

<p>Title</p> <p>Community Health Services Division Quality Improvement/Quality Assurance (QI/QA) Policy & Procedures</p>	<p>Document Code No.</p>
<p>Department/Issuing Agency</p> <p>Community Health Services Division</p>	<p>Effective Date.</p> <p>December 20, 2021</p>
<p>Approved</p> <p style="text-align: right;">Division Director, Community Health Services Division</p>	

1.0 SUBJECT TITLE: Community Health Services Division Quality Improvement/Quality Assurance (QI/QA) Policy & Procedures

1.1 EFFECTIVE DATE: April 15, 2019

1.2 APPROVAL BY THE HEALTH CARE FOR THE HOMELESS NETWORK GOVERNANCE COUNCIL: April 15, 2019

1.3 KEY WORDS: Quality Improvement, Quality Assurance

2.0 PURPOSE:

2.1 The purpose of this Policy is to establish a Quality Improvement/Quality Assurance (QI/QA) program to ensure quality of clinical and operational services throughout the organization with an emphasis on Health Resources & Services Administration (HRSA) 330h grant requirements; for example: through tracking clinical, operational and other measures for promoting quality, ensuring patient safety, and improving care with an emphasis on HRSA clinical performance measures.

3.0 ORGANIZATIONS AFFECTED:

3.1 Community Health Services Division programs in 330h grant scope.

3.2 Programs in 330h grant scope operating outside of the CHS Division.

4.0 REFERENCES:

4.1 Health Resources & Services Administration (HRSA) Health Center Compliance Manual, Chapter 10: Quality Improvement/Assurance, August 2018.

4.2 Washington State RCW 43.70.510 for Coordinated Quality Improvement Programs.

4.3 WAC Chapter 246-50 – Coordinated Quality Improvement Program.

4.4 INF 17-1 (DPH DP) - Protection of Coordinated Quality Improvement Program Work Products.

- 4.5 PHL 6-1 Unusual Occurrences Policy.
- 4.6 CHS Division Client and Workplace Safety Reporting Procedures.
- 4.7 PHL 1-12-1 (DP) Use, Disclosure, and Authorization of Protected Health Information.
- 4.8 PHL 12-1 (DP) Credentialing and Privileging Policy.
- 5.0 DEFINITIONS:
 - 5.1 “QI/QA” is quality improvement and quality assurance. Quality is the degree to which health services increase the likelihood of desired health outcomes and are consistent with current professional knowledge. Improvement and assurance entails a continuous and structured planning process to evaluate current practice and improve systems and processes.
 - 5.2 “PHSKC” is Public Health – Seattle & King County, the Department of King County government which receives the federal 330h grant.
 - 5.3 “CHS” is the Community Health Services Division, the largest Division of PHSKC which provides many different services at Public Health Centers and other locations in Seattle and King County.
 - 5.4 “HCHN” is Health Care for the Homeless Network, a program of the CHS Division of PHSKC which provides services directly through PHSKC clinics and programs, and through contracts with many community-based agencies.
- 6.0 POLICIES:
 - 6.1 CHS shall have an ongoing QI/QA system that includes clinical services and clinical management and maintains the confidentiality of patient records and that is aligned with PHSKC policies.
 - 6.1.1 The QI/QA system addresses the following:
 - 6.1.1.1 The quality and utilization of health center services;
 - 6.1.1.2 Patient satisfaction and patient grievance processes; and
 - 6.1.1.3 Patient safety, including adverse events.
 - 6.1.2 CHS shall maintain the confidentiality of patient records in accordance with PHSKC Department policies and procedures.
 - 6.1.3 Oversight of the CHS QI/QA program is the responsibility of the CHS Medical Officer and the CHS Program Quality Manager.

7.0 PROCEDURES:

7.1 Adherence to evidence-based clinical guidelines, standards of care.

7.1.1 The CHS Medical Officer has overall responsibility for adherence to evidence-based clinical guidelines and standards of care.

7.1.1.1 The CHS Medical Officer works with the CHS Program Quality Manager and other program leadership across service categories (e.g., medical, dental, mental health, substance use and enabling) to ensure that staff is well-trained with current guidance.

7.1.1.2 The CHS Medical Officer works with the CHS Program Quality Manager and other program leadership across service categories (e.g., medical, dental, mental health, substance use disorder, and enabling) to ensure that each category of service performs routine quality-of-care audits, such as a chart review, a peer review, or other comparable mechanisms.

7.1.2 CHS care teams utilize guidelines from multiple sources including:

7.1.2.1 National Committee for Quality Assurance (NCQA) Standards of Care for Patient Centered Medical Homes.

7.1.2.2 U.S. Preventive Services Task Force (USPSTF) recommendations.

7.1.2.3 Centers for Disease Control and Prevention (CDC) guidelines.

7.1.2.4 Centers for Medicare and Medicaid Services program Integrity and Medicaid Compliance for Dental Professionals.

7.1.2.5 National Health Care for the Homeless Council resources.

7.1.2.6 Homeless Outreach Best Practices from the City of Seattle.

7.1.3 Individual provider practice and adherence to clinical guidelines is assessed as a part of the credentialing and privileging procedure, which provides the structure to assure a comprehensive integrated credentialing and privileging process to monitor the quality of health care provided in CHS.

7.2 Patient safety and adverse events. The PHSKC Compliance Office is responsible for overall management of the department's Unusual Occurrence policy and process which include identifying, analyzing, and addressing patient safety and adverse events and implementing follow up actions as necessary.

7.2.1 All employees are instructed to follow the department's Unusual Occurrence Policy to ensure patient safety.

- 7.2.2 Significant events are reviewed by the PHSKC Risk Manager and Critical Incident Review committee. The event is reviewed and recommendations of the committee are approved and/or modified by department and division leadership as needed. The CHS Medical Officer approves and signs the final report.
- 7.3 Assessing patient satisfaction.
 - 7.3.1 CHS conducts patient satisfaction surveys across all sites on a regular basis.
 - 7.3.2 Suggestion boxes at the sites are used to continually gather information on patient satisfaction and experience of care.
- 7.4 Hearing and resolving patient complaints.
 - 7.4.1 CHS patients are informed of their Rights and Responsibilities including their right to submit a complaint.
 - 7.4.2 When complaints are received at the clinic level, the following procedure applies:
 - 7.4.2.1 Attempt to immediately address at the point of concern.
 - ~~7.4.2.2~~ 7.4.2.3 Refer outstanding issues directly to on-site supervisor and CHS management as appropriate for follow up.
 - ~~7.4.2.2~~ 7.4.2.3 Enter a report through the Origami portal within one (1) business day of the complaint.
 - 7.4.3 Patient complaints made directly to the PHSKC Office of the Director are reviewed and appropriate response is determined by CHS leadership.
- 7.5 QI/QA reporting to support oversight and decision making concerning provision of clinic services, patient safety, and patient satisfaction.
 - 7.5.1 Regular assessments using data from patient records are conducted by CHS physicians or other licensed health care professionals to ensure provider adherence to evidence-based clinical guidelines, standard of care and practice.
 - 7.5.2 Patient satisfaction is assessed at regular intervals and reports with summary data and trends are developed.
 - 7.5.3 QI/QA, patient safety, and patient satisfaction trend reports are shared with the HCHN Governance Council and management staff to support decision making

and oversight regarding provision of health center services and appropriate responses to patient satisfaction and patient safety issues.

- 7.6 Health record, confidentiality, and protection of patient information.
 - 7.6.1 PHSKC maintains a retrievable health record for each patient, the format and content of which is consistent with both federal and state laws and requirements.
 - 7.6.2 CHS follows the Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy regulations and PHSKC policies and procedures for protecting the confidentiality of patient information and safeguarding this information against loss, destruction, or unauthorized use, consistent with federal and state requirements, which includes staff HIPAA training.
- 7.7 QI/QA policies and procedures for programs in 330h grant scope and operating outside the CHS Division.
 - 7.7.1 CHS shall ensure that all contractors/sub-awardees maintain QI/QA policies and procedures and engage in QI/QA practices that meet all standards passed down by the awarding department, including policies and procedures related to quality and utilization of health services, patient satisfaction and patient grievance processes, and patient safety, including adverse events. Sub-awardees will provide aggregate reports on data gathered via QI/QA practices no less than once per year.
- 8.0 RESPONSIBILITIES:
 - 8.1 CHS Program Quality Manager is responsible for:
 - 8.1.1 Overseeing the QI/QA Program, with CHS Medical Officer.
 - 8.1.2 Working with the CHS Medical Officer and other program leadership across service categories (e.g., medical, dental, mental health, substance use and enabling) to ensure that staff is well-trained with current guidance.
 - 8.1.3 Working with the CHS Medical Officer and other program leadership across service categories (e.g., medical, dental, mental health, substance use disorder, and enabling) to ensure that each category of service performs routine quality-of-care audits, such as a chart review, a peer review, or other comparable mechanisms.
 - 8.2 CHS Medical Officer is responsible for:
 - 8.2.1 Ensuring adherence to evidence-based clinical guidelines and standards of care.

8.2.2 Working with CHS Program Quality Manager to ensure operations and implementation of QI/QA policies and procedures.

8.3 PHSKC Compliance Office is responsible for:

8.3.1 Overall management of the department's Unusual Occurrence policy and process which include identifying, analyzing, and addressing patient safety and adverse events and implementing follow up actions as necessary.

8.4 HCHN Governance Council is responsible for:

8.4.1 Adopting or evaluating the QI/QA policy at least once every three years and approving updates (as needed).

8.4.2 Reviewing QI/QA, patient safety, and patient satisfaction trend reports with management staff to support decision making and oversight regarding provision of health center services and appropriate responses to patient satisfaction and patient safety issues.

9.0 APPENDICES:

9.1 None