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:	**Sutter-Yuba**		
Project Title:	**Improving client satisfaction and client perception of therapy outcomes through continuous in-session feedback**	Clinical: _X___	Non-Clinical: _____
Project Leader:	**Rick Bingham**	Title: QA Officer	Role:
Initiation Date:	**June 11, 2015**		
Completion :			

SECTION 1: SELECT & DESCRIBE THE STUDY TOPIC

1. 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.

   SYMHS formed a PIP committee consisting of the Quality Assurance Officer, the Quality Assurance clinician, the Quality Improvement Coordinator (who is also the Cultural Competence Committee Chair), the Adult Services Program Manager and the MHSA Staff Analyst.

   The PIP committee members were selected due to their involvement in Sutter-Yuba Mental Health's (SYMHS) Adult Outpatient Services and due to their understanding of the PIP study process.

2. 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.

Clinically sound treatment in behavioral health calls for consumer participation in the treatment planning process, including identification of goals or objectives that the consumer feels are most important to address. Despite this, anecdotal evidence, obtained through SYMHS chart audit samples at SYMHS, demonstrates that treatment plan objectives are often lacking in clarity, specificity and measurability. A survey of all adult charts audited for the months of May, June and July of 2015, showed that 36%, 23% and 40% of the three respective samples had at least one problem with treatment plan objectives where they were lacking in clarity, specificity or measurability. Further, it is not clear that treatment plan objectives are as client-driven as they could be. SYMHS' Adult POQI results from Spring 2014 indicated that only 75.4% of clients surveyed rated "agree" or "strongly agree" to the question, "I, not staff, decided my treatment goals." During the same time frame, the Older Adult POQI returned a rate of 79% for the same question. The results for the following year (2015) were still only 79.5% for adults and 68.2% for older adults. Because the POQI collects data from consumers who may receive diverse services, such as medication, therapy and case management, SYMHS conducted an initial sampling to determine if the problem of poor consumer participation in treatment planning was applicable to adults in our proposed sample (consumers receiving therapy in adult outpatient services, including older adults). Two questions in the initial sampling were particularly relevant. The first, "I, not staff, decided my treatment goals" showed that 69% of clients surveyed rated "agree" or "strongly agree" on this item. The second question, "My therapist and I regularly discuss my treatment plan goals" resulted in 75.8% of those surveyed answering "agree" or "strongly agree". The initial sampling established that treatment plan objectives are not as client-driven as desired.

The overarching goal of this PIP is to improve client symptoms, satisfaction and feelings about treatment through client participation in the treatment planning process. If this PIP is successful, the processes implemented and information learned will be applied to all adult outpatient clinicians that participate in treatment planning with consumers.

A sample group of 60 consumers will be studied to determine if the use of an in-session questionnaire that focuses on progress toward treatment plan objectives is effective in improving client outcomes, satisfaction and feelings about treatment. This questionnaire was developed by PIP committee members to reflect clients' perceptions related to the implementation of the study intervention. Specifically, it addresses whether a client feels that s/he is involved in the treatment planning process and if, as a result, symptoms improve. Data gleaned from this group will be compared against a control group of 60 consumers who will not receive the questionnaire.

Recent research has indicated that ongoing client feedback, treatment collaboration, and goal consensus throughout the treatment process shows promise in increasing client outcomes and the prevention of adverse treatment outcomes in psychotherapy. A collection of studies were analyzed to ensure the study question's relevance to the MHP's consumers. The literature review is comprised of modern studies that evaluated the effects of continuous client feedback and therapist/client goal consensus on treatment retention, symptom reduction, adaptive functioning, and satisfaction with services, herein referred to as therapy outcomes.

Client and therapist consensus and collaboration on therapy goals is linked to more positive therapy outcomes, as evident by meta analyses results of recent studies[2]. The process by which the client and therapist enter into the therapeutic relationship can define the entire therapy process. While conscientious inclusion of the client in treatment goals and decisions is linked to therapy success, so is ensuring that the client is engaged and providing feedback as therapy progresses.

Studies that have examined the clinical efficacy of providing treatment feedback data to both the therapist and the client concluded that clients in this feedback mode showed statistically significant gains in therapy outcomes.[3] Even more recent research replicated previous studies and confirmed that individuals in the feedback sample group showed nearly double the improvement and impressive reliable change percentages, when compared to the no-feedback groups (66.67% vs. 41.4%).[4] Even more advantageous is using the continuous feedback process to identify clients who are not thriving in treatment and to intervene to change the course of treatment. If identified early in the treatment process, clients with poor therapy outcomes demonstrated increased treatment improvements if feedback was used to alter treatment strategies, when compared to the no-feedback groups. [5]

Of further importance, when analyzing the effectiveness of using continuous client feedback in a public behavioral health setting, research again demonstrated that the method had clinical utility, as it also did in managed care and university settings when compared to no-feedback models (Reese et al., 2014).[6]

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[2] *Tyron, G.T. and Winograd, G. (2011). Goal consensus and collaboration. Psychotherapy, Vol. 48:1, 50-57.*

[3] *Harmon, S.C., Lambert M.J., Smart, D.M., Hawkins, E., Nielsen, S., Slade K., et al. (2007). Enhancing for outcome potential treatment failures: Therapist- client feedback and clinical support tools. Psychotherapy Research, 17, 379-392.*

[4] *Reese, R.J., Norsworthy, L.A., and Rowlands, S.R. (2009). Does a continuous feedback system improve psychotherapy outcome? Psychotherapy Theory, Research, Practice, Training, 4, 418-431.*

[5] *Reese, R.J., Norsworthy, L.A., and Rowlands, S.R. (2009). Does a continuous feedback system improve psychotherapy outcome? Psychotherapy Theory, Research, Practice, Training, 4, 418-431.*

[6] *Reese, R.J., Bohanske, R.T., Duncan, B.L., and Owen, J.J. (2014). Benchmarking outcomes in a Behavioral health setting: Feedback as a quality improvement strategy. Journal of Consulting and Clinical Psychology, May 2014.*

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.

Does using the in-session questionnaire to talk about therapy progress and goals in every session improve symptoms, satisfaction and feeling involved in your treatment?

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.

This PIP's goal study population includes 120 adult outpatient therapy clients who complete 6 consecutive sessions of therapy. 60 of these clients, selected at random, will receive the intervention, while 60 more clients, also selected at random, will be chosen as the control group.

Demographic data for this PIP will be reported when all data collection is complete.

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."[7] 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.

Indicators were selected to address areas from the POQI that were identified as needing improvement. Each indicator

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

measures performance through client self-report, measured against an identified baseline. An increase in client scores is reflective of greater satisfaction reported by clients. These indicators (listed below) measure change in mental health status, functional status and beneficiary satisfaction, including the client's feeling of being involved in the treatment planning process in therapy.

The following indicator addresses change in mental health status:

- My symptoms are not bothering me as much.

The following indicator addresses change in functional status:

- I am better able to handle things when they go wrong.

The following indicators address change in beneficiary satisfaction:

- I liked the services that I received here.
- If I had other choices, I would still get services at this agency.

The following indicators address change in clients' feelings of being involved in the treatment planning process:

- I, not staff, decided my treatment goals.
- My therapist and I regularly discuss my treatment plan goals.

Specify the performance indicators in a Table. For example:

#	Describe Performance Indicator	Numerator	Denominator	Baseline for Performance Indicator (number)	Goal (number)
1	I liked the services that I received here.	Sum of scores on pre-survey of individuals that received intervention of 6 sessions=266 and sum of scores on post-survey data when available	Sum of total possible scores on pre-survey from individuals that received intervention of 6 session (possible score of 5x62 individuals =310) and	Sum of pre-survey Numerator divided by sum of individuals that received intervention of 6 sessions (potentially 62)=4.29	90th percentile=4.5 on post survey

			sum of scores on post-survey data when available		
2	If I had other choices, I would still get services at this agency.	Sum of scores on pre-survey of individuals that received intervention of 6 sessions=244 and sum of scores on post-survey data when available	Sum of total possible scores on pre-survey from individuals that received intervention of 6 session (possible score of 5x60 individuals =300) and sum of scores on post-survey data when available	Sum of pre-survey Numerator divided by sum of individuals that received intervention of 6 sessions (potentially 62)=4.07	85th percentile=4.25 on post survey
3	I, not staff, decided my treatment goals.	Sum of scores on pre-survey of individuals that received intervention of 6 sessions=228 and sum of scores on post-survey data when	Sum of total possible scores on pre-survey from individuals that received intervention of 6 session (possible	Sum of pre-survey Numerator divided by sum of individuals that received intervention of 6 sessions (potentially 62)=3.74	80th percentile=4.0 on post survey

		available	score of 5x61 individuals =305) and sum of scores on post-survey data when available		
4	I am better able to handle things when they go wrong.	Sum of scores on pre-survey of individuals that received intervention of 6 sessions=210 and sum of scores on post-survey data when available	Sum of total possible scores on pre-survey from individuals that received intervention of 6 session (possible score of 5x62 individuals =310) and sum of scores on post-survey data when available	Sum of pre-survey Numerator divided by sum of individuals that received intervention of 6 sessions (potentially 62)=3.39	70th percentile=3.5 on post survey
5	My symptoms are not bothering me as much.	Sum of scores on pre-survey of individuals that received intervention of 6 sessions=192	Sum of total possible scores on pre-survey from individuals that	Sum of pre-survey Numerator divided by sum of individuals that received intervention of 6 sessions (potentially 62)=3.15	65th percentile=3.25 on post survey

		and sum of scores on post-survey data when available	received intervention of 6 session (possible score of 5x61 individuals =305) and sum of scores on post-survey data when available		
6	My therapist and I regularly discuss my treatment plan goals.	Sum of scores on pre-survey of individuals that received intervention of 6 sessions=231 and sum of scores on post-survey data when available	Sum of total possible scores on pre-survey from individuals that received intervention of 6 session (possible score of 5x60 individuals =300) and sum of scores on post-survey data when available	Sum of pre-survey Numerator divided by sum of individuals that received intervention of 6 sessions (potentially 62)=3.85	80th percentile=4.0 on post survey

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	Use of client feedback form every session for 6 consecutive sessions.	Client's belief that goals are determined by therapist without sufficient input from consumer.	Since our last session, I feel my therapist and I are working together towards my goals.	October 7, 2015
2	Use of client feedback form every session for 6 consecutive sessions.	Client's inability to address problems as a result of skills learned in therapy	Since our last session, I am better able to handle problems when they arise.	October 7, 2015
3	Use of client feedback form every session for 6 consecutive sessions.	Client's lack of symptom improvement.	Since our last session, I feel my symptoms are improving.	October 7, 2015
4	Use of client feedback form every session for 6 consecutive sessions.	Client treatment goals not being adequately addressed.	I am accomplishing the following treatment plan goal (client specific)	October 7, 2015
5	Use of client feedback form every session for 6 consecutive sessions.	Client treatment goals not being adequately addressed.	I am accomplishing the following treatment plan goal (client specific)	October 7, 2015

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.

Outcomes for this study were determined using the Pre/Post Survey. This survey consisted of six items:

- I am better able to handle things when they go wrong.
- I liked the services that I received here.
- If I had other choices, I would still get services at this agency.
- I, not staff, decided my treatment goals.
- My therapist and I regularly discuss my treatment plan goals.
- My symptoms are not bothering me as much.

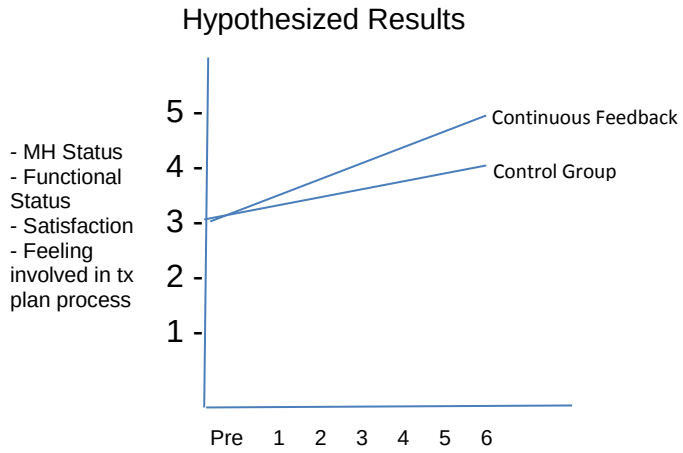
Each item was scored on a five point descriptive likert scale: Strongly Disagree, Disagree, Neutral, Agree, and Strongly Agree. Front reception staff offered the Pre/Post Survey to all clients seeing therapists in the Adult Outpatient Program at Sutter-Yuba Mental Health's main building for a fifteen week period between August 24th and November 25th, 2015. Four clients declined participation and a total of 64 surveys were administered. This group of participants comprised the "continuous feedback" group of individuals who received our intervention in this study. After completing the initial Pre/Post Survey, these participants and their therapists completed an "In-Session Feedback" form during six consecutive sessions of psychotherapy. This form consisted of the following five items:

- Since our last session, I feel my therapist and I are working together towards my goals.
- Since our last session, I am better able to handle problems when they arise.
- Since our last session, I feel my symptoms are improving.
- I am accomplishing the following treatment plan goal (client specific)
- I am accomplishing the following treatment plan goal (client specific)

Each item was scored on the same five point descriptive likert scale: Strongly Disagree, Disagree, Neutral, Agree, and Strongly Agree. The last two items were identical to allow therapist and client to focus on up to two therapy goals, although only one was required. Client and therapist completed the last question(s) by writing in at least one therapy goal from the client treatment plan. Sixty-four initial clients, 4 license-waivered master's level therapists and one master's level licensed therapist participated in the study. The therapists were trained in the purpose of the study and the use of this form, and were taught that the intention of the form is to engage the client in continuous feedback and meaningful discussion about therapy progress during each therapy session. Therapists were also taught that the form was to be filled out collaboratively and to be used to engage in interaction during the therapy sessions. Completion of the "In-Session Feedback" form was the central component of the intervention in this study, and was not used to determine study outcome. At the conclusion of six sessions using the "In-Session Feedback" form, the client again completed the Pre/Post Survey.

Beginning February 2nd, 2016, a second group of clients coming for outpatient therapy appointments who had not participated in the continuous feedback study were offered to complete the Pre/Post Survey. This group completed only the Pre/Post Survey before and after six sessions of therapy, without the continuous feedback intervention. This group of participants constituted a control group which will be compared to the continuous feedback group. The decision to include a control group was added later in the development of the study to rule out the possibility that improvements were an effect of having six sessions of therapy and not due to the continuous feedback intervention.

We anticipate that over the course of six sessions of therapy, clients will show improvements in mental health status, functional status, beneficiary satisfaction, and feelings of involvement in the treatment planning process, as measured by the Pre/Post Survey. We hypothesize, however, that clients in the continuous feedback group will show significantly more improvement on each indicator than clients in the control group, as indicated below:



To determine if these differences are statistically significant, a t-test for two sample means will be used to compare the mean improvement scores of the two groups.

Even if the results do not show statistically significant differences between the two groups, the data collected will still allow us to track patterns of client perceptions about continuous feedback in therapy. These data can be used to help determine if we should incorporate a continuous feedback process into outpatient therapy on an ongoing basis.

Much PIP committee time was spent developing the tools to obtain the critical data we needed in the least amount of questions. We strived to pick survey questions that would provide the exact data we would need to analyze our selected problem and its progress towards the project goals. A control group was incorporated into the data collection process because we wanted to ensure the validity and reliability of our intervention. Identical data will be collected from the control and the sample group, which first makes for an effective and representative population because of its size and secondly the control group enables us to improve confidence that any measured improvements are due to our intervention.

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**

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?)