


POLICY & PROCEDURE

	Effective Date: November 2022	General Policy Manual		Policy #: 1.15
	Original – 12/15 Revision	Page 1 of 2	Title: Quality Management Program and Plan	

I. PURPOSE:

Stoughton Health is committed to improving the safety and quality of the care, treatment, and services we provide. The best way to achieve better care is by first measuring the performance of processes that support care and use that data to make improvements.

II. SCOPE:

The Quality Management (QM) Program and Plan is system-wide and applies to all departments of Stoughton Health.

III. PI PROGRAM OBJECTIVES:

The objectives of the program are:

- To support the Stoughton Health Mission
- To facilitate a planned, systematic, organization-wide approach to process design and performance measurement, assessment, and improvement
- To provide managers, leaders, and Medical Staff a point of reference for QM activities
- To facilitate and communicate continuous QM activities throughout the organization and community
- To foster the QM philosophy as an integral part of the organization’s culture
- To provide a structure and framework for QM activities to become a part of day-to-day operations across the organization
- To continually improve patient health outcomes
- To continually improve patient/customer satisfaction with our health care services
- To promote and facilitate patient and employee safety
- To serve as a resource to administration, managers, and staff for continuous improvement projects
- To serve as a resource for orienting new employees and medical staff to the organization’s culture of QM

IV. RESPONSIBILITY:

Employees are responsible for participating in and contributing to QM within their department. Employees will give input to their manager individually and in group activities on what work processes need to be improved. Employees will assist in data collection and analysis, action planning for improvement, and implementation of improvement and control measures.

Managers are responsible for identifying department goals under the Five Pillars of Excellence which support Stoughton Health’s Mission and improvement goals. Managers will discuss suggested goals with their President/Vice President prior to incorporation into their final departmental plan for the fiscal year. Managers will assure timely submission of their bimonthly QM reports with measurable feedback.

The President has delegated responsibility for oversight of Stoughton Health QM activities to the QM Council. The QM Council is responsible to the Board of Directors and will report to them regularly. The Medical Care Evaluation and Medical Executive Committees review the QM Report quarterly and make recommendations to senior leaders.

Stoughton Health Medical Staff also evaluate the quality and appropriateness of medical care given to our patients. The Medical Staff QM Plan describes the process, which continuously seeks to improve patient care, patient safety and solve identified problems while promoting an integrated approach to patient care.

V. QUALITY MANAGEMENT ORGANIZATION:

Members of the QM Council are appointed by Stoughton Health’s President. Standing members include the President, Chief Nursing Officer, Chief Strategy & Business Development Officer, Chief Financial Officer, Vice President of Human Resources and Facility Operations, Executive Director of Foundation and Public Relations and Marketing, Quality Manager, Clinical Quality Specialist, Pharmacy Manager, Board of Director member, and a clinical provider. Other members of QM Council are appointed by the President as needed.

The QM Council will meet monthly. The Council will aggregate, organize, review, and monitor indicator reports (Clinical Quality and Safety Report Card, Balanced Score Card, QM Dashboard, Value Scorecard, etc.). The Council will also evaluate and monitor Department Specific Plans, which will be reviewed on 60-day work cycles. QM Council will have decisional authority to approve the start of QM projects, to determine if the process needs additional work, needs further monitoring, or is hardwired. If the process/outcome is not at goal, the work team will repeat the Plan, Do, Study, Act approach to improvement.

Managers review progress and results throughout the year at status meetings with their respective President/Vice President. Managers may be asked to share their department goals and outcomes during Forum Meetings. Managers are required to share their projects 60 Day cycle cadence within their department.

VI. SHOWCASING RESULTS:

Each department will present at least two QM projects and goals during the QM Council’s 60-day meeting cycle. The QM project will be presented by the project leader for system projects and by front-line staff involved in the improvements for department projects. Presenters will utilize the PDSA (Plan-Do-Study-Act) ‘5 slides 5 minutes’ PowerPoint template for all presentations. Departments may be invited to make a brief presentation via multimedia opportunities and/or submit articles in the Daily Dose.

VII. PI MODELS:

QM Council advocates a systematic approach to improving processes and outcomes. The PDSA framework is utilized to improve performance in meaningful areas of operations. Tools that Stoughton Health uses to help identify problems are fishbone diagram, Pareto chart, pie charts, process mapping/swim lanes. Small tests of change should be utilized to determine if proposed changes will lead to the desired improvement.

VIII. EVALUATION:

The QM Council establishes goals annually based on organization strategic and budget planning processes. Assessment and priority setting includes evaluation of organizational internal and external data, available resources, as well as high risk, high volume, problem prone areas, new processes and requirements. A review of this plan will be done as part of the QM monthly review process.

IX. REFERENCES:

1. DNV National Integrated Accreditation for Healthcare Organizations Accreditations Requirements, Interpretive Guidelines and Surveyor Guidance for Critical Access Hospitals Revision 20-1 (11-09-2020), Quality Management System (QM) Chapter
2. CMS Hospital Quality Assessment Performance Improvement (QAPI) Worksheet.

X. COORDINATION:

Owned by: QM Council Chairperson

Reviewed by:

QMCouncil

Medical Executive Committee

Board of Directors



President/CEO

11/21/22

Date