

## Council of Community Clinics Health Network

<b>Clinic/Health Center:</b> CCHN Participating Clinic Sites	<b>Subject:</b> Quality Management Plan	<b>Page:</b> 1 of 12
<b>Committee:</b> CCHN Physician Council – CCHN Board of Directors -	<b>Date:</b> 05/15/07 Revised	
<b>Rereview Dates:</b> April 2000 June 2001 June 2002 May 15, 2007	<b>Signature(s):</b>	

### I. Policy Statement

The Council of Community Clinics Health Network will assist clinics in providing high quality patient care and service developing and implementing the establishment of an effective, comprehensive, collaborative and centralized quality management program.

### II. Purpose

The Community Clinics Health Network acknowledges that quality health care is the foundation of a successful health care network. The Council of Community Clinics Health Network (henceforth abbreviated as CCHN) is committed to optimizing care for its patients, consistent with accepted community standards of practice and those established by its medical staff.

### III. Scope

The scope of the Quality Management Program spans the CCHN, includes each participating clinic, and reaches the internal organization of each individual clinic. With the goal of improving health care and service, the program evaluates and monitors relevant aspects of the health care delivery system through the objective analysis of reports and information. The CCHN Quality Management Committee is responsible for maintaining and supporting the Quality Management Program and will review the Quality Management Plan annually.

### IV. Goals and Objectives

The CCHN assures continuous improvement in the quality of care and service through

the development and implementation of the Quality Management Program (QMP), which is in concert with the mission statements of the participating community clinics and the CCHN. The QMP is approved annually by the CCHN Quality Management Committee and the CCHN Board of Directors. The QMP consists of systematic activities to monitor, improve and evaluate the care delivered to its members and the spectrum of the member's interface with all facets of the clinic, utilizing predetermined standards and guidelines. The QMP also monitors utilization of services, developing mechanisms to maintain quality care in a cost-effective manner. Issues and problems to be reviewed and improved upon are prioritized to reflect the population served in the community clinics.

## **A. Goals**

Assure high quality patient care and service for all members, participating clinics and providers through routine monitoring of activities.

Evaluate practitioner practices and professional performance objectively utilizing Quality Improvement methodology.

Implement a comprehensive, integrated and responsive system of monitoring and evaluating the provision of care and services by the clinic staff and providers utilizing the following specific processes:

1. Continuous Quality Improvement
2. Utilization Management
3. Risk Management, consisting of:
  - a. Internal audits
  - b. Continuous quality improvement activities (including continuing medical education)
  - c. Patient satisfaction surveys
  - d. Peer review systems
  - e. Provider retention
  - f. Patient complaints
  - g. Credentialing standards
  - h. Establishment of practice guidelines (including preventive care guidelines)
  - i. Establishment of standardized policies and procedures
  - j. Patient education systems and activities
  - k. Utilization management

Increase client and staff satisfaction with clinical services through timely identification, review and resolution of complaints.

Identify problems that might impact, directly or indirectly, the provision of care or access to care through continuous monitoring of medical services. To develop reasonable and necessary measures to assess and improve the quality of care provided by all clinical staff.

Assure that data, conclusions and recommendations are reported to the appropriate committee, department or individual and that these reports flow within designated feedback loops so that all persons involved both receive and send information. To assure that such flow of information is handled in an appropriate manner, is consistent with the structure of the QMP and its committees.

Comply with all contractual and regulatory requirements Including the Bureau of Primary Health Care PIN 98-23

Increase clinic capacity to report on pay for performance measures.

## **B. Objectives, Scope and Content of Quality Management Activities**

### **1. Continuous Quality Improvement**

To educate all providers, staff and administrators about the philosophy, procedures and practices of continuous quality improvement (CQI) at CCHN and its importance within the missions of standards of care of the participating clinics.

To implement the Chronic Care Model as a process to improve clinical outcomes.

To develop interdisciplinary teams at individual clinics who apply the Plan- Do- Study- Act cycles to determine effective improvement interventions towards target goals.

To collect baseline data if possible to define pre-intervention performance and post-intervention results.

To identify and evaluate specific clinical or service issues, using standardized indicators, benchmarks, and data collection to determine and implement a quality improvement plan. To develop monitoring tools (if applicable) and reassess the issues on a continuous, ongoing and meaningful basis.

To incorporate primary care, specialty care, behavioral health and hospital/institutional services in the CQI process.

To evaluate appropriate utilization of services.

## 2. Utilization Management

To appropriately evaluate and coordinate a patient's need for ancillary services, specialty services and referrals, assuring appropriate utilization based on practice guidelines and clinical judgment.

To evaluate systems for tracking appropriate follow up of abnormal diagnostic studies and the use of preventive health measures. To incorporate case management guidelines in order to optimize utilization of the services and decrease barriers to care.

## 3. Risk Management

To develop a comprehensive data collection system through medical information systems, review of medical records and client complaints to assure that the medical services are provided in an acceptable, efficient and sensitive manner.

To document all activities and actions taken so as to demonstrate the program's impact on improving the quality of health care and services.

To evaluate case management and tracking of patient follow up for preventive services, abnormal lab/procedure results, adverse outcomes and specific diseases or service indicators in order to direct the CCHN towards a specific review of clinic or provider practice.

To establish and maintain basic elements of risk management (such as documentation, charting procedures, medical records, case management, communication systems, clinical supervision and maintenance of confidentiality) by means of, but not limited to:

### a. Audits

To address specific aspects of the patients' interface with the clinics, including access, service availability, the referral process, efficiency, communication and continuity. To adopt standard templates for internal evaluation of these service elements.

To collect and analyze data to compare performance to standards, implement interventions to improve performance and evaluate effectiveness of interventions.

To ensure the availability of appropriate primary care and specialty providers and to consider any unique needs and preferences of the patients in arranging appointments and facilitating access.

To monitor compliance with access standards.

- Preventive care Appointments 30 Days
- Routine Appointments 14 Days
- Urgent Care Appointments 24 hours
- Emergency care Immediate

b. Patient Satisfaction

To collect and review survey data from patients to be aware of patient-perceived concerns and to incorporate specific trends of problems into other review processes that are part of the QMP (CQI, Risk Management, Peer Review, Utilization Management).

c. Peer Review

To review medical records using a CCHN standardized tool in order to identify concerns in the provision of medical care, utilization, or documentation by clinic staff.

To establish inter-provider consistency and adherence to baseline uniform standards in the medical records and in the care of patients. To use disciplinary action when needed to maintain standards of care and service.

d. Provider Retention

To collect and review input from CCHN network providers to be aware of any concerns raised by clinical staff. To respond appropriately to such information and ultimately maintain provider satisfaction.

e. Client Complaints

To develop and implement standardized forms and procedures for the identification and resolution of complaints by internal and external clients (patients, providers, clinic staff and specialists).

To identify problems and take corrective action, as applicable, to improve the quality of care provided by clinical staff.

f. Credentialing/Recredentialing

To ensure that all licensed or certified health care practitioners are licensed, registered or certified by the State of California in accordance with credentialing requirements.

To give final approval or denial for providers credentialing or recredentialing whose qualifications have been verified by Southern California Physicians Managed Care Services.

g. Clinical Practice Guidelines

To adopt and maintain optimal care to achieve best practices. To utilize such guidelines as a tool in reviewing practice patterns, treatment plans, referrals, and establishing an approach to reduce provider variability thus standardizing the quality of care.

h. Policies and Procedures

To ensure the delivery of high quality patient care and service, including preventive medicine, in a safe and cost effective manner using consistent and comprehensive internal guidelines.

To monitor the effectiveness and compliance with such policies and procedures through other CCHN QMP activities.

To develop standardized physician assistant supervisor contracts and nurse practitioner process oriented protocols that remain timely, comply with state regulations and support a high standard of care.

i. Patient Education

Assist clinics in adopting and maintaining culturally and linguistically appropriate patient education materials.

j. Emergency Health Care

## **V. Organizational Structure and Responsibility**

The CCHN Physician Council is established by the authority of the CCHN Board of Directors as a standing committee of the whole whose primary purpose is to provide for an effective Quality Management Program across all community clinics. Corrective actions are instituted and reassessment monitors its effects on quality by the ongoing review, identification, and rectification of problems or concerns.

### **A. Committee Membership**

The Medical Director of each community clinic is a voting member of the CCHN Physician Council. The Chair is elected by the membership for a term of one year. Responsibilities of the Chair shall be to preside over the CCHN Physician Council meetings. The Chair shall work in conjunction with the other members to identify specific areas of medical care to be measured as quality indicators, recommend policy, and determine benchmarks.

### **B. Committee Meetings**

The Community Clinics Health Network Physician Council meets monthly. Clinic Medical Directors are voting members. Staff members of contracting health plans may observe meetings.

The CCHN QMC identifies issues to monitor and evaluate by creating and approving an annual calendar. The calendar lists objectives and planned projects for the year, including continuity projects. An annual Retreat is held in the first quarter of the calendar year to plan the objectives and projects for the year.

The agenda and timeline of reports presented at the CCHN QMC are as follows:

#### Council of Community Clinics Health Network Physician Council

- Call to order by the Chairperson
- Introductions
- Review and vote on minutes
- Credentialing review
- Report from ONE of the pre-selected annual audit topics
- Report from ONE of the quarterly CQI projects
- Review of the CQI work plan
- Review of the QM calendar
- Review risk management or client grievance issues
- New business
- Follow up on old business

Announcements  
Adjournment by the Chairperson

Quarterly Reports:

Peer Review  
Patient Satisfaction

Biannual Reports

Access Audit Results

### **C. Responsibilities of the CCHN Quality Management Committee**

1. To accomplish those objectives as previously outlined.
2. To assist in developing and implementing a written Quality Management Program and Annual Work Plan which specifies and prioritizes the quality management activities of the CCHN.
3. To insure that the quality management program is an ongoing process and is integrated with and supported by overall CCHN administrative, operational and clinical activities.
4. To identify potential problem areas and evaluate the ability to impact change in those areas. To select an approach for correcting concerns that are raised in these areas.
5. To provide regular reports to the CCHN Board of Directors, including specific findings and recommendations for action.
6. To review reports and studies from other committees and outside sources as they are brought to the committee's attention.
7. To direct the technical support staff to compile and analyze data, conduct studies and obtain information as necessary.
8. To establish and maintain committee guidelines.
9. To update clinical practice guidelines and nurse practitioner process protocols.
10. To present cases and incidents to the clinic medical directors that warrant further review for possible provider intervention or sanction.
11. To demonstrate the program's impact on improving quality of care through documentation of activities, actions and outcomes.
12. To review the quality management program annually. To evaluate the program's effectiveness in meeting stated goals and objectives and to

revise the program as needed.

13. To maintain the CCHN's ability to assist in addressing the health needs of the under served.

#### **D. Subcommittee:**

1. Clinic Quality Management Committees meet at a minimum of four times a year. Each Community Clinic establishes a mechanism to identify, investigate, and resolve clinic-specific issues. In addition, the clinic Quality Management Committees ensures that the CCHN goals and work plan are implemented for their specific clinic. These committees function as a committee of the whole overseeing quality improvement, utilization management and risk management activities. Membership may include but not limited to:

Medical Director  
Clinic QM/UM Nurse  
Clinic Case Manager  
Executive Director or designee  
Provider Representatives  
Operations Manager/Director

*The following staff will be included in clinic meetings as needed and determined by the core committee members: health educator, director of managed care, medical records staff, receptionist, lab technicians, case managers, physical plant operations, billing department staff, finance director.*

#### **VI. Data Collection and Resources**

Data collection will be handled by a spectrum of CCHN and clinic staff. As accurate and timely information is crucial to the functioning of the QM plan, adequate internal resources and administrative support will be identified and designated as needed.

Information which can be used to investigate clinical and operational issues in order to meet the goals of the CCHN QMC include:

A. Analysis of outcome measures and the processes of clinical care, as accessible through computerized data, MIS software and direct collection of data.

- B. Medical record review performed by physician committee members, QA and QM staff and other designated staff.
- C. Patient, staff or contractor complaints.
- D. Surveys of patients and providers.
- E. Utilization reports compiled by outside contractors including hospitals, emergency departments, laboratories, radiology departments, health plans and state or county agencies.
- F. Reports from the County and clinic computer systems as directed by the CCHN QMC.
- G. Data focused on guidelines proposed by HEDIS, NCQA, or JCAHO.

## **VII. Mechanisms**

- A. To analyze specific aspects of the health care delivery system of the CCHN, the following mechanisms may be used:
  - 1. Peer review audits with pre-sanctioned tools and standards
  - 2. Medical record audits, reviewing chart contents for health maintenance and disease specific care
  - 3. Patient and staff satisfaction surveys
  - 4. Patient complaints
  - 5. Audits of patient access to services, appointments, and telephone triage and information
  - 6. Incident reports
  - 7. Risk management information
  - 8. Utilization management information
  - 9. Financial data
- B. The Committee may assign priorities to problems based on a direct or indirect relation to clinical practice, patient care, statistical trends and cost effectiveness.

## **VIII. Confidentiality**

- A. All documents, reports, incident reports, statements, minutes, findings, conclusions, recommendations, or other memoranda transmitted to or developed by the CCHN QMC shall be received and kept by the CCHN QMC in confidence for use by the CCHN.

B. All individuals participating in QI meetings, including invited guests, will sign an annual confidentiality agreement.

C. A code system is used to preserve confidentiality while distributing pertinent information.

D. All individuals participating in QI meetings will sign a Conflict of Interest form annually.