

SFY22 QSR Quality Improvement Plan (QIP) Quality Indicator (QI) 15
Select CMHC

SFY22 QSR Quality Indicator in Need of Improvement:

15. Comprehensive and Effective Crisis Service Delivery (CMHA V.D.2.f; V.C.1) Crisis service delivery is comprehensive and effective when communication with treatment providers during the crisis event was adequate, communication with the individual was adequate, crisis service delivery was sufficient to stabilize the individual as quickly as practicable, crisis interventions occurred at the site of the crisis, and the individual was assisted in returning to his/her pre-crisis level of functioning.

SECTION 1: DHHS

| | | | | | | |
|---------------|------------|------------|---------------|---------------|---------------|---------------|
| QSR Dates: | 0 | QSR Year: | SFY22 (> 80%) | SFY21 (> 80%) | SFY20 (> 80%) | SFY19 (> 75%) |
| QIP Due Date: | 10/20/2021 | QSR Score: | | | | |

| Measure | Focus of Improvement? | Data Points |
|---|-----------------------|-------------|
| Measure 15a: Communication with treatment providers during crisis episode was adequate. (SII Q56 & Q57) | | |
| Measure 15b: Communication with individual during crisis episode was adequate. (CRR Q57, CII Q72 & Q73) | | |
| Measure 15c: Crisis service delivery is sufficient to stabilize individual as quickly as practicable. (CII Q74 & Q75) | | |
| Measure 15d: Crisis interventions occur at the site of the crisis (if applicable). (CRR Q57, CII Q80, & SII Q55) | | |
| Measure 15e: Individual was assisted to return to his/her pre-crisis level of functioning. (CRR Q57, CII Q76, & SII Q59) | | |

Goal: Increase the percentage of individuals receiving effective crisis service delivery.

SECTION 2: CMHC

Current Date: Target Completion Date:

Improvement Strategies (select all that apply):

If "Other - Please describe" is chosen above, describe here:

Action Plan: Complete the chart below regarding the steps your facility will take to implement the improvement strategies.

| Action Steps | Action Steps to Increase the percentage of individuals receiving effective crisis service delivery. | Description of how you will measure and verify that your proposed improvement was made | Expected Start Date | Expected Completion Date | Position of Person Assigned to Be the Lead for the Improvement & Name |
|--------------|---|--|---------------------|--------------------------|---|
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