




SOUTHERN NEVADA HEALTH DISTRICT
DIVISION POLICY/PROCEDURE/PROTOCOL

DIVISION: FQHC PROGRAM: Division Wide	NUMBER: SNCHC-ADM-010-A
TITLE: Quality Management Program Policy	ORIGINATION DATE: 1/8/20
APPROVED BY: EXECUTIVE DIRECTOR/CHIEF MEDICAL OFFICER: 	LAST REVISION: 1/8/20
Fermin Leguen, MD, MPH Effective Date <u>01-16-2020</u>	NEXT REVIEW: 1/8/21

I. PURPOSE

To establish a formal adoption of the Quality Management Program (QMP) which includes Quality Improvement/Quality Assurance (QI/QA) efforts to ensure quality of clinical and operational services throughout the organization of the Southern Nevada Community Health Center FQHC (SNCHC) of Southern Nevada Health District (SNHD) with an emphasis on Health Resources & Services Administration (HRSA) Federally Qualified Health Center (FQHC) grant requirements (e.g.: tracking clinical, operational and other measures for promoting quality, ensuring patient safety, and improving care with an emphasis on HRSA clinical performance measures).

II. SCOPE

This policy applies to all Workforce members within the FQHC Division or SNCHC.

III. POLICY

SNCHC is committed to continuously improve the quality and utilization of services it provides to their patients and families through the QMP. SNCHC shall have an ongoing QI/QA system that is aligned with SNHD policies including maintaining the confidentiality of patient records. The QMP Program will adhere to the adopted SNCHC “Quality Management Plan” and methodology such as the Plan-Do-Study-Act (PDSA).

A. The QI/QA system addresses the following:

1. The quality and utilization of health center services;
2. Patient satisfaction and patient grievance processes; and
3. Patient safety, including adverse events.

B. Oversight of the CS QI/QA program is the responsibility of the CMO and the Quality Management Coordinator.

1. Quality Management Coordinator is responsible for:

- a. Overseeing the QI/QA Program while working with the CMO, Chief Administrative Nurse (CAN) and other program leadership across service categories (e.g., medical, dental, mental/behavioral health) to ensure that:
 - i. Staff has adequate training with current guidelines and standards of care.
 - ii. Each category of service performs routine quality-of-care audits, such as a chart review, a peer review, or other comparable mechanisms.

- b. Implementation of the QMP and providing leadership of the Quality Management Committee.
2. CMO is responsible for ensuring adherence to evidence-based clinical guidelines and standards of care while working with Quality Management Coordinator, CAN and program leadership to ensure operations and implementation of QI/QA policies and procedures.
3. SNHD/SNCHC Compliance Office is responsible for overall compliance and ethics reporting/investigations, management of the Code of Conduct, Risk Management Plan and Incident policy. These responsibilities include processes that address identifying, analyzing, and addressing patient safety/adverse events and implementing follow up actions as necessary.
4. SNCHC Board of Directors and SNHD Board of Health are responsible for:
 - a. Adopting or evaluating the QI/QA policy at least once every three years and approving updates (as needed).
 - b. 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.
5. The FQHC Operations Chief or designee is responsible for implementation of QMP by ensuring adherence to operating procedures and related assessments, monitoring QMP outcomes, and reviewing/updating QMP operating procedures.

IV. REFERENCES

Quality Management Plan