

Health Center shall be the vanguard for quality, affordable and accessible healthcare for all.

Quality Program

I. Quality Plan: Quality Improvement Committee

Mission

The Quality Committee's aim is to evaluate medical care and services at Health Center by initiating and maintaining change in order to deliver the best possible care for our patients, while continuing to meet the needs of our patients and the community while adhering to the annual national standards.

Infrastructure

The *Quality Committee* will consist of multidisciplinary staff from (CHC) includes a representative from all departments. This includes but is not limited to: administrative staff, medical director, nursing director/supervisor, CNA, LPN, dental representative (dentist, dental hygienist), financial department, and personnel representative if applicable.

Responsibilities:

- The *Committee* is responsible for determining performance improvement (PI) priorities based on identified deficiencies as well as providing guidance for each workgroup assigned to PI projects.
- The Medical Director is responsible for the ultimate success and progress of the *Committee*.
- The QI coordinator (may be RN assigned to assist medical director) is responsible for scheduling, facilitating and recording minutes for the meetings.
- The *Committee* may include consumer input using current consumer feedback methods. (See organizational charts).
- The Medical Directors will be responsible for reporting *Committee* activities and progress to the Performance Improvement Committee at Health Center and to the board of directors.

The *Committee* will meet every other month to monitor workgroup projects and plan other quality initiatives. There should be 2-3 PI projects a year determined by the yearly work plan to be decided on by the *Committee*. The *Committee* will review this "Plan" document once a year and make needed changes or adjustments.

Performance Measurement/ Data Collection Mechanism

Data on mandatory clinical indicators and care services is collected in two main ways. (CHC should define their method of collecting data such as chart reviews, encounter forms and financial systems). Chart reviews are conducted for quality standards based on their

indicator standards. Other chart reviews or indicator extractions can be conducted as deemed necessary.

The quality of care standard is based on the mandatory clinical indicators and baseline data collected at the beginning of the project year. All mandatory clinical indicators are evaluated and a data baseline is established for each indicator. Goals for improvement are devised based on the baseline data and need for improvement in the individual indicator.

Workgroups will be formed to address specific PI projects. Workgroup participants can be recruited from all departments as well as *Committee* members. The *Committee* will choose the PI projects and assist in the evaluation of each project. The PDSA (Plan-Do-Study-Act) and Rapid PDSA models will be employed for these projects.

There should be at least 3 PI projects a year; 2 projects for the first official year (2006) of the *Quality Committee*. Further projects can be initiated depending on: A) emerging care, consumer needs, or staff issues and B) time and resources during the year.

The Workgroups will be responsible to reporting to the *Quality Committee* and to the larger staff of the community health center.

Evaluation

QI Project data on all performance measures will be reviewed annually when the QM Plan is reviewed and updated. The year's goals will be set based on past performance. Each QI Project team (work groups) will discuss with the Quality Committee the degree to which they met their goals and to discuss problems encountered and how solved. Other projects will be chosen based on need of organization and annual health care plan revisions. The health care plan, quality improvement plan and the UDS should relate to each other in terms of establishing areas in need of improvement.

Signatures

Medical Director

Date

Chief Executive Officer

Date