



*Strengthening Oklahoma's Safety Net,
One Community At A Time*

Board Bulletin

Volume 7, Number 6 • June 2009

Structuring an Effective Quality Assurance Program

Community health center (CHC) boards have a fiduciary responsibility to ensure the delivery of high quality care. Therefore, board members will need to have a working knowledge of what it takes to develop and monitor an effective quality assurance program. In June 2003, a "Quality Management (QM) Plan" template was distributed nationally that ties Joint Commission guidelines with Bureau of Primary Health Care (BPHC) requirements (author unknown). It is relevant today as boards strive to develop policies to support Quality Assurance (QA) programs. The first section of this series deals with QA program structure. To deliver high quality care, a CHC must first have highly qualified health care professionals willing to actively engage in performance improvement. Quality does not begin and end with clinicians – all CHC staff must be involved to achieve an organizational culture of excellence. While the board must never interfere with day-to-day operations, the QA committee should have board representation. QA Committee board members will work with the Medical Director and other staff to develop an effective QA program. The Board reviews and approves the overall quality assurance plan annually then dedicates necessary resources to support QA activities. It is important for boards to align strategic and operational goals, provide an organizational structure to execute the plan, and develop a framework to adjust QA activities as needed. A monthly reporting mechanism must be implemented that provides the board with the tools necessary to monitor performance improvement progress.

Quality Assurance Program Structure

- *Definition of Quality* – CHCs must decide what 'quality' means to their organization - taking BPHC program expectations into consideration along with accreditation requirements and Federal Tort Claims Act (FTCA) guidelines. Particular attention must be paid to recent Health Resources and Services Administration (HRSA)-required clinical and financial performance measures discussed in Program Assistance Letter (PAL) 2008-06. CHCs must review QA information routinely to stay abreast of current expectations and guidelines.
- *Purpose* – By stating the specific purpose of QA, board expectations are outlined and staff will more clearly understand the importance of QA as it relates to patient outcomes and CHC longevity. CHCs should have a goal of being the 'providers of choice' in their communities.
- *Scope of Program* – All activities that directly or indirectly impact patient health must be included in QA. HRSA "scope of project" is intricately tied to all aspects of CHC operations. Operating within documented BPHC-approved project scope is critical to ensure FTCA coverage and protect enhanced reimbursement.
- *Program Accountabilities and Responsibilities* – The board is ultimately accountable for CHC care and will hold their one employee, the CEO, responsible for QA program and policy implementation. The Medical Director is responsible for recommending provider credentialing requirements to the board so it can approve policies that will minimize risk for malpractice claims.
- *Organizational Structure* – This depends on the size of the health center as smaller organizations may only have one QA committee. Larger organizations may want to have departmental or discipline level QA sub-committees. Ultimately, the board must be informed of all committee work.
- *Integration and Coordination* – It is important to confirm that all QA activities are integrated, making sure all CHC staff are working in tandem for optimum performance results.
- *Improvement Approach* – The Joint Commission's 5 steps for performance improvement should be incorporated into the QA plan: 1) Plan – ensures a systematic, organizational-wide, collaborative program; 2) Design – patient-focused and mission-minded; 3) Measure – collect and review data; 4) Assess – compare to established benchmarks; and 5) Improve – institute processes that result in performance improvement.
- *The Role of Management* – Reinforces the 'top-down' culture of excellence by outlining QA philosophy.
- *Confidentiality and Conflict of Interest* – Ensures that QA activities are HIPAA-compliant and adhere to CHC conflict of interest policy.

To review OKPCA's entire *Board Bulletin* series, visit the 'Governance' section of www.okpca.org.

Oklahoma Primary Care Association
4300 N. Lincoln Blvd., Ste 203, OKC, OK 73105
(405) 424-2282, Ext. 104 • Fax (405) 424-1111 • www.okpca.org