

SILETZ COMMUNITY HEALTH CLINIC QUALITY IMPROVEMENT PLAN

PURPOSE: To provide a program so that the Siletz Community Health Clinic (SCHC):

1. can demonstrate high-quality health care services in accordance with the principles of professional practice and ethical conduct;
2. can continually seek to provide more effective and efficient utilization of facilities and services, and;
3. can work toward improving the community's health status.

CORE STANDARDS of the Siletz Community Health Clinic's Quality Improvement (QI) Program are:

1. The basic human rights of patients are recognized and patients are treated with respect, consideration and dignity.
2. The Tribal Council sets policy and assumes fully responsibility for the operation and performance of the SCHC.
3. Administration is conducted in a manner that ensures the provision of high-quality health services and fulfills the mission, goals, and objectives of the Confederated Tribes of Siletz Indians (CTSI) .
4. The provision of high-quality health care services is demonstrated through planning, hiring, training, review, and monitoring processes.
5. An active, integrated, organized, peer-based program of quality management and improvement is maintained that links peer review, QI activities, and risk management in an organized, systematic way.
6. A clinical record system is maintained from which information can be retrieved promptly, yet protected from loss, tampering, alteration, destruction or unauthorized or inadvertent disclosure.
7. The improvement of professional competence and skill, as well as the quality of performance, of all employed professional personnel is promoted.
8. A functionally safe and sanitary environment is provided for patients, personnel, and visitors.

ORGANIZATION AND RESPONSIBILITIES:

Governing Body

The Siletz Tribal Council is empowered to act on behalf of the Confederated Tribes of Siletz Indians of Oregon (CTSI) pursuant to Article IV, Section 1 of the Tribe's constitution approved 6/13/1979.

The Tribal Council is comprised of nine members elected by the duly enrolled members of the CTSI. The Tribal Council conducts regular monthly meetings. Decisions are embodied in a resolution or ordinance depending on the intended purpose of the decision.

The Health Committee is one of several Standing Committees that have been established by the Siletz Tribal Council to provide advice and assistance and includes at least one Tribal Council representative. The Health Committee complies with all laws, regulations and policies set by the Tribal Council. The role of the members of the Health Committee is to provide guidance and

assistance to the Health Director regarding the implementation of tribal policy as it is related to the delivery of health care.

Health Director is the administrator who assures that administrative policies, procedures and controls are established and implemented to assure the orderly and efficient management of the SCHC. The Health Director reports to the General Manager and is an ex-officio member of the Health Committee. The Health Director is responsible for the appropriate and timely communication and reporting of quality management and improvement activities and concerns between the Health Committee and the staff of the SCHC.

The SCHC Quality Management and Improvement Program is composed of three components (peer review, risk management, programs) and addresses clinical, administrative, and cost-of care issues, as well as actual patient outcomes. An Administrative/ QI Coordinator has the responsibility and authority to assure that each clinical discipline and program is included, the scope of activities is inclusive, and that all activities follow QI process (detail addressed in Programs section below).

Peer Review involving all clinical providers is provided through an ongoing monitoring process of important aspects of care and is coordinated by the Medical Officer or designee and Credentials Committee.

Risk Management is under the direction of the Health Director and includes:

1. methods of collection of unpaid accounts
- 2.
3. review incident reports/potential litigation, patient complaints
4. review all adverse patient events
5. methods of handling public relations
6. methods for managing unplanned events (i.e. after hour coverage, or coverage for incapacitated health care provider)
7. methods of complying with government regulations/contractual agreements
8. environmental/safety inspections
9. conditions under which a patient may be refused care and methods of informing the patient

Programs and/or Clinical Disciplines.

A person from each clinical discipline and/or program is designated by the Health Director to be responsible that QI activities are initiated and reported regularly to the Administrative/Quality Improvement Coordinator. Reports must include the following five steps.

1. Important problems or concerns in the care of patients are **identified** (See Scope of QI Activities described below)
2. The frequency, severity, and source of suspected problems or concerns are **evaluated**. Health care practitioners participate in the evaluation of identified problems or concerns.
3. Measures are **implemented** to resolved important problems or concerns that have been identified.

4. The problems or concerns are **reevaluated** to determine if corrective measures have accomplished the desired result. Actions are continued or modified until the problems are resolved.
5. QI activities are **reported** regularly to the Administrative/Quality Improvement Coordinator and, as appropriate, to the proper personnel and the Tribal Council.

Committees

Credentials Committee is responsible for the maintenance of a professional standard of care through an oversight of peer review activities and the recommendation on the assignment or curtailment of clinical privileges for health care practitioners to the Executive Committee.

Executive Committee will grant temporary privileges and recommend to the Tribal Council the appointment, reappointment and assignment or curtailment of clinical privileges for health care practitioners.

Standing and ad hoc committees may be established by the Health Director and/or Medical Officer to conduct monitoring and QI activities, or provide information that may lead to the development of such activities.

Administrative/Quality Improvement Coordinator

1. Coordinates all QI activities, including the provision of technical assistance to clinic staff, in carrying out the Quality Improvement Plan. The Coordinator will strive to link peer review, QI activities, and risk management in an organized, systematic way.
2. Tracks monitoring and QI activities including issues and problems identified by these activities.
3. Schedules program and committee reporting schedules
4. Prepares and distribute agendas and minutes for the Planning/QI Committee meetings.
5. Prepares reports for the Health Committee
6. Supports the Medical Staff Appointment, Reappointment and Credentialing process.

Quality Improvement Responsibilities of the Tribal Council:

1. Assure that the quality of care provided by SCHC is evaluated and that identified problems are appropriately addressed. Responsibilities delegated to the Health Committee will be reviewed at least annually and will be reflected in the QI Plan of the SCHC.
2. Review and approve the QI Plan of the SCHC on an annual basis.
3. Review and approve all major contracts or arrangements affecting health care provided by SCHC.
4. Approve initial appointment, reappointment, and assignment or curtailment of clinical privileges of Active and Visiting Medical Staff upon evaluation of the applicant's current qualifications; including education, training, experience and competence, and recommendation by the Medical Staff and Health Director.

Quality Improvement Responsibilities Delegated to the Health Committee

1. Provide leadership in improving the quality of health care by setting organizational expectations.
2. Approve policies, and support the implementation of plans and procedures that affect the delivery of health care.
3. Report to the Tribal Council the activities and results of the QI program, at least annually.

SCOPE OF QI ACTIVITIES: Sources of important problems or concerns in the care of patients include, but are not limited to:

1. Unacceptable or unexpected results of ongoing monitoring of care, such as complications or unplanned hospital admissions.
2. Clinical performance and practice patterns of health care providers
3. Medical record review for quality of care and completeness of entries
4. Quality controls for and use of x-ray, laboratory, and pharmacy
5. Assessment of patient satisfaction
6. Staff concerns
7. Accessibility
8. Medical/legal issues
9. Wasteful practices
10. Overutilization and underutilization

Monitoring and evaluation activities should include those aspects of care that are most important to the health and safety of the patients served. These important aspects of care are those that:

1. occur frequently or affect large numbers of patients;
2. place patients at risk of serious consequences or of deprivation of substantial benefits;
3. tend to produce problems for patients or staff.