

**NORTHERN MICHIGAN REGIONAL ENTITY
ADMINISTRATIVE MANUAL**

PROCEDURE NAME: CORRECTIVE ACTION INITIATIVES PROCEDURE
CHAPTER: FOUR – QUALITY ASSURANCE & PERFORMANCE IMPROVEMENT
PROCEDURE #: 04-02-001
EFFECTIVE DATE: April 14, 2014

PURPOSE

The purpose of this procedure is to specify the processes by which:

- The Northern Michigan Regional Entity (NMRE) will formally communicate to contracted providers that a Corrective Action is necessary;
- The contracted providers will communicate plans for corrective action to the NMRE;
- Corrective Action Plans will be evaluated; and
- Corrective Action Plans will be verified.

APPLICATION

This policy applies to the five Member Community Mental Health Services Programs (CMHSPs), and the NMRE Substance Use Disorder Services provider panel.

PROCEDURE

- 1) The NMRE will apply a 95% compliance standard. For reviews of programs with a low “n”, the need for a CAI below 95% will be determined based on the significance of the finding as reviewed by the NMRE Quality Outcomes Committee.
- 2) A Corrective Action Initiative (CAI) is required by the NMRE when a contracted provider fails to meet contractual, regulatory, or statutory requirements. Additionally, a CAI may be required by the NMRE Operations Committee for issues related to quality of care rather than contractual, regulatory, or statutory compliance.
- 3) The NMRE Quality Manager will notify the Executive Director or designee of the contracted provider to inform him/her of the necessary corrective action in writing using the *Corrective Action Initiative Request* template. A description of review findings, a brief summary of observations, a preliminary assessment of the potential impact and/or risk, and a timeframe for completion will be included in the request.
- 4) Contracted providers will conduct the CAI according to established local quality improvement processes.
- 5) Within the timeframe for response, contracted providers will report on the *Corrective Action Initiative Report* template: the results of investigation into and analysis of the issue; the actions implemented to remedy the issue and prevent its recurrence; what individual is responsible for the implementation of the CAI, and; the mechanism(s) in place for follow-up monitoring.
- 6) The content of the CAI Plan will include: 1) an analysis or description of what must be done to analyze the problem; 2) identification of solutions or potential solutions to the problem; and 3) an implementation plan or description of actual steps taken to implement solutions to the problem.
- 7) The CAI Plan will be submitted to the NMRE Quality Manager within the timeframe specified in the formal notification.

- 8) The NMRE Quality Improvement Committee will review submitted plans to determine the likelihood that performance will be improved. In the event that the committee does not find the plan adequate the NMRE may request a revised plan. If the plan is not submitted within established timeframes, the NMRE may impose sanctions as determined by the NMRE Operations Committee.
- 9) The Quality Manager will maintain a chronological database of the number, type, and outcomes of corrective actions, with summary information reported during the annual Quality Assessment Performance Improvement Program (QAPIP) evaluation.

REFERENCE:

REVISED:

REVIEWED: April 14, 2014

Signed copy is on file with NMRE

Dave Schneider
Northern Michigan Regional Entity Chief Executive Officer

Date

**NORTHERN MICHIGAN REGIONAL ENTITY
CORRECTIVE ACTION INITIATIVE REQUEST**

CAI#: _____

Date: _____

Description of the Problem:

Click here to enter text.

Evidence Observed:

Click here to enter text.

Preliminary Assessment of Potential Impact and/or Risk:

Click here to enter text.

Timeframe for Completion:

Click here to enter text.

Northern Michigan Regional Entity Quality Manager

Date

NORTHERN MICHIGAN REGIONAL ENTITY
CORRECTIVE ACTION INITIATIVE REPORT

CAI#: _____

Date: _____

Results of investigation and analysis of issue:

Click here to enter text.

Actions taken to remedy the issue and prevent recurrence:

Click here to enter text.

Individual responsible for implementing corrective action:

Click here to enter text.

Mechanisms for follow-up monitoring:

Click here to enter text.

Signature and Title

Date