

CHAPTER 3

Health Care Services Quality Management System

I. INTRODUCTION

The Health Care Services Quality Management Committee (HCSQMC) is established to coordinate quality management activities statewide. Health Care Services Division (HCSD) has adopted the Find, Organize, Clarify, Understand, Select, Plan, Do, Check, Act (FOCUS-PDCA) model for process improvement (Attachment D).

Quality Management System Development: Developing a system for managing the quality of health care services includes forming Quality Management Committees (QMC) and Quality Improvement Teams (QIT) at each institution. Empowering these committees and teams will allow them to:

- identify opportunities for quality improvement
- select measurable process, outcome and performance indicators
- specify methods for collecting and analyzing relevant data
- apply this information using the FOCUS-PDCA model for improvement of health care services (Attachment D)

Health Care Services Quality Management System: The purpose is to continuously improve the access to care, quality of care and continuity of care provided to patients within the Department's adopted medical, dental, mental health, and public health scope of services. This HCSQMS provides the basic elements necessary for the implementation of a quality management process:

- multidisciplinary team commitment, education, and training
- a mechanism for identifying opportunities to improve processes, clinical outcomes, and individual performance
- a process for data collection and analysis
- a model for implementing changes for improvement of processes and outcomes
- technical support and assistance

Quality Management System Structure:

- The HCSQMC (composed of both headquarters and field staff; see Section II-A) functions at the HCSD headquarters level.
- The QMCs are at the institutional level (see Section II-B).
- The QITs may function at both levels (see Section II-C).

While the system-wide HCSQMS allows for considerable flexibility in its implementation, it is essential that each institution establish a QMC and QIT(s) to focus on those processes, outcomes or performance, that provide "opportunities for improvement" related to their institutional priorities. Each institution may have a separate Mental Health Quality Management subcommittee that must be integrated with the QMC. Additionally, there must be a mechanism to direct quality of care issues to the QMC and any concerns related to individual performance to the appropriate person or committee – i.e., the Health Care Manager, Medical Executive Committee or the Local Governing Body.

II. HEALTH CARE SERVICES QUALITY MANAGEMENT SYSTEM

Authority: The Deputy Director of the HCSO, CDC, has authorized the development and implementation of the HCSQMS.

Purpose: Provide a structure for an objective, systematic process to monitor and evaluate services and resources; to identify opportunities to improve health care services and clinical outcomes; and to promote and maintain the access, quality and continuity of health care delivered.

Goals and Objectives: Create a systematic evaluation of the quality of patient health care; facilitate adherence to established standards of care outlined within the approved scope of services; provide a structure within which the data collected can be analyzed, conclusions drawn, and recommendations made for improvement of services; see that actions are taken to improve or correct identified concerns in the delivery of health care services; provide follow-up plans such that the corrective actions were effective in addressing the identified concerns; and provide a mechanism for the regular reporting of findings and results to the HCSQMC.

Measurement is essential to quality management and depends on continuous and reliable data collection, consistent definitions, uniform data gathering methods, and data analysis using appropriate statistical procedures. Finally, and most important, quality management systems have to establish mechanisms for modifying and redesigning processes targeted for improvement.

A. Health Care Services Quality Management Committee

1. The Chief, Medical/Dental Services, the Chief, Mental Health Services, and the Chief, Quality Programs (QP), shall recommend membership for the HCSQMC. The Chief, Medical/Dental Services and the Chief, Mental Health Services shall serve as Co-Chairpersons. The Chief, QP, shall serve as consultant to the Committee and will assist in facilitating the activities of the Committee. The Committee is responsible for coordinating the system-wide implementation of the HCSQMS, monitoring and evaluating the quality management activities throughout the State, chartering QIT(s) for improvement of system-wide issues and for any revisions to the HCSQMS.
2. The Committee shall consist of institutional and headquarters staff. All health care staff disciplines, if possible, shall be represented. Members will be appointed for a one year term and will serve at the discretion of the Chief, Medical/Dental Services and the Chief, Mental Health Services. Since the Health Care Manager is responsible for the quality management activities at his/her institution and reports directly to the Regional Administrator, it is imperative that the Regional Administrators are members of this Committee. A Quality Management Assessment Team (QMAT) physician and nurse will also be members of the HCSQMC.
3. The Assistant Deputy Directors shall designate sufficient staff to support the work of the Committee.
4. The Committee shall meet at least quarterly (may meet more frequently if needed).
5. The responsibilities of the Committee shall include:
 - a) To increase awareness of HCSO's Mission Statement, Vision Statement, Core Values, Operational Values and Philosophy;

- b) To set expectations for implementing and improving the access, quality and continuity of health care services;
- c) To define training requirements for quality management activities and to provide training on the HCSQMS plan to health care staff;
- d) To provide quality management consultation to the QMCs and QITs;
- e) To identify and prioritize Statewide goals and QIT projects;
- f) To coordinate the collection and synthesis of data that address system-wide quality management issues;
- g) To communicate and provide feedback to the QMCs and QITs;
- h) To sponsor meetings to promote quality management activities, examine progress and to learn innovative ways to further improve the access and quality health care services delivered within CDC;
- i) To design and implement outcome evaluation studies and participate with teams to determine needs and resources; and
- j) To evaluate the effectiveness of the HCSQMS.

B. Quality Management Committee

1. Each institution shall establish a Quality Management Committee (QMC) whose main function is to coordinate and facilitate the performance of quality management activities at their institution. In the CTCs, the Patient Care Policy Committee has been given this responsibility. The Health Care Managers (HCM) shall see that the QMC is multi-disciplinary.
2. The QMC shall implement the HCSQMS, and the HCM will appoint a Quality Improvement Coordinator; where applicable, the Standards Compliance Coordinator (SCC) may serve as the Quality Improvement Coordinator.
3. The QMC shall be responsible for monitoring, assessing, and improving the quality of services within the institution. It should be noted, however, the HCSQMS, like all health care programs within the institution, is the responsibility ultimately of the HCM.
4. The QMC shall make recommendations to the HCSQMC for system-wide changes and opportunities for improvement identifying space and resource requirements.
5. The QMC shall meet at least monthly.
6. Minutes of QMC meetings must be kept, should be concise, well written, informative and reflect findings and strategies for improvement (see Attachment A).
7. The recommended membership of the QMC is as follows (as available per individual institution health care staffing), but is not limited to only these staff members:
 - Health Care Manager/Chief Medical Officer
 - Chief Dentist
 - Correctional Health Services Administrator
 - Health Program Coordinator
 - Utilization Management Nurse
 - Standards Compliance Coordinator
 - Nurse Instructor
 - Infection Control / Public Health Nurse
 - Licensed Clinical Social Worker
 - Radiology Technician
 - Chief Mental Health Services

- Pharmacist-In-Charge
 - Supervising Registered Nurse
 - Health Records Technician
 - Custody Representative
 - Senior MTA
 - Inmate Appeals Coordinator
 - Clinical Dietician
 - Laboratory Technician
8. To accomplish its functions, the QMC shall:
- a) Assess effectiveness and make recommendations regarding orientation, in-service training, and education of staff;
 - b) Develop a process to assess the adequacy of health care services and delivery consistent with the mission, vision, values, and goals of the HCSD;
 - c) Develop a standardized agenda to include monitoring the performance of medical/dental services through the review of minutes of the following committees: Pharmacy and Therapeutics (or Pharmacy Services), Infection Control, Health and Safety, Radiation Control, Laboratory Services, Death Reviews, Suicide Prevention, Utilization Review, and Quality Review. Additionally, the QMC should review incident and sentinel event reports, public health matters and risk management issues. Patient satisfaction can be monitored through verbal and/or written complaints, inmate appeals and through random interviewing of patients. In addition, the QMC should review the results of the monitoring and evaluation studies (refer to Attachment A).
 - d) Identify and prioritize “opportunities to improvement” to include high volume, high risk and problem prone areas;
 - e) Charter QITs and review progress reports from QITs (see Attachment B);
 - f) The QMCs shall submit a quarterly report of their quality improvement activities to the HCSQMC. The minutes must be sent or faxed to Chief Medical Officer, Quality Programs, HCSD, Attention: HCSQMC, within two weeks following the end of each quarter
 - g) Establish a monitoring and evaluation process to review at least two indicators each quarter. This should include process, outcome, and performance indicators that have a significant impact on patient care. (See Section III on Monitoring and Evaluation); and
 - h) Provide data, as requested, to the HCSQMC.

C. Quality Improvement Team

1. Multidisciplinary Quality Improvement Teams (QITs) will be chartered to clarify the processes, collect and analyze data, and provide recommendations for improvement on specific tasks identified by QMCs.
2. The QIT(s), using the FOCUS-PDCA process model, shall:
 - a) Clarify existing knowledge of the process, to uncover and understand the root causes of process variation;
 - b) Formulate specific measurable indicators and establish a method to obtain valid and reliable data on process, outcome and performance;
 - c) Analyze data to clarify the process to be improved;

- d) Develop a data based plan of improvement consistent with the approved Medical Scope of Services, Mental Health Services Delivery System Program Guides, and Infectious Disease / Public Health guidelines;
 - e) Recommend a plan for improvement to the QMC;
 - f) After approval from the QMC, monitor implementation and collect data to evaluate the plan's effectiveness;
 - g) If plan was successful, perform the training to implement any new policies and procedures; and
 - h) Reevaluate the plan periodically (e.g., annually).
3. Each QIT will evaluate process, clinical outcome and/or performance indicators. These indicators may vary by program and differ from institution to institution. The QITs will use them to help identify specific opportunities for improvement and in modifying processes.
 4. Each QIT shall meet as often as necessary and submit minutes of its meetings to the QMC (Attachment C).

D. Summary of QIT Functions and Organization:

- When the need of an opportunity for improvement is identified which affects one or more departments, services, and/or disciplines, a team should be chartered to clarify the problem, to recommend the steps needed for improvement, pilot test the improved process, resolve any identified problems, perform the training and implement the changes.
- A QIT includes at least one representative from each department, service or discipline that is part of the process identified for improvement. Particular team members are identified to carry out the roles of the team leader, team facilitator, and team recorder. The QMC may suggest the team leader and the disciplines that should be represented. Generally, a QIT is made up of five to nine participants.
- A team leader is a person considered knowledgeable in the process identified as needing improvement. The team leader conducts the team meetings and assigns team member responsibilities. The team leader is the liaison between the QIT and the QMC.
- The team facilitator is someone considered knowledgeable in the QM process. The facilitator keeps the team on track, sees that deadlines are met, and provides training for the team.
- The team recorder is the team secretary. This person sends out notices for meetings, compiles and distributes minutes, keeps attendance for each meeting, keeps track of all data collected, and maintains the documentation assembled by the team.
- Team members have the responsibility of being active participants in the QIT meetings, including performing research and data collection as assigned, and providing input as to recommendations for process improvement and resolution of identified problems with the process. Team meetings must be a priority for all members.

III. MONITORING AND EVALUATION ACTIVITIES

The QM program provides an objective and systematic process for the monitoring and evaluation of the access to care, continuity of care and quality of health care (medical, dental,

mental health and public health). Through the QM process these services are continuously improved in an effective, timely and efficient manner.

Integral to QM is the development of indicators or measures that identify problems or opportunities for improvement through routine data gathering. This process assists the institution in evaluating how close they are to achieving desired outcomes. (Licensing, State and CDC standards as well as existing policies and procedures may provide such indicators.) Measurements of processes and functions will take place continuously, based on high volume, high risk areas and those considered to be problem prone. **A yearly calendar of monitoring and evaluation activities shall be developed and submitted to the HCSQMC for approval.** (See the recommended yearly calendar in the Attachments section.)

The QMC's functions include, but are not limited to, reviewing and monitoring these important aspects of care and clinical indicators for medical, dental, mental health and public health. The committee reviews the above findings to detect trends and/or patterns or opportunities for improvement.

Examples of important aspects of care that can be monitored and evaluated include:

- Bus screening (high volume, problem prone, high risk)
- Initial health assessments (high volume, high risk)
- Sick call (high volume, problem prone)
- Medication administration (high volume, problem prone, high risk)
- Medication continuity (high volume, problem prone, high risk)
- Assessment and follow-up of emergency psychiatric admissions (high volume, high risk, problem prone)
- Assessments and follow-up of suicidal potential (high volume, high risk, problem prone)
- Use of restraint and seclusion (problem prone)
- Use of psychotropic medications (high volume, high risk, problem prone)
- Unit Health Record (UHR) documentation (high volume, problem prone, high risk)
- Chronic Care Program (high volume, problem prone)
- Development of treatment plans (high volume, problem prone)
- Development of discharge and follow-up plans (high volume)
- Emergency care (high risk, problem prone)
- Management of violent incidents (high risk, problem prone)
- Assessment and follow-up of heat plan (high risk, problem prone)
- Mental Health Crisis Bed, Enhanced Outpatient Program, Correctional Clinical Case Management System screening and evaluation (high volume, high risk, problem prone)

Methodology: Data is collected routinely. Frequency of data collection depends upon the significance of the monitored event or service, and the degree to which it poses a significant risk to patient outcome. When a health care service is shown to be relatively problem-free, the frequency of data collection may be reduced. (Examples of monitor tools are included in Section B for Dental Services and in the Attachments.)

If a problem or an opportunity for improvement is identified, the QMC may recommend and/or authorize corrective action. Corrective action can involve recommending a change to

an existing administrative policy and procedure, providing education and training to staff and providers, the chartering of a QIT, etc.

IV. IMPORTANT ASPECTS OF CARE: PERFORMANCE INDICATORS

The QMC is not limited to the suggested important aspects of care outlined in Sections III above and IV A - D. Through the review of staff meeting reports, incident reports, patient appeals, monitoring and evaluation studies, etc., a priority list of opportunities for improvement shall be developed, including pertinent indicators and charters for QITs.

In addition, the HCSQMC may request the QMC to collect and provide data regarding indicators that impact specific aspects of health care services throughout the State. The HCSQMC may provide the QMC with critical success indicators and outcome measures for monitoring quality assessment and improvement opportunities.

A. Medical Services

The Medical Scope of Services for Inmates (MSI) delineates the Medical Services provided within the CDC. Within this MSI are several important aspects of medical care. The QMCs should consider, but are not limited to, the following important aspects of care in developing their indicators:

- Sentinel events (e.g., suicide, death during surgery, extreme overdose of medication)
- Adverse reactions to medications
- Compliance with chronic care guidelines
- Compliance with acute care guidelines
- Medication compliance
- Routine sick call
- Completion and follow-up of bus screenings
- Medical transfers to outside facilities
- Appropriate medical equipment and supplies
- Compliance with nutritional requirements
- Follow-up with diagnostic tests
- Monitoring trends and patterns from the patients' perspective regarding delivery of healthcare

A clinical indicator is a tool used to measure, over time, the performance of functions, processes and outcomes of an organization. An indicator is a measure that can be used to monitor services. Indicators may vary by program and differ from institution to institution. Examples of clinical indicators, are as follows:

- All patients shall be screened within 24 hours of arrival for acute and chronic medical, dental, public health, or mental health problems or conditions, and for pregnancy in women's institutions.
- All newly ordered drugs shall be made available to the patient on the same day unless the drug would not normally be started until the next day.
- All patients in Reception and Receiving shall be requested by a RN, LVN/MTA to respond to standardized questions on the Bus Screen.
- All patients with chronic health care needs shall be referred to an appropriate health care provider within twenty-four (24) hours after identification from the Bus Screen.

- Written requests for health care services shall be triaged for urgency by a RN or physician within 24 hours of completion of Health Care Services Request Form 7362 by the patient.

In addition to the HCSQMC overseeing the statewide quality management system, it has the responsibility and authority to charter multidisciplinary QITs to work on specific tasks concerning multiple institutions. The HCSQMC can request the institutions to collect and provide data on indicators that impact specific aspects of medical services delivery throughout the State system. The HCSQMC may establish critical success indicators and outcome measures for Health Care Services.

B. Dental Services

The following indicators are examples only that may be used as guidelines to facilitate the development of indicators more appropriate, or specific, to each individual institution.

ASPECT OF CARE	MEASURABLE INDICATOR
	<u>Access to Care</u>
Patient Generated Request	a. Are requests for Health Care Services (CDC Form 7372) received in the Dental Clinic in a timely manner? b. Are patients scheduled for sick call evaluation in a timely manner?
	<u>Basic Services</u>
Acute Care	a. Are patients being seen in a reasonable time frame consistent with the definition of acute care? b. Is appropriate follow-up exam and/or treatment being provided? (eg, definitive restoration or post-op check?)
Routine Care	a. Are patients being seen in a reasonable time frame consistent with the definition of routine care? b. Are dated entries documenting treatment being entered into the UHR?
Emergency Services	a. Are patients being seen in a reasonable time frame consistent with the definition of emergency care, and consistent with the severity of the presenting problem? b. Is there a dated entry documenting the chief complaint, findings, diagnosis, and treatment rendered, in the UHR?
Referred Care	a. Are referrals processed in a timely manner? b. Is post-referral follow-up being completed?
	<u>Administrative Health / Safety</u>
Infection Control	a. Are universal precautions being followed in the Dental Clinic? b. Are sterilizers being monitored appropriately?
Radiation Safety	a. Have all dental personnel passed their Radiation Safety examination? b. Are all x-ray units checked regularly for proper colonization and emissions? c. Are patients being shielded with lead aprons when appropriate?
Hazardous Material	a. Are all MSDS available in the clinic for review by personnel? b. Are hazardous material stored properly in the Dental Clinic?
Supplies / Equipment	a. Does all equipment in use in the Dental Clinic meet the safety standards set by State agencies? b. Are all perishable supplies (drugs, injectables, etc.) current, and not expired?
	<u>Continuity of Care</u>
Transportation	a. Are patients generally arriving at their appointed dental facility within a reasonable amount of time of their ducat? b. Does the UHR follow the patient to the facility to which he or she is being transported?

ASPECT OF CARE	MEASURABLE INDICATOR
Patient Compliance	a. Is it being documented in the UHR that patients are given verbal and printed post-op instructions?
<u>High Risk Care</u>	
Pregnancy	a. Is a current health history questionnaire in the dental section of the UHR and dated as being reviewed by the dentist? b. Are proper precautions exercised in delivery of dental care to the pregnant patient?
Coagulopathy	a. Is a current health history questionnaire in the dental section of the UHR and dated as being reviewed by the dentist? b. Are proper precautions being exercised in delivery of dental care to the patient with a coagulopathy? c. Are recent lab values documented in the UHR that relate to the coagulopathy?
Infectious Endocarditis	a. Is a current health history questionnaire in the dental section of the UHR, and dated as being reviewed by the dentist? b. Are proper precautions being exercised in delivery of dental care to the patient with history of, or potential to develop infectious endocarditis? c. Is the prophylactic antibiotic regimen documented and consistent with current recommendations of the American Heart Association?
Multiple Drug Allergy	a. Is a current health history questionnaire in the dental section of the UHR and dated as being reviewed by the dentist? b. Are proper precautions being exercised in delivery of dental care to the patient with multiple drug allergies? c. Are medical or pharmacological consultations being obtained when indicated?
<u>Problem Prone</u>	
Temporo-Mandibular Dysfunction	a. Is there a well documented history in the UHR regarding the present problem? b. Has conservative, non-invasive treatment protocol been recommended?
Chronic Pain	a. Is there a well documented history in the UHR regarding the present problem? b. Has conservative, non-invasive treatment protocol been recommended? c. Has a thorough clinical and radiographic exam been documented?
Impacted Teeth	a. Have radiographs of diagnostic quality been obtained? b. Has it been documented that the impacted teeth are symptomatic or not?
Fractures	a. Have radiographs of diagnostic quality been obtained? b. Has the patient been referred to an appropriate health care provider for treatment in a timely manner?

C. Mental Health

The Mental Health Services Delivery System Program Guide outlines the HCSD scope of mental health services. Within this scope of services are several important aspects of mental health care. Each institution may develop indicators from these aspects of care that deal with specific problems, concerns, processes or outcomes that may require improvement. The institution's QMC should consider the following important aspects of care in developing their outcome indicators:

- Deaths, to include suicides
- Suicide attempts
- Adverse reactions to medications
- Mental health admissions to Crisis Beds
- Mechanical restraint use
- Involuntary medication use / medication refusal
- Heat medication related incidents
- Completion of bus screenings
- Follow-up evaluation on those identified as negative in the bus screening process verified by chart review and six month history by institution
- Compliance with psychotropic medication guidelines

D. Public Health

Within the MSI are important aspects of public health. Other regulatory agencies (California Code of Regulations, Title 8, 15, 17, and 22) also contain public health guidelines. Each institution may develop indicators from its important aspects of care that deal with specific problems, concerns, or processes that they feel need improvement. The QMC's should consider, but are not limited to, the following important aspects of care in developing their indicators:

- Nosocomial infections (surveillance is carried out focusing on all, but especially high risk, patients)
- Tuberculosis
- Human Immunodeficiency Virus
- Additional communicable diseases (e.g., hepatitis, sexually transmitted diseases)
- Investigation, Control and Prevention program
- Universal precautions / isolation precautions / aseptic techniques / exposure control program
- Environmental sanitation techniques/infectious waste
- Community acquired infections (nosocomial)

Examples of Clinical Indicators are as follows:

- The Mantoux test shall be administered within 24 hours of arrival (unless the patient has been tested in the past 30 days) and the result read within 48-72 hours.
- Monthly report from Infection Control nurse reporting statistics of the number, types, sources and locations of infections within the facility.
- Documentation of follow-up on all confirmed TB cases.
- Documentation that the results of all reactive Mantoux tuberculin skin tests are recorded in millimeters of induration.
- Chest x-rays results of all PPD positive tested patients.
- Each patient who has or is being evaluated for chronic viral hepatitis shall be enrolled in the Chronic Care Program and followed by a physician at least every 90 days.
- Environmental surveillance audits are completed through visual inspection and rounds, which should include: needle disposal box readily available and less than 2/3 full; proper hand washing and gloves utilized appropriately; personnel trained in infection control and worker safety issues; temperature in medication refrigerator checked daily.

V. CLINICAL QUALITY REVIEW

Policy. All health care providers (physicians, dentists, physician assistants, psychologists, nurse practitioners, registered nurses, medical technical assistants, licensed clinical social workers, psychiatric assistants, etc.) must have a review, at regular intervals, on the quality of their clinical practice and professional ethics. The primary basis for the review is the UHR. Clinical quality reviews are conducted by licentiates in the same license categories, whenever possible. Examples of quality review tools for Medical / Dental and Mental Health are enclosed in the Attachments. **If you do not already have a Clinical Quality Review mechanism in place, you must immediately establish this function.**

Purpose. Licensed health care staff shall achieve and maintain job performance consistent with standards of professional care and ethical practices through the review of the quality of services provided. Unlike the Quality Assessment process that can be performed by non-clinical staff, the Clinical Quality Review requires a degree of clinical and professional judgment on the part of the reviewer. The emphasis is on the quality of care provided based upon the adopted scope of services, approved clinical protocols and relevant standards of practice. The UHR is the instrument used for this review. Any quality of care issues or concerns must be referred to the QMC along with recommended corrective action plan(s). Concerns about individual providers shall be referred to the HCM or the Governing Body.

Procedures. Clinical Quality Reviews must be done periodically (i.e., daily, weekly, monthly) in each of the services to include all medical, mental health and nursing disciplines.

Types of Reviews: There are two types of Clinical Quality Reviews:

1. Random reviews at each institution for purposes of quality management that includes risk prevention.
2. Focused reviews, when requested, will review the quality of professional care and ethical practices within a specific program, discipline or of an individual provider.

THE MONITORING AND EVALUATION PROCESS

FOCUS*PDCA MODEL

Find an opportunity for improvement

Organize a team

Clarify current knowledge of the process

Understand process variation

Select the process improvement

Plan the process improvement

Do the (pilot) process improvement

Check the process improvement

Act to implement the process improvement

Monitor Tools

A yearly calendar of monitoring and evaluation activities shall be developed and submitted to the HCSQMC for approval. The primary focus of monitoring and evaluation is the areas of access to care, quality and appropriateness of care provided, and continuity or follow-up of care. The recommended schedule for general medical care is:

January:	Bus Screen
February:	Health Care Services Request
March:	Chronic Care Program (SD)
April:	Chronic Care Program (GM)
May:	Sick Call
June:	Chronic Care Program (HIV)
July:	Chronic Care Program (DM)
August:	Specialty Clinic
September:	Emergency Response
October:	Chronic Care Program (CV)
November:	Chronic Care Program (PD)
December:	Chronic Care Program (TB)

Mental Health and Dental Services shall also conduct on-going monitoring and evaluation. Each service shall prepare a yearly calendar and submit to the QMC for approval.

Clinical Indicators/Monitoring Tools shall be maintained and updated, as necessary, by Quality Management Assessment Team, HCSD, and distributed to the institutions.

QUALITY MANAGEMENT COMMITTEE MINUTES
(PATIENT CARE POLICY COMMITTEE)

(No Patient names shall be included in the committee minutes)

DATE:

MEETING CONVENED:

MEETING ADJOURNED:

MEMBERS PRESENT:

MEMBERS ABSENT:

OLD BUSINESS:

COMMITTEE REPORTS: (Reports from Quality Improvement Teams; Pharmacy and Therapeutics Committee; Infection Control Committee; Utilization Review Committee; Death Review Committee; Radiology Department Report; Laboratory Report; Staff Meetings; Quality Reviews; Review of employee and patient accident and incident reports; and Review of patient grievances/602's, etc.)

PHARMACY AND THERAPEUTICS / PHARMACY SERVICES COMMITTEE:

INFECTION CONTROL COMMITTEE:

UTILIZATION REVIEW COMMITTEE:

QUALITY IMPROVEMENT TEAMS:

OTHERS:

RESULTS OF MONITORING AND EVALUATION AUDITS:

AGENDA ITEM:

DISCUSSION/CONCLUSIONS: (Brief summary of topics, decisions, or conclusions)

RECOMMENDATIONS/ACTIONS PENDING: (Brief summary of action plans)

RESPONSIBLE PARTIES: (Names of individuals completing action plans and completion dates)

AGENDA ITEM:

DISCUSSION/CONCLUSIONS:

RECOMMENDATIONS/ACTIONS PENDING:

RESPONSIBLE PARTIES:

AGENDA ITEM:

DISCUSSION/CONCLUSIONS:

RECOMMENDATIONS/ACTIONS PENDING:

RESPONSIBLE PARTIES:

AGENDA ITEM:

DISCUSSION/CONCLUSIONS:

RECOMMENDATIONS/ACTIONS PENDING:

RESPONSIBLE PARTIES:

QIC Recorder

Approved by _____

Chairperson

Health Care Manager

QUALITY IMPROVEMENT TEAM CHARTER

1. The Quality Management Committee (QMC) will complete the Quality Improvement Team (QIT) Charter form shown on the next page.
2. The QMC or appointed representative(s) will brief the initial (appointed) Team Leader on the task.
3. The QMC or representative will have the Team Leader sign the QIT Charter to indicate he/she has received it and accepts the leadership role.
4. The Team Leader will request volunteers from each of the identified areas and classifications to be members of the team.
5. The new QIT will complete Section 3d: Team Members, and return the Charter to the QMC.
6. The Chairperson of the QMC will sign the QIT Charter indicating official approval of the new QIT.

QUALITY IMPROVEMENT TEAM CHARTER

1. Team to be Chartered: _____

2.a. Opportunity Statement: _____

2.b. Important Aspect of Care: _____

3. Quality Improvement Team Members:

a. Team Leader: _____

b. Facilitator (Advisor): _____

c. Desired Representation: _____ d. Team Members:
(List by classification only: i.e., Pharmacist, RN, Physician & Surgeon, Correctional Officer)

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4. QIT Initial Team Leader: _____ Date: _____

5. QMC Chairperson: _____ Date: _____

