



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

Board Bulletin

Volume 7, Number 7 • July 2009

Managing Quality Assurance

To continue the Quality Assurance (QA) program series, community health center (CHC) boards must review the essential components of quality management to effectively monitor performance improvement as outlined in the "Quality Management (QM) Plan" template (June 2003). Ongoing assessment of organizational processes, performance, and decisions that potentially impact patient care (directly or indirectly) is necessary to identify areas that require improvement to achieve optimum patient outcomes. CHC leadership must continually monitor quality and institute a system for change necessary to yield desired results.

Essential Components of Quality Management

- ***Quality Assessment*** – A crucial phase of a strong QA program is measuring, evaluating and tracking performance. Approaches to quality assessment vary according to staff size and resources. Larger organizations may have departmental quality committees with results from each collected and reviewed organizationally by the CHC Quality Committee. The first step of the QA assessment phase is *indicator selection* - indicators that tie directly to the care delivered at the CHC and those having the greatest impact on patient outcomes. CHCs can start with a few indicators and add others over time as the QA plan becomes more comprehensive. Health Resources and Services Administration (HRSA)-required clinical and financial performance measures would certainly be included as indicators (see June and July 2008 *Board Bulletin*). The CHC's strategic vision for quality would be another consideration for indicator selection as would Bureau of Primary Health Care (BPHC) program expectations. The Institute of Medicine's (IOM) *Aims for Improvement* is also worthy of review: safe care, effective care, patient-centered care, timely care, efficient care, and equitable care. Once the indicators are established, an *indicator measurement* plan must be developed that includes data collection and QA Committee review process. For each indicator, benchmarks must be established with corresponding improvement goals and action steps. Once data is collected according to the plan, the QA Committee will then engage in *indicator assessment* by analyzing data and responding with the best course of action to achieve performance goals. *Indicator reporting* - recording results in the QA Committee minutes - ensures that indicator measurement is being reported to the CHC Board and throughout the organization. The final assessment step, *indicator tracking*, provides a QA accountability mechanism.
- ***Quality Improvement*** – The next phase of quality management requires CHCs to determine methods for prioritizing improvement activity. The "Pilot Method" empowers all staff to examine all improvement ideas by using three questions: 1) What are we trying to accomplish? 2) What changes can we make that will result in improvement? and 3) How will we know that a change is actually an improvement? Pilots include a baseline measurement with a performance target date to effectively track effectiveness. The National Association of Community Health Centers (NACHC) employs a "10-Step Improvement Method" for QA that identifies the problem, the related process, measurement, process customers, customer requirements, possible problem causes, possible improvements, selection of one possible improvement, testing and measuring the possible improvement, and determining success, failure and future action related to the possible improvement. "Reengineering" is the method used when system failure requires a major process improvement.
- ***Provider Performance Assessment and Improvement*** – Provider-specific assessment components include: 1. *Clinical Guidelines* - grounded in national standards, developed by the CHC and embraced by the provider staff. 2. *Peer Review Audits and Clinical Guidelines Audits* - the CHC Medical Director is responsible for ensuring that these audits are conducted. Each question of the audits becomes an indicator in the Quality Assessment phase. 3. *Provider Performance Improvement Activity* – the Medical Director appoints a provider team to complete an improvement method as outlined above. 4. *Integration with Organization-wide QA Program* – provider-specific activities must be a part of the bigger CHC QA plan and monitored by the QA Committee, which ultimately reports results to the governing board on a routine basis.

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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