

Appendix B: Quality Improvement Program Description

I. Scope and Structure

A. Mission & Scope

Quality improvement (QI) is an integrative process that brings together knowledge, structures, processes, and outcomes to increase quality throughout the organization. The QI council's mission is as follows:

To improve and support the health of patients served by ensuring efficient and effective processes and programs through on-going review of performance measurements.

This mission statement describes the fundamental reason for the existence of the QI council. Actions and decisions by the QI council will be compared against the mission statement to evaluate if those actions and decisions are consistent with the intent of this stated responsibility.

The QI program will include the activities detailed in Section II. The QI council will guide and evaluate the QI program by:

- Identifying, monitoring, reviewing results from, and making recommendations on rapid cycle improvement (QI) projects.
- Reviewing department-level performance measures during QI council meetings, reviewing program-level performance measures with program staff outside of QI council meetings, and providing brief updates during meetings.
- Reviewing department performance evaluation reports.
- Reviewing and revising the QI plan annually based on its annual evaluation.

B. Organizational Structure

The CEO has charged the QI council with carrying out the purpose and scope of the QI program. Management team members are responsible for conducting QI efforts and for promoting, training, challenging, and empowering organization employees to participate in the processes of QI.

The QI council is composed of senior management and staff, including:

- CEO.
- Medical director.
- Department managers, including the QI manager.
- QI staff.
- Four front-line staff (including MAs, MSWs, front office, RNs).
- Patient and/or family member(s).

The QI council meets on the 1st Tuesday of each month at 10:00 am and maintains records and minutes of all meetings; these minutes are presented for review and acceptance by QI council members. Quarterly, the QI council will provide a report of the QI program to the Board of Directors.

QI council members will make every effort to come to consensus on issues requiring a decision. However, if consensus cannot be reached, the QI council will make decisions by a majority vote.

QI and other QI project teams are convened by the QI council as required for specific initiatives. These teams are accountable to the QI council and report activities and results on an ongoing basis.

C. Dedicated Resources

The QI department provides administrative and analytical support to the QI council. This support includes:

- Maintaining concurrent records/meeting minutes.
- Developing and distributing the monthly QI council agenda.
- Tracking and trending of performance data.
- Providing technical assistance and consultation regarding the development of systems for the identification and monitoring of improvement projects.
- Providing staff training in QI philosophies and methodology.
- Providing analytical support for QI projects; serving as a QI team member.

D. Roles and Responsibilities

CEO or designee:

- Provides vision and direction for the QI program.
- Convenes and serves as a voting member of the QI council.
- Allocates resources for QI programs and activities.
- Reports on QI activities to the Board of Directors.
- Requests the review of specific activities or the implementation of QI projects.

Department managers:

- Implement QI projects and report activities and results to the QI council.
- Identify appropriate staff to participate in QI projects as needed.
- Report to the QI council on evaluation activities and the monitoring of goals/objectives in the organization's annual work plan that fall within their departments.
- Serve as voting members of the QI council.
- Encourage staff to incorporate QI concepts into daily work.

QI manager:

- Directs the analytical support and technical consultation to the QI council.
- Oversees the development of the annual QI plan and QI program evaluation.
- Provides training to QI teams and the QI council as needed.
- Serve as a voting member of the QI council.
- Encourage staff to incorporate QI concepts into daily work.

Other managers:

- As members of the senior staff, provide guidance to the organization's QI program.
- Report to the QI council on evaluation activities and the monitoring of goals/objectives in the organization's annual work plan that fall within their areas.
- Serve as voting members of the QI council.
 - Encourage staff to incorporate QI concepts into daily work.

QI Staff:

- Provide analytical support and technical consultation for the following:
 - QI teams.
 - Evaluation activities.
 - Reporting performance measures for goals and objectives in the organization's annual work plan.
 - Other data analysis involved in QI activities.

Administrative Support:

- Maintain minutes of QI council meetings.
- Support QI activities as needed.

Other Staff:

- Participate in QI projects, as requested by department managers.
- Collect and report data for department level performance measures; use data to identify areas needing improvement.
- Participate in QI training.
- Incorporate QI concepts into daily work.

E. Approval of QI Plan and Annual Evaluation

The QI plan is revised annually to reflect program enhancements and revisions. Activities listed in the annual QI calendar are developed based on the recommendations from the annual QI program evaluation. The QI plan and program evaluation are approved annually by the QI council.

In addition, QI council members evaluate each QI council meeting at its end. Periodic summaries of these evaluations are provided to QI council members, and revisions to meetings are made accordingly based on QI council member feedback.

II. Quality Improvement Activities

QI activities include review and improvement of processes that have a direct or indirect influence on the health of patients. The following QI activities will be implemented and reported to the QI council:

A. Quality Improvement (QI) Projects

At least xx QI projects will be conducted annually to assess and continuously improve the quality of the organization's processes and services. Within each QI project, the project team will 1) establish an Aim statement for improvement that focuses the group effort, 2) use data to evaluate and understand the impact of changes designed to meet the aim, and 3) conduct multiple Plan Do Study Act cycles to discover what is an effective and efficient way to improve a process. The department manager conducting the QI project will report the mid-term and final results of the project to the QI council. After review and approval by the QI council, a QI project report may be provided to the Board of Directors. Results will also be shared with staff at all-staff meetings, by displaying a storyboard poster in a common area and/or in employee newsletters.

Any member of the QI council may request the implementation of a QI project by completing the "QI project proposal" form and submitting it to the council. QI proposals will be discussed at a subsequent QI council meeting during the agenda item for new business/QI proposals.

In addition to the new QI projects conducted, performance data from previously conducted QI projects will continue to be periodically monitored to ensure sustained improvements. If improvements are not sustained, the appropriate department manager will notify the QI council and make recommendations for further actions.

B. Performance Measures

The selection and measurement of performance measures enables the QI council to understand a) if the organization is improving the health of patients and b) if departments are implementing efficient and effective processes and programs. Performance measures will be developed at two levels: department and organization.

Organization-Level Measures

QI council members will annually identify [xx] performance measures for the organization that will be included in the QI dashboard. Criteria for organization-level performance measures:

- Are meaningful to the leadership team, medical executive committee, and the Board of Directors.
- Reflect how well the organization is working toward enhancing the health of our patients (our mission).
- Measure work from multiple departments, with an emphasis toward cross-functional processes.
- Include a valid benchmark or target to measure data against.

The organization-level performance measures tie to the strategic plan, which outlines the vision and mission, through the success measures for the purpose (mission).

Measures are based on the following categories:

- High risk.
- High volume.
- Problem-prone.
- Relate to patient outcomes.
- Relate to patient, family/significant other, customer, and/or staff satisfaction.
- Relate to compliance with regulatory/contractual requirements.
- Relate to financial resources and utilization of services.

QI staff will collect data for organization-level measures and report it. Persons identified as responsible for reporting data will monitor and report the progress of the performance measures toward reaching the organization's mission. Depending on the availability of data, some measures will be reported quarterly while others will be reported annually. Annually and after review by the QI council, a summary of the data including a QI dashboard documenting progress toward the organization-level performance measures will be provided to the Board of Directors on a regular basis.

Department-Level Measures

Managers and staff will develop 10–20 performance measures that:

Address a) how well business processes are working (efficiency), b) how well short-term/ intermediate outcomes are being met (effectiveness), or c) how well the department is moving toward its long-term outcomes (impact).

- Compare what actually happened to what was planned or intended (i.e., tie to a goal or objective).
- Include a valid benchmark or target to measure data against.
- Are written with the intent of using the data to improve processes and interventions, not just to collect data.
- Reflect the department's priorities.

C. Department Summary Reports

Department-level reports will be reviewed monthly within the department with a roll-up quarterly report prepared and presented to the QI council. Any improvement opportunities identified out of these reviews will be integrated into the monthly and quarterly reports at the beginning of the next quarter. Each quarterly report will include quarterly data for the four previous quarters so that trends can more easily be identified.

D. QI Training and Recognition

At the end of each QI council meeting, council members will recommend opportunities for recognition of staff participating in QI efforts. Recognition can include thank you letters signed by QI council members, articles in employee newsletters, announcing successful QI projects at monthly all-staff meetings, updating and posting the QI dashboard in multiple public places throughout the clinic, or placing a storyboard in the lobby.

Appendix C: Sample Quality Improvement Committee Agenda

Friday, June xx, 201x

8:30-9:45 am

8:30 am Check-in and update on June yy meeting (5 minutes).

8:35 am Review of monthly dashboard (20 minutes).

- Report on Action Items from last month's review.
- New Action Items for follow-up.
- Summary of progress and pending.

8:55 am Revisions to eligibility process: design how to most effectively gather current financial information every six months (30 minutes).

9:25 am Final review of uninsured/underinsured work flow (10 minutes).

- Review of Aim statement.
- Any revisions needed based on pilot results?
- Where/whether work flow for insured patients would be different?

9:35 am Next steps and evaluation (10 minutes).

- Next Meeting Agenda:
 - Review of monthly dashboard.

9:45 am Adjourn.