

**NORTH COUNTRY COMMUNITY MENTAL HEALTH
NORTHERN AFFILIATION
ADMINISTRATIVE MANUAL**

CHAPTER: Affiliation Chapter 6
PROCEDURE NAME: Corrective Action Initiatives
PROCEDURE NUMBER: 6005

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

- the PIHP will formally communicate to comprehensive providers, providers or coordinating agencies that corrective action is necessary,
- the comprehensive provider, provider or coordinating agency will communicate plans for corrective action to the PIHP,
- define standards by which such plans will be evaluated, and
- corrective actions will be verified.

APPLICATION: Comprehensive providers, providers, coordinating agencies

PROCEDURES:

1. A corrective action initiative is required by the PIHP when a comprehensive provider, provider or coordinating agency fails to meet contractual, regulatory or statutory requirements. Additionally, a corrective action initiative may be required by the Operations Committee for issues related to quality of care rather than contractual, regulatory or statutory compliance.
2. The PIHP provider network manager will notify the provider agency executive director or designee of the necessary corrective action in writing within seven days of its identification, specifying a description of the issue, a brief summary of the evidence observed, preliminary assessment of potential impact and/or risk, and timeframe for completion.
3. Providers will conduct the corrective action initiative according to established local quality improvement processes.
4. Within the timeframe for response, provider agencies will report on the corrective action initiative, specifying the results of investigation into and analysis of the issue, describe the actions implemented to remedy the issue and prevent its recurrence, identify who is responsible for the implementation of the corrective action and describe the mechanism(s) for follow-up monitoring.
5. The content of the plan will include 1) an analysis of or description of what must be done to analyze the problem, 2) identification of solutions or potential solutions 3) an implementation plan or description of actual steps taken to implement solutions.
6. The plan will be submitted to the provider network manager within the timelines specified in the formal notification.
7. The PIHP Quality Improvement Committee will review submitted plans to determine the likelihood that actual performance will be improved. In the event that the committee does not find the plan adequate, the PIHP may request a revised plan. If an adequate plan is not submitted within established timeframes, the PIHP may impose sanctions as determined by the Operations Committee.

8. The provider network manager will maintain a chronological database of the number, type and outcomes of corrective actions, summarizing the results during the annual QAPIP evaluation.

DISTRIBUTION:

APPROVED:

_____	_____
	Date
_____	_____
	Date

Northern Affiliation
Corrective Action Initiative Request

CAI#: _____

Date: _____

Description of the Problem:

Evidence Observed:

Preliminary Assessment of Potential Impact and/or Risk:

Timeframe for Completion:

Signature,
Provider Network Manager

Northern Affiliation
Corrective Action Initiative Report

CAI#: _____

Date: _____

Results of investigation and analysis of issue:

Actions taken to remedy the issue and prevent its recurrence:

Person responsible for implementation of corrective action:

Mechanism for Follow-up Monitoring:

(signature, title)