Driver Intervention Program
Annual Quality Assurance Plan

This QA/QI Plan is updated and approved annually by the Owner/Program Director/(Board of Directors) who conducts, coordinates and corrects all QA/QI activities. QA/I activities are integrated into the program's overall management through posting and dissemination of the QA/I report and through feedback received in DIP senior staff meetings. The DIP program director informs the governing authority of the findings of QA/I activities, monitors corrective actions directed by the governing authority, and reports progress back to the governing authority. The findings of the client and referral source satisfaction surveys will be used to improve service delivery as necessary and as permitted by budgetary constraints.

Client satisfaction surveys will be conducted at the end of each program and referral source satisfaction surveys will be done annually in March. (See attached form).

Client satisfaction protocols include providing an opportunity for all clients to participate during the last session of the DIP weekend and are not to be signed to ensure anonymity. At a minimum client satisfaction measures include: accessibility, appropriateness, cultural competence of staff providing services, recommendation of services to others and overall satisfaction. (See attached form).

Referral source satisfaction protocols will include documentation of reasonable attempts to contact a sample of referral sources, data collection and analysis and reporting the findings to the advisory board annually. The referral source satisfaction measures include: ease of referral, program information, client information and overall satisfaction. (See attached form).

All Major Unusual Incidents (MUI's) shall be reported to OhioMHAS (Facsimile (614) 485-9739) in writing within 72 hours by the Owner/Program Director. (See attached form).

MUI's include: Death or serious injury of a person on program premises, performing tasks for the program or participating in program activities; any allegation of physical, sexual or verbal abuse of a client or any allegation of staff neglect of a client.

All satisfaction surveys, Risk Management (MUI) documentation and documentation of QA/QI activities will be kept in locked files in the Owner/Program Director's locked office according to 42 CFR, part 2.