

**VENTURA COUNTY COMMUNITY HEALTH CENTER (CHC)  
QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT PROGRAM AND PLAN  
2017**



*"Quality is the extent to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge." (Institute of Medicine 1990)*

May 2017

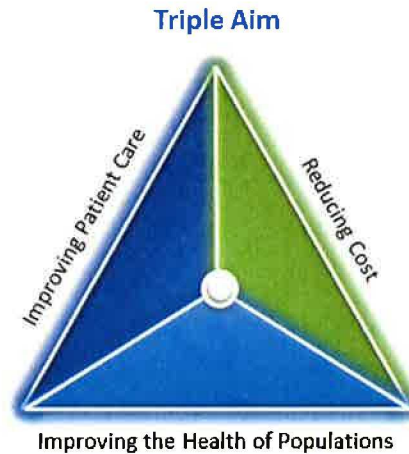
Approved May 9, 2017 Medical Executive Committee; May 25, 2017 CHC Board

# CHC BACKGROUND

## **Ventura County Health Care Agency Mission and Vision**

Ventura County Health Care Agency (HCA) provides a system which ensures access to quality, cost-effective, culturally-sensitive and compassionate health care for all, especially to those experiencing barriers to health. HCA Ambulatory Care (HCAAC) envisions healthy people in healthy communities throughout Ventura County. Through an exceptional workforce, education, and forward-thinking leadership, HCAAC aims to set the standard in health care excellence for our community.

Recognizing that the best care disrupts patients' lives the least, HCAAC strives to keep patients out of the hospital wherever appropriate. This also supports the increased value of services to our patients and advances the Triple Aim in healthcare: high-quality care, smarter spending, and healthier people.



*Figure 1: HCA's mission advances the Triple Aim*

## **About the Community Health Center**

Nineteen (19) clinics in the County health care system are operated through the County of Ventura's designation as a Community Health Center grantee under the Health Resources Services and Administration (HRSA) grant program. These clinics are known as Federally Qualified Health Centers (FQHCs). The FQHC primary care clinics currently handle more than 107,000 patients and over 325,000 visits per year in addition to the more than 14,000 patients that are part of the Health Care for the Homeless (Section 330(h)) program. FQHCs are considered "safety net" providers and their main purpose is to enhance the provision of primary care services in underserved urban and rural communities. Sixty-seven percent (67%) of patients seen in the FQHC clinics in the county's system receive coverage under the Affordable Care Act (ACA).

# QUALITY ASSESSMENT & PERFORMANCE IMPROVEMENT

## **Purpose**

The purpose of the Ambulatory Care Quality Assessment and Performance Improvement (QAPI) Program and Plan is to ensure the delivery of high-quality, safe, and value-driven care, treatment, and services in alignment with HCAAC's mission. The QAPI program supports health centers (FQHCs) in providing care that is:

*Table 1: Six Aims of Quality Healthcare (HRSA 2011)*

Safe	avoiding injury to patients from care received
Timely	reducing waits and harmful delays
Effective	providing evidence-based services to the those who can benefit and refraining from providing services to those not likely to benefit (avoiding overuse and underuse, respectively)
Efficient	avoiding waste and unnecessary steps in providing high-quality services
Equitable	providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographical location, and socioeconomic status
Patient centered	providing care that is respectful of and responsive to individual patient preferences, needs, and values

## **Scope**

The QAPI program encompasses clinical services and management, including patient safety, in order to support the provision of high quality care for every patient, every time in the Community Health Center.

Providing a roadmap for all improvement activities, the QAPI program and plan is the systematic, continuous process by which data and measurable outcomes help HCAAC identify opportunities for increased operational efficiency and quality of care, treatment, and services. By evaluating progress toward identified goals and opportunities for improvement, HCAAC can adapt to change and continually improve health center outcomes.

All patients and persons served deserve high-quality care. Maximizing patient engagement, ensuring all persons have adequate and timely access to care, and designing health services to support optimal treatment adherence requires the provision of culturally and linguistically competent services. HCAAC's strategy in this direction focuses on integrating cultural and linguistic competence into all communications and trainings.

## **Long-Term Community Health Center Goals**

As a Community Health Center, Ventura County has established organizational priorities to improve service experience, integrate care throughout the system, and continuously improve processes. These priorities guide performance improvement efforts and help us achieve our strategic goals.

HCAAC seeks Patient Centered Medical Home (PCMH) accreditation offered by HRSA in partnership with the National Committee for Quality Assurance (NCQA) for all health centers by 2019.

## **2017 Goals and Objectives**

In order to provide robust support tailored to the Community Health Center's needs, HCAAC has created a quality program specific to the clinics. Previously, the quality program for health centers was a component of the Ventura County Medical Center (VCMC) hospital quality program.

Ambulatory Care's Quality Assessment and Performance Improvement Program has identified the following performance improvement goals for program year 2017.

- 1. ESTABLISH THE QUALITY STRUCTURE THAT BEST SERVES THE COMMUNITY HEALTH CENTER.**
  - a. Establish the Ambulatory Care Performance Improvement Coordinating Council.
  - b. Assess current quality and safety activities and metrics, identify gaps, and develop action plans to mitigate the gaps.
  - c. Improve integrity of data used to measure and monitor quality and safety.
- 2. INCREASE QUALITY OF CLINICAL CARE.**
  - a. Increase follow up of unhealthy weight (BMI).
  - b. Increase documentation of Sexual Orientation and Gender Identity and Racial Ethnic Age and Language (SOGI/REAL) demographic data to better respond to health disparities in vulnerable populations.
  - c. Increase patient satisfaction with services.
- 3. ESTABLISH A MEDICAL HOME MODEL FOR OUR PATIENTS.**
  - a. Complete and submit Notice of Intent (NOI) to Health Resources and Services Administration (HRSA).
  - b. Submit Eligibility Request to National Committee for Quality Assurance (NCQA) for Multi-Site Process.
  - c. Implement a patient registry.

# QAPI PROGRAM STRUCTURE

The QAPI program ensures high reliability and quality of care at the best value. Information about quality, safety, and performance flows throughout the organization to ensure data-driven decision making and focus of improvement efforts. The HCAAC Performance Improvement Coordinating Council (AC PICC) serves as the QAPI leadership body, facilitating the flow of information, and ensuring the Community Health Center (CHC) Board receives reports on a regular basis to support its effective oversight.

## Six Pillars of Excellence

HCAAC organizes its system to continually strive for excellence and innovation based upon the six Pillars of Excellence (Studer 2008). The pillars serve as the foundational structure for HCAAC's QAPI program, plan and framework for monitoring and measuring success.

- Financial Stewardship: wise use of resources and high value of services provided
- Quality & Safety: continuous improvement to achieve the best health outcomes at the best value; ensuring safety for all persons in all settings; a spirit of service, cooperation, and professionalism
- People Engagement: engaging staff and persons in the design, delivery, and evaluation of HCA's system of care; employer of choice by creating a values-driven culture
- Service Experience: ensuring timely access to care; commitment to serve with mercy and excellence
- Growth: innovation and constant improvement in efficiency and effectiveness; sustainable growth according to our population's needs
- Community Outreach & Engagement: partnering with the community to improve the overall health of our diverse population



Figure 2. Pillars of Excellence

## Culture of Quality and Safety

The culture of an organization directly impacts its ability to provide excellence in service to every patient every time. HCAAC builds the Six Pillars of Excellence on the foundation of an "Always Culture." The core behaviors of the Always Culture, when practiced consistently by all staff at all times, promote a just culture. The balance of individual accountability and system responsibility for safety lies in a culture where individuals are encouraged and free to speak up; safety risks are routinely identified and mitigated; all are involved in helping design safe systems and expected to make safe choices; and mistakes and near misses provide rich opportunities for improvement.



The Always Culture is demonstrated by the following attributes.

- **Self-Awareness:** Understand how your own affects and drive impact you and others; ability to seek and apply feedback; sharing knowledge and feedback to contribute to the learning of others.
- **Self-Regulation/Accountability:** Promote positive impulses and moods; think before acting; personal ownership for commitments and performance.
- **Motivation/Champion Innovation and Change:** Pursue goals with energy and persistence; ability to embrace and generate better and innovative ways to improve performance; commit to sustained, effective change.
- **Empathy:** Be mindful toward others; effectively communicate and work together; treat others with kindness and respect.
- **Social skills:** Proficient in managing relationships, find common ground and build rapport.
- **Collaboration:** Support individual and team efforts by encouraging, influencing, and engaging others with different backgrounds, experiences, and points of view; establish effective working partnerships; participate in joint decision-making and work through differences to achieve shared goals.
- **Communicate Effectively:** Seek to understand; ask others for input and feedback; actively listen; clearly and openly, but respectfully, express ideas; keep others appropriately informed of goals and objectives.
- **Drive for Results:** Make timely decisions and take action; seek out and utilize appropriate information and resources; resolve/remove barriers that impede progress; monitor progress and acts to ensure success.
- **Focus on the Customer:** Consistently demonstrate the knowledge, skills, abilities, and behaviors necessary to provide superior, culturally sensitive service to each other and to our patients, family members, contracted providers, vendors, regulators, and community partners.

### **Community Health Center Board**

The Community Health Center (CHC) Board guides the services and oversees the quality and safety of care of the FQHC system that provides comprehensive primary care to residents throughout Ventura County. The CHC Board:

- Provides input and feedback to advise and inform the development, implementation, and evaluation of primary and specialty care services and programs funded through the HRSA grant
- Is ultimately accountable for ensuring that the QAPI program and plan aligns with the CHC's mission, goals, and plans
- Evaluates progress in meeting its annual and long-term quality and safety goals,
- Provides input and final approval for the CHC's QAPI Program and Plan.

#### *Quality Assessment and Performance Improvement (QAPI) Committee of the CHC Board*

The CHC Board QAPI Committee receives, reviews, and evaluates quality/performance improvement reports; ensures that appropriate resources are available to accomplish improvement initiatives; conducts an annual evaluation of the Quality Assessment and Performance Improvement program and plan; and periodically reports its findings back to the CHC Board.

## **Staff Leadership**

HCAAC executives prioritize quality and safety for the Community Health Center. Leaders visibly support quality and safety throughout the organization, allocate resources for improvement, and integrate quality and safety into the organization's strategic plan and goals.

The Ambulatory Care Quality Improvement Manager administers the QAPI Program and Plan with oversight from the Quality Medical Director and Ambulatory Care Administrator. The QAPI Program provides regular quality reports to the CHC Board to support its governance duties related to the health center quality.

### *Quality Department*

A licensed, Family Medicine-certified physician serves as clinical director, providing clinical leadership and oversight for the QAPI program. A quality manager who is a licensed Marriage and Family Therapist and Certified Professional in Healthcare Quality works in conjunction to administer the QAPI program and plan. Together, the quality leaders ensure that the care, treatment, and services offered by the health centers meet the needs of the individuals served, are evidence-based, and comply with regulatory and industry standards.

The quality team collaborates with clinics and key departments to collect, analyze and report data. Quality leaders facilitate communication regarding the organization's health related to quality and safety with physician and administrative leaders and with the CHC Board.

## **Staff Committee Structure**

### *Performance Improvement Coordinating Council*

The Ambulatory Care Performance Improvement Coordinating Council (AC PICC) functions as the quality improvement committee for the Community Health Center. Membership includes the Ambulatory Care Deputy Director, representatives of medical staff and other key health center and administrative leaders. The AC PICC holds the organization accountable for delivering high-quality care, and is primarily responsible for the quality assessment and the performance improvement program within HCAAC.

The AC PICC leads the organization in continuously improving quality and safety for the organization. Meeting monthly, the AC PICC monitors improvement activities and quality metrics to identify and prioritize improvement activities. Through monitoring data, including trends and patterns, the AC PICC analyzes the organization's improvement needs and progress toward its goals. Each meeting includes a review of activities taken within the organization to change the provision of services within the context of the data to demonstrate the extent to which these activities were successful in achieving the intended outcomes. Minutes are recorded, including discussion of quality/performance measures and action items. Results of reviews, improvement activities, and key quality and performance indicators are shared quarterly with administrative and clinical management as well as the CHC Board.

# QAPI ACTIVITIES

## Quality Assessment and Performance Improvement

### *Prioritization*

HCAAC prioritizes improvement activities according to the value to patients and urgency of need. The AC PICC provides the forum for leaders to prioritize improvement activities based on data collected in the context of internal targets and benchmarking. Once priority efforts are identified, HCAAC deploys tests to determine if the changes generate improvements.

### *Model for Improvement (PDSA)*

HCAAC employs the Model for Improvement, which incorporates the Plan, Do, Study, Act (PDSA) cycle.

Three fundamental questions form the basis of improvement: *What is HCAAC trying to accomplish? How will we know that a change is an improvement? What changes can we make that will result in an improvement?*

The Model for Improvement tests rapid cycle changes in four stages:

- Plan: Create a plan to test a change
- Do: Perform the test
- Study: Observe and learn
- Act: Make modifications based on what was learned

The simplicity of the model sets the stage for successfully spreading improvement, incorporating lessons learned in each successive cycle. Use of a measurement plan to quantify improvement throughout the cycles ensures that only changes resulting in quantifiable improvement are spread throughout the organization. Four types of measurements are used to establish a baseline, during the rapid cycle change, and to determine if targets are met after the change has been implemented:

- Outcome: Did the change result in a positive health outcome for the patient?
- Process: Did the process of healthcare delivery work?
- Balancing: Did the change have any unintended consequences?
- PDSA Measurements: How did the change work?

### *Evaluation*

Continuous quality improvement includes regular evaluation of an organization's efforts to improve the quality of care and safety for its patients. Annually, HCAAC reviews quality and performance data to identify areas in need of improvement and plans its activities for the next year.

### Model for Improvement

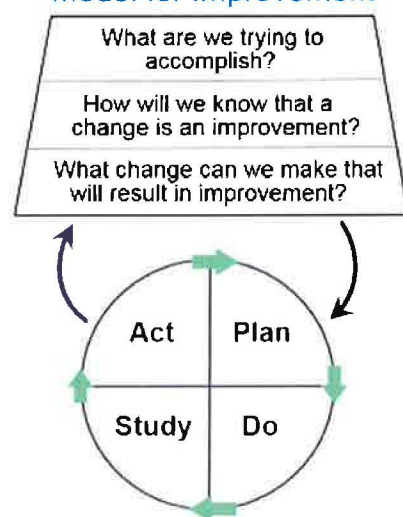


Figure 3: The Model for Improvement incorporates the PDSA cycle



To satisfy the three questions of the Model for Improvement, HCAAC performs the following:

1. Identifies and defines metrics that will measure the activity for improvement
2. Plans and performs data collection
3. Reviews data in the context of established targets and/or benchmarks
4. Analyzes results qualitatively and quantitatively
5. Identifies barriers to achieving targets to guide future efforts.

A report summarizing review process, findings, improvement initiatives taken, suggested modifications, projects in progress, and recommendations for changes, is compiled and forwarded to the CHC Board for review.

#### *Performance Improvement Projects*

Every improvement project, whether initiated as part of the organizational planning process or by individual clinics or departments, is driven by measurable performance indicators. Relevant systems and sources of data inform the measurement of improvement. Evidence-based guidelines, current clinical literature, and data from other health centers help guide improvement focus and measurement. Teams with operational and clinical representation design interventions to achieve targeted outcomes.

HCAAC prioritizes and initiates performance improvement projects based on data from sources such as:

*Table 2: Data drives and measures improvement*

CGCAHPS	Patient perception of care delivery and providers
HEDIS, CMS, NQF	Health care delivery processes and outcomes
Patient complaints & grievances	Patient experience
Event notifications	Adverse events and near misses
Periodic chart reviews	Quality of documentation
Clinic rounds	Environment of care/safety
Peer Review	Quality of care, utilization
Reports	Outcome and utilization trends, population needs, health disparities, clinic access and performance, etc.
Accreditation & regulatory findings	The Joint Commission, Health Resources and Services Administration (HRSA), California Department of Public Hospitals (CDPH), etc.

#### *Quality Reporting*

HCAAC annually reports through Universal Data System (UDS) to HRSA. UDS data provide valuable information to the organization in evaluating the quality of services provided and in planning its

improvement efforts. Understanding performance in the context of programmatic requirements allows HCAAC to focus its resources appropriately.

In addition to UDS reporting, HCAAC participates in other programs through the California Department of Health Care Services (DHCS), Centers for Medicaid and Medicare Services (CMS), and partnering health plans. HCAAC considers the data reported under these programs in conjunction with UDS data to advance the organization in transforming care.

#### *Peer Review (Utilization Review and Medication Review)*

Ongoing peer review is a tool for identifying and resolving variation in standards of care and medical errors in their early stages. Elements of peer review focus on meeting HCA's standard of care and on appropriate utilization of care, treatment, and services. HCAAC uses peer review data to grant/renew provider privileges, educate individual providers, and inform organizational education. Peer review is an ongoing process coordinated by the AC Quality department and performed by practitioners within the same practice area as the provider under review. All providers, including contractors, are reviewed.

Results of peer review are communicated to providers and in aggregate to the CHC Board on a regular basis. Credentialing and privileging decisions are informed by the results of peer review; organizational planning is informed by utilization patterns and quality of care issues identified.

#### *Focused Review*

When the established standard of care is not met, HCAAC ensures focused evaluation of a provider's care and services. Potential opportunities for improvement and issues related to quality and safety can be identified in a number of ways, including the following:

- Chart review (peer, quality, and utilization)
- Patient complaint/grievance
- Notification of adverse event/near miss

### **Clinical Practice Guidelines**

HCAAC provides access to clinical practice guidelines for all health center providers. Guidelines contain current, peer-reviewed content for more than 22 specialties and 10,500 medical topics, with specific considerations for special populations who may experience health disparities. Access to the service includes commonly used formulas to calculate results and estimate severity of conditions. Integration with the Electronic Health Record (EHR) supports point-of-care treatment recommendations, information on lab results, awareness of drug/drug interactions, and patient education.

### **Training**

Effective onboarding and ongoing training support standardization of practices across the organization and meeting the HCAAC standard of care and safety.

#### *New Employee Training*

HCAAC provides robust onboarding training and confirms competency in each area for each employee. New employee training includes the following topics over a span of two days.

- Orientation to the mission and organization
- Standards of conduct and customer service

- Cultural competency and diversity
- Patient safety
- Workplace security
- Privacy and security of protected health information (HIPAA)
- Health information management (HIM) and electronic health record (EHR)
- Medication safety
- Radiation safety
- Electrical safety
- Infection prevention and control, Personal Protective Equipment (PPE)
- Abuse reporting

Nurses receive additional job-specific training, and clinics provide operational training on-site.

#### *Ongoing Training*

To support continued competence, safety, and compliance, HCAAC provides ongoing training and competency testing for topics including, but not limited to, the following:

- Policies and procedures: explain new and review existing policies and procedures
- Infection prevention & control: address deficiencies, communicate approved products, review high-level/low-level disinfection, emphasize hand hygiene and techniques such as “bag and tag” and “wet to dry,” and instrument cleaning/handling, and utilizing single-use items
- Safety review: Personnel Protective Equipment (PPE)
- Pharmacy: important pharmacy contacts, medication safety and storage
- Regulatory readiness: leadership, review of Environment of Care findings, regulatory postings
- CLIA-waived point-of-care testing (POCT): manufacturer guidelines, standards, expectations and quality control tracking
- New Equipment: use and maintenance

#### *System-wide Training*

HCAAC partners with VCMC Quality Assessment and Performance Improvement (QAPI) to address system-wide training needs. This partnership promotes cross-training and consistency among settings and departments in areas such as customer service, communication methodology, and performance improvement methods and tools.

#### *Ambulatory Care Quality Alliance (ACQA)*

In addition to classroom-based training, HCAAC ensures regular communication of changes, standards, and other important information through the Ambulatory Care Quality Alliance (ACQA). ACQA includes representatives from the Community Health Center clinics and key administrative departments who meet weekly in working groups to collaboratively plan implementation of improvements. Each month, the entire ACQA team convenes to finalize decisions across the ambulatory system and present system-wide training on topics such as behavioral health integration into primary care, increasing preventive care screenings, and providing brief interventions for substance use.

## **Risk Management**

Risk management primarily focuses on protecting the health and safety of all persons: patients, visitors, or employees. HCAAC's risk management program spans all departments and clinics to provide a comprehensive system of prevention, monitoring, education, and action.

HCAAC strives for a robust risk management program rooted in a culture of safety. Safety culture promotes proactive reporting of potentially harmful factors. Event reporting is not limited to events that result in harm; near misses provide valuable information to inform action to prevent future harm to patients. Through transparency and blame-free accountability, staff are encouraged to "see something, say something" in order to promote a safe environment of care.

HCAAC has a process for identification, management and analysis of adverse events on a regular basis, and coordinates root cause analyses for events that result in harm to a patient. This analysis is designed to proactively prevent further harm to additional patients by determining the underlying issues and taking action to rectify them.

Additionally, HCAAC is currently acquiring a quality and risk management enterprise system that will reduce potential harm to patients through an integrated approach to managing adverse events and near misses, performing peer review, and tracking patient feedback and complaints/grievances. This integrated solution provides easily accessible leadership tools to support effective oversight as well as the operational tools to track, monitor, analyze, and act on these valuable data sources for improvement.

## **Compliance**

The Compliance Office is responsible for ensuring all employees, contractors, volunteers, vendors, CHC Board members and affiliates maintain compliance with all applicable state and federal laws as well as contractual obligations in such a manner consistent with a high degree of honesty and integrity.

The Compliance Program is a formal program to support this commitment and has been further developed to assist HCAAC in establishing a culture which promotes transparency as well as the prevention, detection, and resolution of any conduct in conflict with state and federal laws, state and federal health care program requirements or the Agency's business practices and/or policies.

## PRIVACY & CONFIDENTIALITY


HCAAC ensures the privacy and confidentiality of patient records and other protected information, complying with all applicable laws and statutes. All information generated within or as a result of the Quality Assessment and Performance Improvement Program and all peer review discussions and records are confidential and protected by California Evidence Code §1157.

Patient records and information are safeguarded and protected. Health information is shared in accordance with state and federal laws, statutes, and guidelines. HCAAC strives to ensure effective coordination of care with other providers, and participates in efforts to legally and appropriately share information with partnering organizations to support integrated, patient-centered care for each person as a whole.

Persons receiving health care services have a right to expect that the confidentiality and privacy of individually identifiable medical information of or derived by health service providers will be reasonably preserved. HCAAC complies with the Confidentiality of Medical Information Act (1982) and releases information pursuant to HIPAA, Lanterman-Petris-Short Act, Title 22, and other applicable state and federal guidelines, statutes, and laws.

Policies to ensure privacy and confidentiality and appropriate release of medical records include:

- An Oath of Confidentiality must be signed by all employees as a condition of employment.
- Proper logging and control of patient records.
- An authorized Custodian of Records.
- Controlled access to electronic medical information.
- Regular security risk analysis to identify and mitigate risks.

*Martin Hernandez, Vice Chair*  




## REFERENCES

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