

Independent Peer Review – Quality Improvement Practices

Programs Reviewed and Peer Reviewers participating in the 2003 Independent Peer Review may nominate a specific Program Practice to be recognized as a Quality Improvement Practice (QUIP). Selected program practices will be included in the 2003 Independent Peer Review Report and be asked to present their practices at the ASAP Annual Conference.

Program practices, which can include clinical as well as non-clinical activities, will be considered based on the following:

- Practice Rationale: practice design, how the practice may be meeting a unique need of the community, program and/or population served and appropriateness of evaluation design(s).
- Practice Organization and Operation: organizational practices, leadership and processes and methods employed to achieve the desired results. It will look at how the practice goes beyond the minimum standards set in the chemical dependency regulations, coordination with other services as well as overall innovation.
- Measurements/Outcomes/Impact: quality and efficacy of the selected measures, the impact of the practice on the program, any statistical results for the practice to date, barriers to implementation and the potential for replication. Practices should have been in operation a minimum of 6 months to 1 year.

A QUIP panel of professionals, knowledgeable in the field, will be convened to further the review of the submitted program practices and make a final determination. Programs may be asked for additional information in order for a decision to be made. The program whose practice is selected may wish to undergo further evaluation to document the direct outcome these activities have on program services.

How will the practices be reviewed?

1. During a review the reviewer, or staff of the program being reviewed, will identify and discuss a program practice that may be identified as a QUIP. The reviewer and the program will fill out the required information and independently contact ASAP.
2. The information on the identified practice will be reviewed by ASAP to ensure that all required information has been included
 - ASAP staff will also preview the narrative to ensure that all required points have been addressed
 - Information will be forwarded to a member of the QUIP panel who will review the material. The panel member may then follow up with a phone consultation.
3. Each practice will be evaluated by the QUIP panelist based on criteria established by OASAS and ASAP.
 - Once completed the reviewer will return the package to ASAP for final scoring and evaluation.
4. The full panel will be convened to review all submissions and identify those to be recognized as QUIPs.

Examples of quality improvement practices include, but are not limited to the following:

- Clinical Practices
- Prevention Activities
- Workforce Improvement
- Management
- Administration Functions

Please contact at ASAP (518-426-3122 or asap@asapnys.org) if you have any questions.

Independent Peer Review – Quality Improvement Practices Submission

Please Provide the Following Information

Name of Program Practice: Click here to enter Name of Program Practice.	
Contact Person: Click here to enter Contact's Name.	Title: Click here to enter Contact's Title.
Program Name: Click here to enter Program Name.	Modality: Click here to enter the Modality the Practice Operates in.
Address: Click here to enter Address.	Phone: Click here to enter Phone Number.
City: Click here to enter City.	Fax: Click here to enter Fax Number.
State: New York	Zip: Click here to enter Zip Code.
E-mail: Click here to enter E-mail address.	

Practice Description

Click here to enter an overall description of the practice, why it was started, barriers and outcomes. This will be used in the final report should the practice be selected.

Practice Rationale

1. Purpose of the practice:

Click here to enter a brief statement describing the purpose of the practice and what it is intended to accomplish.

2. Who was the individual(s) most responsible for design and implementation of the practice?

Click here to enter information.

3. How was administrative and other staff buy-in achieved?

Click here to enter information.

4. What was the identified problem/issue this practice addressed?

Click here to enter information.

5. What barriers to implementation of the program practice were encountered?

Click here to enter information.

How were those barriers reduced or overcome in order to implement the practice?

Click here to enter information.

6. Is this an evidence-based practice? Yes No

If yes, was it necessary to adapt it for your practice needs and how was it adapted?

Click here to enter information.

7. How does this practice meet a unique need of the community and/or population served?

Click here to enter information.

Practice Organization and Operation

1. What resources are currently being used for this practice?

- a. Staff

- i. Please identify the number and titles of full-time, part-time, support staff, consultants, and/or others participating in this practice:

Click here to enter information.

- ii. What expertise/training is needed to carry on this practice?
 - iii. What type of ongoing training is needed, if any?
 - b. Costs/Funding
 - i. How is the practice funded? Please identify funders as applicable:
 - ii. What is the cost of running this practice?
 - c. Materials/other resources needed. In addition to staff time, what other materials and/or resources are needed to conduct this practice?
2. How does this program practice go beyond the minimum standards set by the Chemical Dependence Regulations?
3. Under what conditions could this practice be successfully replicated?
- a. In the same modality?
 - b. In a different modality?
4. Collaboration
- a. What collaboration exists within the program/agency for this practice? (Please identify specific programs).
 - b. What collaboration exists outside of the program/agency for this practice?
 - c. How did this practice help to develop or make use of existing collaborations?
5. Is this practice innovative/unique for this type of program? Yes No
- a. If yes, please describe the innovative application of the practice.

Measurements/Outcomes/Impact

1. Outcomes/Effects of Implementing Program Practice
 How has this practice affected program outcomes?
- a. Anecdotal:
 - b. Research/outcome/statistical results
 - i. Actual statistics gathered:
 - If statistics are gathered, is this information shared with staff? Yes No
 - ii. Planned studies:
 - c. Effects on Administration, Staffing, and other “non-clinical” areas:

2. Did the practice require any modifications once implemented? Yes No
- a. If yes, please describe modifications.
[Click here to enter information.](#)
3. Has a needs assessment been conducted on this program practice? Yes No
- a. If yes, please describe the results of the needs assessment.
[Click here to enter information.](#)
- b. Has there been an outcome evaluation conducted on this program practice? Yes No
- i. If yes, please describe the results of the outcome evaluation.
[Click here to enter information.](#)
- c. For Prevention Program: Is the program practice a part of or included in a science-based prevention practice?
 Yes No
If yes, please describe how the practice is incorporated into the science-based practice.
[Click here to enter information.](#)
4. Does the program use information gathered from the practice to inform program/practice change?
 Yes No
5. Date practice began: [Click here to enter information.](#)