DC | HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

QM PLAN OUTLINE:

Contents

Vision, Mission, and Quality Statement
1. "What do we want to be for our patients and our community?"
   a. Short, visionary statement about overall goals of the program
2. How is it relevant to PCN 15-02 and our CQM Program?
   a. Three – five sentences about objectives supporting this goal considering:
      i. improving patient care processes, health outcomes, and patient satisfaction/engagement.

Quality Infrastructure
1. Leadership: Identifies who is responsible for the quality management initiatives.
   a. Spell out roles and responsibilities
   b. How are leaders deploying the strategic vision on your CQM program?
2. Quality committee(s) structure:
   a. Documents who serves on the quality committee,
   b. who chairs the committee,
   c. who coordinates the QM activities?
   d. How frequently do you meet?
   e. What does a typical agenda look like?
   f. How is data analyzed
3. Roles and Responsibilities:
   a. Defines all key persons, organizations, and major stakeholders and clarifies their expectations for the quality management program.
   b. Who are the stakeholders, and customers (internal & external) of your CQM program?
4. Resources:
   a. Identifies the resources for the QM program. Think of all the inputs that go into your quality activities, projects, and processes
      i. Staff time
      ii. Measurement/Data
      iii. Coaching resources
      iv. Collaborative learning from peers
      v. Other

Performance Measurement
1. Identifies and quantifies the critical aspects of care and services provided in the organization; and is aligned with current PCN 15-02 guidance on measure selection and utilization by part.
2. Identifies indicators to determine the progress of the QM Program
3. Indicates who will collect, and analyze data and the associated processes, policies, and procedures.
4. Indicates who is accountable for collecting, analyzing, and reviewing performance data results and for articulation of findings
5. Includes strategies on how to report and disseminate results and findings; communicate information about quality improvement activities
6. Includes information on stratification of measures to focus on vulnerable populations and create health equity

7. Processes in place to use data to develop new QI activities to address identified gaps
8. May include drill down of data or a measurement tree showing metrics at process and subprocess level.

Annual Quality Goals

1. Quality goals are endpoints or conditions toward which quality program will direct its efforts and resources
2. Selects only a few measurable and realistic goals annually which will be the focus on projects or sustainability activities.
3. Includes previous performance and benchmarks

QI Activities

1. Brief narrative of:
   a. Defined Approach to QI
      i. Methodologies used
      ii. Tools used
   b. QI Projects
      i. What is the problem we're trying to solve?
      ii. What is the root cause (include tool documentation if desired/available)?
      iii. What changes have we tried or are planned?

Participation of Stakeholders

1. Lists internal and external stakeholders and specify their engagements in the CQM program
2. Provides opportunities for learning about quality for staff
3. Includes community representatives, as appropriate
4. Specifies how feedback is gathered from key stakeholders

Evaluation

1. Evaluates the effectiveness of the CQM and QI infrastructure to decide whether to improve how quality improvement work gets done
2. Evaluates QI activities to determine whether the annual quality goals for quality improvement activities are met
   a. Achieved goals in the aim statement
   b. Made progress on strategic plans
   c. Increase in QI infrastructure
   d. Team learned new application of QI tools and techniques
   e. Team and committee actively engaged
   f. Broad awareness of project outcomes organization wide
   g. Project heard the voice of the consumer
   h. Projects completed in a timely fashion
   i. Projects are sustainable
   j. Lessons learned can be applied to other efforts
3. Reviews performance measures to document whether the measures are appropriate to assess the clinical and non-clinical HIV care

    a.   Was the appropriate goal set?
    b.   Was the correct performance measure used?
    c.   Were the results tracked for discrete PDSA cycles?
    d.   Were improvements shown over time?
    e.   Were the interventions effective?

Capacity Building

1. QI capacity building of providers and spread of QI performance measurement systems and QI activities.
2. Identifies methods for QI training opportunities
3. Provision of technical assistance on QI and support for QI activities
4. Indicates how data are being fed back to providers and key stakeholders

Process to update QM Plan

1. Identifies routine schedule to at least annually update QM Plan
2. Specifies accountability – indicates who will initiate process to update/revise plan.

Communication

1. Outlines process to share information with all stakeholders at appropriate intervals
    a.   Identifies format for communication
        i.   Where is the plan stored?
        ii.   Are all relevant staff aware of the plan, goals, and work plan?
    b.   Identifies communication intervals
2. Celebration
    a.   How do you recognize and reward those show contribute to achieving quality goals?

Formatting:

1. Clear and easy to follow layout and organization of content
2. Clear dating of document, including date of 'expiration'; page numbers

Plan Approval:

1. Indicates a sign-off process to finalize plan; potentially include internal/external stakeholders; include signatures of key stakeholders such as:
    a.   Senior leadership,
    b.   CQM Committee Chair
    c.   CAB chair
    d.   Board chair
    e.   Other key stakeholders

Work-plan

1. Specifies timelines accountability and progress towards accomplishment of everything contained within the plan.

2. Include at minimum:
    a. QM Activity – what is it you're working on?
    b. Current Status – To-do, ready to start, working, waiting, review, done
    c. Associated Annual Goal – How are you measuring your activities, what goals are they tied to?
    d. Progress to date – any benchmarks or lessons learned from prior periods?
    e. CQM Program Domain – such as: Communication, evaluation, infrastructure, improvement projects, community learning etc.
    f. Project Lead – Who is responsible and accountable for completion
    g. Kickoff date – when started
    h. Due date – anticipated delivery
    i. Notes – Brief project overview, specification on tasks, or lists of questions for discussion