

Cordova Community Medical Center Continuous Quality Improvement Plan

Cordova Community Medical Center is dedicated to providing quality healthcare consistent with the hospital mission. **Our goal is to provide delivery of services that are: Safe, effective, patient-centered, efficient and equitable.**

To achieve this goal, all employees of our hospital will participate in ongoing quality improvement efforts.

The QI Plan outlines the goals and strategies for ensuring patient safety, delivering optimal care, and achieving high patient satisfaction.

Authority:

The Health Services Board of CCMC is ultimately responsible for ensuring high quality care is provided to our patients. The Board delegates the responsibility for implementing this plan to the CEO/Administrator. The CEO/Administrator is responsible to delegate quality management efforts for the entire facility to all staff through the quality management committee.

Quality Management Committee:

The Quality Management Committee consists of the following individuals: The CEO, Chief of Staff/designee, Department Managers as well as the CFO.

The members of the QMC are responsible for:

- Ensuring that the review functions for each department and sub-committee are completed
- Prioritizing issues referred to the QMC for review
- Ensuring that data obtained through QI activities are analyzed, recommendations made, and appropriate follow up of problem resolution is done.

The QMC is further broken down in to sub-committees that will meet quarterly or more often as necessary.

The sub-committees are responsible for policy and procedure review and development as well as utilization review activities.

1. **Fire/Safety/Disaster:** This committee shall include but is not limited to representatives from Environmental Services/Maintenance, Nursing and Administration. This committee is responsible for providing and maintaining a safe work and care environment and maintaining a disaster plan and provide training.
2. **Infection Control/Employee Health:** This committee is required to meet on a quarterly basis and shall include but is not limited to the Infection Control Coordinator, the Director of Nursing

or designee, the Employee Health Nurse, a Medical Provider a representative from Laboratory, Environmental Services/Maintenance, Dietary and Administration. This committee is responsible for staff training and monitoring the infection control system facility wide.

3. **Medical Staff:** This group includes all members of the medical staff, the Director of Nursing, the HIM Director, and the Administrator. This group is responsible for ensuring the quality of patient care through monitoring and evaluating performance and outcomes, in accordance with established medical staff bylaws and rules and regulations.
4. **Pharmacy and Therapeutics:** This consists of all members of the Medical Staff, the Administrator, the Director of Nursing, the Consulting Pharmacist, and the Pharmacy Technician. This committee is responsible for formulary revision and maintenance, reporting of adverse drug reactions and evaluation of proper medication usage.
5. **Utilization Review:** At this time, the QMC is responsible for UR until further notice.
6. **Management Information:** At this time, the QMC is responsible for MI until further notice.
7. **Corporate Compliance:** The Compliance Coordinator oversees compliance with the Code of Conduct and serves as the contact person for any reporting matters that suggest violations of compliance policies, regulations, or statutes. The Coordinator assesses CCMC's policies and procedures that address areas of compliance and ensures CCMC employees understand those policies and the Code of Conduct through a regular training program. The Compliance Coordinator reports to the Quality Management Committee on a quarterly basis or more often if necessary.

Quality Improvement Processes and Methodology:

The continuous Quality Improvement plan is a framework for the organized, ongoing and systematic measurement, assessment and performance improvement activities. The components of this plan include a quick-fix process that will be used for problems that do not need a comprehensive approach to problem solving and solution implementation.

Quality improvement teams may be necessary to look at particular issues to identify opportunities to improve processes and outcomes.

QMC report provides summary data prepared for the board through the CEO/Administrator on a quarterly basis.

The quality improvement methodology we will use is: **PACE**

Plan: Opportunity for Improvement. What is the planned Improvement?

Act: What did you do to improve the process?

Check: What did you learn? Were improvements realized?

Enhance: What are the next steps to further improve the process?

Department and Staff Responsibility:

Every department within Cordova Community Medical Center is responsible for implementing quality improvement activities. All quality improvement initiatives must be conducted as a part of the hospital wide QMC activities. Each department manager is responsible for identifying quality indicators, collecting and analyzing data, developing and implementing changes to improve service delivery, identifying educational needs and ensuring that staff education for quality improvement takes place and monitoring to assure that improvement is made and sustained. Each department will monitor utilization of their department's services and will report utilization review activities to the QMC. The ultimate goal is to improve the quality of care that is routinely provided to the patients and residents of CCMC.

Network Hospital Responsibility:

Our Hospital is a member of ASHSNA and Alaska Regional Hospital is our network hospital. They are available to CCMC as needed in our quality improvement activities.

Confidentiality:

The interviews, reports, statements, other data, proceedings and records of the Quality Improvement Committee shall be privileged and confidential and shall not be subject to discovery either by subpoena or other means of legal compulsion for release to any person or entity for any reason, including use in any judicial or administrative proceeding.

No member, consultant, advisor or person supplying information to the Quality Improvement Committee or sub-committee(s) shall disclose information concerning matters submitted to, considered by, or issuing from the Quality Improvement Committee or sub-committee(s). Unauthorized disclosure shall be grounds for disciplinary action, including termination of employment or termination of medical staff privileges. No disclosure of any such interview materials, reports, records, statements, memoranda, proceedings, findings, or data shall be made without the authorization of the Quality Improvement Manager or his/her designee.

Our facility will make every effort to adhere to State and Federal standards and will utilize our quality assurance activities to establish benchmarks, comparative data bases and professional standards of practice.

Scope of Review:

The QMC will review activities each quarter and assist with QI recommendations as necessary or requested.

Education:

All staff is given the responsibility and authority to participate in Our Hospital's Continuous Quality Improvement Plan. All staff will be provided education regarding the QI Plan during their initial orientation and on an annual basis thereafter. This education will include a description of the plan and how they fit into it.

Annual Evaluation:

Our CQI Plan will be evaluated on an annual basis for effectiveness in achieving our goal of ensuring that the most appropriate quality of services is provided. A summary of activities, improvements made, care delivery processes modified, projects in progress, and recommendations for changes to this CQI Plan, will be compiled.

This summary will be presented to all staff for review and final conclusion will be forwarded to the HSB.