

## Quality Management Program (QMP) Edition (2.0)- Overview

04.15.2016: CHHC Director of QA & Project Management, David Rosansky, RN, spoke with Kristi Uitich, Home Care Services Supervisor at CDPHE via telephone. Kristi verbalized that modifications to the QMP structure as will be presented in this narrative need not be re-submitted to CDPHE for approval.

### I. Impetus & Goals for Revision:

In order to deliver the highest quality care and services possible, CHHC remains committed to implementing and maintaining a consumer focused, /effective, approachable, and data-driven Quality Management Program (QMP). This commitment necessitates regular review of the QMP for efficacy. Presently, the QMP is being modified to become user-friendlier, that it may avail itself to not only QA and Administrative staff, but also clerical and clinical employees. Within the scope of the existing regulatory framework, CHHC aims to more comprehensively integrate QMP Edition 2.0 into the agency's everyday functions. QMP Edition 2.0 is streamlined to more constructively follow the "Plan-Do-Study-Act" Cycle, allowing for greater pan-disciplinary contribution to project development, implementation, and evaluation.

### II. Meeting & Reporting

The CHHC QMP team-members will meet as needed, but no less than monthly for project planning, data analysis, discussion, and efficacy evaluation. Minutes will be taken at each meeting and then summarized for communication to the governing body/administrator. The governing body/administrator will receive the written update subsequent to each QMP meeting and acknowledge receipt by signature and date of review.

### III. QMP Team Roles & Responsibilities:

--- (Those not present at QMP meetings will receive electronic updates)

--- (Problem Identification is shared responsibility of all agency employees and staff)

*Director of QA & Project Management:* Leadership of QMP Team and Process, Regulatory Compliance, Agency-Wide QMP Updates, Assist as needed in Planning, Implementation, Goals/Outcomes Comparison and any other areas needing attention

*Assistant Administrator, Office Manager, QA Nurse, and Coder:* Data Collection and Analysis, Project & Resolution/Corrective Action Planning, Implementation, Goals/Outcomes Comparison, Minutes and Documentation

*Director & Assistant Director of Nursing, Therapy Director, and Marketing Director:* Project Planning, Staff Education and Plan Implementation, Goals/Outcomes Comparison, Resolution/Corrective Action Planning and Implementation

*Clerical/Administrative Office Staff, Clinicians of all Disciplines and Credential Levels:* Plan Implementation, Findings Reporting, Resolution/Corrective Action Planning Implementation

### IV. Data Source(s):

Problem identification will draw on data trends from sources including, but not limited to: CASPER Reports, outcomes and process measures, process and client chart reviews, infection control reports, patient survey results, patient complaints, documented and/or reported incidents/ adverse events/occurrences, staff documentation, employee feedback and reviews, and Strategic Healthcare Program (SHP) data analytics.

### V. Empirical Focus:

Specific benchmarks for improvement will be identified based on observed and documented trends of deficiency or occurrence. Data analysis will be comprehensive enough to include potentially contributing factors while remaining focused on root cause(s). Project objectives, goals, and outcomes will be clearly measureable and centered around client satisfaction, safety, and overall quality of care.

### V. Corrective Action(s):

Problem resolution depends on efficacious Corrective Action Planning, which will be driven by the severity of risks/problems identified, magnitude of affected population, and/or frequency/prevalence of identified risks/problems. Implementation of process and/or performance improvement methods such as education tools, training, and hands on supervision, will be documented, tracked, and measured for success. Staff support and "buy-in" will be cultivated through education and dependent on their involvement in the project from an early stage. Disciplinary action will occur for individual staff members as appropriate. All agency staff will be notified of corrective action implementation and resultant findings.

## VI. Follow-Up/Standardize/Completion:

Follow-up on corrective action implementation may include project restructuring if necessary. This process will continue until it is concluded that measureable outcomes/goals have been sufficiently addressed. Following, efforts will focus on standardizing lessons learned/new processes, agency wide. Subsequently, the QMP team will initiate project completion wherein specific projects will be closed. However, a measureable threshold or benchmark related to project goals will be identified at completion and thereafter reviewed no less than quarterly. Should the aforementioned measurement present deficiently during two subsequent fiscal quarters, necessity for re-opening the project will be evaluated and corrective action considered. QMP data trends and project results may be included in the annual agency evaluation

### Quality Management Program (QMP) Edition (2.0)- Process Outline:

In modifying the QMP, it was determined that the **4 Phase-Time Line Driven Outline** utilized in QMP 1<sup>st</sup> Edition was at times confusing and difficult to follow in sequence due to the variability in and evolving nature of quality management projects. Moreover, it was decided by QMP team members that the **4 Phase Process** complicated the structure of QMP, often eclipsing the fundamental cycle of "Plan-Do-Study-Act." Nevertheless, the QMP team has agreed that an infrastructure of some sort is needed. Therefore, CHHC will continue to utilize a QMP tool, albeit a modified one, and the tool will not need to be completed at every meeting. The Quality Management Program will follow a basic cyclical process as displayed below. Projects will include specific timelines, though the timelines will vary depending on project content, participants, and process stage. However, each meeting will address project timelines and this will be reflected in the meeting minutes.

