

QI/QA Program Checklist and Self-Assessment Tool

The following checklist is intended to be used by health centers and free clinics to perform a self-assessment of their existing quality improvement (QI)/quality assurance (QA) programs or to guide development of new programs. In this version, a hypothetical health center has completed the evaluation of its existing plan.

This tool is intended as guidance to be adopted or adapted consistent with the internal needs of your organization. It is not to be viewed as required by ECRI Institute or HRSA.

Element	Quality Plan Component	Present	Not Present	Observations/Comments/ Recommendations
1	The Written QI/QA Plan			
1.1	The center has a written quality improvement (QI)/quality assurance (QA) plan or program and a companion implementation strategy to systematically improve health care delivery and health outcomes for patients served by the health center. The scope of the QI/QA plan and strategy is organization wide.			
1.2	The QI/QA plan is anchored by a statement of purpose that delineates specific quality improvement aims and priorities for the health center. The statement of purpose also informs the plan's strategy for creating systems to track, trend, and evaluate data and generate reports on clinical and operational quality indicators.			
1.3	The QI/QA plan and implementation strategy are reviewed and approved by the board at least every three years as evidenced by the date of the governing board attestation.			
1.4	The QI/QA plan and implementation strategy are reviewed and updated annually by the QI/QA committee. Major revisions to the plan are submitted to the board for approval.			

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1.5	<p>The QI/QA plan includes definitions of key terms such as the following:</p> <ul style="list-style-type: none"> • Quality • Quality assessment • Quality improvement • Root-cause analysis • Process improvement • PDSA cycles • Patient safety • Patient satisfaction • Re-engineering • Meaningful use • Spread 			
2	QI/QA Plan Structure and Participant Responsibilities			
2.1	The board of directors approves the QI/QA plan and implementation strategy and oversees the QI/QA committee.			
2.2	The board appoints an individual responsible for leading the implementation of the QI/QA plan for the entire organization. This appointee chairs the QI/QA committee. This role should be filled/supervised by a clinical director whose focus of responsibility is to support the quality improvement/assurance program.			
2.3	The chair of the QI/QA committee reports to the board quarterly.			
2.4	The board reviews the status and outcomes of quality improvement initiatives at least annually.			
2.5	<p>The board approves the implementation strategy for key quality improvement initiatives identified by the QI/QA committee:</p> <ul style="list-style-type: none"> • Key quality improvement initiatives are identified by the QI/QA committee and implemented • The chair in conjunction with the QI/QA committee identifies additional areas to study and analyze for future quality improvement initiatives 			
2.6	The chair (the board's appointee) selects a QI/QA committee that is multidisciplinary and represents different divisions within the organization.			
2.7	The QI/QA committee reports directly to the chair.			

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2.8	The QI/QA committee oversees the daily QI/QA activities and is empowered by the board to assign tasks as needed to health center staff (e.g., data collection, documentation)			
2.9	The QI/QA committee meets at least six times per year.			
2.10	Protected 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 the health center is completed.			
3.	Data Gathering, Tracking, Analysis, Reporting, Improvement; Protected Reviews			
3.1	The QI/QA chair and committee have the authority to direct health center staff, including providers, on gathering data.			
3.2	The QI/QA chair and committee have the authority to ensure that data is appropriately entered into patient records.			
3.3	The QI/QA chair and committee develop systems for: <ul style="list-style-type: none"> • continuous problem identification and analysis through defined methodologies (PDSA, DMAIC, FOCUS, etc) • corrective action planning, • comprehensive data collection • tracking and following up on patient information including abnormal test results and/or missing or irregular data 			
3.4	Collected data is reported to the QI/QA committee for analysis.			
3.5	Data is systematically collected, displayed, tracked and routinely reported and analyzed to identify trends, patterns, and performance levels.			
3.6	The chair and the QI/QA committee review and analyze the data collected using national evidence based quality standards and metrics.			
3.7	The chair of the QI/QA committee reports quarterly to the board on trends and patterns in the organization, the status of current quality initiatives and recommendations for action steps needed to address pressing concerns that have surfaced during the quarter.			
4	QI/QA Activities			

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4.1	<p>Based on dashboard data as described above, topics for QI/QA activities may include the following (note that list is not exhaustive):</p> <ul style="list-style-type: none"> • Patient care initiatives <ul style="list-style-type: none"> ○ Obesity ○ Immunizations ○ Smoking cessation ○ Depression ○ Prenatal care • Infection control • Safety • Patient satisfaction • Laboratory data • Credentialing 			
4.2	<p>Predetermined, evidence-based measures of quality are used to monitor each selected subject area. These may include measures such as:</p> <ul style="list-style-type: none"> • The Uniform Data Set (UDS) • Physician Quality Reporting Initiative (PQRI) • National Committee for Quality Assurance (NCQA) • Healthcare Effectiveness Data and Information Set (HEDIS) • Joint Commission Core Measures 			
4.3	<p>Short-term projects address issues identified on the dashboards and make initial evaluations.</p>			
4.4	<p>Long-term projects are undertaken to improve operations, safety, quality of care and health outcomes for patients.</p>			
4.5	<p>The Model for Improvement (including “Plan Do, Study, Act” (PDSA) cycles) or similar quality improvement methodologies are used to frame, design and implement short- and long-term projects.</p>			