

## The Right Door for Hope, Recovery and Wellness

Chapter Title	Section #	Subject #	
Governance	G	500	
Subject Title	Adopted	Last Revised	Reviewed
Quality Improvement	9/24/01	1/27/20	6/30/08; 6/29/09; 2/22/10; 10/24/11; 11/26/12; 12/16/13; 12/15/14; 12/14/15; 12/19/16; 11/27/17; 12/17/18; 1/27/2020; 1/25/21; 2/28/22; 1/30/23; 1/29/24; 1/27/25; 1/26/26

### POLICY

#### Application

This policy shall apply to The Right Door for Hope, Recovery and Wellness.

#### 1. Intent

According to the Mission, Vision, and Values, it is the intent of The Right Door for Hope, Recovery and Wellness to create and maintain a culture of quality that permeates the entire agency.

#### 2. Quality Improvement

2.1. Quality Improvement is a philosophy involving the ongoing process of monitoring, evaluating, and improving the quality, efficacy, and efficiency of organizational systems, processes, services, and outcomes; the accessibility of services; and the satisfaction of persons served and stakeholders. The scope of quality improvement encompasses all services and supports provided by The Right Door for Hope, Recovery and Wellness either directly or by contract.

2.2. Quality Improvement Plan: A Quality Improvement Plan will be developed and implemented in a manner consistent with the intent of this policy; with the Vision, Mission, and Values of the organization; and in keeping with the standards of the Michigan Department of Health and Human Services (DHHS), the Quality Improvement Systems in Managed Care (QISMC), the Mid-State Health Network, and the Commission on Accreditation of Rehabilitation Facilities (CARF).

2.3. Agency Performance Outcomes will be developed and implemented in a manner consistent with the intent of this policy and in keeping with the agency Mission, Vision, Values, and strategic plan.

## The Right Door for Hope, Recovery and Wellness

Chapter Title	Section #	Subject #	
Governance	G	500	
Subject Title	Adopted	Last Revised	Reviewed
Quality Improvement	9/24/01	1/27/20	6/30/08; 6/29/09; 2/22/10; 10/24/11; 11/26/12; 12/16/13; 12/15/14; 12/14/15; 12/19/16; 11/27/17; 12/17/18; 1/27/2020; 1/25/21; 2/28/22; 1/30/23; 1/29/24; 1/27/25; 1/26/26

### 2.4. Authority and Responsibility

2.4.1. The authority for Quality Improvement is vested by the Board in the CEO.

2.4.2. The CEO will submit the Quality Improvement Plan to the Board annually for review and approval.

2.4.3. The Board is responsible for the establishment of Agency Performance Outcomes.

2.4.4. The CEO is responsible for ensuring the ongoing development and implementation of the Quality Improvement Plan and Agency Performance Outcomes which would include: communication of the philosophy; implementation of the structure and development of procedures and practices intended to support the plan and outcomes; and allocation of the necessary human and financial resources to fully implement the plan and outcomes.

### 2.5. Reporting

The Board will receive periodic reporting as to the progress of quality improvement efforts and process improvements.

### 2.6. Evaluation

Annually, the organization, with the input of staff, persons served, and providers, will evaluate the effectiveness of the quality improvement structure and processes and make recommendations to the CEO for revisions to the Quality Improvement plan and Agency Performance Outcomes.

The Right Door for Hope, Recovery and Wellness

Chapter Title	Section #	Subject #	
Governance	G	500	
Subject Title	Adopted	Last Revised	Reviewed
Quality Improvement	9/24/01	1/27/20	6/30/08; 6/29/09; 2/22/10; 10/24/11; 11/26/12; 12/16/13; 12/15/14; 12/14/15; 12/19/16; 11/27/17; 12/17/18; 1/27/2020; 1/25/21; 2/28/22; 1/30/23; 1/29/24; 1/27/25; 1/26/26

References:

CARF Standards Manual, Section: Performance Improvement

Deborah McPeak-McFadden, Board Chairperson		Date	