

**DEPARTMENT OF HEALTH  
HEALTH SYSTEMS QUALITY ASSURANCE**

**COORDINATED QUALITY IMPROVEMENT PROGRAM  
GUIDELINES**

Components with a (▲) and **bold type** are the minimum requirements for complying with WAC 246-50-020 and must be described in detail. The additional components, if included in the plan, should be described in detail, but are not required. *Italicized statements are activities and/or examples of activities that would be acceptable for specific components. These are not the only activities that are acceptable.*

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Details to take into consideration when creating a Coordinated Quality Improvement Program Plan.

1. Remember the what, when, and how: **DETAIL, DETAIL, DETAIL.**
2. Avoid, as much as possible, grouping multiple WAC components into one content area.
3. Make sure exhibits/attachments/appendices are referenced in the body, when used, and are appropriately labeled.
4. The Quality Improvement Plan is a working document. Prepare your QI Plan so a person (auditor, new employee, etc.), not familiar with the entity, would be able to understand the document with minimal effort. The individual should also be able to locate all policies and procedures mentioned in the QI Plan.
5. The QI Plan does not need to contain all the policies and procedures. However, the QI Plan should mention (list) policies and procedures, their location and briefly explain the content, who is responsible for reviewing/revising and frequency of reviews, (e.g. Pharmacy--Controlled Substance Procedures are located in the Pharmacy or in each area of the facility where controlled substances are dispensed/administered). If the procedure is pertinent to a DOH WAC component, (e.g. credentialing), the application may be an attachment/exhibit/appendix because its easier to address.
6. Develop and use a checklist for monitoring routine events, (e.g. medical records review, safety and accident review, credentials review, policies and procedures update review, etc.).

**Entity Name**

**Address**

## **QUALITY IMPROVEMENT PLAN**

### **TABLE OF CONTENT** ▲

Sites the page number clearly denoting, at a minimum, where each component specified in WAC 246-50-020 is located within the Coordinated Quality Improvement Program.

### **MISSION STATEMENT**

### **BACKGROUND INFORMATION**

*(History of entity)*

### **GOALS/OBJECTIVES**

The goals of \_\_\_\_\_ *(Entity Name)* \_\_\_\_\_ *Quality Improvement Plan are:*

- ◆ *Provide high quality, effective and cost efficient health (dental) care services*
- ◆ *Enhance quality, increase access, etc.*
- ◆ *Improve the health status of the population served*
- ◆ *Improve patient outcomes*
- ◆ *Reassure patients that services are monitored and modified as necessary to maintain delivery of the highest quality care*
- ◆ *Facilitate partnership with providers and clients in improving their health*
- ◆ *Keep abreast of changes in health care*
- ◆ *Etc., etc.*

## QUALITY IMPROVEMENT ACTIVITIES AND COMMITTEES

- WAC 246-50-020 (1)(a)** ▲ **1. Governing Body**  
*Is the governing body given authority in the by-laws, via a Charter, Articles of Incorporation, etc.? General information about how the entity is governed.*
- a. **Appointments**  
*Are members of the governing body elected, owners, respected members of the community, hospital administrators, key staff, etc.?*
  - b. **Roles** *What is the purpose? (e.g. oversight); structure (e.g. organizational chart); and function*  
*Governing body objectives, expectations, delegation of authority to the Quality Improvement (QI) Committee (e.g. timely response for grievances, annual review of QI Program, review and updating policies and procedures)*
  - c. **Quality Improvement Responsibilities**  
*Communication and training, authority, corrective action plans, monitoring and evaluation, etc.*
    - i. **Processes or procedures for modifying QI activities to accommodate the review of findings and issues of concern at least annually or on an on going basis as needed**  
*Does the QI committee provide oral or written progress reports to the governing body? Does the governing body have the authority to modify or direct QI Committee activities? Does the QI Committee monitor and evaluate the effectiveness of the QI program? If yes, what do they look at? (e.g. work plans, policies, criteria, protocols guidelines, etc.) How often? (e.g. quarterly, semi-annually, annually, etc.)*
    - ii. **Approves the credentialing policies and procedures**  
*This is a statement on how and when (e.g. delegated to the credentialing committee, under the direction of the medical director and personnel services. If credentialing is delegated to a committee, this committee is also responsible for peer review. Peer review activities will occur for all services.) Does the governing body approve the credentialing packet? (e.g. the packet contains Credentialing is delegated to a professional services corporation named, but approved by the governing body.)*
- WAC 246-50-020 (1)(b)** ▲ **2. A committee appointed by the governing body, with a broad representation of services offered, responsible for:**  
*Specific names are not necessary since people change. List job titles, departments, services, or subcommittees (e.g. CEO, Medical Director, Accounting, Data/Utilization Manager, Risk Manager, Clinical Planning and Performance Improvement Manager, etc.) Briefly describe the responsibilities of each.*
- WAC 246-50-020 (1)(b)(i)** ▲ **a. Reviewing services rendered, both retrospectively and prospectively, to improve the quality of health care by measuring key characteristic such as effectiveness, accuracy, timeliness, and cost;**

*What, when and how? (e.g. practice protocols, protocols for high risk conditions, high utilization services, high cost clinical conditions, denial decisions, HEDIS and NCQA reports, safety and infection control policies and procedures, incident reports, specific clinical services, benchmarks or goals such as percentage of immunizations, peer review reports, under utilization, etc.) Also, state corrective actions.*

- WAC 246-50-020 (1)(b)(ii) ▲**     **b. Reviewing categories and methodologies of services rendered and to be rendered with the goal of improving health care outcomes**  
*This includes a statement of policies, procedures, and practices applied to a particular set of services or events. (e.g. review activities: morbidity and mortality; sentinel events: post-op infections, unplanned re-admission; Patient satisfaction surveys; communication problems: enrollees, ancillary staff, providers; assess community health status; clinical outcomes; results of pilot projects; malpractice claims; etc.)*
- WAC 246-50-020 (1)(b)(iii) ▲**     **c. Overseeing and coordinating the program;**  
*Who on the governing board is responsible? (e.g. governing board chair, vice chair, medical member, chair of the Utilization Management Committee of the governing body.) Is this person responsible for reporting to the governing body? How does this individual interact with the QI committee?*
- WAC 246-50-020 (1)(b)(iv) ▲**     **d. Ensuring information gathered for the program is reviewed and used to revise health care policies and procedures; and**  
*Delineate the process used for gathering information, and how its used. Who is responsible for making sure revisions are made? What is the frequency for evaluating policies and procedures? How are they distributed?*
- WAC 246-50-020 (1)(b)(v) ▲**     **e. Reporting to the governing body, at least semiannually, on program activities and actions taken as a result of those activities**  
*What systems are in place to make sure appropriate information is placed on the governing board’s agenda for consideration? What systems are in place for the governing body to feed information back to the QI committee? Is it reported to the “Performance Committee”, the “Utilization Management Committee”? Who/how is it reported to the governing body? Are meetings open or closed?*
3. Umbrella malpractice insurance coverage for the Governing Body  
*State whether or not the governing body has malpractice insurance coverage.*
4. Records, reports, studies, worksheets, minutes, and other documents concerning QI activities are available to state and federal agencies  
*Is there a statement included in the QI policies and procedures that all or certain documents will be made available to specifically designated agencies? Specify how the request must be made (e.g. written). Who is authorized to release the information? Include information about maintaining confidentiality. This could be formalized by having members sign a confidentiality form.*

## RISK MANAGEMENT ACTIVITIES

**WAC 246-50-020 (1)(d) ▲ 5. A procedure for promptly resolving all complaints pertaining to accidents, injuries, treatment and other events that may result in claims of health care malpractice**

*The policies and procedures for this component must be included in the QI Plan. It should specifically state the what, when, and how accidents, injuries, treatment and other events that may result in claims of health care malpractice, as it relates to patients/members are handled. (Other complaints that may result in malpractice claims may include complaints about errors in treatment, poor quality care practice, etc.) Are complaints logged? Are trends identified? What is the feedback mechanism to patients?*

**WAC 246-50-020 (1)(e) ▲ 6. Methods for continually collecting and maintaining information concerning:**

**WAC 246-50-020 (1)(e)(i) ▲ a. Experience with negative health care outcomes and injurious incidents**

- ◆ *Review re-admission reports, emergency admissions, frequent visits for the same complaint;*
- ◆ *conduct chart audits;*
- ◆ *reviewing: medical necessity of admissions, appropriateness and timing of planned interventions, family and community support systems; case management related to discharge planning and patient status and/or changes in patient status; referrals and referral outcomes.*

*State clearly and specifically the policy for addressing what, when and how of the components, (e.g. unplanned/unexpected outcomes resulting from specific procedures or treatment modalities). This could be a step-by-step process, (e.g. determine if the treatment leading to the complication was provided by a particular practitioner {is this a pattern with this practitioner?, is this a pattern with this treatment modality? If not, no further action is needed. If so, forward to peer review for further evaluation.} Organize information and forward for data collection.)*

*For cases in which the treatment was provided which resulted in significant complications and questionable treatment has occurred, a reporting to the regulating authority may be warranted. Monitoring analysis could include a representative of cases involving: treatment concern; Plan vs. non-Plan practitioners who provided treatment leading to complication; treatments leading to expected complications to determine if standards of care were met; analysis by diagnosis, by hospitalization, by emergency required, etc.*

**WAC 246-50-020 (1)(e)(ii) ▲ b. Professional liability premiums, settlements, awards, costs for injury prevention and safety improvement activities**

*Reviews relative to individual practitioners and Plan expectations, (e.g. personal injury prevention may include: facility lighting is adequate, facility is free of hazards, railing on stairs, written evacuation procedures, fire extinguishers, accidents reporting procedures. Professional injury prevention may include: medication/treatment errors reporting procedures, member complaints, etc.) State corrective action plans, indicate whether data gathered will be used with re-appointment process, practitioner monitoring or peer review system, etc.)*

**WAC 246-50-020 (1)(g)** ▲ **7. A process for reporting accidents, injuries, negative health outcomes, and other pertinent information to the QI committee**  
*State how and when information is reported. How does the QI committee handle the information? How is feedback provided? Is there a special subcommittee of the QI committee specifically designated to monitor these events? (e.g. Professional Standards group, Performance Improvement group). Do they look for trends? What is looked at? (e.g. focused reviews of outcomes identified in the annual workplan, patient satisfaction surveys, management summary reports, patient grievances, liability actions, etc.)*

**WAC 246-50-020 (1)(i)** ▲ **8. Method for identifying documents and records created specifically for and collected and maintained by the QI committee**  
*This should be a clear statement about what, and how, documents are identified, who is responsible for ensuring that this occurs, and where the documents are maintained.*

a. Measurable quality indicators include at least the following:

*Clearly state how each of the components below {i-iv} will be measured and what the target goals or expectations are.*

i. Utilization review

*What elements/events will be reviewed? (e.g. treatments, referrals, surgical procedures, appointments, visits, pharmacy services, etc.). Are the elements/events appropriate, efficient, cost effective, and consistent with plan guidelines? Trend and pattern analysis of practitioners for appropriate use of resources, over and under utilization of services, and appropriateness of referrals.*

ii. Availability and access to services

*Hours, after hours care, specialist referrals, review client satisfaction surveys, medications, parking, handicapped accessible, clinic signs visible/readable, visible instructions.*

iii. Medical records

*State whether you conduct medical records review, have review criteria, follow a checklist?*

iv. Health services delivered

*Monitor and evaluate diagnostic and treatment procedures, medical record documentation, continuity of care, medication appropriateness, laboratory quality control, review negative outcomes, follow-up on “no show” visits, etc.*

**WAC 246-50-020 (1)(j)** ▲ **9. Educational activities for personnel engaged in health care activities, including, but not limited to:**  
*Include policies and procedures, statement about how program is implemented, when, and who. Does the policy include provisions for attendance at training outside the entity? If so, how is attendance verified? Program content may be quite extensive, but must, at a minimum include all of the components below {a-f}. Copies of program curriculum may be included as appendices/attachments/exhibits. A standard training agenda that includes the required components could also be attached.*

**WAC 246-50-020 (1)(j)(i)** ▲ **a. Quality improvement**

**WAC 246-50-020 (1)(j)(ii)** ▲ **b. Safety and injury prevention**

- WAC 246-50-020 (1)(j)(iii) ▲ c. **Responsibilities for reporting professional misconduct**
- WAC 246-50-020 (1)(j)(iv) ▲ d. **Legal aspect of providing health care**
- WAC 246-50-020 (1)(j)(v) ▲ e. **Improving communication with health care recipients**
- WAC 246-50-020 (1)(j)(vi) ▲ f. **Causes of malpractice claims**
- g. Policies to assure compliance with reporting requirements

- WAC 246-50-020 (1)(h) ▲ **10. A process assuring compliance with reporting requirements to appropriate local, state, and federal authorities**  
*Statement about how, who, and when health professionals will be reported to the appropriate disciplinary authorities. A listing of possible reporting agencies and possible reportable events/actions should be included.*
- 11. Patient confidentiality procedures  
*Attach a copy of the policies and procedures which should include who has access to information. (e.g. prior authorization, required by law, patient authorization) How is it enforced and what happens if non-compliance occurs?*
  - 12. Records maintenance procedures  
*What is expected? (e.g. security, requests for copies, FAX requests, written request, patient authorization required)*
  - 13. Infection control procedures  
*What are the procedures for handling contaminated products, equipment, and supplies? What are the procedures for preventing/reducing exposure to employees and patients/members? What are the policies and procedures for reporting?*
  - 14. Utilization of practice parameters  
*Do you have practice guidelines? Are they developed internally or obtained from outside agencies? If yes, are they evidence based? How are they updated? Who grants approval?*
  - 15. Disaster/emergency management plan which includes emergency evacuation procedures, fires, theft, earthquake, etc.  
*How are employees informed? What are the procedures for evacuating the facility? What happens if patients are in the facility in the event of a fire, earthquake? Who has the lead responsibility for coordinating/providing information and receiving reports of theft? What actions are taken if a theft occurs?*
  - 16. Controlled substance procedures  
*Statement about storage, administering/distributing medications. What happens in the event of missing drugs?*

## APPLICATION AND PERFORMANCE REVIEW ACTIVITIES

17. Initial application process may include information regarding:  
*Include a policy statement about the practitioner application process. If this process is delegated to an external entity, what are the internal policies and procedures relative to this agreement? Do they include these components? If all of the components {a-f} are included in the employee application, it may be an appendix/exhibit/ attachment. Include information if employment is denied, verification of credentials, updating, timelines for reviewing applications, etc.*
- a. History of chemical dependency
  - b. History of loss or limitation of staff or hospital privileges or state or federal disciplinary activities
  - c. Work History
  - d. History and current malpractice insurance coverage
  - e. History of professional liability claims
  - f. Professional license and certification (e.g. DEA/BNDD)
- WAC 246-50-020 (1)(c) ▲ 18. **Periodic evaluation of each provider under purview of the program, including mental and physical capacity, competence in delivery of health care, verification of current credentials**  
*The policy and procedure should include information about re-appointments, updating credentials and terminating providers.*
- WAC 246-50-020 (1)(f) ▲ 19. **A method for maintaining information gathered under the purview of the program concerning a provider in that provider's personnel or credential file, assuring patient confidentiality**  
*State how and where information listed in {a-d} will be gathered and maintained in order to ensure its availability for purposes of QI activities, as well as provider performance reviews.*
- a. Review complaints
  - b. Discuss results of quality reviews
  - c. Discuss utilization management
  - d. Discuss patient satisfaction surveys
20. Policies and procedures for performance reviews for health care practitioners include reporting quality deficiencies, suspensions or termination and reporting to appropriate authorities  
*State how, what, when, and who reports aberrant practitioner behaviors to the appropriate disciplinary authorities.*
21. Procedures for taking remedial action whenever inappropriate or substandard services are rendered, or when services should have been rendered, but were not rendered  
*State the policies and procedures for taking personnel action against practitioners if the aberrant behavior is not severe enough to report to the appropriate disciplinary authority, but severe enough to require administrative attention.*
22. Health care providers are given copies of the QIP  
*State how providers obtain copies/information about the QI Plan.*

## PATIENT RIGHTS AND RESPONSIBILITIES

23. Written statement outlining patient rights and responsibilities includes:  
*Attach a copy of your Patient Rights and Responsibilities. Components {a-e} are recommended to be included in policies and procedures. How do patients obtain copies of "Patient Rights & Responsibilities"? Are patients asked to serve on committees?*
- a. Access to medical records in accordance with applicable federal and state laws
  - b. Procedures for voicing complaints and/or grievances
  - c. opportunity to suggest changes in policies and services
  - d. Ability to participate in decisions regarding their health care
  - e. Be treated with respect and recognition of their dignity and need for privacy
24. A process for assessing the quality of both clinical and non-clinical services including availability, accessibility, coordination and continuity of care  
*State the processes used for gathering and evaluating data for purposes of planning and determining the effectiveness of clinical and non-clinical services, including soliciting information from consumers. (e.g. physical appearance of facility, courtesy of staff, are questions answered, appointments timely, procedures explained, etc.)*
25. Quality of care studies and other activities undertaken include, methodologies, identifies individuals responsible for the studies, organizational arrangements to accomplish the study, and other QI activities  
*State whether you have a research committee, ethical committee, who serves on the committee, and whether or not these committees have written policies and procedures for making decisions. Also state how, if separate committees, information is fed back to the QI committee. The other option is to have a policy statement on studies or research activities.*
26. A process or tools used to evaluate the continuity and effectiveness of the QIP  
*Do you have an annual QI plan? Is it evaluated? When and how?*