Quality Improvement/Assurance Plan

A collaboration between the National Center for Farmworker Health, Inc. and Migrant Clinicians Network

Training webinar presented by:

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Outline

- Learning objectives

- PHS Section 330 Program Background

- Quality Improvement/ Quality Assurance (QI/QA) and Migratory/Seasonal Agricultural Workers (MSAWs)

- Resources & Technical Assistance

Objectives

Participants will be able to:

1. Identify the required elements of QI/QA

2. List two issues to consider when including MSAWs in QI/QA initiatives

PHS Section 330 Program Background

1	**Need**	11	**Collaborative Relationships**
2	Required & Additional Services	12	Financial Management/Control Policies
3	Staffing	13	Billing & Collection
4	Accessible Hours of Operation/ Locations	14	Budget
5	After Hours Coverage	15	Program Data Reporting System
6	Hospital Admitting Privileges/ Continuum of Care	16	Scope of Project
7	Sliding fee discounts	17	Board Authority
8	**Quality Improvement/Assurance Plan**	18	Board Composition
9	Key Management Staff	19	Conflict of interest
10	Contractual/Affiliation Agreements		

Definition of Quality Management

Quality is defined as "systematic and continuous actions that lead to measurable improvement in health care services and the health status of targeted patient groups" (HRSA)

Question 1

How familiar are you with your health center's QI/QA plan?

(a) Not familiar

(b) Somewhat familiar

(c) Very familiar

(d) We don't have one

QI/QA Plan

1. Includes clinical services and clinical management

- All services in scope (primary care, dental, behavioral health)

2. Maintains the confidentiality of patient records

Medical records policies and procedures addressing:

- Establishing & maintaining a clinical record for each patient
- Privacy & confidentiality (in accordance with HIPAA)
- Procedures for consent and release of medical record information
- Security of current and archived medical record information

Cont'd… QI/QA Plan

3. Includes a clinical director who has primary responsibility for:

- Support and carrying out of the QI/QA program

- Provision of high quality care

Cont'd… QI/QA Plan

4. Periodic assessment of the appropriateness of the utilization & quality of services provided or proposed to be provided

- Peer review

- Review and analysis of clinical performance measure trends and outcomes
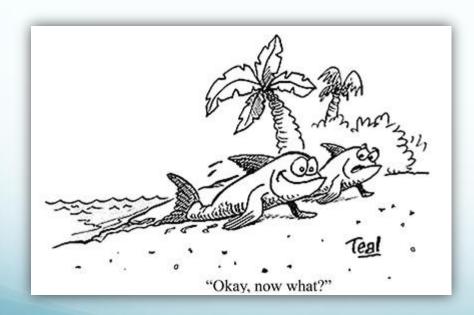
Cont'd… QI/QA Plan

5. Assessments shall:

- Be conducted by physicians or other licensed health professionals under the supervision of physicians

- Be based on systematic collection & evaluation of patient records

Cont'd… QI/QA Plan

5. Assessments shall (cont'd):

- Identify & document necessity for change in the provision of services

"Okay, now what?"

- Result in the institution of such change, when indicated

QI/QA Plan Best Practice

QI/QA plan includes:

- Clinical services and clinical management inclusive of all services in scope

- Medical records policies and procedures

- HIPAA complaint patient consent and release of medical information

- Clinical director is responsible for QI/QA program

- Periodic & systematic assessment of service utilization and quality

- Identify need for change in services provision

- Results are shared and used to implement needed results

The QI/QA Program Beyond the Plan

Documents associated with a QI/QA program:

- Quality Management policy and procedure

- Other policies and procedures: medical records, risk management, patient safety, tracking, etc.

- Job descriptions—
  CMO, Quality Coordinator

Cont'd…Beyond the Plan

- Meeting minutes of QA/QI committee(s) and Governing Board reflecting QI/QA activities

- Data reports—utilization, performance measures, UDS

  - Patient satisfaction surveys/reports

  - Peer review reports

- Performance improvement projects—PDSAs, trends

Question 2

Does your health center include MSAW-specific elements in QI/QA initiatives?

(a) Yes

(b) No

(c) Don't know

Are you able to identify your MSAWs?

Instrucciones:
El Personal de la clínica debe de preguntar al paciente en cada visita las siguientes preguntas y determinar si es un trabajador agrícola (trabajador de campo migrante, trabajador de campo temporal, trabajador de campo discapacitado o de edad avanzada, o no es un trabajador del campo) basado en las respuestas del paciente.

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Identificación de los Trabajadores Agrícolas

1. ¿En alguna ocasión ha trabajado usted o algún miembro de su familia en agricultura o en el campo como principal ingreso? NOTA: trabajo en agricultura incluye: • Trabajo de campo, hortalizas, viveros, o acuacultura • Trabajo con animales como ganado, pollos, pescados, ovejas, etc.	**SI** Si la respuesta es SI, esto significa que es un agricultor y que debería de preguntar las preguntas del 2 al 4
	NO Si la respuesta es NO, esto significa que no es trabajador agrícola y no debe de contestar las preguntas 2 y 3
2. ¿En los últimos dos años, usted o algún miembro de su familia se ha tenido que mudar a causa de su trabajo principal en la agricultura?	**SI** Si la respuesta es SI, esto confirma que es un trabajador agrícola que se muda cuando acaba la temporada. (migrant farmworker)–**PARE**
	NO Si la respuesta es NO, continúe con las preguntas 3 y 4
3. ¿En los últimos dos años, usted o algún miembro de su	**SI** Si la respuesta es SI, esto confirma que usted es un trabajador agrícola que trabaja en el mismo lugar todo el año; no se muda después de la temporada. (seasonal

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...ajadores Agrícolas

Cont'd…QI/QA and Agricultural Workers

- Include MSAWs in your performance measure data!

- UDS reporting related to MSAWs:
  - Table 3—Ages and gender, ethnicity, LEP
  - Table 4--Number of migratory vs. seasonal patients
    - Income and insurance coverage
  - Table 5—Visits by provider type
  - Table 6A—Selected diagnoses and services
  - Tables 6B & 7—Clinical performance measures
    - DO NOT exclude MSAWs!
    - UDS does not separate special population data on performance measures but you can!

Cont'd…QI/QA and Agricultural Workers

Unique service needs of MSAWs:

- Language support

- Transportation

- Environmental/ occupational health

- Continuity of care

Question 3

Using the chat box, please share other population-specific points to consider when including MSAWs in a QI/QA plan.

Cont'd…QI/QA and Agricultural Workers

Including MSAWs in your QI/QA program:

- Include relevant staff on committee(s)

- Integrate MSAW patient input through
    - Committee/Board representation
    - Patient satisfaction surveys, suggestions
    - Focus groups
    - Interviews

Cont'd…QI/QA and Agricultural Workers

MSAW-specific performance measures

- Suggested clinical and financial measures developed in 2009

Voucher Program Considerations

Challenges:

- Data retrieval from service contractors

- Control over implementation of change in operations and services

- Enabling services vs. direct patient care focus

- Relevance of financial measures

Voucher Program Considerations

Responses:

- Must report on required measures

- Develop relevant internal measures

- Include service contractors in QI/QA activities

Elements of the QI/QA Program

- QI/QA Plan

- QI/QA Committee

- Data Systems

- QI/QA Reporting

- Improvement Projects

- Board Involvement

QI/QA
Assessing the Elements

The QI/QA Plan

Good News	Bad News
Updated yearly	Shamelessly copied
Includes measures with goals and benchmarks	Written by one person/grant writer
Includes risk management	Not approved by the Board
Identifies QI priority areas	No improvement methodology
Includes a calendar of activities	CEO/CMO not familiar with plan

QI/QA Calendar

MEASURES		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
SERVICES													
Annual Events													
Review and Approval of PI Plan-Board Approval	Annual										X		
Review and Approval of Admin. Policies and Procedures	Annual												
Review and Approval of Clinical Protocols	Annual										X		
Review and Approval of OSHA Program	Annual										X		
UDS Clinical Measures Review	Annual	X											
Staff Performance Evaluations (clinical staff subdivided in 2 groups)	Annual					X					X		
HIPPA Training	Annual												X
Meetings													
Provider Meetings	Bimonthly		X		X		X		X		X		X
PI Committee Meetings	Bimonthly		X		X		X		X		X		X
Reviews													
MD Chart Review (Advance Practice Nurse)	Monthly	X	X	X	X	X	X	X	X	X	X	X	X
MD and APN Face to Face Visit	Quarterly			X			X			X			X
Elective Clinical Measures Review (Oral Health, Behavioral Risk)	Annual										X		
Medical Chart Documentation Review	Annual										X		
Patient Satisfaction Survey	Annual									X			
Review Meaningful Use and Clinical Quality Measures	TBD												
Review Clinical Measures (Lifecycle Chart Audits)	Annual						X						
Review Laboratory Quality Assurance	Monthly	X	X	X	X	X	X	X	X	X	X	X	X
Review Radiology Services	Monthly	X	X	X	X	X	X	X	X	X	X	X	X
Review Dental Charts	Annual				X								
Reports													
Reports to PI Committee: chart reviews, surveys, adverse outcomes; documentation reviews	Quarterly		X		X				X		X		
PI Reports to Board	Bimonthly		X		X		X		X		X		X
Staff Competency, Credentialing & Privileging													
Credentials/License Checks	Annual												
Providers presented to Board for Privileging (at least every 2 years)													
Support Staff Skills Competency Assessment	Annual										X		
Safety Program													
Emergency Medicine Box Inventory/Maintenance	Monthly	X	X	X	X	X	X	X	X	X	X	X	X
OSHA training	Annual												X
Workplace Hazard Assessment (every two years)													
TB skin testing screening (clinical staff subdivided in 2 groups)	Annual				X						X		
CPR/AED training (every 2 years)													
Code Blue Drill	Annual									X			

QI/QA
Assessing the Elements

The QI/QA Committee

Good News	Bad News
Representation across the organization	Membership = Management team
Monthly meetings with organized, detailed minutes	No staff member with dedicated time for QI/QA coordination
Board participation	No representation of special population staff
Minutes include periodic data reports	No committee/staff QM training
QI/QA activities reflect Plan description	Minutes look like staff meeting

Meeting Minutes

ECRI Institute
The Discipline of Science. The Integrity of Independence.

QI/QA Committee Meeting Minutes Template

QA/QI Committee
Date:
Meeting Location:
Attendance:
      Present:
      Excused:
      Absent:

_____

Minutes

Agenda Item	Discussion	Action	Responsible Person	Date

☐ Minutes approved _____ __/__/____
                               (Signature of committee chair)   (Date)
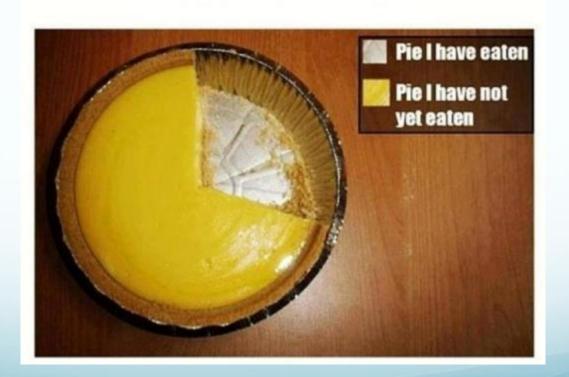
QI/QA
Assessing the Elements

Data Systems

Good News	Bad News
Electronic health record with reporting/dashboard software	No IT involvement or expertise
Tablets for patient satisfaction surveys	EHR vendor problems
EHR data verified by sampling	Garbage in, garbage out
Participation in an EHR network with other health centers	No interface with lab, hospital
PCMH recognition	No EHR

Data Systems

QI/QA
Assessing the Elements

QI/QA Reporting

Good News	Bad News
Charts on the walls!	Blank looks, especially from clinical staff
Dashboards	Data collected but no analysis or improvement efforts
Clinical measures data broken down by provider	Data not verified/not accurate

QI/QA Reporting

QI/QA
Assessing the Elements

Improvement Projects

Good News	Bad News
PDSA documentation	"The high no-show rate was discussed"
Organization-wide involvement in improvement projects	Patients aren't asked for input
Work groups assigned to projects	
Data driven!	

PDSA Documentation

Aim: (overall goal you wish to achieve)

Every goal will require multiple smaller tests of change

Describe your first (or next) test of change:	Person responsible	When to be done	Where to be done

Plan

List the tasks needed to set up this test of change	Person responsible	When to be done	Where to be done
		.	

Predict what will happen when the test is carried out	Measures to determine if prediction succeeds

Do　　Describe what actually happened when you ran the test

Study　　Describe the measured results and how they compared to the predictions

Act　　Describe what modifications to the plan will be made for the next cycle from what you learned

Institute for Healthcare Improvement

QI/QA
Assessing the Elements

Board Involvement

Good News	Bad News
Board member participation in QA/QI Committee	Blank looks from Board members
Functioning Board Quality Committee	No QM knowledge or training
Regular reporting of QI/QA activities to Board	Lack of support from CEO
CMO attends all Board meetings	Did the Board approve that policy?

The Path to Success

Success

Success

what people think
it looks like

what it really
looks like

A Sample Path--BMI

Percentage of patients aged 2 until 17 who had evidence of BMI percentile documentation

- AND who had documentation of counseling for nutrition AND who had documentation of

- counseling for physical activity during the measurement year

QI—The Process

- Selection of the measure

- Establish the baseline

- Assign a task group

- Understand the measure
  - Contributing factors
  - Restricting factors

QI—The Process

- Set a goal

- Plan an intervention

- Monitor results

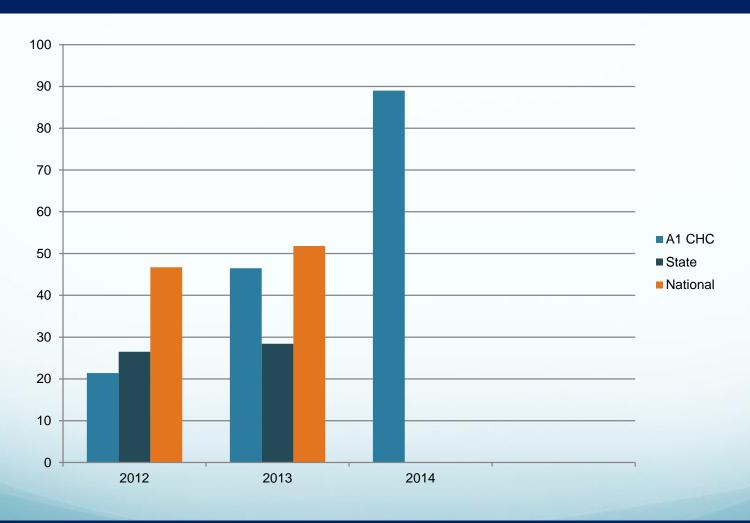- Refine interventions

- Report results

- Institutionalize changes

Improvement Methodology

Source: http://www.hrsa.gov/quality/toolbox

QI—The Outcome

Question 4

Using the chat box, please provide examples of population-specific QI/QA initiatives that can be implemented at your health center.
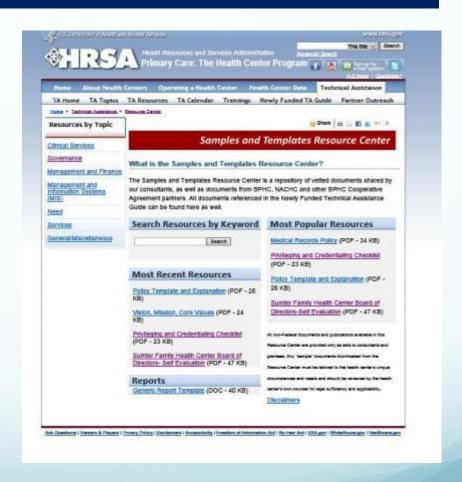

www.earldotter.com

RESOURCES

HRSA Resources

http://bphc.hrsa.gov/about/requirements/index.html

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Cont. ..HRSA Resources

National Cooperative Agreements

Migrant Clinician Network Clinical Resources
Farmworker Justice Resources
National Center for Farmworker Health Library & Resource Center

MCN Health Network

http://www.migrantclinician.org/services/network.html

Other Resources

ECRI Institute
The Discipline of Science. The Integrity of Independence.

- QA/QI tool kits

- *Get Safe!* e-newsletter

- Webinars

> **GET SAFE!**
> SIMPLE STEPS IMPROVE PATIENT CARE
>
> ▶ CONTACT US:
> Clinical_RM_Program@ecri.org
> or (610) 825-6000 x5200
>
> **Maintaining Continuous Quality Improvement**
>
> Methods for improving quality and reducing risk in health centers and free clinics include selecting and monitoring clinical measures, analyzing clinical data, investigating incident reports, analyzing areas addressed in patient complaints, and soliciting patient and employee input through satisfaction surveys.
>
> This Get Safe! Checklist, in tandem with the April 2012 Get Safe! Announcement Supporting Effective Quality Improvement Activities, may be used by clinicians and staff in health centers and free clinics to help minimize risk and ensure the provision of quality primary health care. Effective measures may include:
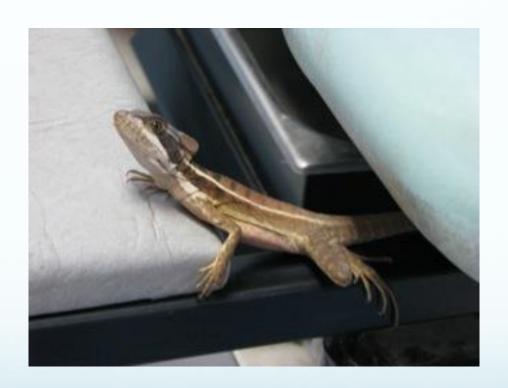>
> ☐ View credentialing and privileging as the foundation of a quality improvement program.
>
> ☐ Utilize best practices (e.g., published research) as part of efforts to provide effective, safe, timely, patient/family centered, accessible, and efficient care.
>
> ☐ Select clinical measures that address areas such as health center processes, performance, outcomes, appropriateness of decisions, patient satisfaction, and staff satisfaction and that are aligned with the health center's performance goals.
>
> ☐ Monitor information related to clinical measures (e.g., provide checklists to providers so

www.ecri.org

Other Resources

- Primary Care Associations

- AHRQ Quality and Patient Safety website:
  - www.ahrq.gov/professionals/quality-patient-safety
  - Email updates for patient safety, quality

- Midwest Clinicians Network
  - www.midwestclinicians.org
  - Membership listserv
  - Membership organization for Midwestern health centers

- Healthcare Communities listserv
  - www.listserv.HealthcareCommunities.org

- Robert Wood Johnson's Aligning Forces for Quality
  - www.Forces4quality.org
  - Tools for Engaging Patients in Quality Improvement

Questions?

Additional Information

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