



American Behavioral Solutions

Quality Improvement Policies and Procedures

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I. Quality Improvement Policy and Procedure

Introduction

At American Behavioral Solutions, our commitment to excellence is upheld through regular quality improvement initiatives. This policy outlines the framework for monthly meetings involving clinical directors, behavior analysts, assistant behavior analysts, and behavior analyst trainees to collaboratively enhance client services and advance workforce development.

Policy

American Behavioral Solutions has developed a Quality Improvement Team that reviews documentation and records of services using specialized checklists to ensure all components of a client's file and treatment record meet company standards. The team also monitors, assesses, and enhances our practices to ensure the best possible outcomes for those we serve. Our Quality Improvement Policy is designed to:

1. **Ensure Compliance:** We adhere to all relevant laws, regulations, and ethical guidelines governing the practice of ABA. Our programs and services are in compliance with the Behavior Analyst Certification Board (BACB) guidelines, state licensing requirements, insurance requirements, Behavioral Health Center of Excellence (BHCOE) standards, and other industry standards.
2. **Client-Centered Approach:** We prioritize the well-being and progress of our clients. Our practices are individualized, evidence-based, and person-centered, taking into consideration each client's unique needs, preferences, and goals.
3. **Data-Driven Decision-Making:** We rely on objective data collection and analysis to inform our interventions and track client progress. Data is collected consistently, and decisions are made based on empirical evidence to ensure the effectiveness of our interventions.
4. **Continuous Training and Development:** Our team members receive ongoing training and professional development opportunities to stay current with the latest advancements in ABA and related fields. We invest in the skill development and competence of our staff to provide high-quality services.
5. **Feedback and Collaboration:** We value feedback from clients, families, and team members. Regular communication and collaboration with all stakeholders help us make informed decisions and adapt our services to meet evolving needs.

Purpose

The purpose of the QI Team is to systematically evaluate and improve the quality of programs, processes, and services to achieve a high level of efficiency, effectiveness, and accountability.

Definitions

- **Quality Improvement (QI):** An integrative process that links knowledge, structures, processes, and outcomes to enhance quality of services
- **Corrective Action Plan (CAP):** A plan that identifies specific areas of current operational performance for improvement within the agency
- **Quality Methods:** Practices that build on an assessment component in which a group of selected indicators that are selected by an agency are regularly tracked and reported
- **Quality Improvement Team (QI Team):** A group of employees, represented by the clinical department, analysts, assistant analysts, and behavior analyst trainees, who will carry out QI efforts by receiving monthly assignments (approximately 4 hours per month) and attending monthly meetings (approximately 1-1.5 hours per month)

Responsibilities

- **Executive Leadership:** The executive leadership team is responsible for establishing and maintaining a culture of quality improvement within the organization. They allocate resources, set priorities, and support initiatives aimed at enhancing service quality.
- **Clinical Supervisors/ BCBA/ BCaBAs/ Trainees:** Supervisors oversee client programs, monitor progress, and ensure that interventions are based on the best available evidence. They also provide guidance and mentorship to supervisees.
- **Direct Service Providers/ RBTs:** Direct services providers implement interventions as designed by clinical supervisors. They are responsible for accurate data collection, maintaining client safety, and following ethical guidelines.
- **QI Team:** All members of the team are responsible for reviewing data, assessing the effectiveness of interventions, identifying areas for improvement, and recommending changes in policies or procedures.

Procedures

This policy covers QI activities, including:

- Monthly QI meetings
- Monthly case record reviews
- Documentation reviews
- Quarterly supervisory record reviews
- Quality improvement plans
- Program assessment
- Quality improvement training
- Policy reviews
- Internal audits

Monthly QI Meetings: Lead by the Quality Coordinator, Gabriella Casale, to report on the following topics:

- Monitoring reports, CAPs, and follow-up
- Case record reviews and CAPs
- Contracts and outcomes
- Management and operations data
- Review of grievance(s)
- Changes to policies and procedures
- Findings from internal audits

The meeting will occur monthly, with each session lasting approximately one hour. At least one representative from each small group must be present and relay relevant information to the rest of their team during the small group meetings. Meeting minutes will be available to include discussion and actions to be taken, when applicable.

Assignment Structure: The team will be divided into small groups, each with a specific project related to client services or workforce development. Projects may include, but are not limited to, initiatives to enhance client programming, improve data collection processes, implement new behavior intervention strategies, review and modify policies, or develop and deliver workforce training. Each small group will provide updates on their assigned projects' progress during the monthly meeting.

Periodic peer review: A process in which the QI team reviews randomly selected cases to ensure that records are complete and in compliance. In the case the reviewer finds discrepancies, a corrective action plan will be used to identify what needs to be corrected.



Quarterly supervisory record review: A process in which the quality coordinator reviews randomly selected cases to ensure that the services provided are consistent with the agency's policy and funder requirements.

Quality improvement plan: Annually, a Quality Improvement Plan (QIP) will be submitted by the quality coordinator to be approved by the quality improvement team and the Clinical Director and implemented by the agency. The Quality Improvement Plan will include the following components:

- Areas of improvement
- Goals and objectives with measurable and time-framed measures
- Responsible person(s) for each objective
- Status for each goal and objective
- Comment for each review (to be conducted with directors)
- Updated policies and procedures for the QI team

Staff quality improvement training: All new and existing staff will receive basic QI training to prepare them to lead or assist with QI projects in the agency. Training and other QI information will be provided through:

- New employee orientation
 - Teleconference with the quality coordinator within the first week of employment
- Large group and small group QI meetings
- Letters to the team regarding findings of quality improvement meetings

In the absence of the quality coordinator, several options are available.

- During the large group meeting at the end of each month, the team leaders from previously established small groups can present their team's findings and lead discussions
 - In these cases, the case coordinator will be responsible for documenting meeting minutes, findings, and corrective action plans to be discussed with the quality coordinator.
- The Clinical Director, Eloisa Arandia, can carry out the meeting in place of the quality coordinator.
 - In these cases, the clinical director will be responsible for documenting meeting minutes, findings, and corrective action plans to be discussed with the quality coordinator.

American Behavioral Solutions is committed to a process of continuous improvement. This involves identifying areas for improvement based on data analysis and feedback, developing action plans and strategies to address identified areas, implementing changes and monitoring their impact, and reviewing and adjusting policies and procedures as needed.

American Behavioral Solutions is dedicated to providing the highest level of care and support to our clients. Our Quality Improvement Policy is central to our commitment to excellence, ensuring that we continuously enhance our practices to promote positive outcomes for the individuals and families we serve. We embrace a culture of learning, collaboration, and growth to meet the evolving needs of our clients and the ABA field.



II. Quality Improvement Plan

Purpose: The aim of a QIP is to help providers self-assess their performance in delivering quality of services and to plan future improvements. Each area of improvement has goals and objectives that will be reviewed on a quarterly basis until they are completed.

Area of Improvement	Goals	Objectives (describe who, what, how, when)	Q1 Review	Q2 Review	Q3 Review	Q4 Review	Date Completed/Status
Communication							
Accountability/roles	Office flow Staff training Job descriptions Evaluations						
Content in files							
Human Resources							
Software							
ABA Website							
Growth (expansion of services)							

Q1 Review Comments:

Q2 Review Comments:

Q3 Review Comments:

Q4 Review Comments:



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III. Corrective Action Plan (CAP)

Program Name:						Monitored By:			
Monitoring Date:						Staff Responsible:			
Due by:						Credential:			
Section #	Corrective Action Plan (Describe what needs to be corrected)							Date Corrected	
Clinical Director Signature and Date:									

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IV. Monthly QI-Team Meeting Minutes

QUARTER: _____

SCRIBE'S NAME: _____

DATE: _____

QI COORDINATOR: _____

TOPIC	DISCUSSION	ACTION(S) TO BE TAKEN & PERSON(S) RESPONSIBLE (Person responsible and date of when action was taken)
Monitoring Reports, CAPs, & Follow-up	Monitoring report from _____ Date: _____ CAPs Required _____ CAPs submitted (incl date) _____ Monitoring report from _____ Date: _____ CAPs Required _____ CAPs submitted (incl date) _____ Monitoring report from _____ Date: _____ CAPs Required _____ CAPs submitted (incl date) _____ <input type="checkbox"/> No Monitoring reports during this month	
Case Record Review	Summary of group discussion:	
Contracts & Outcomes	New Contract Name: _____	
Management and Operations Data	Human Resources: (please include training compliance with contractors) Finance Department: (Accounting and billing) IT department: Software:	

	Clinical Department: (Authorizations, Director Assistant, Clinical Assistant, Training Coordinator)	
Review of Grievance(s)	Review of grievances:	
New/Revised Policies and Procedures	New/Revised Policy or Procedure: _____ Date notification was received: _____ Summary of group discussion:	
Other QI Business	Summary of group discussion:	
Attendance (list who is absent)		

QI member name and role:

Minutes were accepted by: _____
QI Coordinator
Date