

Departmental Instruction 301(QM)99 Quality Management Program

301- 1 **Background**

The Department of Mental Health, Mental Retardation and Substance Abuse Services is committed to the delivery of quality care in its facilities. The facilities' missions, values, operational systems, and human resources should demonstrate a commitment to organizational quality and service excellence. Previous efforts to ensure comprehensive and integrated programs for quality combined quality management and risk management in a single Departmental Instruction. The Instructions for quality management and risk management are now being separated to more fully address the specific requirements of each.

301- 2 **Purpose**

To establish baseline requirements for quality management programs for all facilities operated by the Department of Mental Health, Mental Retardation and Substance Abuse Services.

301- 3 **Definitions**

The following definitions are applicable to this instruction:

Analysis The systematic use of appropriate statistical quality control techniques to answer questions about important processes and outcomes.

Assess To assess is to transform data into information by analyzing it.

Data Data refers to uninterpreted material, facts, or clinical observations.

Improve Improve means to take actions that result in the desired measurable change.

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Information	Information refers to interpreted set(s) of data that can assist in decision making.
Measure	To measure means to collect quantifiable data about a function or process.
Measurement	Measurement is the systematic process of data collection, repeated over time or at a single point in time.
Outcome	An outcome is the result of the performance (or nonperformance) of a function or process(es).
Performance indicators	Performance indicators are assessment tools used to measure and evaluate the quality of important governance, management, clinical and support functions that affect patient/resident outcomes. Indicator categories may include: volume and flow; risk management/safety indicators; process and output measures; education and competency measures; cost and efficiency measures; customer satisfaction; and outcome measures.
Plan	Plan means to formulate or describe an approach to achieve goals related to improving the performance of an organization.
Process	A process is a goal-directed, interrelated series of actions, events, mechanisms, or steps.
Quality management	Quality management refers to an organization's strategies, structures, functions, and processes intended to plan, design, measure, assess and improve the quality of its performance, services and products.

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Reference database An organized collection of similar data from many organizations that can be used to compare the organization's performance to that of others.

System A system is a group of interrelated processes.

301- 4 Responsible Authority

Facilities The facility director will ensure the establishment and implementation of a comprehensive facility-specific quality management program, which effectively improves care through improvement of the quality of performance, services and products.

DMHMRSAS The Commissioner or his designee is responsible for communicating the agency's priorities to facilities for incorporation in the facility quality management plan.

The Quality Manager is responsible for the interpretation of this instruction and monitoring its implementation.

301- 5 Specific Guidance

Basic requirements Each facility will have a Quality Management Program that is data-driven and has as its goal the improvement of clinical processes and/or physical, mental and behavioral health outcomes. The Quality Management Program is a tool that promotes the use of quality management constructs to enhance system effectiveness and client outcomes.

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**Role of
leadership**

In order for the quality management program to be effective, the Facility Director and his management team must:

- define the organization's vision, mission and values upon which quality management initiatives will be based
 - ensure the availability of resources for education and training on all relevant aspects of quality management
 - ensure the availability of necessary resources for the implementation of the quality management plan
 - ensure that quality management principles are pervasive within the organization's culture
 - participate in or support the function of the Quality Council
 - evaluate the effectiveness of quality program oversight and performance; and
 - ensure that sound quality management principles are utilized in designing new or changing existing processes within the facility.
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**Role of
Quality
Council**

Within each organization, the Quality Council will:

- prioritize the opportunities for improvement in accordance with the plan, vision and mission of the organization
 - ensure the formulation of a written quality management plan and update/revise the plan annually, as indicated
 - ensure an annual comprehensive appraisal of the quality management program is completed and reported
 - oversee the implementation of quality management processes (planning, process design, measurement, assessment and improvement)
 - promote quality culture throughout all levels of the organization
 - establish facility-wide quality initiatives and ensure their completion;
 - ensure that performance indicators address needs of the individual facility and requirements of relevant external regulatory agencies;
 - ensure that appropriate disciplines/departments/staff receive feedback on quality management findings; and
 - monitor implementation and effectiveness of improvement efforts developed in response to quality management findings.
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- Role of QM Coordinator**
- Each facility must have a designated Quality Management Coordinator who will:
- coordinate and monitor the implementation of the quality management program
 - coordinate and integrate the quality management and risk management functions
 - oversee day-to-day operations of quality management activities
 - oversee the annual review/appraisal of the quality management program
 - ensure and/or provide training in quality management to the facility executive leadership, the Quality Council, and others as appropriate
 - provide consultative services on application of quality management processes
 - oversee the development/implementation of quality management training initiatives
 - prepare the annual quality management report
 - obtain and disseminate resource material to administrative and clinical staff; and
 - coordinate the activities of the Quality Council.
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- Role of Central Office**
- The Department will:
- communicate the agency's priorities to the facilities
 - identify systemic quality or specific performance issues for inclusion in facility quality management plans
 - review annual quality management reports and updates and provide feedback to facilities; and
 - evaluate the effectiveness of facility quality management programs.
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Privileged communication

Virginia Code § 8.01-581.17 provides that the proceedings, minutes, records and reports of any committee created under § 8.01-581.16 to review the adequacy or quality of professional services are privileged and may not be disclosed or obtained by legal discovery proceedings unless ordered by a court to be produced following a hearing and for good cause arising from extraordinary circumstances.

This privilege does not apply to hospital medical records kept with respect to any patient in the ordinary course of hospitalization of the patient.

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**Essential
processes of
QM programs**

Facility quality management programs will include the following essential processes:

PLANNING: Organization wide, systematic, collaborative planning is necessary to the effective design (or redesign) of processes and performance measurement, assessment and improvement.

PROCESS DESIGN: Facilities are called upon frequently to design more effective processes, functions and systems. Processes that are designed well:

- are consistent with mission, vision, values, and plans
- meet the needs and expectations of key constituents
- are clinically sound and current; and
- establish baseline performance expectations by defining expected outcomes before designing/redesigning functions, systems or processes and by developing a measurement method to track movement toward the expected outcome.

MEASUREMENT/DATA COLLECTION: Measurement provides the underpinning for all improvement activities. Through performance measurement the facility can identify opportunities for improvement, appraise process stability, determine what processes should be redesigned and decide if redesigned processes have been successful.

- To measure performance, data collection should be systematic and should include
 - processes and outcomes
 - comprehensive set of performance measures (indicators); and
 - high risk, high volume, and problem prone processes.
- The collected data should then be used to
 - establish baseline for process implementation/redesign
 - describe process performance or stability
 - identify areas for improvement; and/or
 - determine whether changes in a process have met objectives.

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**Essential
process of
QA programs**
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- Data sources may include, but are not limited to:
 - peer review
 - medical record review
 - pharmacy and therapeutics review
 - mortality and morbidity review
 - infection control studies
 - risk management activities
 - Inspection of Care (IOC) review (MR-specific)
 - client satisfaction surveys; and
 - employee satisfaction surveys.

ASSESSMENT: The facility must use a systematic process of assessing or analyzing collected data to answer questions about important processes and outcomes throughout the facility. These questions are related to:

- level of performance
- stability of current processes
- areas that could be improved, and
- effectiveness of improvement efforts and process redesign.

The assessment/analysis requires the use of appropriate statistical quality control techniques, including statistical process control and common-cause and special-cause variation. It also compares data internally over time, with up-to-date information sources and with reference databases.

IMPROVEMENT: Facilities improve performance and outcomes by:

- redesigning current processes (making incremental improvements); or
- designing new processes.

To systematically improve performance, facilities take the following steps:

1. Set performance goals and establish performance indicators, against which results can be judged.
2. Implement action and collect data about change's performance.
3. Compare actual performance to desired performance.
4. If goals are not achieved, plan and test new actions.
5. If actions prove effective, incorporate as standard operating procedure.
6. Verify through ongoing measurement and assessment that improvement is sustained.

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301- 6 Procedures

The following procedures are to be used for this Instruction:

Structure Each facility will have a designated quality management coordinator appointed by the facility director and will establish a Quality Council.

Membership of the Quality Council must include, but is not limited to:

- the facility director
 - representatives of the medical staff
 - representatives of the nursing staff, and
 - representatives of a combination of clinical and nonclinical program staff.
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QM plan Through the authority of the Quality Council, the quality management Coordinator will draft the organization's quality management plan, following the format delineated in Attachment I.

The quality management plan will be finalized and:

- approved by the Quality Council
- reviewed, approved, and signed by the facility director; and
- reviewed, approved, and signed by the Commissioner of DMHMRSAS.

This review and approval process will be repeated only when changes are made to the contents of the plan.

The Quality Council will provide oversight and direction for the implementation of the plan.

The facility quality management coordinator will coordinate and facilitate implementation of the plan and support the council.

Annual report ○ At the end of each fiscal year, a thorough review of the year's quality management program and its activities will be performed.

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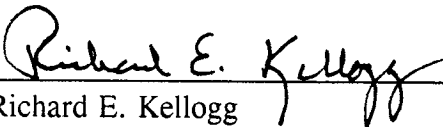
- Annual report**
- The coordinator will draft an annual quality management report which:
 - summarizes the review of the previous year's program and
 - outlines the updated program for the coming year following the format delineated in Attachment II.

If any changes to the organization's quality management plan are required, they will be completed at this time.

- The annual report will be finalized and approved by the council and reviewed, approved and signed by the facility director and the Commissioner of DMHMRSAS.
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301- 7 References

- *Code of Virginia*, § 8.01-581.16 and § 8.01-581.17.
 - *Joint Commission on Accreditation of Healthcare Organizations 1998 Comprehensive Accreditation Manual for Hospitals*.
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Richard E. Kellogg
Commissioner

Attachment

Effective Date: July 1, 1999

QUALITY MANAGEMENT PLAN

I. INTRODUCTIONS

Includes a brief summary of services provided by the facility

II. PLAN OBJECTIVES

Includes the Quality Management Plan's mission, goals, and purpose.

III. QUALITY MANAGEMENT ACTIVITIES

Includes a description of the activities performed within the framework of planning, process design, measurement/data collection, assessment and improvement, as well as the:

- relationship of the activities to the facility's mission;
- process for the establishment and revision of quality management priorities; and
- process for routine monitoring, evaluation, improvement, and performance measurement of high-risk, high-volume, and problem prone areas.

IV. QUALITY MANAGEMENT STRUCTURE AND RESPONSIBILITY

- A. Overview of the Facility's Quality Management Structure (Includes an organizational chart.)
- B. Quality Management Responsibilities

Includes a description of the QM-related responsibilities of the following:

- Leadership
- Quality Council
- Quality Management Coordinator
- Facility managers/supervisors
- Facility staff
- Quality management teams
- Central Office

Quality Management Plan

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C. QM Committees

1. Description of committee structure utilized to support QM functions
2. For each committee, a description of:
 - frequency of meetings;
 - minimum information to be submitted by committee to Quality Council (minutes, reports, data);
 - activities;
 - authority; and
 - responsibility.

D. Quality Management Model

Includes a brief description of the model used (10 step, PDSA, etc)

E. Information and Analysis

Describes the process and resources for collecting and analyzing data. Outlines sources of information, how the information is to be collected and analyzed and who is responsible for doing so.

F. Evaluation of Competence and Training Needs

Includes a comprehensive description of the mechanism for utilization of quality management assessment findings in the credentialing and individual performance evaluation processes of the facility. Describes a process wherein training needs identified through quality management findings are addressed in a timely and effective manner.

V. CONFIDENTIALITY GUIDELINES

VI. ANNUAL APPRAISAL

Includes requirements for an annual review of the facility's quality management program, stipulating content and reporting mechanism.

ANNUAL QUALITY MANAGEMENT REPORT

I. QUALITY MANAGEMENT PLAN REVIEW

Includes a review of the organization's quality management plan to determine continued appropriateness and relevance of content and focus. Describes any identified changes or updates to be made to the plan with rationale.

II. REVIEW OF PREVIOUS YEAR'S ANNUAL QM REPORT

Briefly iterates the priorities and major quality management goals identified and planned for in the previous year's annual quality management report.

III. SUMMARY OF ACTIVITIES AND APPRAISAL OF EFFECTIVENESS

Includes a summary of the year's major quality management activities, including findings and improvements resulting from the activities. Describes goals of the activities, progress toward goals and significant obstacles encountered. Evaluates improvements in performance relative to the priorities and goals identified in previous year's annual report.

IV. ANNUAL UPDATE

Includes the updated priorities and quality management goals for the coming year. Lists changes in performance indicators and data collection sources/methods. Updates goals for existing quality management teams and identifies need for establishment of additional teams.