

Quality Improvement Plan Guidelines

Required elements to be included in a Quality Improvement Plan:

Opportunity Statement

• A concise statement of the quality of care process in need of improvement including the outcome to be achieved to prevent recurrence of the cited concern(s).

Most Likely Causes of the Problem

 Analysis to identify underlying factors contributing to the problem(s) and to identify where process improvement is needed.

Interventions or Process Changes to be implemented and the timeline for Implementation

- Outline the necessary steps to implement the interventions/process changes.
- Identify the resources available to implement the interventions/process change.
- Identify implementation/revision of policies and procedures necessary to meet your objectives.
- Define timeframes for implementation of interventions/process change.

Measurement of Performance

- Identify indicators to measure progress towards improvement.
- Define target goal to be achieved.
- Define timeframes being measured (to include date ranges of monitoring activity).
- Develop a measurement tool to monitor improvement.
- Determine sample size and frequency of monitoring (minimum of 5%).
- Provide quarterly results of monitoring by identifying the percentage as well as the numerator/denominator of the indicator(s).

Educational/In-service Programs to be offered

• Include copies of planned education programs/in-services, dates scheduled, staff in attendance/ new and/or revised policies and procedures.

Responsible Parties/Departments

 Identify the individuals and departments (including the medical staff for physician component) responsible for implementation of interventions, education programs, measurement/monitoring of progress, and submission of monitoring report to eQHealth Solutions.

QIP Format and Monitoring Report (please refer to attachments B&C)

- *Facilities will have 45 calendar days from the date of the notice to submit the QIP.
 Quarterly reports to be submitted within 30 days after the end of the quarter.
- *Please note the Primary contact person for your hospital when the QIP is submitted.