# QUALITY IMPROVEMENT
# FY 13/14 WORK PLAN EVALUATION

*(July 1, 2013 – June 30, 2014)*

**EQRO Item 1B**
**December 29, 2014**

## Introduction

The FY 13/14 BHCS Quality Improvement Plan includes 18 goals. The QI Workplan is designed to address the requirements of the following DHCS/MHP contract sections for implementing a QI Program and Workplan: Quality Management (#22); Quality Improvement Program (#23); and Utilization Management (#24).

In this Workplan, BHCS QI Goals were divided into two sections:

- Qualitative goals for performance defined as the implementation of administrative mechanisms
- Quantitative goals for performance defined as numeric data.

This Workplan Evaluation *reports outcomes* for each goal set at the beginning of the 13/14 Fiscal Year. If an outcome was not reached then the goal was "rolled-over" into the FY 14/15 Workplan. Interventions for "Rollover" goals will be approved by the Quality Management Director and rewritten to produce improved outcomes for the FY 14/15 QI Workplan.

### ***Summary of FY 13/14 Outcomes***

Seven goals were fully or partially met:

| FY 13/14 QI Workplan Goal # | Description | Partially Met | Fully Met |
|---|---|---|---|
| #3: | Mechanisms That Assess Beneficiary Family Satisfaction and Monitor Beneficiary Grievances, Appeals and Fair Hearings | x | |
| #4: | Mechanisms to Monitor The Safety And Effectiveness Of Medication Practices | x | |
| #5: | Interventions Implemented When Quality Of Care Concerns Are Identified | x | |
| #8: | Mechanisms to Improve Clinical Record Documentation | | x |
| #12: | Average Length Of Time From Initial Contact To First Appointment | x | |
| #17 : | Follow-Up Appointments After Hospitalization | | x |
| #18: | Readmission Following Hospitalization | x | |

# ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES
# FY 13/14 QUALITY IMPROVEMENT WORK PLAN EVALUATION

**FY 14/15 OUTCOMES: QI Goal #1 - Quality Improvement Unit**

***Goal:*** To increase the Quality Improvement Unit's capacity to actively manage the Quality Improvement Program and Workplan

- ***Baseline:*** During FY 12/13, the ACBHCS Quality Improvement Director was promoted to the position of ACBHCS Deputy Director and continues to manage quality efforts while in both roles. QI Unit staffing consisted of 1 FTE Senior Manager (Project Management, Research and Analytical tasks), 1 FTE Ethnic Services Manager, 1 FTE Administrative Coordination position and 1 FTE Executive Administrative Support position.

| IMPROVEMENT MECHANISM OR ACTIVITY | OUTCOMES | |
|---|---|---|
| | FY 13/14 Goal Met | Roll-Over to FY 14/15 Plan |
| 1) Hire a new Quality Improvement Director | | ✓ |
| 2) Add 1 FTE to the Quality Improvement analytical team "Program Specialist" | | ✓ |
| 3) Formalize linkage between the Quality Improvement Unit and three BHCS departments/functions that are integral to the Quality Improvement Program: Decision Support, Quality Assurance and Utilization Management. | | ✓ |
| a) The Quality Improvement Unit and designated BHCS staff from Quality Assurance, Decision Support and Utilization Management will work together to manage the QI Workplan reporting cycle and track the implementation of mechanisms that monitor and assess quality improvement. Results will be brought to the QIC for review and evaluation. QI Unit staff will then bring results to the Executive Team or ACBHCS Leadership (Behavioral Health Director; Deputy Director; Financial Officer; Director, Management Services Office). | | ✓ |

***Responsibility for Monitoring***: ACBHCS Quality Improvement Director

**FY 14/15 OUTCOMES: QI Goal #2 - Quality Improvement Committee**

***Goal:*** To increase the capacity of the QIC to be actively involved in the BHCS quality improvement process and strengthen its advisory role to Executive Administration.

| IMPROVEMENT MECHANISM OR ACTIVITY | OUTCOMES | |
|---|---|---|
| | FY 13/14 Goal Met | Roll-Over to FY 14/15 Plan |
| 1. The composition of the QIC will be shifted to increase the ratio of beneficiaries, family members and providers to BHCS staff. New QIC applicants will be screened to include experience using data to monitor and trend client, program and/or system level outcomes. MHP providers, beneficiaries and family members who are on the QIC will be more involved in the planning and design of the QI Program and in evaluating data and stating the outcomes. Members of QI Subcommittees will be engaged to more actively participate in the implementation of the QI Program, including making recommendations to the QIC. | | ✓ |
| 2. The QIC is an advisory body to the ACBHCS Executive Admin. BHCS QIC members will be more actively be involved in or oversee (MHP Contract (Exhibit A - Attachment I -Section 23): *Instituting QI actions*; *Ensuring follow-up of QI processes*; *Reviewing and evaluating the results of QI activities, including Performance Improvement Projects (PIPs)*; *Recommending policy decisions* to Executive Administration through the review of QI Workplan outcomes; *Document QI Committee meeting minutes regarding decisions and actions taken*. | | ✓ |
| 3. Strengthen QIC's data reporting and feedback linkage with ACBHCS committees that address utilization management, and quality of care issues. In FY 13/14, the Quality Improvement Committee will *formalize data reporting relationships* with ACBHCS committees and departments that perform quality improvement. Specifically, QIC staff will trend and format data from the following ACBHCS units for review during QIC meetings:<br>– Quality Assurance Office including: Provider Credentialing & Appeals; Complaints, Grievances & Appeals; Sentinel Events<br>– Acute Care Management (Bed Control) (utilization management data)<br>– ACCESS and Authorizations Unit (utilization management data) | | ✓ |
| ***4.*** Strengthen QIC's communication with ACBHCS committees that address quality improvement and organizational change issues. | | ✓ |

***Responsibility for Monitoring***: ACBHCS Quality Improvement Director

**FY 14/15 OUTCOMES: QI Goal #3 - Mechanisms and Activities that Assess Beneficiary/Family Satisfaction and Monitor Beneficiary Grievances, Appeals and Fair Hearings**

***Global Goal for Component:*** To add a beneficiary/family satisfaction survey that is administered on a regular basis across the continuum of care and will provide usable data to providers and ACBHCS administration, and will complement the annual administration of the full MHSIP satisfaction survey and to maintain compliance with beneficiary grievances, appeals and fair hearings; and requests to change providers.

| IMPROVEMENT MECHANISM OR ACTIVITY | OUTCOMES | |
|---|---|---|
| | FY 13/14 Goal Met | Roll-Over to FY 14/15 Plan |
| 3ai) Continue to administer annual MHSIP Survey and meet DHCS requirements. | ✓ | ✓ *(always ongoing)* |
| 3aii) Complete a pilot of one beneficiary/family satisfaction survey that will be designed for use across our continuum of care, | | ✓ |
| 3bi) Add a beneficiary/family satisfaction survey that is administered on a regular basis across the continuum of care and will provide usable data to providers and ACBHCS administration, and will complement the annual administration of the full MHSIP satisfaction survey | | ✓ |
| 3bii) Review results of a "Consumer Complaint and Grievance Process Review Objectives: "(i) document practices and procedures constituting the implementation of the Alameda County MHP implementation of the Consumer Complaint and Grievance Process; (ii) to determine whether or not BHCS is in compliance with the State of California regulations, policies, and procedures; (iii) document consumers' experience(s) with the Consumer Complaint and Grievance Process ; and (iv) assess the effectiveness of the Consumer Complaint and Grievance Process in addressing consumer complaints/grievances." | ✓ | |
| 3c) ACBHCS Quality Assurance and ACCESS units will conduct a secondary analysis of *Requests To Change Provider* data to identify trends that might suggest an intervention (geography, ethnic or age group, service delivery sector, program). | | ✓ |
| 3d) Develop a mechanism within the Beneficiary/Family Satisfaction pilot that reports satisfaction data back to providers in a format that is useable and in a timeframe that supports process improvement | | ✓ |

***Responsibility for Monitoring***: ACBHCS Quality Improvement Director

## FY 14/15 OUTCOMES: QI Goal #4 - Mechanisms And Activities To Monitor The Safety And Effectiveness Of Medication Practices

***Goal:*** To improve monitoring of the safety and effectiveness of Medication Practices

| IMPROVEMENT MECHANISM OR ACTIVITY | OUTCOMES | |
|---|---|---|
| | FY 13/14 Goal Met | Roll-Over to FY 14/15 Plan |
| 1. Review 15% of each psychiatrist's charts during the course of a year for all sites listed in Table I, below. This review is completed in quarterly increments. Guidelines for psychotropic medication practices are applied to psychiatrist's documentation and prescribing practices. | ✓ | |
| Feedback is given to individual psychiatrists in two stages:<br>a. Verbal or written feedback concurrent with the quarterly review of their records (feedback is immediate).<br>b. At the end of the year, each psychiatrist receives a personalized "Summary Report "that profiles their record of meeting or not meeting the prescription guidelines and compares their record to the average for the universe of records. | ✓ | |
| 2. Trended feedback that summarizes all charts reviewed over the course of the year is given to the ACBHCS Medical Director in the form of a "Super Summary Report." | ✓ | |
| 3. Share results of the system-wide report with Executive Administration | | ✓ |
| 4. Share results with the QIC. | | ✓ |

***Responsibility for Monitoring***: ACBHCS Clinical Psychiatric Pharmacist, ACBHCS Medical Director.

**FY 14/15 OUTCOMES: QI Workplan Goal #5 - Interventions Implemented When Quality Of Care Concerns Are Identified**

***Global Goal for Component:*** To increase the number and efficacy of systemic interventions that address Quality of Care Concerns.

| IMPROVEMENT MECHANISM OR ACTIVITY | OUT | COMES |
|---|---|---|
| | FY 13/14 Goal Met | Roll-Over to FY 14/15 Plan |
| 5a) The QA Associate Administrator will partner with the QI Unit to (i) track and trend sentinel events and formalized case reviews. (ii) analyze results and (iii) develop proposals for systemic interventions. | | ✓ |
| 5b) The MHP will identify one clinical and one non-clinical PIP | ✓ | |

***Responsibility for Monitoring***: ACBHCS Quality Improvement Director

**FY 14/15 OUTCOMES: QI Workplan Goal #6 - Mechanisms and Activities Regarding "No-Show Rates" for Psychiatrists and Non-Psychiatrist Clinicians**

***Goal:*** To establish a data collection mechanism that effectively captures "no-show" rates for psychiatrist and non-psychiatrist clinicians across the continuum of care.

| IMPROVEMENT MECHANISM OR ACTIVITY | OUT | COMES |
|---|---|---|
| | FY 13/14 Goal Met | Roll-Over to FY 14/15 Plan |
| 1) Establish a workgroup to complete a study that identifies 'best practices' used by MHP to study providers that currently use "no-show" statistics to make practice changes that increase access to services for beneficiaries. Concurrently, the QI Unit will work with our Information Systems Department, Provider Relations/training and Decision Support to build a prototype system that can be used to capture and report this data. The system will be tested in a small sample of contract and county programs in FY 14/15. | | ✓ |

***Responsibility for Monitoring***: Quality Improvement Director.

## FY 14/15 OUTCOMES: QI Goal #7 - Mechanisms And Activities To Monitor Provider Appeals As Per Title 9 Regulations

***Global Goal for Component:*** All provider appeals related to the authorization of services and processing/payment of claims will be in conformance to Title 9 regulations.

| IMPROVEMENT MECHANISM OR ACTIVITY | OUT | COMES |
|---|---|---|
| | FY 13/14 Goal Met | Roll-Over to FY 14/15 Plan |
| **7a)** The Authorization Unit will respond within 60 days from the date of receipt of the appeal to inform provider, in writing, of the decision, with rationale. | | ✓ |
| **7b)** 100% of provider appeals related to the processing or payment of claims are in compliance with Title 9 requirements for the resolution process, including timelines. | | ✓ |

*Monitoring Responsibility*: Provider Relations Director.

## FY 14/15 OUTCOMES: QI Goal #8 - Mechanisms And Activities To Improve Clinical Record Documentation

***Goal:*** Maintain compliance with state and federal regulations by ensuring competency of clinical staff to comply with documentation requirements.

***QI mechanisms and/or activities that will improve outcomes:***

| IMPROVEMENT MECHANISM OR ACTIVITY | OUT | COMES |
|---|---|---|
| | FY 13/14 Goal Met | Roll-Over to FY 14/15 Plan |
| 2) *Chart audits for CBOs will be sampled in accordance with the following guidelines:* 10% of CBOs will be audited annually; 1-2 charts per clinician audited annually. | ✓ | |
| 3) *Chart audits for Fee-For-Service Providers will be sampled in accordance with the following guidelines:* Approximately 10% of providers who are active on the provider network will be audited annually; A minimum of 2 charts or 10%, whichever is greater, will be audited annually. | ✓ | |

***Responsibility for Monitoring***: Quality Assurance Associate Administrator

**FY 14/15 OUTCOMES: QI Goal #9 - Mechanisms and Activities To Evaluate and Improve 5150 Guidelines (EQRO Recommendation)**

***Goal:*** Improve the design of the current "5150 system" for 72 hour evaluation and treatment.

| IMPROVEMENT MECHANISM OR ACTIVITY | OUTCOMES | |
|---|---|---|
| | FY 13/14 Goal Met | Roll-Over to FY 14/15 Plan |
| Convene a BHCS workgroup to design a descriptive analysis of 5150 current system, focusing on entry into involuntary treatment. Workgroup members will include people with experience as providers, beneficiaries and family members who have 'lived experience' with the 5150 process.<br>– Examine the system impact of current 5150 policies on the MHP and its consumers; compare with 5150 practices of similar large urban counties.<br>– Consider methods to improve MHP policies regarding entry to involuntary acute treatment, including offering involuntary detention training and privileges to an expanded cohort of licensed mental health professionals.<br>– Review current Policies& Procedures and current communication of P&Ps to providers and other stakeholders involved in the 5150 process.<br>– Review current efforts to improve 5150 process through education and training | | ✓ |

***Responsibility for Monitoring***: Quality Improvement Director

**FY 14/15 OUTCOMES: QI Goal #10 - Mechanisms and Activities to Improve Tracking of Beneficiary Treatment Demand and Service Capacity (by Language and Geographic Location)**

***Goal:*** Increase MHP capacity to match, in real time, beneficiary treatment demand with service capacity by language and geographic location.

| IMPROVEMENT MECHANISM OR ACTIVITY | OUTCOME | |
|---|---|---|
| | FY 13/14 Goal Met | Roll-Over to FY 14/15 Plan |
| Convene a BHCS Workgroup to develop a tracking mechanism that enables 'real time' electronic tracking with accurate representation of demand for treatment and service availability as well as wait-times by language and location | | ✓ |

***Responsibility for Monitoring***: Quality Improvement Director

<table>
<tr><th>QUALITY IMPROVEMENT GOALS FOR FY 2013-14</th><th>FY13 /14 BASELINE</th><th>MONITORING MECHANISMS (Timelines/ Responsible Staff)</th><th>OUT<br>FY 13/14 Goal Met</th><th>COMES<br>Roll Over to 14/15 Plan</th></tr>
<tr><td colspan="5">GOAL #11: Number, types and geographic distribution of mental health services within the MHP delivery system.</td></tr>
<tr><td>No goal listed.<br><br><u>MHP Contract Element</u>: monitor and set goals for the current number, types and geographic distribution of mental health services within the delivery system.</td><td>In FY 12/13, baselines that identified the number, types and geographic distribution of mental health services within the MHP delivery system were used to develop the design of the following Request- for-Proposals in the Children’s and Adult’s systems of care.</td><td>ACBHCS Network Office monitors for this goal - completes a quarterly contract review process to ensure that goals for each system of care are being reached through procurement process.<br><br>Trended results reported annually to QIC. Recommendations are made to Executive Admin</td><td>Mapping project established. Product not available by Jun 31 2014.</td><td>✓</td></tr>
<tr><td colspan="5">GOAL #12: Average length of time from initial contact to first appointment (first request for service to first clinical assessment)</td></tr>
<tr><td><table><tr><th></th><th>All</th><th>Adult</th><th>Children</th></tr><tr><td>Goal</td><td>See ‘footnote (1)</td><td>14 or less days</td><td>14 or less Days</td></tr></table><br>Goal ‘rolled over’ from FY 12.13<br><br><u>MHP Contract Element</u>: Goals Are Set And Mechanisms Established To Monitor Timeliness Of Routine Mental Health Appointments</td><td><table><tr><th></th><th>All</th><th>Adult (2)</th><th>Children(3)</th></tr><tr><td>FY 12/13</td><td>(1)</td><td>14 days</td><td>14 days</td></tr><tr><td>FY 13/14</td><td>23 (4)days</td><td>12 days</td><td>25 days</td></tr></table>(1) FY 12/13 data could not be combined<br>(2) ACCESS to Crisis Response Program(Adult)<br>(3) ACCESS to Level III Children’s Outpatient<br>(4) ACCESS to all services. Age Range= 0-100.</td><td>ACBHCS System of Care Directors receives quarterly reports.<br><br>Annual “Timeliness” report presented to QIC</td><td>EMANIO Dashboard: <u>BHCS Access to Care</u><br>Report: <u>Days from Referral to Service</u><br><br>Filters:<br>FY13/14<br>Adult 18-100<br>Child 0-17<br>Reference source = ACCESS</td><td>✓</td></tr>
</table>

<table>
<tr><th>QUALITY IMPROVEMENT GOALS FOR FY 2013-14</th><th>FY13 /14 BASELINE</th><th>MONITORING MECHANISMS (Timelines/ Responsible Staff)</th><th>OUT<br>FY 13/14 Goal Met</th><th>COMES<br>Roll Over to 14/15 Plan</th></tr>
<tr><td colspan="5">GOAL #13: Average length of time from initial contact (first request for service) to first psychiatry appointment</td></tr>
<tr><td>
<table>
<tr><th></th><th>All</th><th>Adult</th><th>Children</th></tr>
<tr><td>Goal</td><td>21 or less days</td><td>21or less days</td><td>21or less days</td></tr>
</table>
Goal ‘rolled over ‘ from FY 12.13<br><br><u>MHP Contract Element</u>: Goals Are Set And Mechanisms Established To Monitor Timeliness Of Routine Mental Health Appointments
</td><td>
<table>
<tr><th></th><th>All</th><th>Adult</th><th>Children</th></tr>
<tr><td>FY 12/13</td><td>36 days</td><td>31 days</td><td>39 days</td></tr>
<tr><td>FY 13/14</td><td>34</td><td>34</td><td>34</td></tr>
</table>
</td><td>ACBHCS System of Care Directors receives quarterly reports.<br><br>Annual “Timeliness” report presented to QIC</td><td>EMANIO Dashboard: <u>BHCS Access to Care</u><br>Report: <u>Days from Referral to Service</u><br><br>Filters:<br>FY13/14<br>Psych only<br>Adult 18-100<br>Child 0-17<br>Reference source = ACCESS</td><td>✓</td></tr>
<tr><td colspan="5">GOAL #14: Timeliness of services for Urgent Conditions</td></tr>
<tr><td>
<table>
<tr><th></th><th>All</th><th>Adult</th><th>Children</th></tr>
<tr><td>Goal</td><td>Clinical Assessment within 24 hrs</td><td>24 hrs</td><td>23 hrs</td></tr>
<tr><td></td><td>Face to face clinical evaluation within 3 days based on initial CRP assessment</td><td>3 days based on Initial assessment at Crisis Response Program</td><td>3 days based on initial assessment</td></tr>
</table>
<u>MHP Contract Element:</u> Goals Are Set And Mechanisms Established To Monitor Timeliness Of Services For Urgent Conditions
</td><td>A numeric baseline for FY 12/13 will be established retrospectively for the urgent care portals established by the MHP:<br>• The ACBHCS ACCESS ‘Contact Tracking Database’ will be used to track clients calling who are referred for urgent care services.</td><td>Results will be brought to the BHCS OPS meeting. OPS members will make a report to the BHCS quality improvement committee.<br><br>Annual “Timeliness” report presented to QIC.</td><td>Committee did not complete a product by Jun 31 2014.</td><td>✓</td></tr>
</table>

| QUALITY IMPROVEMENT GOALS FOR FY 2013-14 | FY13 /14 BASELINE | MONITORING MECHANISMS (Timelines/ Responsible Staff) | OUT | COMES |
|---|---|---|---|---|
| | | | FY 13/14 Goal Met | Roll Over to 14/15 Plan |
| **GOAL #15: Access to After Hours Care** | | | | |
| **Goal not established across programs.**<br><br>*MHP Contract Element: Goals Are Set And Mechanisms Established To Monitor Access To After-Hours Care* | Programs that offer after hours care include:<br>Older Adults and Adults<br>▪ *John George Pavilion/Psych Emergency Services (24/7)*<br>▪ *Sausal Creek*<br>▪ *FSP clinician "on-call".*<br><br>TAY, Children and Youth<br>• Willow Rock<br>• Mobile Response (Seneca Center)<br>• FSP clinician "on-call"<br><br>Crisis stabilization (Seneca Center) | ACCESS Director<br>Presents annual "Timeliness" report presented to QIC. | Committee did not complete a product by Jun 31 2014. | ✓ |
| **GOAL #16: 24/7 Toll Free Number** | . | | | |
| **Goal: The 24/7 toll free line is responsive in all 5 threshold languages 100% of the time.**<br><br>*MHP Contract Element: Goals Are Set And Mechanisms Established To Monitor Responsiveness Of The 24/7 Toll Free Number* | Baseline: In FY 12/13, the MHP 24/7 toll free line was responsive in all 5 threshold language 100% of the time | ACCESS Director<br><br>Quality Assurance Associate Administrator<br><br>Annual "Timeliness" report presented to QIC | | ✓ |

<table>
<tr><th>QUALITY IMPROVEMENT GOALS FOR FY 2013-14</th><th>FY13 /14 BASELINE</th><th>MONITORING MECHANISMS (Timelines/ Responsible Staff)</th><th>OUT<br>FY 13/14 Goal Met</th><th>COMES<br>Roll Over to 14/15 Plan</th></tr>
<tr><td>GOAL #17: Average length of time for follow-up appointments after hospitalization</td><td></td><td></td><td colspan="2"></td></tr>
<tr><td>
<table>
<tr><th></th><th>All</th><th>Adult</th><th>Children</th></tr>
<tr><td>Goal</td><td>7 or less Days</td><td>7 or less Days</td><td>7 or less days</td></tr>
</table>
(HEDIS measure is 7 days post-hospitalization)
</td><td>
<table>
<tr><th></th><th>All</th><th>Adult</th><th>Children</th></tr>
<tr><td>FY 12.13</td><td>5.57 days</td><td>5.65 days</td><td>5.34 Days</td></tr>
<tr><td>FY 1) 13/14</td><td>5.58</td><td>5.79</td><td>5.33</td></tr>
</table>
(1) Data was run independently by BHCS Decision Support. (EMANIO dashboard does not aggregate this metric as required by EQRO)
</td><td>Annual “Timeliness” report presented to QIC</td><td>✓<br>EMANIO Dashboard: CSOC Key Indicator/ Report: Hospital Discharge to Outpatient.<br><br>EMANIO Dashboard: Acute Adult Services/ Report: Hospital Discharge to Outpatient.</td><td></td></tr>
</table>

<table>
<tr><th>QUALITY IMPROVEMENT GOALS FOR FY 2013-14</th><th>FY13 /14 BASELINE</th><th>MONITORING MECHANISMS (Timelines/ Responsible Staff)</th><th>OUT<br>FY 13/14 Goal Met</th><th>COMES<br>Roll Over to 14/15 Plan</th></tr>
<tr><td>GOAL #18: Readmission 30 days following Hospitalization</td><td></td><td></td><td></td><td></td></tr>
<tr><td>GOAL: Reduce 30 day readmission rate by 5%:<br><br><table><tr><th></th><th>All</th><th>Adult</th><th>Children</th></tr><tr><td>Goal</td><td>17.65%</td><td>17.9%</td><td>16.6%</td></tr></table></td><td><table><tr><th></th><th>All</th><th>Adult</th><th>Children</th></tr><tr><td>FY 12/13</td><td>18.58 %</td><td>18.85 %</td><td>17.48 %</td></tr><tr><td>FY13/14</td><td>18.33%</td><td>18.12%</td><td>19.00%</td></tr></table></td><td>. Quality Improvement Director<br><br>Adult and Children’s System of Care Directors<br><br>John George Psychiatric Pavilion Administrator<br><br>Children’s Hospital Administrator<br>Annual “Timeliness” report presented to QIC.</td><td>EMANIO Dashboard:<br>Acute<br>System Wide<br><br>Report:<br>System Wide Hospital Recidivism Levels / Table View<br><br>Filters:<br>7.1.13 - 6.30.14<br><br>Age: 0-100<br>Age: 18-100<br>Age: 0-17</td><td>✓</td></tr>
<tr><td colspan="2">PREVIOUSLY IDENTIFIED QI ISSUES</td><td colspan="3">RESPONSIBILITY / ACTIONS</td></tr>
<tr><td colspan="2">All QI Issues from FY 12/13 were resolved. The FY 13/14 plan included no QI issues identified through the EQRO Site review process in previous years.</td><td colspan="3"></td></tr>
</table>