

<b>HEALTH PLAN OF SAN JOAQUIN</b>			
<b>Subject: Quality Improvement Plan (QI Plan)</b>			
<b>Department:</b> Medical Management - Quality			<b>Policy #: QA08</b>
<b>Applies to:</b> MC, HF, Commercial			<b>Scope:</b> QI, UM
<b>Effective Date:</b> 2/1/96	<b>Revised Date:</b> 10/1/04, 06/08	<b>Approved by:</b>  <i>Signature on File</i> Medical Director	

**POLICY**

- A. Health Plan of San Joaquin (HPSJ) monitors, evaluates, and takes effective action to address any needed improvements in quality of care delivered by all providers rendering services on its behalf, including but not limited to, ambulatory, inpatient and home settings. HPSJ maintains a written description of the Quality Improvement Plan (QI Plan), which describes organizational structure, roles and responsibilities. The written description also includes:
1. A description of the mechanisms used to continuously review, evaluate and improve access to and availability of services;
  2. Description of the quality of clinical care services provided, including, but not limited to preventive services for children and adults, prenatal care, primary care, specialty, emergency, inpatient, and ancillary care services.

**PROCEDURE**

- A. The Medical Director, with the assistance of the Director of Medical Management and the Quality Improvement Nurse(s), will develop and maintain a written description of HPSJ's QI Plan, which will include the following:
1. Organizational commitment to deliver quality health care services, goals, and objectives including accreditation of the QI Plan.
  2. Organizational chart showing the key persons, providers, committees and bodies responsible for quality improvement, reporting relationships of the Quality Improvement / Utilization Management (QIUM) Committee and qualifications of supporting Quality Improvement (QI) Department staff.
  3. A scope of review that will include, but not be limited to:
    - (a) Quality of clinical care services, e.g. preventive services, prenatal care, family planning services.
    - (b) Quality of non-clinical services, e.g. availability, accessibility, coordination and continuity of care.

4. A description of specific quality of care studies and other activities to be undertaken over a prescribed period of time. How the measure is identified, the person(s) responsible, the resources needed to evaluate the data, the methodology to be used to gather the data, report, assess and re-measure issues over time.
  - (a) A description of risk management, resolution and monitoring of member complaints and grievances; patient education / health education, member service feedback.
  - (b) A description of how providers are notified of the QI Plan.
  - (c) An evaluation and summary of the QI Plan studies and other activities completed; trending of clinical and service indicators and other performance data; areas of deficiency and corrective actions undertaken; an evaluation of the overall effectiveness of the QI Plan and evidence that activities have contributed to significant improvements in care delivered to Members.
  - (d) A work plan for the coming year with specific goals, responsible person(s) and targets for implementation and assessment identified.
- B.** The Medical Director, Director of Medical Management and the QI Nurse(s) will meet throughout the 1st quarter of the year to review the QI Plan and evaluate the effectiveness of the studies and programs conducted throughout the year.
- C.** A draft QI Plan will be written with corrections and additions to the document as necessary. A work plan for the upcoming year that focuses on the evaluation and outcomes of the previous years studies as presented to the QIUM Committee, as well as recommendations for new projects as a result of the QIUM Committee recommendations will be developed.
- D.** Draft copies of the updated plan will be presented to the members of the QIUM Committee and the CEO, at the May meeting where the Medical Director, or designee, will formally present the QI Plan .
- E.** The QIUM Committee will make recommendations concerning the QI Plan and accept the plan contingent upon implementation of any committee recommendations. Any changes requested by the CEO will be discussed and accepted, modified or rejected by the QIUM Committee.
- F.** QIUM Committee changes to the QI Plan will be implemented and a new plan distributed to the members of the QIUM Committee for final review. Any discrepancies will be corrected.
- G.** The final QI Plan will be included in the San Joaquin County Health Commission packet for the June meeting.
- H.** The Medical Director of the QIUM Committee will present the QI Plan to the San Joaquin County Health Commission for review and approval and be prepared to address any questions from the Commission.
- I.** Should the San Joaquin County Health Commission modify or otherwise amend the QI Plan, such amendments will be reviewed and resolved at the July QIUM Committee

meeting. The QI Plan will then be resubmitted for approval to the San Joaquin County Health Commission at their July meeting.

- J.** The date of the Commission approval will be documented on the QIUM Committee approval page. The HPSJ Medical Director and CEO will sign the QI plan, once formally accepted. This signed copy will be placed on file at HPSJ.
- K.** The final QI Plan will be distributed to the members of the QIUM Committee and made available for HPSJ staff and providers upon request.

**REFERENCE**

- A. DHS Contract , Exhibit A, Attachment 4
- B. Title 10, CCR, Section 1300.70

Created by/Date	Revised by/Date	Revised by/Date	Revised by/Date	Revised by/Date	Revised by/Date
2/96	J. Braun 3/05/01	S. Steely 4/11/02	S.Steely 10/01/04	L. Ortega 06/08	Reviewed by J. Scott 9/08