satisfaction surveys and discusses quality improvement methods, including the use of data and information to inform practice and policies and provide feedback to the group leaders.

**THE PLAN-DO-CHECK-ACT (PDCA) CYCLE**

This four-step process is utilized in the agency to work on eliminating organization, systemic and community barriers through setting up a 1) plan to effect improvement; 2) carry out the plan; 3) observe the effects of the plan; 4) study the results to determine what was learned and what can be predicted and feeds back into another PDCA cycle. This process will be used with the provider, peer specialist and community stakeholders to provide collaboration and control in the improvement and direction of the program.

**AUTHORITY AND RESPONSIBILITY**

To ensure CQI and regulatory compliance, Peerstar has created policies and procedures, which include: a) creation of a CQI/Compliance Committee, b) designation of a Director of Compliance, c) initial and p annual employee compliance training, d) encouragement of all employees to report instances of actual or suspected waste, fraud and abuse, e) monthly audits of client charts and progress notes, f) employee supervision, and g) monthly compliance and quality assurance surveys of clients to ensure proper delivery of services and accuracy of progress notes and billing.

CQI/Compliance Committee: The Board of Managers of Peerstar shall appoint a CQI/Compliance Committee tasked with applying the CQI process, preventing and eliminating waste, fraud, and abuse within Peerstar and implementing these policies and procedures. The CQI/Compliance Committee shall be composed of the following individuals: a) President/CEO, b) Chief Operations Officer, c) the Director of Compliance (who shall serve as Chairperson), d) the QI Project Manager, and the Billing Director.

Leadership Team: The Board of Managers of Peerstar shall appoint a Leadership Team tasked with reviewing and evaluation of quality assurance issues and implementing quality improvement plans.

**SCOPE**

The scope of the Peerstar Continuous Quality Improvement Plan covers the full extent of services provided by all staff; peer interactions with non-clinical staff, internal compliance and quality reviews, external interactions and relationships with referral sources and funding sources; timeliness of services; service collaboration and coordination efforts; peer satisfaction; and other factors determined to impact the quality of services provided to peers.

**GOALS AND OBJECTIVES**

The Continuous Quality Improvement Plan strives to meet the following goals and objectives:

1. To enhance and maintain the quality Peer Support Services provided by Peerstar by:
2. Identifying issues and/or opportunities for improving the quality of services to peers
3. Developing a plan of action to improve the quality of services to peers.
4. Evaluate the effectiveness of improvement or correction plans.
5. To ensure the appropriateness of Peer Support Services in accordance with all DPW and MCO Guidelines provided by Peerstar staff by:
6. Conducting monthly self-audits monitoring: the billing process, medical necessity criteria, compliance with Federal guidelines on documentation, and all applicable Peer Support regulations.
7. Identification and reporting of any Waste, Fraud, Abuse
8. Implementing improvement plans to address trends found in the internal audits including training modifications or supplemental training, supervision and chart form, billing, and HR improvements, etc.
9. To achieve efficiency and ensure effectiveness of the CQI Plan by:
10. Integrating quality management activities into daily operations to ensure efficiency, minimize duplication and maximize effectiveness.
11. Conduct an annual review of the CQI Plan and update as needed to make it more effective.

**PROGRAM EVALUATION**

At a minimum, the CQI/Compliance Committee will meet quarterly to discuss Quality Management matters. Changes, when determined to be necessary, can be implemented immediately. All Peerstar staff are notified of changes via emails, trainings, and other forms of communication.

**COMPLAINTS AND INCIDENT REPORTING**

Peerstar, LLC, is dedicated to the development of a full continuum of care in this community, enabling individuals of all ages and abilities to access an appropriate level of care for their emotional and behavioral needs. Our mission is to provide individualized, comprehensive emotional and behavioral health care services, emphasizing a compassionate team approach to helping clients achieve emotional wellness. It is our policy that all consumers/families involved in services with Peerstar will have access to a formal grievance/complaint process. All grievances should be filed by calling 1-888-733-7781 (can we look at adding a link on the website, form, or email).

Peerstar, LLC, is devoted to the effective and fair resolution of all grievances/complaints.

All grievances/complaints will be thoroughly investigated and responded to by the Executive Director/Management Team within a reasonable time frame.

Peerstar, LLC has a policy and procedure that is available to all staff on incident reporting. Peerstar follows all MCO rules for reporting incidents as outlined per Provider Manual.

**STAFFING RELATED TO QUALITY PLAN**

Peerstar employees a Full-time Director of Compliance (job description available upon request) who is responsible for conducting internal audits to ensure contractual and other compliance initiatives.

**QUALITY MONITORS/PERFORMANCE IMPROVEMENT**

1. Peerstar will develop an annual plan with specific target areas for improvement.

2. Peerstar will track resolution of quality issues with Peers and will report the results monthly.

3. Monitor reports may include:

a. Satisfaction survey results

b. Outcome studies (length of stay, hospitalization, recidivism)

c. Audit results

d. Employment satisfaction

**INTERNAL REVIEWS**

1. Peer chart audits are conducted monthly by the Compliance Department. A sample size of 10% of peer per County are selected. The sample is selected by a Credible report of current peers which is filtered by the County selected for audit in the current month. Then twenty charts are selected by various methods, such as selecting every 5th or 7th chart on the list. The selection number changes each month. In counties with fewer than twenty peers, 10% of available charts are selected for audit. All records were reviewed in accordance with individual MCO audit tools and PA State Licensing On-Site Review Tool.

2. Quality Assurance Surveys are conducted monthly by the Compliance Department. Clients are selected by IRP Revision due date. The QA survey is utilized to determine the quality-of-service provision provided by Peerstar. The goal of the policy is to survey 100% of active peers every 6 months. QA surveys will begin at the peer’s admission to the Peer Support Program. Any quality questions found to be unsatisfactory will be forwarded to the Director of Compliance for operational corrective action.

**CONTINUOUS QUALITY IMPROVEMENT ANNUAL REVIEW 2023**

During January 2024, the Director of Compliance reviewed the CQI plan and presented the findings of the annual review to Peer Support Recipients, Certified Peer Specialists and CPS Supervisors. The Peerstar Annual Report will include an analysis of the findings of this review and identify action steps taken to address the annual review findings. The following is a summary of the findings.

**Satisfaction and Outcomes**

There were 366 peer surveys completed in 2023. No significant deficiency trends were found in quality or satisfaction. Peerstar utilizes data in the Credible electronic health record to gather more specific and objective outcome data related to overall outcomes and individual outcomes utilizing ANSA scores and daily rating of progress.

**Individual Record Reviews**

In 2023, Compliance Department staff reviewed on average 1200 individual peer charts performed with no significant trends noted. The review included the timeliness and appropriateness of service by reviewing medical necessity of service provision. Record reviews verified all services began timely, within one year of LPHA recommendation, as per OMHSAS policy, and as per the individual recovery plan. Benefits are verified upon referral and through bi-monthly EVS checks. Also, outcomes of individual peers are provided on the home page of the individual’s medical chart.

**Licensing Inspection Results**

No deficiencies or citations were found in any Peerstar or PAA license inspections in 2023.

**Certified Peer Specialist Program.**

The focus for 2024 will be adding enhancements to promote better quality of documentation by working with individual CPS staff members to assist them in becoming even better documenters. A Mental Health Professional/Quality Auditor position was added to assist in improving documentation, especially the narrative of peer sessions over three hours. Several reports have been implemented to assist office clerks in screening contact notes and documentation more efficiently. A survey for referring providers will be implemented in late 2024 to identify any improvements in Peerstar’s referral process.

**Certified Recovery Specialist Program**

The Certified Recovery Specialist program has several quality improvement initiatives per the CCBHO standards. In 2023, a suicide prevention screening was added to the contact note. Certified Recovery Specialists were provided education on suicide awareness and use of the screening. Certified Recovery Specialists were trained in trauma informed care, and an additional mental health professional was hired to review documentation for quality improvements. For 2024, Certified Recovery Specialists will have additional trainings added in peer engagement and documentation. The program will have Certified Recovery Specialist specific trainings offered throughout the year. Questions specific to recognizing an overdose will be added to the contact note, and staff will be trained in overdose risk factors and signs of an overdose. Certified Recovery Specialists will communicate and collaborate with the SCA and other substance abuse providers to address all the peers’ needs.

**Peer Support Service Description**

As of 2023 the Peerstar PSS service description was reviewed and found to be following state and managed care regulations. The provision of services was reviewed, and all services are found to be delivered in accordance with the Service Description and regulations. As needed, updates to the Services Descriptions will be completed. Also, copies will be sent to the various regional State Licensing offices for review and approval.

**Peer Involvement**

During January 2024, the Director of Compliance presented the findings of the annual review to the Certified Peer Specialists and Supervisors, and Peer Support Recipients.

Peer support recipients commented on how nice it was to have the option for peer specialists to see them in their homes and in their communities. Peers said they were grateful to have someone helping them who understands many of the struggles they are going through.

When discussing future quality improvements to the peer support program, peers said their peer specialists were helping them achieve goals and be more independent. One peer stated,” My peer specialist helps me get more motivated.” Another peer said, “My peer specialist helps build my social interaction skills and always fosters my recovery. She helped me find a brain injury support group and a smart recovery program.” One peer discussed struggling with depression and how the peer support program gave her the confidence to carry on. Peers would like to see a peer database in the future, and discussed how IRPs tend to take a significant amount of time. Peers said they were overall satisfied with the services and had no other suggestions for program improvement.

Peer specialist supervisors discussed how they were also grateful for the peer support program and how it was rewarding to work for Peerstar. One peer specialist supervisor discussed how she worked for Peerstar for many years and was able to advance in positions. Peer specialists suggested it would be helpful to have a one sheet paper to give to new peers explaining peer support in simple terms, with bullet points on “what peer support is” and “what peer support isn’t.” Staff members thought this would be helpful in explaining peer support, as well as setting boundaries. They suggested administrative staff use this for new peers and explain what occurs at the first appointment. Staff members were also eager to see a peer portal.

In 2023, many pre-covid policies returned to their pre-pandemic state. However, many temporary policies were implemented permanently, including the availability of telehealth. Peers and staff have found this helpful in allowing more time and flexibility in scheduling and freedom of peer choice. Peer specialists are once again allowed to provide services while in transit, which has created an ease when providing services in the community. There has been a growth in community events again that have allowed staff to network, express creativity, and show leadership skills.

Suggestions for continued quality improvement in 2024:

1. Specialized training and education for specific topics such as working with peers with dementia, setting boundaries, working with older adults.
2. More education on what peer support is and is not for new peers, providers, and staff.
3. Staff are eager to learn about the specialty programs Peerstar has to offer and would like more information.
4. CPS staff appreciate the opportunity to be a member of committees, advisory board, community events, and online events. It is suggested to grow these opportunities and share them with new staff members, so they feel connected and engaged right away.
5. Peer Portal- allows options for quality improvement participation for peers.
6. Many agencies have the preconceived notion that transportation is a benefit of peer support services. It is suggested to clarify this more when starting new peer services.
7. Networking meetings and social media have encouraged staff and made them feel connected. They would like to see these continue and grow.

**Peer Satisfaction And Outcomes by License**

Bedford, Blair, Cambria, Somerset

Clearfield, Jefferson, Centre

Delaware

Franklin, Fulton

Huntingdon, Mifflin, Juniata

Indiana, Armstrong, Westmoreland

Lackawanna, Wayne, Susquehanna, Luzerne, Wyoming, Carbon, Monroe, Pike

Lehigh, Northampton

Lancaster, Lebanon, Cumberland, Dauphin, Perry

Philadelphia

Hospitalizations per License



















