



Model Quality & Performance Improvement Plan

Model Quality & Performance Improvement (QPI) Plan

The Model Quality Improvement (QPI) Plan was drafted as a guide to facilities as they develop their own plan. This plan outlines the basic components to include. Examples of language used in QI plans, provided by members of the Committee, are also included.

Purpose/Introduction

“Organizations must define what they want to accomplish in the future. The mission is the organization’s purpose or reason for existing. It answers questions such as, “Why are we here?”, “Whom do we serve?” and “What do we do?” (White, 2012, p. 2).

“Goals and objectives are essential components of any planning process; they guide actions and serve as a yardstick for measuring the organization’s progress and performance.”
“In general, goals are broad, general statements specifying a purpose or desired outcome and may be more abstract in nature than objectives (one goal can have several objectives).”
“Goals need to be; observable, measurable, challenging, but attainable, controllable, visible and time limited.” (White, 2012, p. 3).

Example #1

The mission of [Hospital name] is to provide quality health care which recognizes the inherent human worth and dignity of all persons, and to make our programs and services available to all without restriction; to create a healing environment where physicians, allied health professionals and staff work together to provide personalized care; to be a leader in advocating high quality health care programs and developing resources to satisfy the primary health care needs of the citizens of our service area; and to operate in an ethically and fiscally responsible manner without compromising the patient and patient care needs.

Consistent with this mission, our goal is to provide care that is [modeled after IOM aims for health care quality]:

Safe – avoiding injuries to patients from the care that is intended to help them be:

- **Effective** – providing services based on scientific knowledge to those who would benefit, and refraining from providing services to those not likely to benefit.
- **Patient centered** – providing care that is respectful of, and responsive to, individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.
- **Timely** – reducing waits and potentially harmful delays.
- **Efficient** – avoiding waste, including waste of equipment, supplies, ideas and energy.
- **Equitable** – providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.

Example #2

The mission of the [Hospital name] is: To advance the health of the communities and the region we serve, through collaboration, prevention, innovation, and exceptional care.

To achieve this goal, all employees of [Hospital name] and Medical Staff will participate in ongoing quality improvement efforts. Our quality and performance improvement plan will focus on direct patient care delivery and support processes that promote optimal patient outcomes and effective business practices. This is accomplished through peer review, clinical outcomes review, variance analysis, performance appraisals and other appropriate performance improvement techniques. Our Performance Improvement Plan demonstrates [Hospital name] commitment to improve the quality of care we deliver. The PI Plan outlines the goals and strategies for ensuring patient safety, delivering optimal care and achieving high patient satisfaction.

Authority

“The organization’s governing body bears ultimate responsibility for setting policy, financial and strategic direction, and the quality of care and service provided by all of its practitioners and nonclinical staff. Together with the organization’s management and medical staff leaders, the governing body sets priorities for QPI activities.” (White, 2012, p. 8).

Example #1

The Board of Directors of [Hospital name] is ultimately responsible for assuring that high quality care is provided to our patients. The Board delegates the responsibility for implementing this plan to the medical staff, through its Medical Staff Committee and Utilization Review Committee, and to committees working under the authorization of such Medical Staff Committee and Utilization Review Committee such as the Quality Improvement Committee, and to the hospital’s Leadership Team.

Example #2

The Board of Directors of [Hospital name] is ultimately responsible for assuring that high quality care is provided to our patients. The board oversees and monitors outcomes that result from performance improvement activities. The CEO, Senior Leadership, managers and frontline staff are responsible for Strategic, Operational, and Tactical aspects of performance improvement.

Scope

“Everyone in the organization is responsible for quality and safety.” (White, 2012, p. 79).

Example

To achieve the goal of delivering high quality care, all employees are given the responsibility and authority to participate in the quality improvement program.

The Quality Improvement Program includes the following activities:

- All direct patient care services and indirect services affecting patient health and safety
- Medication therapy (includes medication errors)
- Utilization management
- Nosocomial infections
- Patient/staff/physician satisfaction surveys
- Professional staff credentialing
- Surgical case review
- Blood usage review
- Medical record review (includes active and closed record reviews)
- Risk management activities
- Patient/staff/physician satisfaction surveys
- Morbidity/mortality review
- The Joint Commission’s National Patient Safety Goals
- Readmission review
- Root cause analyses
- Core clinical measures
- Preventable error
- (List other activities as appropriate to your facility)

Quality Improvement Committee

“The role of the steering committee or quality council is to sustain, facilitate, and expand the QPI initiative based on the strategic plan. It should comprise top leaders in the organization, including medical staff. That main responsibility of the quality council include: lending legitimacy to the QPI efforts; maintaining organization focus on identified goals and priorities; fostering teamwork for improvement; providing necessary resources (human, financial, etc.); and formulating QPI policies regarding quality and safety priorities, participation, annual self-assessments, and rewards and recognition systems” (White, 2012, p. 48).

Example

The Quality Improvement Committee consists of the following individuals: The CEO, Chief of Staff/designee, the Director of Nursing, the QI Manager, Pharmacist, Infection Preventionist, Utilization Management Manager, representative from the Hospital Board of Directors. (Specify other Department Managers/Directors, Ancillary Services Managers/Directors, Nursing Managers/Directors and Physicians as appropriate for your facility.)

The members of the QI Committee are responsible for:

- Assuring that the review functions outlined in this plan are completed.
- Prioritizing issues referred to the QI Committee for review.
- Assuring that the data obtained through QI activities are analyzed, recommendations made and appropriate follow

up of problem resolution is done; Incorporating internal and external sources of benchmarking data, utilizing the Clinical Outcomes Measurement System (COMS) data, Hospital Compare data, HCAHPs data.

- Identifying other sources, such as the Joint Commission’s National Patient Safety Goals, for incorporation into the hospital’s overall quality improvement efforts.
- Reporting on ongoing findings, studies, recommendations, and trends to the Governing Board quarterly; reporting to the QI Committee and Medical Staff monthly; and reporting to hospital staff as appropriate.
- Identifying educational needs and assuring that staff education for quality improvement takes place.
- Appointing sub committees or teams to work on specific issues, as necessary.
- Assuring that the necessary resources are available.
- Coordinating activities with the CAH Network Hospital.

Leadership Responsibility

For practical purposes, day-to-day leadership is delegated to the CEO and senior management, elected or appointment members of the medical staff (e.g. chairs) and administrative and clinical staff (e.g. nursing and health care quality professionals). (Duquette, 2012, p. 11)

Example

CEO and Senior leadership are to ensure that quality actions are based upon strategic plan therefore ensuring the future of quality health care for our patients and community. CEO and Senior leadership are responsible for monitoring outcomes of performance improvement and assisting with key processes when the need arises.

Medical Staff Responsibility

Example

The medical staff at [Hospital name] participates in surgical case review; blood usage review; medical record review; infection control; pharmacy and therapeutics review; mortality review; utilization management, including denials issued by payers; review of transfers to other facilities; credentialing and will serve, from time to time, as liaisons to Quality and Performance Improvement activities. The ultimate goal is to improve the quality and safety of care that is provided to the patients of [Hospital name].

Manager/Department Staff Responsibility

Example

Every department within [Hospital name] is responsible for implementing quality and performance improvement activities. All quality improvement initiatives are conducted as a part of hospital wide and departmental Quality and Performance Improvement. Each department manager is responsible for setting goals that give direction for process improvement. Managers and department staff identify quality indicators, collect and analyze data, develop and implement changes to improve service delivery. Ongoing monitoring assures that improvement is made and sustained. The ultimate goal is to improve the quality and safety of care that is routinely provided to the patients of [Hospital name].

Network Hospital Responsibility

Reference specific language present in contract with network hospital.

Example

[Hospital name] is a member of the [XYZ] Critical Access Hospital Network. [ABC hospital], as our network hospital, is responsible for providing support to our hospital for implementing this Quality and Performance Improvement Plan. The CAH Network allows us to work with other Critical Access Hospitals to identify appropriate measures of quality and performance improvement for CAHs, provides a mechanism to meet licensure and certification requirements for outside quality review, and to establish best practices to implement at [Hospital name].

Confidentiality

Reference up-to-date state statutes.

Example

Information created or caused to be created by this Performance Improvement Plan is protected by Neb. Rev. Stat. Section 71-7912.

The interviews, reports, statements, other data, proceedings and records of the Performance Improvement Team shall be privileged and confidential and shall not be subject to discovery either by subpoena or other means of legal compulsion for release to any person or entity for any reason, including use in any judicial or administrative proceeding.

No member, consultant, advisor or person supplying information to the Performance Improvement Team or sub-committee(s) shall disclose information concerning matters submitted to, considered by, or issuing from the Performance Improvement Team or sub-committee(s). Unauthorized disclosure shall be grounds for disciplinary action, including termination of employment or termination of medical staff privileges. No disclosure of any such interview materials, reports, records, statements, memoranda, proceedings, findings or data shall be made without the authorization of [Hospital name] president/CEO.

Comparative Databases, Benchmarks and Professional Practice Standards/Best Practices

[Hospital name] will use comparative databases to incorporate a process for continuous assessment with similar organizations, standards and best practices. This assessment then leads to action for improvement as necessary. Databases that our hospital utilizes on an ongoing, routine basis are listed in Appendix "A."

Scope of Review

Define the review to be done for each of the activities listed under "Scope." For each activity, specify the type of review to be done. Include frequency, who is responsible, and how the results are reported. The definition may be written in this QI

plan, may be written in departmental plans and referenced in this QI plan, or may be defined by policies and procedures which are referenced in this QI Plan.

Quality Improvement Processes and Methodology

Example

The Quality and Performance Improvement plan is a framework for the organized, ongoing and systematic measurement, assessment and performance improvement activities. The components of this plan include:

Example

A structured process quality and improvement method such as:

- Lean
- Plan, Do, Study, Act (PDSA)
- Rapid Cycle Improvement
- Constraints Management
- Six Sigma (DMAIC)
- Benchmarking
- Dashboards and/or Scorecards
- Etc.

Quality and Performance assessment activities, such as patient and staff satisfaction surveys, blood use, medication therapy, infection control surveillance, utilization management and medical record review. These activities help assure that standards are met and maintained, and identify areas for review by performance improvement teams.

Performance improvement teams, which may be inter or intradepartmental, that look at particular issues to identify opportunities to improve processes and outcomes.

A report, which provides summary data about selected indicators, prepared for the Board, Quality Council and Medical Staff.

Outside sources/comparative databases, such as CART, professional practice standards, national and state benchmarks, etc., will be used to compare our outcomes and processes with others, identifying areas to focus quality improvement efforts.

Our Methodology/process includes:

- Ongoing monitoring and data collection
- Problem identification and data analysis
- Identification/implementation of actions (90 day plans)
- Evaluation/enhancement of actions
- Measures to improve quality on a continuous basis and sustain excellence

Communication

Example

[Hospital name] Quality Council provides oversight of performance improvement activities. The Quality and Organizational Improvement Director facilitates performance improvement activities and functions as the central clearing house for quality data and information collected throughout the facility. Data tracking, trending and aggregates from a variety of sources will be used to prepare reports for the governing board, quality council and the medical staff. Communication on organizational and departmental performance is ongoing via Balanced Score Cards.

Education

“Everyone in the organization is responsible for quality and safety. Therefore, educating all employees at all levels of the organization is critical to the success of QPI. Because the most common cause of failure in any QPI effort is uninvolved or indifferent top and middle management, it is essential that all leaders be educated from the start. Training should begin at the top and cascade down through the organization.”
(White, 2012, p. 79).

Example

All staff are given the responsibility and authority to participate in [Hospital name] Quality Improvement Plan. To fully accomplish this, all staff will be provided education regarding the QI Plan during their initial orientation, and on an annual basis thereafter. This education will include a description of the QI Plan and how they fit into the plan, based on their particular job responsibilities. It will also include education regarding the QI methodology (Specify methodology) utilized by [Hospital name].

Annual Evaluation

Reference specific language present in contract with network hospital.

Example

Our QI Plan will be evaluated on an annual basis for effectiveness in achieving the goal of assuring that the most appropriate quality of care was provided to our patients. A summary of activities, improvements made, care delivery processes modified, projects in progress, and recommendations for changes to this QI Plan, will be compiled and forwarded to the Board for action.

Link to: DHHS Rules & Regulations for Hospitals
http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-175/Chapter-09.pdf

Link to: State Operations Manual Appendix W Survey Protocol, Regulations and Interpretive Guidelines for Critical Access Hospitals (CAH) and Swing Beds in CAHs
http://www.cms.hhs.gov/manuals/Downloads/som107ap_w_cah.pdf

References

Duquette, C.E. (2012). Leadership and Management. Q Solutions: Essential Resources for the Healthcare Quality Professional, (3rd ed.). National Association for Healthcare Quality: Glenview, IL.

White, S.V. (2012). Quality and Performance Improvement. Q Solutions: Essential Resources for the Healthcare Quality Professional, (3rd ed.). National Association for Healthcare Quality: Glenview, IL.