**Template: Quality Management**

**Roles and Responsibilities/Program Description**

The purpose of this document is to define the roles and responsibilities of the Management Team and its members, the Management Group and its members, the Quality Council and its designated staff, and all agency staff as they perform their assigned activities. The pictures on the following pages summarize these roles, and the detailed task analysis that follows provides specific information regarding responsibilities.

***Quality Management [As Defined by the National Committee for Quality Assurance (NCQA)]***

An integrative process that links knowledge, structures, processes and outcomes to enhance quality throughout an organization:

* *NCQA Standards for Quality Management and Improvement:* Program Structure:
* A written description of the QI program outlines the program structure and content.
* The QI program is accountable to the governing body.
* A designated physician has substantial involvement in the implementation of the QI program.
* A committee oversees and is involved in QI activities.
* The program description specifies the role, structure, and function of the QI committee and related committees.
* The annual QI work plan or schedule of activities includes objectives, scope and planned activities; planned monitoring and tracking of issues; and planned evaluation of the QI program.
* The QI program resources (e.g. personnel, analytic capacity, and data) are adequate to meet its needs.

***Key Processes of Quality Management***

## *Quality Assessment*: Promote and confirm consistency of performance and reduce variance. This includes policy and procedure adoption and compliance, adoption and monitoring of performance indicators, and assessment of program performance, service delivery quality and record keeping practices through analysis of indicators and periodic, systematic review of records and sentinel events.

## *Quality Improvement*: Promote meaningful changes in performance goals without increasing variance. This includes systematic review of performance indicators to identify opportunities for improvement, charging of work groups to develop improvement recommendations, action on recommendations, and measurement of the impact of recommendations as implemented.

**Quality Management is Everyone’s Job**

***Process View***

* Board of Health
* Management Team
* Management Group
* Quality Council/Standing Committees
* QI/ Business Process

Redesign Work Groups (as charged)

**plan**

* Division Directors
* Managers
* Program Staff
* Support Staff
* Subcontractors
* Management

Team

* Division Directors

**act**

**do**

**study**

* IT System and Decision Support Reports
* Quality Council and Designated Staff
* Division Directors
* Managers

Quality Management is Everyone’s Job

***Organizational View***

Board of Health

Director or Administrator

Health Officer

***Quality Assurance/Assessment***

Subcontractors

*Committees and Work Groups\**

Direct and Support Services

\*Cross Functional Representation assures representation across programs, with some managers/supervisors, some program staff and some support staff

*Quality Council*

*Chair: Health Officer*

*Staff: Assessment*

*Members: Cross Functional\**

*Management Team*

*(Division Directors)*

*Management Group*

*(Mgmt Team & Managers/Supervisors)*

Epidemiology, Parent-Child, Infectious Disease, Clinic

Environmental Health Services

Administrative Services

Community Health and Wellness

|  |  |
| --- | --- |
| **Focus** | Promote and confirm consistency of performance and reduce variance***.*** Assure knowledge of, and compliance with, performance requirements associated with RCW, WAC, Consolidated Contract, Medicaid, other funding sources as well as local law, regulations and policies.  |
| **Overall QM Activities** | * Maintain current policy and procedures manuals.
* Identify need for and draft new or revised policies and procedures.
* Provide new employee orientation to policies and procedures on a regular quarterly schedule.
* Establish program unit goals and performance indicators (see template).
* Assure subcontracts include policy requirements, goals and indicators.
* Establish a process for program unit record review to assure compliance with policies and procedures.
* Review compliance through:
* Program evaluation (planned)
* Subcontract monitoring (planned)
* Internal record review (surveillance)
* Sentinel event review (surveillance)
* Performance indicators (surveillance)
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| **Quality Council Tasks** | * Establish program goals and performance indicators for each program unit (see template).
* Review regular performance indicator reports (quarterly?).
* Identify potential issues and develop secondary data analysis to determine if further review is warranted.
* Review summary of sentinel event (e.g., outbreaks) evaluations and recommend changes in program, process or policy.
* Review summary of program record reviews and recommend changes in program, process or policy.
* Review program evaluations (internal programs, subcontracts) and recommend changes in program, process or policy.
* Prepare an annual report to the BOH via the management team that summarizes health assessment/disease surveillance findings and organizational performance indicators and recommends changes in programs, processes or policies.
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| **QC Staff Tasks** | * Review and analyze performance indicator reports. Provide secondary data gathering and analysis as needed.
* Design tools for sample record reviews for policy and procedure compliance and provide technical assistance to program units.
* Design tools for program evaluation and subcontractor monitoring and collaborate with program staff to complete.
* Prepare an annual summary of all special incidents and claims, analyze for patterns and indications of change needed in structures, processes, or policies.
* Draft the annual BOH report.
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| **Division Director/****Program Manager Tasks** | * Track changes in DOH/grant environment that require changes in policies and procedures.
* Track internal implementations (e.g., redesigns) to identify changes needed in policies and procedures.
* Draft policies and procedures as required in collaboration with key individuals.
* Assure policies and procedures are reviewed with all new employees within XX working days of start date.
* Assure new or revised policies and procedures are reviewed with all employees.
* Assure compliance with policies and procedures.
* Review and forward employee suggestions for policies and procedures.
* Organize regular review of records and summary report
* Organize sentinel event reviews.
* Assure clinical providers meet basic certification and licensure requirements.
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| **Management Team Tasks** | * Review and adopt all policies and procedures.
* Assure overall compliance with policies and procedures.
* Receive and act on periodic reports from the QC regarding changes in programs, processes, and policies.
* Review and adopt the annual report to the BOH, provide briefing to BOH on findings and recommendations.
* Incorporate findings into annual budget prioritization process.
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***Quality Improvement***

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| **Focus** | Promote meaningful changes in performance goals without increasing variance. Identify opportunities for improvement of programs and processes. Charge, oversee and evaluate QI/business process work groups. Act on work group recommendations. |
| **Overall QM Activities** | * Adopt annual QI work plan and revisions to the program description and/or work plan that are developed based on annual evaluation.
* Receive reports and recommendations of committees/work groups.
* Assure cross-departmental context for changes in program, process, policy changes.
* Utilize findings from Quality Assessment work to identify opportunities for new QI/business process redesign.
* Assure all change recommendations have an implementation plan that includes staff training requirements, information technology requirements and measurement plan.
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| **Quality Council Tasks** | * Develop annual QI work plan, annually evaluate accomplishments and propose revisions to the program description and/or work plan.
* Charge and oversee standing committees and process-specific QI work groups, including business process redesign groups.
* Work with committee chairs and management team on accomplishment of the QI work plan and annual evaluation.
* Review reports from QI work groups, recommend actions to management team.
* Review and recommend adoption of work group implementation plans.
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| **QC Staff Tasks** | * Assure action recommendations are documented in QC minutes.
* Work with committee chairs to develop committee work plans, and assure that committee minutes and reports are regularly provided to QC.
* Provide templates for committee/work group work plans, minutes and reports.
* Provide data analysis and other staff support as requested by committees/QI work groups.
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| **Division Director/****Program Manager Tasks** | * Participate in QC, committees and work groups as requested.
* Provide information as requested to committees and teams
* Assure implementation of QI initiatives.
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| **Management Team Tasks** | * Initiate problem solving processes and/or QI work groups as recommended by QC
* Recommend priorities to QC regarding new QI initiatives
* Make final decisions regarding changes recommended through QC, establish implementation plan, and oversee implementation
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**Draft Template: Annual QC Work plan/Committee and Staff Assignments**

**Goal 1: Establish structures and processes that integrate accountability and improvement initiatives**

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| **Objectives** | **Which Group** | **Who is Lead** | **By When** |
| Establish Quality Council (QC) with clear charge | Management Team | Health Officer |  |
| Adopt annual QC work plan | QC | Designated QI Staff |  |
| Review all existing committees, determine which would continue, and of those, which continue with a charge and reporting relationship to the QC | QC | Designated QI Staff |  |
| Develop clear charge for all QC standing committees | Committees | Committee Chairs |  |
| Develop work plan for all QC standing committees | Committees | Committee Chairs |  |
| Develop policies and procedures governing the formation of QI/business process work groups | QC |  |  |
| Establish list of business processes to be improved, prioritize order, create timetable (assume 2/year) | QC |  |  |
| Receive reports of committees, business process work groups and recommend action to management team | QC | Health Officer |  |
| Review and approve implementation plans for recommended changes prior to action, assure that each plan includes a measurement component | QC |  |  |
| Develop annual report to BOH | QC |  |  |
| Evaluate annual QI activities, work plan and recommend changes  | QC |  |  |

**Goal 2: Assure compliance with all performance requirements, policies and procedures.**

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| **Objectives** | **Which Group** | **Who is Lead** | **By When** |
| Develop documentation standards and a documentation manual for clinical delivery of services, to assure both clinical quality and compliance with payor requirements. | QC |  |  |
| Adopt tools and timetable for record reviews, tools for sentinel event reviews | QC | Designated QI Staff |  |
| Adopt program evaluation tools | QC | Designated QI Staff |  |
| Establish list of programs to be reviewed, prioritize order, create timetable (assume 2/year) |  |  |  |
| Initiate program evaluations |  |  |  |
| Review and act on reports of record reviews, sentinel events |  |  |  |
| Review and act on program evaluation reports |  |  |  |

Goal 3: Establish and use performance indicator data to improve quality of services

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| **Objectives** | **Which Group** | **Who is Lead** | **By When** |
| Establish program goals and performance indicators for each program unit  | QC | Designated QI Staff |  |
| Work with information technology team to assure data fields exist and design regular decision support reports | QC | Designated QI Staff |  |
| Adopt standard consumer survey tool for use throughout the agency | QC | Designated QI Staff |  |
| Conduct regular consumer satisfaction surveying; analyze and report findings  |  |  |  |
| Review performance indicator reports and recommend next steps to management team | QC |  |  |