2025

Performance and Quality Improvement Q1 2025

Prepared by Christine Kemp, Director of Population Health and Quality Improvement

January 1, 2025 – March 31, 2025

I. What is Performance and Quality Improvement?

Quality Improvement is a belief that all services are provided within a system, and that system can always be improved. The quality improvement process is based on building knowledge about what works and what doesn't work and applying that knowledge to improve the experience for clients, staff, and the community. BestSelf works to foster a culture of excellence and continuous quality improvement, where "quality" is defined as making sure the care and services provided at BestSelf meet the following principles:

- **Client-centered:** Provide services that are respectful of and responsive to individual client and family preferences, needs, and values.
- **Effective:** Provide evidence-based services to all who could benefit from them.
- **Efficient:** Avoid waste, including waste of time, ideas, and energy.
- **Equitable:** Provide a level of quality service that does not vary because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status
- **Safe:** Avoid harm to clients from services that do not help them.
- **Timely:** Reduce waits and delays for those who receive services.

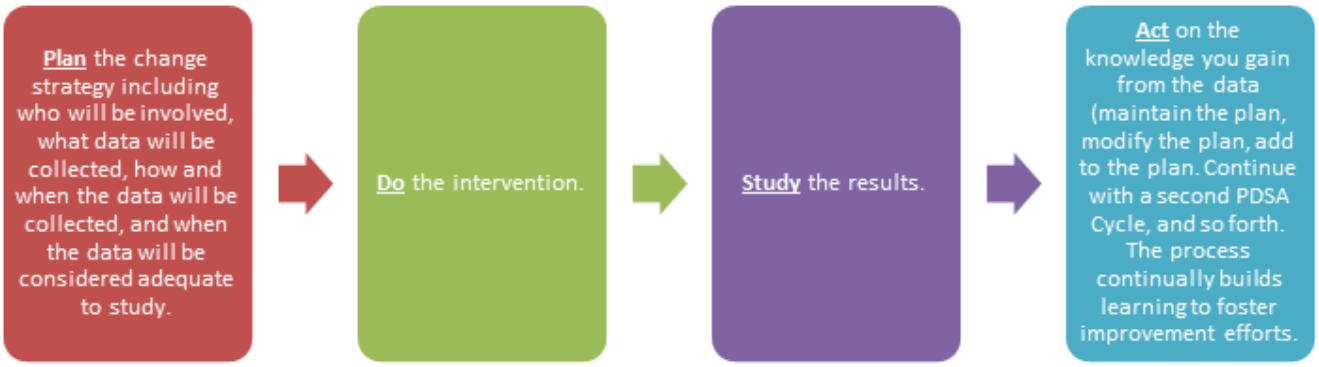
The way we find out what works is by using the **model for improvement.** The model for improvement has two steps. The first step is to collectively ask ourselves three questions to help build our understanding of the problem we want to solve.

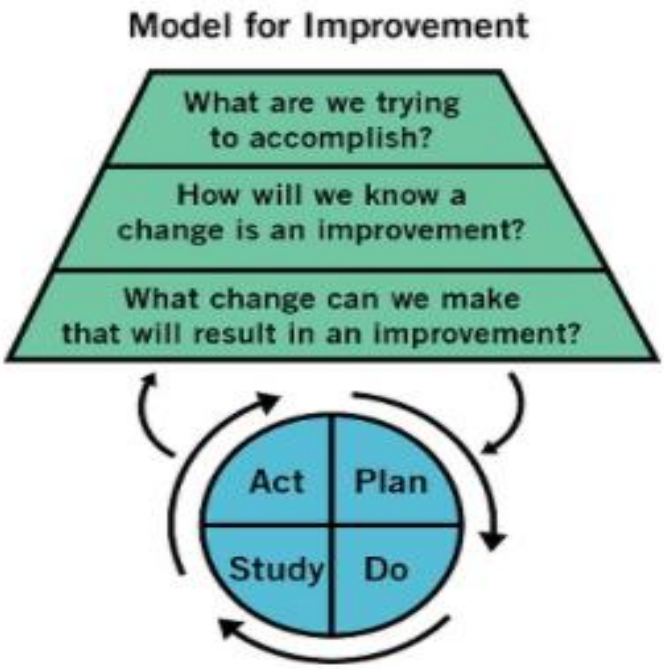
1.) *What are we trying to accomplish?*

2.) *How will we know when change is an improvement?*

3.) *What change can we make that will result in an improvement?*

Once we've come to a shared understanding, then it's time for the second step - to test the changes we want to implement using **Plan-Do-Study-Act (PDSA) cycles**.





Quality improvement is a team sport. The process works best when there is a collaborative, multidisciplinary group of individuals who have knowledge of all aspects of the systems which need improvement.

It is especially important to include people on this team who have the most direct involvement with these systems, including people who have lived experience receiving care and services. A good quality improvement team works together to understand the needs of the people who are served by the system, to identify and define measures of success, and to brainstorm potential change strategies to create improvement.

When doing quality improvement work, it's important to remember:

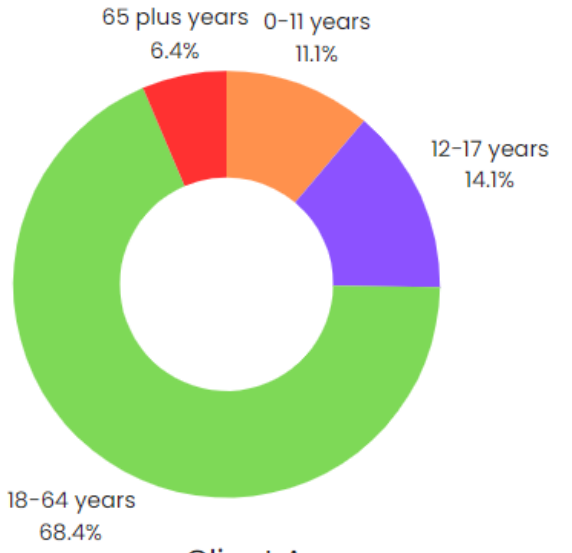
- Define a problem, before you try and solve it.
- Understand a system, before you try to control it.
- Figure out what's most important, before you try and fix everything at once.
- Remember that failures teach us lessons, rather than focusing on what was done wrong.

Performance and Quality Improvement Reporting

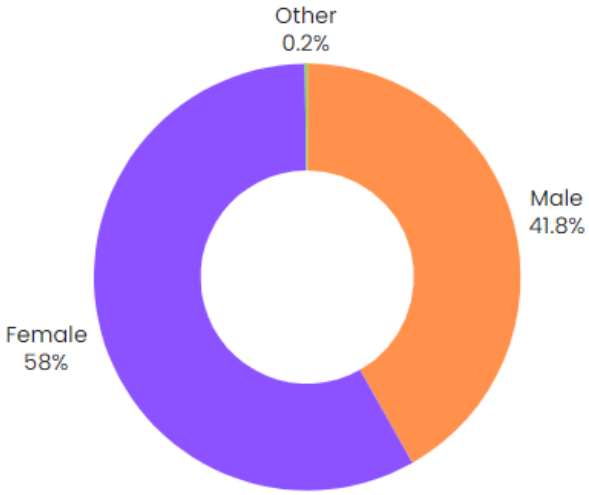
The Performance and Quality Improvement (PQI) report is an opportunity to address the improvements BestSelf has made in operations and client services. Transparency is critical to an effective quality improvement strategy. PQI reports are created quarterly to share updates throughout the year, and the annual PQI report summarizes the developments for the full calendar year. All reports are shared with all BestSelf staff and stakeholders to keep them informed on the activities and ongoing improvements within the organization.

III. Client Stats

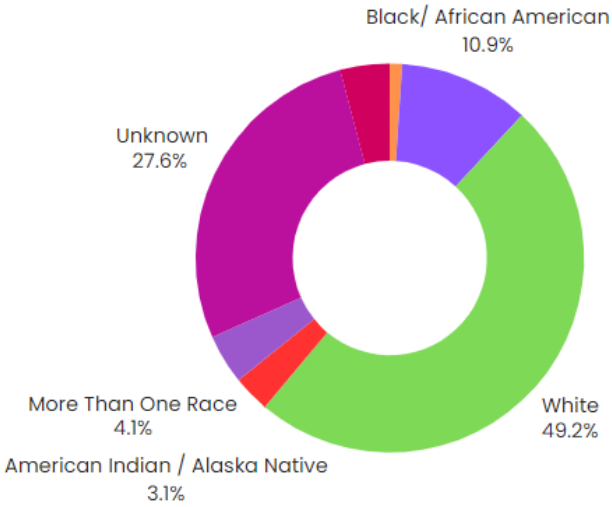
The following figures illustrate the demographic breakdown of BestSelf Behavioral Health's clients in the first quarter of 2025. These data were collected from BestSelf's electronic health record and consists of clients engaged in the following programs: Certified Community Behavioral Health Clinics (CCBHC), Assertive Community Treatment (ACT), the Child Advocacy Center (CAC), OnTrack, Personalized Recovery Oriented Services (PROS), the Recovery Community and Outreach Center, additional substance use disorder services, and vocational services.



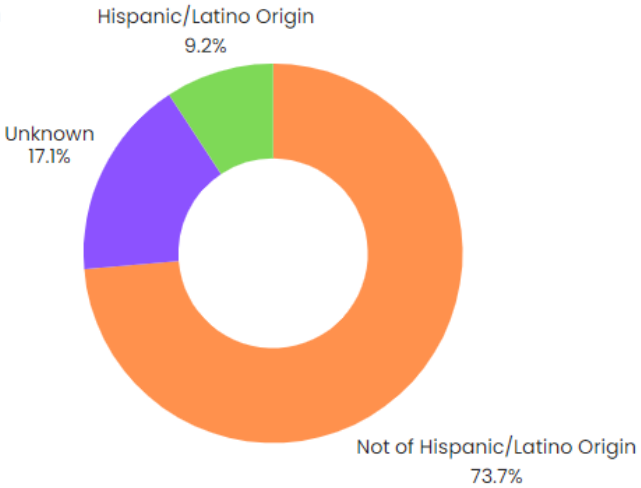
Client Age



Client Sex

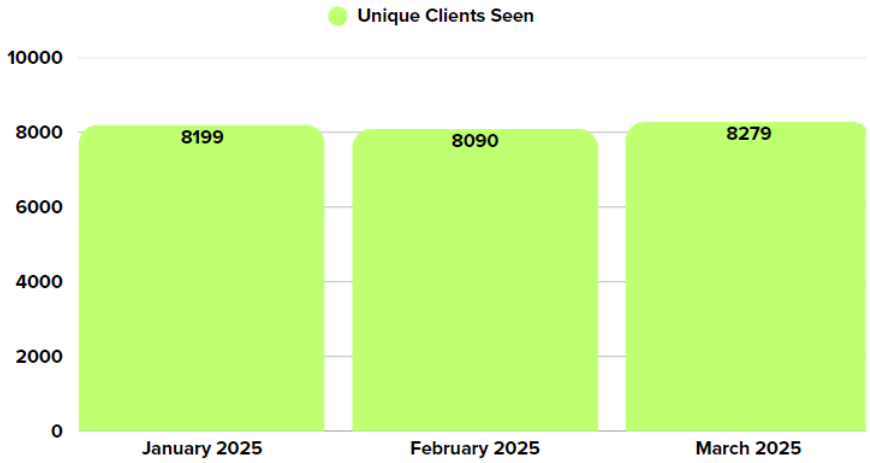


Client Race



Client Ethnicity

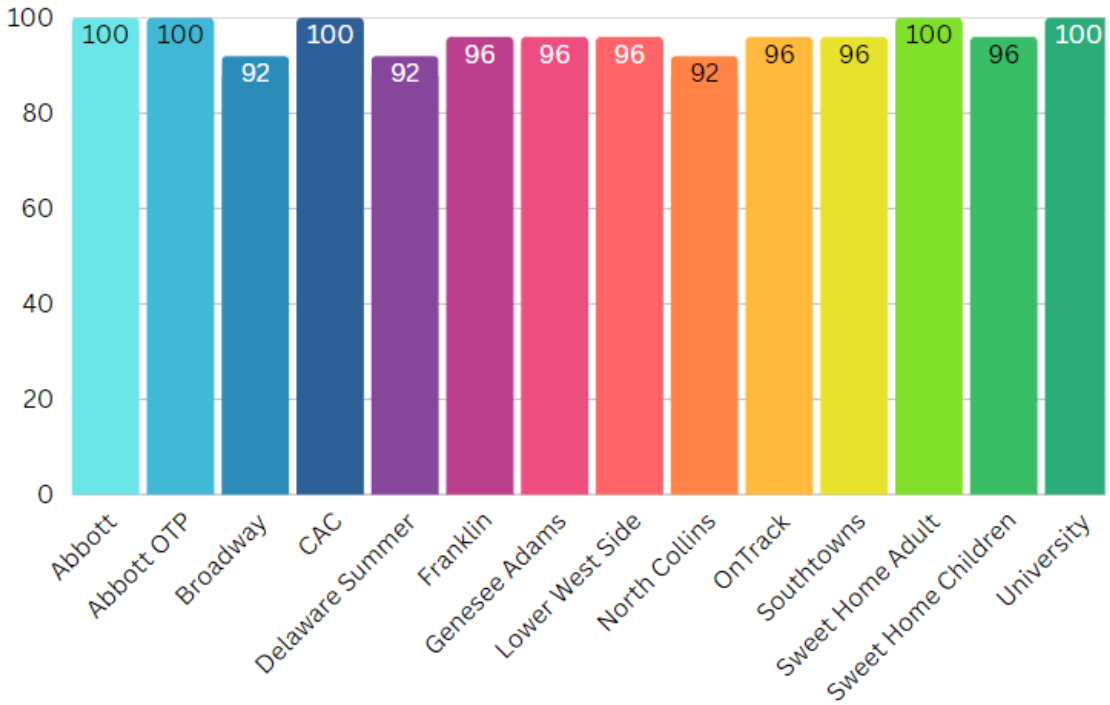
Altogether, there were 10,711 total distinct clients seen in the first quarter of 2025.



IV. Performance and Programming Updates

Excellence in Front Desk Audits

Members of the Quality Improvement Team visited each clinic front desk in the first few months of 2025 as part of the ongoing Front Desk Audit process. The goal of these audits is to make sure that that front desk staff follow standard procedures and workflows, and that clients have a seamless experience no matter when or where they come for services. Audit topics included copay collection, HIPAA compliance, overall client experience and more. All sites knocked it out of the park with these audits, with scores ranging from 92% - 100%!



Fishbone Diagrams: Co-pay Collection Project

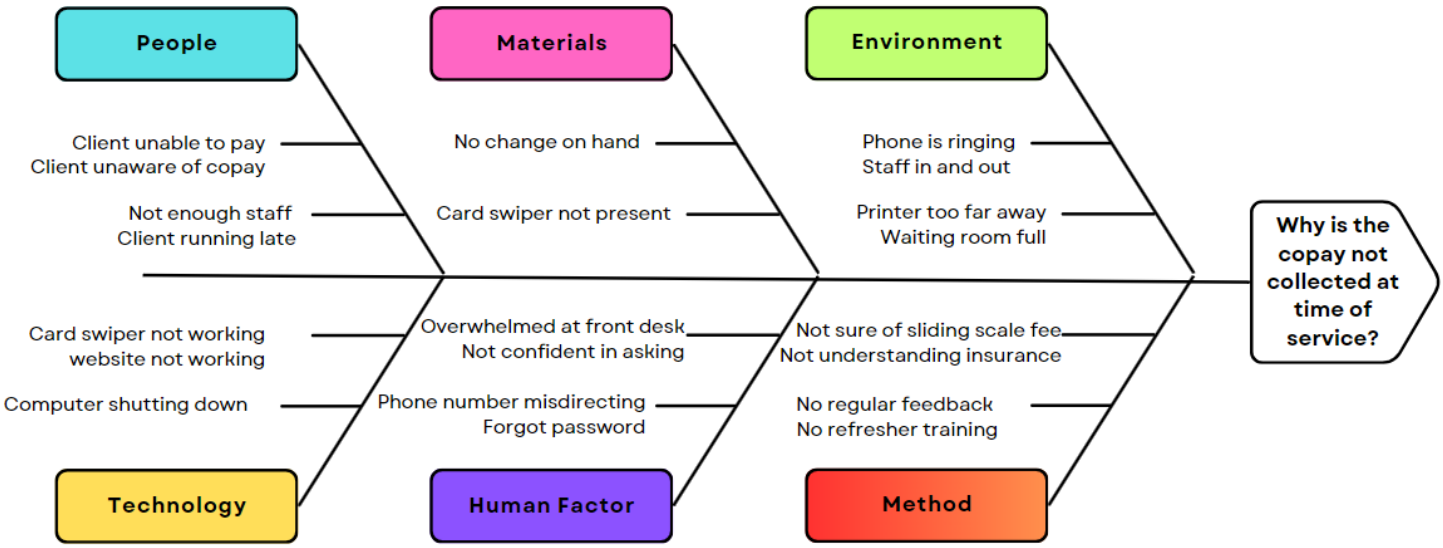
Fishbone Diagrams are an important quality improvement tool used to visually organize and identify the potential causes of a particular problem. It's called a "fishbone" because the diagram resembles the shape of a fish skeleton, with the "spine" representing the problem and the "bones" branching off from the spine to show potential causes.

The major categories of causes used in fishbone diagrams represent different areas where issues could arise. Some common categories used are:

- People: Factors related to human behavior or skills
- Method: The steps, procedures, or workflows involved
- Materials: Inputs or raw materials that may contribute to the issue
- Machine/Technology: The tools or technology involved
- Environment: External conditions or environmental factors that may be affecting the issue
- Measurement: Issues related to data collection, analysis, or metrics

Recent data has shown that not all client co-pays are collected when the client is seen for a visit at BestSelf. This can lead to large client balances accumulating in their accounts and back-and-forth communications between the client and billing staff.

This spring, a group of staff across many departments at BestSelf got together to complete a Fishbone Diagram about the copay collection process as part of the QI Advisory Committee. They put a lot of hard work into brainstorming things that could go into the lack of co-pays being collected. Here's a sample of their thoughts:



As you can see, there is no shortage of improvement opportunities to increase the number of co-pays that are collected from clients. Once these causes are brainstormed, staff can analyze the diagram to look for root causes and prioritize areas that need further investigation or improvement.

The co-pay collection focus group identified the following causes as root causes/high priority areas:

- Distractions from other staff coming in and out of the front office
- Lack of process to collect from child/adolescent clients if dropped off by their parents
- Limited ongoing feedback on how co-pay collection is going overall or refreshers on the co-pay collection process
- Not knowing when to send the Mend co-pay collection links for telehealth appointments
- Limited systems in place to keep track of missing payments.

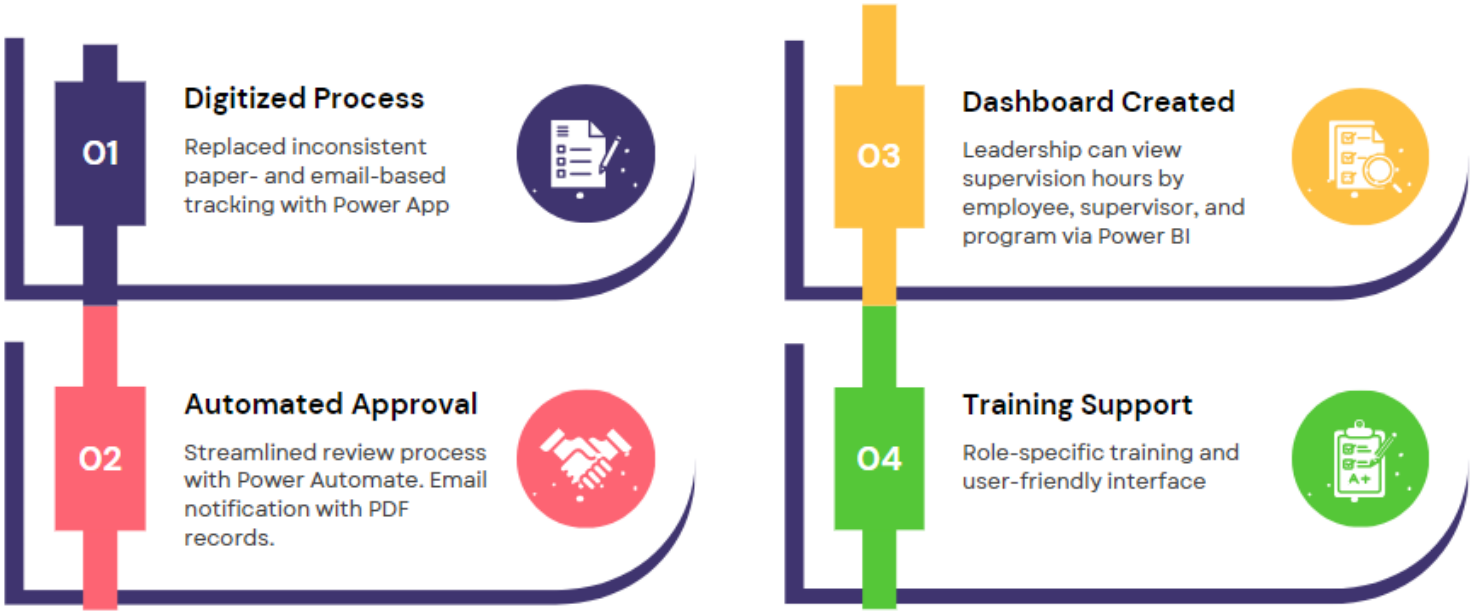
Now that these causes are identified and understood, action plans can be designed to address the root causes and solve the problem.

Supervision Logs

Supervision plays a critical role in providing guidance for staff and ensuring that standards for care are met. However, the previous system for logging supervisions sessions was fragmented and lacked a centralized process. This led to inconsistencies in tracking and managing supervision activities.

The goal of the supervision log design process was to create a user-friendly supervision log system that streamlines documentation and supports regulatory and agency-wide needs. This was to be achieved through process improvements, automation, and ongoing refinement.

Key Project Highlights



Project Sustainability Plan

With built-in timestamping and approval logs, audit-ready documentation now exists that meets internal and external compliance standards. This also supports state licensure tracking by reliably counting supervision hours. Additionally, this reduces the burden of back-and-forth emails and lost documentation, which saves an estimated 30% of administrative time per month.

Key metrics such as approval time, supervision hours, and log status are tracked via Power BI. This enables real-time oversight, accountability, and long-term performance monitoring.

The Quality Improvement Department's Systems Analysis & Evaluation team maintains the dashboard. Supervisors are responsible for consistent system use and compliance. Clear ownership roles prevent drift and support sustained adoption.

"Hardwiring the change" is enabled by embedding supervision logging into workflows. These streamlined processes reduce documentation burden without extending supervision sessions, and supervisors report more time available for meaningful supervision tasks.

V. Get Involved!

The Quality Improvement department encourages staff at all levels and roles at BestSelf to participate in the quality improvement process. Here are a few opportunities to get involved:

- **Participate in Focus Groups:** For most quality improvement projects, there are focus groups held by a member of the quality improvement team to get input from BestSelf's employees who are involved in the day-to-day work and processes. The quality improvement team encourages staff to get involved and attend these focus groups to provide valuable insight and feedback on the projects.
- **Join the Performance and Quality Improvement Advisory Committee:** The PQI committee meets quarterly to discuss current quality improvement projects. The committee members are champions of quality improvement who not only give feedback on the projects, but also bring the quality improvement discussions back to their site.

If you are interested in participating in the PQI Advisory Committee, please get permission from your Program Director and email Stephanie Adkins at sadkins@bestselfwny.org to be added to the upcoming meeting invitation.

Contact the Quality Improvement Department

Becky Steffen	Vice President of Quality Improvement and Accreditation
Christine Kemp	Director of Population Health and Quality Improvement
Mike Nanfara	Director of Systems Analysis and Evaluation
Stephanie Adkins	Quality Improvement Project Manager

Christina Carr	Quality Improvement Coordinator
Jessie McKeown	Quality Improvement Data Manager
Meagan Schreiner	Quality Improvement Project Assistant

If you have any questions or feedback about this report, please contact Christine Kemp at ckemp@bestselfwny.org.