

<b>Clinton Regional Hospital</b>	<b>Policy and Procedures</b>	NUMBER: QAPI 12.1
	MANUAL:	EFFECTIVE DATE 10/18/2023
	SUBJECT: Quality Assurance Quality Improvement Plan	REVISED 1/22/24  REVIEWED

## QUALITY ASSURANCE/QUALITY IMPROVEMENT PLAN

- I. The expectation of safety within the Quality Assurance Performance Improvement (QAPI) plan encompasses a comprehensive framework for identifying, assessing, and improving safety-related aspects. The QAPI plan is designed to establish and maintain a culture of safety that prioritizes patient, staff, and visitor safety through proactive risk management and continuous quality improvement.
  1. Risk Identification and Assessment:
    - Systematic identification of potential safety hazards, risks, and vulnerabilities within clinical and non-clinical areas.
    - Analysis of safety-related data, including incident reports, near misses, adverse events, and patient safety indicators.
    - Use of proactive risk assessment tools and methodologies to anticipate, evaluate, and prioritize safety concerns.
  2. Safety Culture and Leadership:
    - Fostering a culture of safety that empowers staff to report safety concerns, errors, and near misses without fear of retribution.
    - Leadership commitment to promoting safety, transparency, open communication, and accountability for safety-related outcomes.
  3. Patient and Family Engagement:
    - Involvement of patients and families in safety initiatives, including shared decision-making, care planning, and feedback mechanisms.
    - Opportunities for patients and families to contribute to the identification of safety concerns and the development of improvement strategies.
  4. Staff Education and Training:
    - Access to ongoing education and training programs on safety protocols, infection control, emergency preparedness, and patient safety best practices.
    - Integration of safety principles into staff orientation, continuing education, and performance evaluations.
  5. Continuous Improvement and Monitoring:
    - Implementation of methods for monitoring safety-related metrics, trends, and outcomes to track progress and identify areas for improvement.
    - Regular review and analysis of safety-related data to identify root causes, patterns, and opportunities for intervention.
  6. Process and System Improvement:
    - Implementation of evidence-based interventions to mitigate safety risks, enhance patient safety, and improve the overall safety culture.
    - Integration of safety considerations into process improvement initiatives, such as reducing medication errors, preventing falls, and enhancing infection control practices.
  7. Regulatory Compliance and Adherence:
    - Alignment with regulatory requirements and standards related to safety, including those set forth by accrediting bodies and government agencies.

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for improvement and alignment with organizational goals.

- **Allocate Resources:** Allocate resources, including personnel, technology, and financial support, to support PI initiatives in the identified priority areas. Resource allocation should be aligned with the level of priority and the potential impact of improvement efforts.

**6. Implementation and Monitoring:**

- **Develop Action Plans:** Develop specific action plans and improvement projects tailored to the priority areas. These plans should include clear objectives, measurable goals, timelines, and responsible individuals or teams.

- **Continuous Monitoring:** Implement a system for continuous monitoring and evaluation of the progress and impact of PI activities in the priority areas. This ongoing monitoring ensures that improvements are sustained and that adjustments can be made as needed.

**A. Cycle**

The following steps are necessary for an effective monitoring and evaluation for quality assurance/quality improvement plan. The Quality Improvement

- i. Identification of performance measures, goals, and objectives. A problem can be uncovered from a variety of sources such as chart reviews, patient satisfaction surveys, staff suggestions, lab reports, observations, and incident reports.
  - a. Determine date needed to monitor the improvement in the process.
  - b. Determine indicators for the improvement-monitoring plan.
  - c. During the planning process several issues should be resolved
    - Why is this idea being monitored?
    - Who will be involved in the process?
    - What do they need to know to participate in the process?
    - What are the timetables?
    - How will the process be implemented?
    - What are the success factors?
    - How will the process and the outcomes be measured and assessed?
- ii. Identification of data related to established criteria to evaluate and analyze the frequency, severity and source of suspected problems or concerns. It must be determined if this is an isolated incident, which is already resolved; a problem relating to one individual, which can be solved on an individual basis, or a problem that needs additional attention or study.
  - Establish thresholds that are measurable and achievable.
- iii. Collect, organize, and verify data.
- iv. Evaluate care and determine the outcome. Problem resolution will be approved of by the Medical Staff Committee, Governing Board and meet the following expectations:
  - i. It will consider the impact on the relevant dimensions of performance.
  - ii. It will set performance expectations of change.
  - iii. It will include adopting or creating new measurement methods.

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1. All Quality Management and Improvement activities will be reported to Quality, the Medical Executive Committee and the Governing Board Quarterly and annually to see if the goals have been met.
2. The Governing Board will take appropriate action on the Quality Management and Improvement activities as necessary.

**By following methodology, the QAPI plan can effectively establish priorities for PI activities focused on high-risk, high-volume, or problematic areas, leading to targeted and impactful improvement efforts within the healthcare organization.**