

Development of Quality Assurance/Quality Improvement Program and Process

LEVEL ONE: Foundation of Quality Team

Step 1: Defining Terms related to the delivery of quality care.

- **Quality Assurance (QA):** The maintenance of a desired level of quality in a service or product, especially by means of attention to every stage of the process of delivery or production.
- **Continuous Quality Improvement (CQI):** Is an approach to quality management that builds upon QA methods by focusing on “process” rather than the “product”. CQI recognizes both internal and external “customers” and utilizes data to analyze and improve processes.
- **Utilization Management (UM):** Is the evaluation of the medical necessity, appropriateness, and efficiency of the use of health care services, procedures, and facilities. The goal is to ensure that quality services are delivered at the appropriate intensity and in an efficient manner.

Step 2: Organizing the Quality Team

- Identify a staff member at a leadership level that is responsible for the work of the Quality Team.
- Form a Quality Team that consists of appropriate representation from clinical/practice, finance, support/administrative staff and other areas of the agency.

Step 3: Defining Value

- Related to the terms defined above, agency discussions should consider the following questions:
 - Value Statement: What is the clear benefit/measurable result of each of the services we offer to the population(s) we serve?

Step 4: Broadly Define Areas of Focus and Need

- Based on a review of the Quality practices currently in place, assess for strengths and opportunities for improvement based on:
 - Risk Analysis and Mitigation
 - Agency programs and practices that lead to exposure to risk
 - Procedures and processes designed to mitigate risk
 - Current practice and capabilities around use of data
 - Financial performance targets and objectives
 - Cost-Per-Unit/Revenue-Per-Unit for each service provided
 - Overall status against budget for all services provided
 - Determine type of performance measure to be implemented (i.e., process measure, client satisfaction, clinical benefit, etc.)
 - Clinical performance targets and objectives need to be clearly defined and operationalized for each of the proposed services. Typical high-profile measures include:
 - Time of access to care by service type
 - Volume of service delivery by service type
 - Hours for service delivery by service type
 - Performance measures by service type
 - Client satisfaction surveys

LEVEL TWO: Function of Quality Team

Step 5: Define Quality Team meeting structure, frequency and include the following tasks:

- Analysis of Performance Reports and Outlier Identification
- Determine which processes/practices within the agency will drive Quality process
- Determine the steps to be taken to make certain that key practices that positively impact outcomes are consistently deployed

Step 6: Define Quality Team Workplan

- Based on the areas of focus, processes and measures defined above, develop a workplan that includes targets, objectives, timelines, responsible staff, etc.

Step 7: Develop Quality Team Dashboard

- The dashboard will serve as a shared electronic reference document and will:
 - Ensure that Quality efforts are clearly defined, measurable and communicated to all involved staff
 - Assist with the prioritization and sequencing of targeted interventions
 - Help with implementation of workplan and monitoring of results via the performance reports
 - Guide the revision of practices based upon findings

Step 8: Link to Human Resources and Corporate Compliance

- Develop process for documenting and updating Policy and Procedure Manual based upon findings and recommendations.
- Perform internal audits and risk assessments.
- Ensure program compliance with applicable laws, rules and regulations.