Quality Assurance/Quality Improvement Plan 2016-2017
Bullhook Community Health Center, Inc.  
Quality Assurance/Quality Improvement Plan

I.  Introduction and Statement of Purpose

As part of its dedication to providing quality care in alignment with Bullhook Community Health Center's Mission Statement, Bullhook Community Health Center has implemented a Quality Assurance (QA) and Quality Improvement (QI) program under the supervision of the QI Physician, the Chief Medical Officer (CMO) and the Chief Dental Officer (CDO). If the position of Chief Medical Officer or Chief Dental Officer is vacated, the CEO will designate a qualified employee as an Interim Officer, until such time as the position is filled. The QA/QI program is designed to align with the Bullhook Community Health Center's Strategic Plan, and track clinical, operational and other measures for promoting quality, ensuring patient safety and improving patient care, with an emphasis on HRSA's clinical and financial performance measures. The QA/QI Program includes clinical services and management, and maintains the confidentiality of patient records. The QA/QI Program includes:

- Quality Improvement Physician whose focus of responsibility is to support the quality improvement/quality assurance program and the provision of high quality patient care;

- Periodic assessment of the appropriateness of the utilization of services and the quality of services provided or proposed to be provided to individuals served by Bullhook Community Health Center, and such assessments shall:
  - Be conducted by physicians, dentists, or by other licensed health professionals under the supervision of a physician;
  - Be based on the systematic collection and evaluation of patient records; and
  - Identify and document the necessity for change in the provision of services by Bullhook Community Health Center and result in the institution of such change, where indicated.

The Model for Improvement serves as the basis of all quality improvement activities. The QA/QI Program is designed to move Bullhook Community Health Center toward achieving the Triple Aim in health care — better health care for individuals and improved population health at reduced per capita costs. Bullhook Community Health Center works to integrate quality into all operations, promoting accountability throughout the organization.
II. Scope

Bullhook Community Health Center’s QA/QI Plan applies to all clinical and operational activities. The scope of the QA/QI Plan is overarching and meant to serve as a guide to all QA/QI work across the organization. This document focuses on the following:

- Meeting all requirements of the QA/QI Plan required by HRSA and FTCA for all 330 clinics as a program requirement
- Setting guidelines for the quality structure within the organization
- Addressing quality assurance requirements from government agencies
- Reporting on quality data as required by contracts (example: Medicaid PCMH contract)
- Describing key initiatives
- Addressing findings identified by Bullhook Community Health Center through audits and assessments.

The scope of all quality improvement and assurance activities shall promote the mission and values of Bullhook Community Health Center.
The following diagram summarizes the QA/QI Program:

**QA/QI UMBRELLA**

- **Purpose**
- **Scope**
- **Administrative Responsibilities**
- **Agency-wide Committee Structure**
- **Quality Assurance Activities**
- **Policies & Procedures**
- **Communication of Information**
- **Annual Evaluation**
- **Revisions to QA/QI Improvement Plan**
- **Key Initiatives**

**QI Physician**

CEO/COO/CFO/CDO/CMO
III. Administrative Responsibility

The primary responsibility for implementing, managing and monitoring Bullhook Community Health Center’s Quality Assurance and Quality Improvement efforts is assigned to the QI Physician with support from the Chief Medical Officer, Chief Dental Officer, Chief Operations Officer and Chief Financial Officer. In addition, the Quality Improvement Program Managers (Department Coordinators) shall provide operational support to the quality program. The COO and/or designees will report all QA/QI efforts and identified issues directly to the Chief Executive Officer. The Quality Improvement Committee of the Board of Directors, and relevant operational quality committees as applicable.

The following is a summary of the primary decisions and tasks related to quality improvement and quality assurance, and which positions within the organization are Responsible, Approve, Consulted or Informed of each.

<table>
<thead>
<tr>
<th>Decision or Task</th>
<th>Responsible</th>
<th>Approves</th>
<th>Consulted</th>
<th>Informed</th>
</tr>
</thead>
<tbody>
<tr>
<td>QA/QI Plan</td>
<td>QI Program Managers (Department Coordinators), QI Physician, CMO, CDO, CFO, COO</td>
<td>Board of Directors, CEO</td>
<td>CQI members, QA Committee of Board</td>
<td>Management Team; All staff</td>
</tr>
<tr>
<td>Medical QA and QI Activities</td>
<td>QI Physician, CMO, and Medical Department Coordinator</td>
<td>QI Physician and CMO CEO</td>
<td>CQI Committee (Board and employee) COO</td>
<td>Medical Clinic Managers; All staff</td>
</tr>
<tr>
<td>Dental QA and QI Activities</td>
<td>CDO and Dental Department Coordinator</td>
<td>CDO CEO</td>
<td>Other Staff Dentists, CQI, CCO, CMO, COO</td>
<td>Dental Clinic Managers; All staff</td>
</tr>
<tr>
<td>Behavioral / Mental Health QA and QI Activities</td>
<td>Behavioral Health Department Coordinator, Managers of Integrated Behavioral Health (MH and Addictions)</td>
<td>QI Physician and CMO CEO</td>
<td>CMO Behavioral Health Providers</td>
<td>BH Managers and all staff</td>
</tr>
</tbody>
</table>
IV. Agency-Wide Committee Structure

Quality improvement and assurance activities are conducted at Bullhook Community Health Center by:

1. **Quality Assurance (QA) Committee of the Board of Directors.** The QI/QA Committee of the Board meets monthly. This meeting is chaired by a Board member and staffed by the Quality Improvement Program Managers (Department Coordinators) and the COO. The Chair of the QI/QA Committee of the Board reports a summary of quality improvement, quality assurance and research activities to the full Board of Directors on a regular basis (monthly). The QI/QA Committee of Bullhook Community Health Center’s Board of Directors is responsible the following activities:

   - reviewing and approving all proposals for research to be conducted at Bullhook Community Health Center
   - reviewing the Bullhook Community Health Center’s QA/QI Improvement Plan
   - reviewing the organization’s Health Care Plan
   - reviewing summary reports of incidents and patients’ complaints
   - reviewing the results of quality and patient satisfaction audits and trend report results
   - reviewing legal claims related to patient care at Bullhook Community Health Center
   - providing technical assistance on the organization-wide quality program

2. **Continuous Quality Improvement Steering (CQI).** CQI is an organization-wide cross-functional committee that includes clinical and administrative departments representing Medical, Dental, Operations, Mental Health, Addictions, Planning and Compliance. Other staff may be called upon as subject matter experts on an ad-hoc basis. CQI serves as the umbrella committee for quality across the organization’s service lines and meets at least monthly. CQI compiles a list of topics and defines organizational priorities as agreed upon, and continually assesses the health center’s needs for quality improvement activities. CQI develops the overall QA/QI Plan, which shall be approved by the Board of Directors. CQI is chaired by a designated Department Coordinator and co-sponsored by the QI Physician, Chief Medical Officer and Chief Dental Officer.

   a. **Peer Reviews.** Each service line has a peer review process to ensure quality throughout their departments. The QI Physician, CMO, CDO, Bullhook Community Health Center clinicians including Behavioral Health, Medical, Dental, Pharmacist, and Case Managers will serve as
peer review body. If another peer is not within the health center an outside clinician may be contracted to assist with peer review.

i. Peer review meetings for each department occur on a quarterly basis. Topics are brought to the Medical Quality Assurance Committee (description follows) for approval and they often focus on high priority areas related to federal performance measures. Peer review involves a chart audit of the current practice, and is then paired with an educational component addressing the same subject topic. The peer review meetings are typically led by the QI Physician, Chief Medical Officer, or Chief Dental Officer, respectively, with support services provided by Department Coordinators. Peer review is a collaborative and supportive process, and results are used to inform future quality improvement efforts. Aggregate peer review data, including trends, to be included in a report summary to the COO, CEO and Board of Directors.

3. **Risk Management Committee.** The COO has been tasked to lead risk management activities with the Department Coordinators, as efforts are made in each service line. The COO works with various clinicians to discuss actual, potential and alleged risk management cases and potential system improvements to improve care. Bullhook Community Health Center’s risk management process stresses timely, constructive educational dialogues between involved parties in a continuous effort to improve the quality of patient care. Clinicians in all departments will serve as BCHC peer review body. Bullhook Community Health Center has malpractice insurance through the Federal Tort Claim Act (FTCA) and additional insurance for out of scope services through a private insurance carrier. Bullhook Community Health Center works closely with FTCA and our insurance carrier around potential malpractice issues.

a. **Incident Reporting.** Potential risk management issues will be identified through Bullhook Community Health Center’s network wide incident reporting system. A copy of all incident reports is forwarded to COO/HR Director, who maintains an incident log for tracking and analyzing trends. The COO/HR Director will forward the appropriate incident reports to the Department Coordinators who will work with the CMO and the internal CQI Committee to identify trends that require system-wide changes and/or educational in-services. The Quality Improvement Program Managers (Department Coordinators) will give annual reports to the CQI Steering Committee on incident trends and complaint trends.
b. **Patient Satisfaction.** Bullhook Community Health Center participates in a monthly patient satisfaction survey. The survey measures satisfaction with access to care and staff/provider interactions. Patient satisfaction results are compiled and analyzed by the Quality Improvement Program Managers (Department Coordinators). The survey results are presented at Management QI Committee, Board QI Committee, and other committees as appropriate. Areas for improvement based on response rates are addressed by the internal CQI Committee.

c. **Clinical Audits.** Audits from the electronic medical records and practice management system are done on a regular basis. Some of the clinical audits will be conducted through Bullhook Community Health Center’s partnership with the Community Health Center Network (CHCN) through the MTPCA which focus on pre-determined performance measures, insurance companies or specific grant-programs. Other audits are done internally by the Quality Improvement Program Managers (Department Coordinators). Audits are conducted annually to meet the reporting requirements of the federal Uniform Data System (UDS). The results of any clinical audits are shared with relevant employees through designated meetings or through communication with Department Coordinators.

4. **Medical Quality Assurance (MQA) Committee.** MQA is comprised of clinicians and the QI Physician who meet monthly and are charged with the development, modification and approval of clinical protocols. All medical record forms for inclusion in the medical chart are reviewed and approved by MQA. Additional tasks of the MQA include the selection of peer review topics, review of clinical audits and recommendations for corrective measures as appropriate, and approval of electronic health record templates. This meeting is chaired by the Chief Medical Officer, or designee. All clinical protocols will be approved by CMO and posted in the shared files. This committee focuses on improving department-wide medical quality, enhancing panel management, and reducing practice variations across providers. Responsible to provide recommendation for providers for the key initiative plan, which is approved by the Quality Improvement Committee of the Board of Directors, and working to improve our Performance Measures results.

5. **Dental Quality Assurance (DQA) Committee.** Focus on improving organizational-wide oral health referrals and initiatives.

6. **Behavioral Health Integration Program Advisory Committee.** This monthly meeting addresses the challenges and opportunities related to integrating
behavioral health counseling into primary care services. It is a joint meeting of managers, facilitated by the BH Coordinator with representation from the Chief Medical Officer or Chief Dental Officer or designee(s). It focuses primarily on operations that increase integration of behavioral health into our primary care sites.

7. **Case Managers.** This monthly meeting convenes the team of case managers to discuss clinical and procedural protocols. Training on clinical tools and approaches is provided. This meeting is primarily clinical in nature, although operations and procedures that affect access to care and clinical quality are discussed. The team meeting will be led by Pharmacist.

8. **Pharmacy Workgroup Committee.** Charged with addressing pharmacy issues to create better workflow and efficiency between the pharmacy and the clinic. Reviews pharmacy-related quality matters, including formulary development and prescription process review. The Pharmacist is responsible for the Pharmacy and will chair the committee. Members of the committee will include the CEO and CMO.

9. **Laboratory.** Bullhook Community Health Center’s Laboratory performs quality checks through regular audits and reviews. The Chief Medical Officer, is responsible for oversight of the Laboratory. The CMO ensures that all laboratory regulations are followed, and protocols are followed for testing lab equipment and complying with laboratory proficiency testing regulations for staff.

10. **Finance.** Meets monthly to review finance department and QI plan and activities, sliding fee scale audits, and coding and charting audits.

V. **Policies & Procedures**

Bullhook Community Health Center uses a monthly assignment process to complete a thorough review and update of the organization’s administrative, personnel, and clinical Policies and Procedures, to ensure consistency with HRSA and other applicable requirements. This process is ongoing. Currently, policies are approved by the Board of Directors. The management staff makes recommendations for changes as appropriate.

1. **Clinical Standards of Care.** As noted earlier, protocols are under the jurisdiction of the Department Heads. Clinical protocols are posted on the organizations website, so that all staff can access them at any time.
Protocols are grouped into categories. Examples are: General and Adults; Pediatrics and Teens; Obstetrics and Gynecology; Family Planning/Sexually Transmitted Diseases, Dental and Behavioral Health. Protocols include evidence-based clinical guidelines addressing diagnosis and management of particular conditions.

2. **Credentialing.** All Bullhook Community Health Center Providers go through credentialing at the time of hire and are re-credentialed every two years. We follow all HRSA guidelines. All medical physicians must be either Board certified or Board eligible in their field of practice.

3. **Provider Credentials and Privileges.** Bullhook Community Health Center's Human Resources department ensures that all providers are appropriately credentialed and privileged. Before beginning employment at Bullhook Community Health Center, the Human Resources Department validates all providers' information, including their medical licenses. Bullhook Community Health Center works with the appropriate Montana Medical Boards to check the status of all providers. Once valid licenses are established, the credentialing process begins. HR or designee assists in gathering the appropriate documentation with a checklist of all that is required. At that point, providers are entered into the Health Plans and programs that are applicable to the sites where they will practice and the type of care they will provide. Credentialing is reviewed whenever a provider changes their employment status or FTE. Re-credentialing also occurs on a routine basis, according to the Health Plan guidelines.

4. **Patient Grievance Procedures.** Bullhook Community Health Center has a Patient Grievance policy and procedure that describes how patients may file formal grievances. According to the policy, the patient is to document the complaint, then forward to the appropriate Supervisor or Manager. The Supervisor or Manager has to investigate and/or make suggestions to resolve the grievance, communicate with the patient if appropriate and work together with the COO and CEO for resolution. A grievance log is compiled and sent to the Chief Medical Officer, Quality Improvement Program Managers (Department Coordinators), the COO/HR Director and CEO monthly. A summary of trends related to patient grievances is reviewed by the Quality Improvement Committee of the Board of Directors in summary form on an annual basis.

5. **Confidentiality of Patient Records.** It is the policy of Bullhook Community Health Center to protect patient health information in accordance with Federal and State privacy and security regulations. All information shall be
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confidential and shall be disclosed only to authorized persons in accordance with Montana and federal law. All paper charts must be kept in locked file cabinets or a locked medical records room. Patient’s family and friends will not be informed of the medical visit or whether a paper or electronic medical chart exists unless the patient agrees in writing. Any patient requests to have the medical record transferred, copied or inspected must have a written request. A family member or friend may deliver the written request, but they should be informed that a ‘contact’ number for the patient or a call from the patient is needed to verify the request prior to releasing medical records. Only Bullhook Community Health Center staff involved in caring for the patient will have access to the medical record. Under HIPAA Privacy Rule, all possible measures within reason to protect against ‘accidental disclosures’ should be implemented. All employees will receive training annually on confidentiality and sign a Confidentiality Statement.

VI. Communication of Information

Bullhook Community Health Center communicates with staff and Board Members through a variety of means.

- **Quality Assurance Committee of the Board of Directors.** This committee meets monthly, and receives updates each month from the Quality Improvement Program Managers (Department Coordinators) and Chief Operations Officer, which outline various quality improvement activities taking place throughout the organization.

- **Provider and Support Staff Meetings.** Department meetings are held no less than a monthly basis, and are a key time for the Department Heads to communicate key messages to the majority of the department providers and support staff at one time. At least once a month the CMO, or designee, attends the Behavioral Health meeting in addition to medical meetings.

VII. Annual Evaluation

An annual report will contain achievements met during the past year and recommend priorities for coming year key initiatives.

VIII. Revisions to the QA/QI Improvement Plan

This yearly QA/QI Plan with key initiatives is intended to be flexible and readily adaptable to changes in regulatory requirements and in the healthcare system as
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a whole. The Plan will be reviewed regularly by the QI Physician, COO, CMO, CDO, Quality Improvement Program Managers (Department Coordinators). The CQI Committee will assess the viability of the QA/QI Plan and the inclusion of all appropriate Bullhook Community Health Center QA and QI activities. Bullhook Community Health Center’s Management QI Committee will have the authority to revise or amend the plan with the approval of the QI Committee of the Board of Directors, and the Chief Executive Officer.

IX. Key Initiatives for 2016-2017 grant year

The quality improvement program will focus on the following key developments:

Electronic Health Record (EHR) Optimization will consist of the following:
- Developing workflows
- Identify Training Needs
- Assess setup
- Identify new EHR programs required or desired to improve quality
- Train superusers

- Patient Centered Medical Home. Bullhook Community Health Center strives to maintain PCMH certification, and will conduct QI activities that help us prepare for re-certification, such as utilization of electronic health records, improving the quality infrastructure, ensuring primary care providers for each patient, increasing the use of panel management, and working on patient/clinic communication structures.

- Clinical Dashboard. Team level dashboards that measure a variety of operational and fiscal metrics are being redeveloped. Some of these measures are related to key health outcomes and processes by provider teams.

- Patient Experience Measures. Bullhook Community Health Center is striving to critically analyze and improve various aspects of the patient experience. These factors include wait times, access to care, improving patient complaint/suggestion mechanisms, culturally competency, customer service, and other efforts.

- Quality Improvement Infrastructure. Bullhook Community Health Center is working to create a culture of quality, where quality is embedded in all the operations of the organization. During 2016-20175-2016, we will continue to train staff on quality improvement and quality assurance, and further refine our committee and reporting structure.
• **Leadership Development.** Bullhook Community Health Center is in the process of organizing a Leadership Development series for all of its managers. This series is intended to provide leadership staff with skills, techniques and knowledge that will help them manage staff and projects as we grow and change as an organization. Improving quality is embedded within this series.

• **Dental Quality Improvement.** Bullhook Community Health Center’s Dental Department is working to enhance their quality improvement and quality assurance structure. New measures and tracking mechanisms will be added. The dental department is involved with the DentaQuest Technical Assistance Initiative. The dental department will continue with the DentaQuest work plan.

• **BH Integration.** Bullhook Community Health Center’s BH Department is working to enhance their quality improvement and quality assurance structure. New measures and tracking mechanisms will be added. The BH department is involved with the HRSA/SAMHSA Technical Assistance Initiative.

• **Other Initiatives.** The Quality Improvement Committee of the Board of Directors, Management Quality Improvement Committee, Chief Executive Officer, Chief Operations Officer, Chief Dental Officer, or Chief Medical Officer may identify additional quality improvement initiatives that are priorities for the year.

**Approved by the Bullhook Community Health Center, Inc. Board of Directors on**

05/09/2016.

CHIEF EXECUTIVE OFFICER

Date: 5-10-16

Chair, Board of Directors

Date: 5-12-16

Date first adopted 09/24/2010

Date Revised/QI Board approval 06/13/2013, 04/29/2015, 04/27/2016

New date adopted/Board of Directors approval 06/26/2013, 05/11/2015, 05/09/2016