

Vermont Psychiatric Care Hospital Policy and Procedure		
Quality Assessment and Performance Improvement		
Effective: April 2014	Revised: December 2024	Due to Review: December 2026

POLICY

The Vermont Psychiatric Care Hospital (VPCH) selects and uses data, information, and performance measures relevant to the services it provides and the population(s) it serves. Data is used to identify and understand variation in the performance of processes supporting safety and quality care delivery, to ultimately improve performance and to minimize harm.

PROCEDURE

The Department of Mental Health (DMH) Commissioner is the governing body for VPCH and is ultimately accountable for the safety and quality of care, treatment, and services provided. The DMH Commissioner shall ensure that adequate resources are allocated for measuring, assessing, improving, and sustaining the hospital's performance and reducing risk to individuals served.

The VPCH Chief Executive Officer (CEO) is responsible to ensure that there are active quality, safety, utilization, and risk management programs within VPCH. The CEO will work closely with DMH Commissioner to review resource needs, the effectiveness of hospital operations, and quality-of-care services.

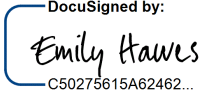
It is the responsibility of the VPCH CEO to ensure that VPCH has a Written Performance Improvement Plan that identifies VPCH's approach to improving and sustaining outcomes relative to improving hospitalized individuals' outcomes and minimize harm. Focus areas will include all systems that impact care of the hospitalized individual, care satisfaction, safety, collaboration, and compliance. The governing body, medical staff, and the VPCH executive leadership team shall ensure that an ongoing program for quality improvement is defined, implemented, and maintained.

Elements of quality assessment and performance improvement shall include:

- Collection of data to monitor performance based on VPCH established priorities and in accordance with regulatory requirements.
- Compilation and use of statistical tools and techniques to analyze data and identify trends.
- Identified priorities for performance improvement.
- An established, written performance improvement plan which includes goals, expectations, data to collect, selected improvement modalities, and timelines for activity.
- Documentation of performance improvement and, when necessary, remediation activities and the measurable progress achieved/sustained for each.
- Reassessment and action when goals for planned improvements are not achieved or sustained.

References:

Joint Commission Standards Manual – Performance Improvement Chapter linked [here](#).

Approved by	Signature	Date
Emily Hawes, Commissioner, Vermont Department of Mental Health	 <p>DocuSigned by: <i>Emily Hawes</i> C50275615A62462...</p>	12/6/2024