Quality Improvement Plan

PURPOSE
Union Health Service (UHS) strives to provide the best care possible to the patients it serves, while utilizing its resources in the most effective and efficient manner possible. To this end, UHS has established an integrated quality improvement program addressing each aspect of the patient’s care and experience when interacting with UHS.

UHS serves a diverse patient base, including underserved racial and ethnic groups with both cultural and language barriers. Addressing these issues are essential to quality care, and UHS tries to accommodate these concerns as it cares for patients with diverse values, beliefs, and behaviors, tailoring delivery to meet patients' social, cultural, and linguistic needs.

PREAMBLE
The Plan’s strategic objectives guide the development of UHS’s Quality Improvement Plan (QI Plan) and it develops plans consistent with UHS organization-wide mission statements. The QI Plan is approved, evaluated, and revised as appropriate by the Clinical and Operations Committee annually. The Audit, Medical Standards & Services, and Pharmacy & Therapeutics Committees are responsible for supporting and implementing these objectives by analyzing data and procedures, and reporting their findings to relevant members of UHS administration and to the Board via the Clinical and Operations Committee. The QI Plan incorporates prospective, concurrent, and retrospective case review applicable to all patients, as well as individual case management, and review of trend data and organization systems and processes.

GOAL
The QI Plan’s goal is to increase the value of our services, by enhancing quality and strengthening our ability to deliver cost effective care to all our members. Goals naturally include fostering ethical business practices and ensuring measurable compliance with applicable law.

POLICY
UHS is organized under the Illinois Voluntary Health Services Plans Act (215 ILCS 165/) and all UHS policies and procedures are intended to be consistent with this and all other applicable law. Pursuant to this statute, The Medical Director, under the board of trustees, shall have complete charge of and responsibility for the medical and medically related scientific aspects of the business of the corporation. (215 ILCS 165/).

Information relevant to the evaluation and improvement of quality care may arise from a number of sources, and shall be considered privileged and strictly confidential pursuant to the provisions of the Illinois Medical Studies Act (735 ILCS 5/8-2101).

OBJECTIVES
Objectives of the UHS QI plan include:
- Designing effective processes to meet the needs of our patients which are consistent with UHS’s mission and plan.
- Collecting data to monitor the stability of existing processes identify opportunities for improvement, identify changes that will lead to and sustain this improvement.
- Assuring effective and efficient utilization of UHS facilities and services.
- Aggregating and analyzing data on an ongoing basis and to identify changes that will lead to improved performance and a reduction in errors.
• Implementing an ongoing monitoring program designed to identify patterns of utilization of health care resources.
• Achieving and sustaining performance improvement throughout the organization.
• Promoting collaboration at all levels of the organization to create a culture focused on performance improvement.
• Educating leaders and staff of the important responsibilities of effectively participating in performance improvement activities.
• Monitoring patient, physician, and staff perceptions and satisfaction concerns.

**PROCESS**
Coordinate and monitor all utilization management activities including review of both on-site and as off-site physicians UHS-contracted physicians, including any outside practice association, medical group, or other third party. It is understood that timely, effective communication between patients, staff, and physicians is essential to assure that patient needs are met.

Scope and Organizations
**Board of Trustees:** The Board of Trustees has the final authority and is ultimately responsible for the QI Plan. It can delegate any and all program operations to the Clinical and Operations Committee, the Medical Director, and other members of the Administrative Team.

**Audit and Clinical Operations Committee:** The Audit and Clinical Operations committee is accountable to the Medical Director, Executive Director, and ultimately, the Board of Trustees for the quality of care and services provided at UHS, The Committee identifies and prioritizes improvement opportunities and ensures that adequate resources are available to accomplish performance improvement initiatives. The Committee receives, reviews, and evaluates data included in departmental performance improvement reports. The committee meets on a monthly basis. It acts in a facilitative and consultative manner to assist the Medical Standards and Service Committee and Risk Management Committee in the implementation of policies, plans and projects aimed at performance improvement or achieving and maintaining accreditation. Membership includes individuals from multiple disciplines throughout the organization, with the Executive Director and the Medical Director being permanent members of the committee and all members are voting members. The committee identifies topics for audits and reviews the results to identify opportunities for improving quality of care. The committee develops and implements identifiable and measurable criteria to determine areas for improvement.

a. **Peer review** – Through the Medical Director and its Committee chairman, the MSSC conducts peer review of patient care problems involving UHS medical staff. Data reviewed may include, but is not limited to, interviews, telephone contacts, audits, review of medical records, complaints, or other reports. If necessary, the committee can appoint subcommittees and/or seek UHS or outside subspecialty input as needed to investigate the problem. Following its investigation, its members will make recommendations to the full committee and Medical Director, who is ultimately responsible for taking appropriate disciplinary actions. The Committee reviews items of ongoing data collection and periodic evaluation of care to identify acceptable or unacceptable trends or occurrences that affect member outcome. The committee monitors the continuity and coordination of care and member and provider satisfaction data.

**Medical Standard and Service Committee:** To further its system-wide quality improvement program, all clinical activities at Union Health Services, Inc. (UHS) are monitored and evaluated by an ongoing Peer Review process conducted by the Medical Services and Standards Committee (MSSC). MSSC activities include those frequently referred to as peer review, quality improvement, and utilization management.
The MSSC oversees and supports education and develops standards to ensure best practice development for physicians while monitoring physicians’ perceptions, satisfaction, and overseeing physician relation activities. It serves as a forum to identify, educate, and discuss clinical medical staff concerns. The committee develops, implements, and reviews standards to ensure the highest clinical competency within UHS and its contracted facilities. Its goal is to ensure that all patients receive the highest quality of care possible through the most effective and efficient utilization of UHS facilities and resources.

Methods the MSSC uses to accomplish this include (but are not limited to) evaluating complaints, developing clinical standards based on evidence-based medicine, and reviewing utilization patterns, including evaluating medical necessity and appropriateness of care provided. The Medical Director is responsible for all medical and scientific affairs of UHS, while the Executive Director is responsible for carrying out the business directives of the Board. The MSSC is an advisory committee which ultimately reports to the Board of Trustees through the Clinical and Operation Committee and the Executive and Medical Directors. The MSSC will include individuals from multiple disciplines throughout the organization, with the Executive and Medical Directors being permanent members of the committee and all members are voting members. The committee reviews institution-wide information pertinent to safety and quality of patient care, and compares them to “best practices”. The committee incorporates quality improvement outcomes in its findings to revise policies, monitor the scope of services provided, and improvement system-wide activities to minimize risk and promote safety of all those who interact with UHS.

Risk Management subcommittee: This is a permanent subcommittee of the MSSC, and meets at least quarterly, or more frequently as determined by the chairpersons. The subcommittee establishes and updates the UHS Risk Management Plan, and is responsible for the organization’s overall management of the working and care delivery environment. The goal of the Risk Management Plan is to minimize risk and promote the safety of everyone who interacts with UHS, including patients, staff, volunteers, contractors, and visitors. Its purpose is to foster a safe environment by identifying potential risks and reduce risk exposures. Related goals include fostering ethical business practices and ensuring compliance with applicable law. The subcommittee establishes, monitors, and maintains an effective environment of care program, including monitoring and maintaining of an effective infection control program, and monitoring and evaluating event reports. It seeks to create a physical environment free of hazards and reduce the risk of human injury by identifying environment of care problems, taking appropriate actions, and following up on the interventions implemented. The subcommittee is broad-based, representing as many sites and services as possible with permanent representatives from administration, clinical, pharmacy and maintenance staff.

Clinical and Operation Committee: The Board of Trustees established a Clinical and Operations Commission (Committee) to monitor the UHS’s clinical and operations activities on behalf of the Board in discharge of the Board’s fiduciary responsibility, and to assist the Board in overseeing the plan’s executive staff. This committee works in conjunction with its delegated entities to coordinate Risk Management and Quality Improvement activities. The composition and responsibilities of the Committee are as follows: The Commission shall consist of three trustees of whom at least one shall be a physician trustee. Responsibilities except as otherwise provided by the Board, its policies, the bylaws or law, the Commission shall, in cooperation with UHS’s medical director as appropriate, review and advise the Board, proposing policies concerning clinical and operational matters including the processes for (1) Managing medical utilization and quality (2) Credentialing providers (3) Protecting the rights and responsibilities of members
(4) Adopting organizational policies and procedures
(5) Delegating to executive staff tasks to assist the Committee in carrying out these responsibilities,
(6) Providing physical and informational safety
(7) Promoting health education and wellness
(8) Complying with accreditation standards
(9) Approving all medical credentialing and staff privileges

The committee approves all plans and programs of clinical operations on a semiannual basis as delegated by the board of trustees. It communicates project findings, outcomes, plans, and privileges to the board of trustees as appropriate. The Clinical and Operations Committee meets at least biannually. The committee communicates the findings of and evaluates the effectiveness of the QI Plan, Risk Management, UM Plan.

**The Pharmacy and Therapeutics (P&T) Committee:** Is responsible for preparing, maintaining, and reviewing the UHS formulary to maximize its usefulness within the constraints of the limitations of the patients’ healthcare plans. The committee develops a safe medication management system, including policies and procedures relating to selection and procurement, storage, ordering, transcribing, preparing and dispensing, administration, monitoring, and evaluation.

**Ad hoc subcommittees or Teams:** Committees may establish subcommittees as needed to conduct specialized studies in particular areas of concern submitting their findings to the Audit Committee. The ad hoc subcommittees will be identified in the Audit committee minutes. The team will provide their findings and identify issues with recommendation of corrections.

Data Collection:

1. **Collection and Continuous monitoring of Data:** The organization’s on-going data collection and monitoring program encompasses a multitude of variables including clinical, financial, operational, as well as patient satisfaction. Data collection activities will be based on priorities set by the organizations leaders, based on their assessment of whether activities and populations served by the clinic are high risk, high volume or problem prone. Requirements for data collection imposed by funding and regulatory agencies will be included, when appropriate. The data collected will be used to monitor the stability of existing processes, identify opportunities for improvement, develop processes leading to improvement, and/or demonstrate sustained improvement. The following is a summary of the data collection efforts currently underway at Union Health Service as well as schedule outlining how data is collected analyzed and reported. This data is collected within UHS’s limited resources and compared to national benchmarking.

<table>
<thead>
<tr>
<th>Performance Measure</th>
<th>Collected</th>
<th>Reported</th>
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<tbody>
<tr>
<td>Pathology Reports to EMR</td>
<td>Quarterly</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Influenza Immunization</td>
<td>Oct-Mar Seasonal</td>
<td>Annually</td>
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<tr>
<td>Preventative and Screening Colorectal Cancer Screening</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• % screened with colonoscopy</td>
<td>Quarterly</td>
<td>Semi-annually</td>
</tr>
<tr>
<td>• % w/+iFOBT</td>
<td></td>
<td></td>
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<tr>
<td>• % of +iFOBT undergoing colonoscopy.</td>
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<tr>
<td>Screening/Availability of Care Early Intervention</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• % of pt. 1-3 y.o. receiving Screening</td>
<td>Quarterly</td>
<td>Semi-annually</td>
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- % of Developmental Milestone checklist
- % of Bright Future forms checklist
- % completed Intervention Service in appropriate time

**Access/Availability of Care/OB Audit/Choosing Wisely**
- % of OB Patients beginning prenatal care on or before 12 week gestation

**Chronic Disease Management/Diabetic Management**
- % of pts. 18 to 75 with Diabetes completed A1c
- % of pts. poor Glycemic control 9% greater
- % of pts. good Glycemic control 8.95 or less
- % of pts. BP less 140/80
- % of pts. BP greater 150/90

**Musculoskeletal Conditions/Choosing Wisely/Low Back Pain**
- % of pts. Who did not receive imaging with 28 days of diagnosis age 18 to 50 y.o.
- % of pts. receiving Physical Therapy

**Preventative, Screening and Wellness/Mammography**
- % of women 50 to 74 y.o. who had a Mammogram
- % of timely call-backs
- % of pts completed call back in 45 days

**Adult Comprehensive Wellness Audit/Health Risk Assessments (18yo+)**
- Quarterly
- Semiannually

**Patient Satisfaction**
- Annually
- Annually(April)

**Patient Complaints**
- Daily
- Monthly

**Physician Satisfaction**
- Annually
- Annually(April)

**Safety Event Reporting**
- Daily
- Monthly

**Emergency Preparedness**
- Monthly
- Quarterly

**Credentialing**
- Every 3 years
- Annually

**Pharmacy Errors/Formulary Review**
- Monthly
- Quarterly

**Department Clinical Performance Reports**
- Monthly
- Semiannually

2. **Aggregation and Analysis of Data:** Decision making is based upon data collected, which UHS aggregates and analyzes in such a way that current performance levels, patterns, or trends can be identified. UHS utilizes appropriate statistical tools and techniques to analyze and display data, and when appropriate, data is trended and compared internally over time. In addition external sources of information are used to benchmark the health centers performance when available and appropriate to identify opportunities for improvement. Analysis is conducted when data indicates that levels of performance, patterns, or trends vary substantially from those expected and for those topics chosen by the organization as priorities for improvement.

- **Clinical Practice guidelines:** UHS uses clinical practice guidelines to evaluate and treat specific diagnoses, conditions, and or symptoms, and UHS has established criteria for use in selecting and implementing these guidelines in the clinics. These Criteria include diagnoses, conditions, and or symptoms which are high volume, high risk, problem prone and amenable to the application of standardized guidelines.

- **Risk Reduction Strategies/Patient Safety:** UHS has defined a process to identify, manage and intensively analyze Safety Events. UHS proactively seeks to identify and reduce risks to the safety of patients and staff, and is committed to improving safety for all patients at all of our sites. The QI Plan incorporates the activities and functions necessary to establish and maintain a comprehensive program for patient safety and is implemented
at all levels of the organization. Activities and functions used to address patient safety require communicating with patients about safety, including patient education and informing patients about their care and medications. UHS staff is orientated and trained in the expectation for reporting safety events to appropriate staff, committees, executive leadership, and the board of trustees.

3. **Documentation of PI Activities**: All PI activities will be documented in meeting minute’s format. Most results and the dashboard can be located on the Quality Improvement/Practice Performance web page.

4. **Education**: Educational needs for performance improvement are identified by teams, committees and subcommittees and are incorporated into the UHS organization wide education training calendar and in other settings as designated by Administrative leaders.