

**HAWAI'I PRIMARY CARE ASSOCIATION
QUALITY IMPROVEMENT COMMITTEE**

2007-08 QUALITY IMPROVEMENT PLAN

The Quality Improvement Committee (QIC) is a committee approved by the board of directors and supported by the staff of the Hawai'i Primary Care Association.

I. MISSION/PURPOSE

The mission of the Quality Improvement Committee is to ensure that quality care and services are provided to all the people served by health centers in Hawai'i. This supports the mission of the Hawai'i Primary Care Association (HPCA), which is to advocate for access to high quality primary care for those with barriers to health care and for the community-based providers that serve them.

The purpose of the QIC is to bring quality improvement representatives from the member community health centers and other appropriate organizations together to collaborate on the development, expansion, and refinement of each participant's quality improvement systems and processes.

II. GOALS AND OBJECTIVES

The goals and objectives of HPCA's Quality Improvement Committee are to develop and maintain a system and network which undertakes the following:

Goal 1: Collaborate to improve the process, collection, reporting, sharing, and use of data.

Objective 1: Monitor and share various outcomes data with HPCA and committee members.

Objective 2: Collect and submit data annually to the HPCA QIC for the QIC to benchmark data on the Department of Health's Table A, the Bureau of Primary Health Care Health Disparities Collaborative data, and to include the CLT and QIC dashboard measures.

Objective 3: Review and analyze data, identify areas for improvement, and develop action plans.

Goal 2: Share policies and procedures.

Objective 4: Generate or review existing policies, procedures, rules, regulations, protocols, and standards as needed.

Objective 5: Determine appropriate action for CHCs to take when new or revised policies are needed.

Objective 6: Support each other with shared materials and advice on a continuous basis.

Objective 7: Collaborate with other agencies as needed. Advise other agencies in developing policies, procedures, standards, reporting requirements, etc.

Goal 3: Collaborate to meet and maintain Corporate Compliance Regulations, i. e. HIPAA, OSHA.

Objective 8: Continue to monitor compliance at the centers. Monitor changes in regulations and alert members of QIC.

Goal 4: Collaborate to prepare for HRSA Performance Review and/or accreditation (JCAHO, CARF, or other healthcare accreditation).

Objective 9: Assess the standards, requirements for HRSA Performance Review and healthcare accreditation services.

Objective 10: Assist member CHCs in their preparation or HRSA performance reviews and other accreditation reviews. Share information regarding the site review process and reporting requirements.

III. SCOPE OF PLAN

The Quality Improvement Committee's work supports the comprehensive family health services offered at each of the Community Health Centers, including: medical, dental, behavioral health, perinatal, family planning, WIC/nutrition, youth services, elderly services, enabling services, and disease prevention/health promotion activities. The scope of quality improvement activities includes but is not limited to the following:

- **Continuity of Care**
- Revision of forms
- Patient Satisfaction
- Patient Complaints
- Risk Management
- Employee Complaints
- Employee Satisfaction
- Medical Record System and Review of Charts
- Policy/Procedure Development, Review, and Update
- Regular Audits
- **Staff Training**
- Job Descriptions
- Annual Job Performance Review Procedures
- Staff Orientation
- Report Writing
- Monitoring Quality Improvement Activities
- Occupational Safety and Health Association Issues, Compliance, and Trainings
- Safety Plans
- Providers Credentialing
- Criminal Background Checks
- Patient Rights and Responsibilities
- Patient Education Policies and Goals
- Infection and Exposure Control
- Referral System
- JCAHO functions
- HRSA Performance Review
- **Peer review**
- Clinical/practice guidelines
- HEDIS Measurements
- **Quality Strategic Alignment**
- Continuity/Coordination of Care
- Human Resources Issues
- **Disaster Preparedness**

On August 16th, the QIC decided to focus on five areas for the upcoming year to discuss and work on: Continuity of Care, Staff Training, Peer Review, Disaster Preparedness, and Quality Strategic Alignment.

IV. AUTHORITY AND IMPLEMENTATION

The board of directors of the Hawai'i Primary Care Association has oversight over the committee and encourages all member health centers to actively participate.

The Quality Improvement Committee meets at least three times a year to discuss quality improvement system and quality issues. At least once a year, the QIC will meet with the Clinical Leadership Team to share information, issues, and strategies. HPCA will provide travel reimbursement for members from the neighbor islands.

Any major concerns or decisions will be channeled through the Clinical Leadership Team (CLT) for review, feedback, and approval as needed. The QIC and/or QIC through the CLT will pass on any unresolved or presenting concerns on to the HPCA Board of Directors for approval or action as needed.

V. QUALITY IMPROVEMENT COMMITTEE--ROLES AND RESPONSIBILITIES

The Quality Improvement Committee is comprised of professionals from each of the CHCs on O‘ahu, Maui, Kaua‘i, and Hawai‘i who have the responsibility for quality improvement in each respective health center. Currently, members are from the following community health centers: 1) Bay Clinic, Inc., 2) Community Clinic of Maui, 3) Hāmākua Health Center, 4) Hāna Community Health Center, 5) Kalihi-Pālama Health Center, 6) Kaua‘i Community Health Center, 7) Kōkua Kalihi Valley Comprehensive Family Services, 8) Ko‘olaupia Health & Wellness Center, 9) Moloka‘i Community Health Center, 10) Wai‘anae Coast Comprehensive Health Center, 11) Waikīkī Health Center, 12) Waimānalo Health Center, 13) West Hawai‘i Community Health Center. HPCA, in consultation of the QIC members, may ask other non-member community health centers or other appropriate organizations to send representatives to work with the committee.

As noted above, the committee will meet at least three times during the calendar year at various locations, times, and places, and will be chaired by one of the CHCs’ representative. The shared documents and services of the QIC are made available only to those who are regular participants of the scheduled QIC meetings.

The Hawai‘i Primary Care Association maintains the committee’s records including agenda and minutes, coordinates meetings, and generally ensures communication among members.

VI. MONITORING AND REPORTING

Each committee member will share quality improvement initiatives from her or his respective health center and is responsible for taking back information from the meetings to her or his Medical/Clinical Director, Quality Assurance Committee and/or Executive Director as appropriate.

Agreed upon indicators for monitoring includes:

- Healthy 2010, Table A
- ACIP Guidelines/Immunizations: pneumovax, influenza, and childhood immunizations
- Others as applicable stated in our objectives, e. g., BPHC Health Disparities Collaborative Measures
- Data shared with QIC once a year after reports are completed

HPCA will distribute minutes of each meeting to the QIC members, CLT members and the Executive Directors of each health center.

VII. PROGRAM EVALUATION OF QI OBJECTIVES

The QIC will generate an annual report that will summarize and evaluate the following:

1. Progress toward goals and objectives.
2. Effectiveness of the workplan and its indicators.
3. Progress with timeline.
4. Effectiveness of annual outcomes of the committee.
5. Scope covered by the committee.
6. Problems identified and improvements made, if any.
7. Recommendations for change or improvement.

VIII. 2007-08 QIC's QUALITY IMPROVEMENT WORK PLAN
 TABLE 1: DETAILS OF 2007-08 WORK PLAN

GOAL AREAS	OBJECTIVES	DETAIL TASKS	PERSONS RESPONSIBLE
1. Outcome Data – Bureau of Primary Health Care Health Disparities Collaborative (BPHC HDC)	1. Collect and submit data for Department of Health's Table A, immunization, BPHC HDC, BPHC Performance Review and any other type of data as needed. 2. Review and analyze the tabulated collective data for appropriate strategies needed for improvement.	a. Collect requested data as needed. b. Submit data on time to HPCA. c. HPCA tabulate and correlate data. d. Review collective data. e. Analyze data. f. Generate strategies to improve deficient areas.	QIC members and HPCA staff.
2. Policies and Procedures	1. Generate or review existing policies, procedures, rules, regulations, protocols, and standards as needed. 2. Determine appropriate action for CHCs to take when new or revised policies arises. 3. Support each other with shared materials and advice when undergoing reviews or audits such as the HRSA Performance Review, JCAHO accreditation process, or site visit. 4. Collaborate with other agencies as needed.	a. Develop any necessary policies, procedures as needed. b. Review new federal and state rules and regulations as they go into effect. c. Determine appropriate action needed to meet new protocols. d. Develop needed materials and share among members. e. Progress impact. f. Cooperate with other outside agencies as needed.	QIC members and outside agencies as needed.
3. Corporate Compliance Regulations	1. Collaborate to meet and maintain Corporate Compliance Regulations, i. e. HIPAA, OSHA.	a. Continue to monitor compliance at the centers. Monitor changes in regulations and alert members at QIC.	QIC members and HPCA staff.
4. HRSA Performance Review and/or accreditation	1. Collaborate to prepare for HRSA Performance Review and/or accreditation (JCAHO, CARF, or other healthcare accreditation).	a. Assess the standards, requirements for HRSA Performance Review and healthcare accreditation services. b. Assist member CHCs in their preparation or HRSA performance reviews and other accreditation reviews. Share information regarding the site review process and reporting requirements.	QIC members and HPCA staff.