



Maricopa County Special Health Care District
Federally Qualified Health Center (FQHC)
Valleywise Health
Quality Improvement and Quality Assurance Plan
July 1, 2020 – December 31, 2021

Introduction

Maricopa County Special Health Care District, aka Valleywise Health FQHC serves as the healthcare safety net for Maricopa County in Arizona. It is the only public teaching hospital and health care system in Arizona providing primary and specialty care services predominantly to underserved, low-income and ethnically diverse populations. The Valleywise Health service area has high rates of poor health indicators with high rates of obesity, diabetes, cardiovascular disease and respiratory illness. With many individuals living within medically underserved areas, access to care can frequently be a challenge for underserved residents. To combat these challenges, Valleywise Health is dedicated to addressing the social determinants of health for all patients.

Valleywise Health Federally Qualified Health Centers clinics includes 11 Community Health Centers including Valleywise Community Health Center - McDowell serving persons living with HIV/AIDS and the Valleywise Comprehensive Health Center - Phoenix (PXC) which includes Internal Medicine, Pediatrics, Women's Care, Dental, Antepartum Testing and Diabetes Education.

The FQHCs are certified as NCQA Medical Homes, providing patient-centered and comprehensive care. A robust care coordination program, embedded into all FQHCs, helps to ensure children and families receive access to medical care and social services. Strong community partnerships include providing early literacy programs at some of FQHC sites, supplying free lunches in collaboration with a local food bank, and a monthly food distribution program, which help patients and families address both their medical and social needs.

Mission, Vision and Values

Mission

To provide exceptional care, without exception, every patient, every time

Vision

To be nationally recognized for transforming care to improve community health

Values

Accountability

We hold ourselves and each other accountable by accepting personal responsibility for all that we do and stewardship of the resources we deploy on behalf of our community

Compassion

We demonstrate sensitivity to our patients and each other by offering emotional, spiritual, cultural and physical support

Excellence

We are committed to delivering breakthrough quality and service that exceeds expectations, improves outcomes and provides exceptional patient care

Safety

We ensure a safe environment for all and a highly reliable, effective care experience

FQHCs will employ a comprehensive approach to continual excellence of healthcare, clinical training and population health research. This Quality Improvement and Quality Assurance (QI/QA) Plan serves as the foundation of the health center's commitment to continuously improve and ensure the safety and quality of the services provided to all patients by:

- Providing convenient, affordable quality care where and when people need it most.
- Integrating healthcare seamlessly into the lives of patients and consumers.
- Engaging individuals in their own care.
- Casting a stronger net of programs and services to keep all members of our community well.
- Improve Processes by prioritizing key problems, utilizes hypotheses about the nature of these problems, and develops targeted interventions.
- Conducting Patient Satisfaction Surveys are on an ongoing basis to be reported and reviewed quarterly.

Purpose

The purpose of the FQHC QI/QA Plan is to establish a written description of the specific structure, process, scope and role of the quality improvement program. The FQHC Quality Improvement Program exists to improve the overall performance in the areas of access, clinical care, integrating care, and consumer satisfaction. The FQHCs QI Plan will be evaluated at least annually and updated whenever necessary. The QI Plan is the responsibility of the Quality Department/FQHC Leadership and is to be reviewed and approved by Valleywise Community Health Center Governing Council Chair, Federally Qualified Health Center CEO, Compliance and Quality Committee Chair, and FQHC Medical Director/FQHC Quality Director.

The Purpose of the FQHC Quality Improvement Program is to:

- Continually evaluate and enhance quality management processes, program outcomes, and administrative efficiencies.
- Monitor and evaluate the systems and processes related to the quality of services that can be expected to affect the health status, quality of life, and satisfaction of persons served by FQHC.
- Identify and assign priority to opportunities for performance improvement, as identified by stakeholders (e.g., staff, consumers, providers).
- Continuously monitor and analyze data related to program outcomes and consumer satisfaction to identify opportunities for improvement.

Structure: Responsibility, Accountability and Communication

Valleywise Health Centers Governing Council – Compliance and Quality Committee

Responsibility for quality begins with Valleywise Community Health Center Governing Council Compliance and Quality Committee who regularly assesses processes, systems and outcomes produced by the QI/QA Plan integral to quality performance. The review of quality indicators, including benchmarks and baseline, is completed on a regular basis. Continuous Quality Improvement (CQI) involves taking action as needed based on the results of data analysis and the opportunities for performance improvement. The Governing Council also fulfills the following responsibilities:

- Authorizes resources to support quality initiatives.
- Assigns responsibility for quality programming to the Chief Executive Officer of the FQHC clinics, and to its Compliance and Quality Committee.
- Maintain leadership oversight for all designated FQHC primary care clinics
- Ensures the organization is community-based and responsive to the needs of the population it serves

AOC

Quality Medical Director Committee

The Valleywise Medical Director Committee is led by the CEO of the FQHC clinics FQHC Quality Medical Directors and meets monthly. Formal minutes are maintained.

The ***Quality Medical Director*** Committee has leadership responsibility for this plan and is responsible for:

- Prioritizing current quality initiatives and activities
- Ensuring a process is in place to complete a written needs assessment
- Reviewing patient satisfaction survey results
- Reviewing risk activities to ensure providers are providing quality care
- Patient Safety activities including process improvements related to occurrence report trends
- Consistent monitoring of the Uniform Data System (UDS) clinical measures
- Quality assessment, planning and annual program /QI/QA evaluation

Certain tasks and activities will be carried out by the Ambulatory Quality Initiative Workgroup who must report findings of reviews and analyses to the CEO of the FQHC clinics and the ***Quality Medical Director*** Committee. Outcomes and recommendations will be provided to the ***Ambulatory Operations*** Committee. Summary reports are delivered by the Compliance and Quality Committee to the Valleywise Community Health Centers Governing Council for their review, feedback, and input.

Ambulatory Quality Initiative Workgroup

The Director of Nursing for Ambulatory Services designated by the CEO and Ambulatory Medical Director oversees the QI Workgroup and is responsible for monitoring improvement quality activities service areas such as Medical, Dental and Behavioral Health. This workgroup will develop, manage and implement activities in the QI/QA plan that:

- Incorporates advice and direction from the Quality Medical Directors Committee and the Compliance, Quality Committee and Valleywise Community Health Centers Governing Council in the activities.
- Identifies the most important aspects of care.
- Determines goals, sets objectives, and projects outcomes for all Plan, Do, Study, Act (PDSA) activities.
- Identifies data to be collected, frequency of data collected, and persons responsible to collect the data.
- Encourages involvement of staff in the QI process.
- Collaborates with the QA analyst to implement Valleywise Community Health Center Governing Council QI Goals.
- Compiles/utilizes outcome measurement data for analysis.
- Communicates QI goals, activities, and results to staff.
- Incorporates advice and direction of the Compliance and Quality Committee and Valleywise Community Health Governing Council in the activities.

Performance Improvement, Patient Safety and Quality Standards

The Performance Improvement Program includes:

- Predefined quality standards
- Formal assessment activities
- Measurement of outcomes and performance
- Strategies to improve performance that falls below standards

Performance Improvement

Monitoring and evaluating expected performance on key Clinical and Financial performance measures required by the Health Resources and Services Administration (HRSA) the efforts and resources of Valleywise Community Health Governing Council can be redirected to obtain the desired outcomes through establishing performance indicator for the following:

- Quality of Care: access to prenatal care, childhood immunization, cervical cancer screening, colorectal cancer screening, depression screening and follow up, oral health, children and adolescent weight screening and follow up, adult weight screening and follow up, tobacco use screening and cessation, cholesterol treatment (lipid therapy for coronary artery disease), HIV linkage to care.
- Health Outcomes: improve outcomes for patients with diabetes, hypertension, and birthweight of patients born to Health Center patients.
- Integrated Behavioral Health
- Value of Care: reduce the total cost per patient, medical cost per patient.

By using performance indicators, the variation between the target desired and current status of the item(s) being measured can be identified. Data reports from the Electronic Health Record and other systems are reviewed regularly for trends, achievement of objectives and comparisons. Clinic productivity is reviewed to determine progress in reaching documented targets for units of service. Random chart reviews are conducted by each service area Team to determine if they contain all required recording and documentation and show evidence of sound clinical practice.

Performance indicator results are used to guide management decision making related to:

- Strategic planning
- Resource allocation
- Modification of service delivery
- Process improvements
- Staff training
- Marketing and outreach activities
- Other activities identified by consumers and/or other stakeholders

Patient Safety

Patient and family engagement in primary care helps to forge trusting relationships that promote safety. Valleywise Community Health Governing Council uses evidence-based strategies to improve patient safety by engaging patients and families through our Patient

Centered Medical Home (PCMH) delivery model. Valleywise Community Health Governing Council is committed to providing safe, high-quality care through clinical decision-support tools, shared decision-making, performance measurement, and population health management.

Quality Standards

Quality Standards provide the specifications, practices, and principles by which a process may be judged or rated. Valleywise Community Health Governing Council identifies and sets standards by reviewing, analyzing, and integrating such areas as:

- Performance expectations of stakeholders for both clinical services and administrative functions
- Accreditation standards
- Practice Guidelines
- Clinical pathway protocols and other authorization criteria
- Government requirements, regulations, and rules

Utilization of Appropriate Information System

The Compliance and Quality Committee will review EHR reports:

- To verify all Quality Indicators are being captured and performance measures are being met.
- Provide data integrity audits to verify that information in electronic records and databases correspond with required and expected information.
- To track diagnostic tests and other services provided to health center patients.

Confidentiality

Every patient is entered into our EHR system and is assigned a unique patient number.

Patient records are kept confidential and private in accordance with Health Insurance Portability and Accountability Act (HIPAA) regulations. Intake paperwork given to new patients in the waiting room include the Summary Notice of Privacy Practices (HIPAA) and the HIPAA Consent and Acknowledgement Form to sign. The signed HIPAA Consent and Acknowledgement Form is part of the patient record.

All staff sign a confidentiality statement upon hire where they agree to protect the confidentiality of any information they obtain during their employment and understand the circumstances under which they can reveal such information.

Patient medical records are not viewed or shared with any external provider or person(s) if the patient has not signed a Valleywise Health Authorization for Release of Information form (even if the other provider has their own consent form signed by the patient). Signed Authorization for Release of Information forms are scanned into patient chart.

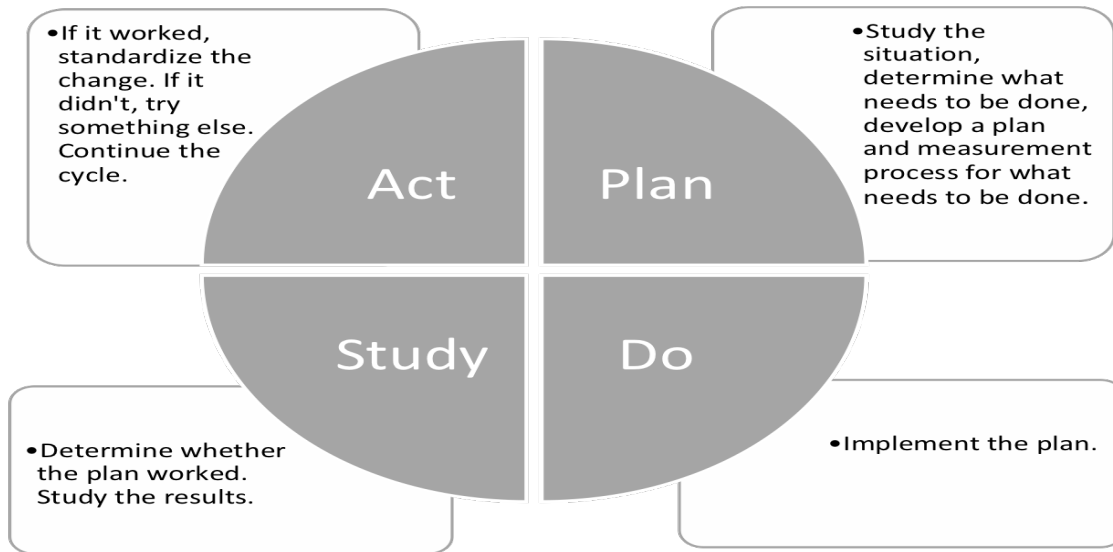
Staff profiles and navigation schemes in the EHR system are set up in accordance to their level of security clearance consent with their ability to view client charts.

Accreditation/Licensure

The Valleywise Health Human Resources, Regulatory and Compliance Departments are responsible for making sure all accreditations, licenses, certifications, and scheduled maintenances are up to date. A report is generated annually with a list of accreditations, licenses, certifications, and scheduled maintenances along with dates of expiration. This report is provided to the Compliance and Quality Committee for inclusion in its report to the VHCGC.

Quality Improvement/ Quality Assurance

The Valleywise Community Health Centers Quality Assurance program utilizes the Plan-Do-Study-Act (PDSA) methodology for testing and implementing quality improvement; and continuously monitoring, evaluating, and improving processes. The plan is a patient-driven philosophy and process that focuses on preventing problems and maximizing quality of care.



1. Plan: Design (or revise) a process to improve results.
2. Do: Implement the plan and measure its performance.
3. Check: Measure and evaluate the results to determine if the results met the desired goals.
4. Act: Decide if changes are needed to improve the process. If so, begin the PDCA process again

Goals

Goal #1	Reasoning	Actions	Target Date
Cervical Cancer Screening	Increase compliance to meet 2019 UDS National Average	Workgroup developing specific actions to address noncompliance	End of CY2020
Goal #2	Reasoning	Actions	Target Date
Controlling High Blood Pressure	Increase compliance to meet 2019 UDS National Average	Workgroup developing specific action to address. Ensure protocol is being followed in the FQHCs.	End of CY2020
Goal #3	Reasoning	Actions	Target Date
Diabetes: Hemoglobin A1c Poor Control	Increase compliance to meet the stretch goal <16 (Healthy People 2020)	Workgroup developing specific actions to address. Continue with Care Coordination involvement and Social determinants of Health	End of CY2020
Goal #4	Reasoning	Actions	Target Date
Colorectal Cancer Screening	Increase compliance to meet 2019 UDS National Average	Workgroup developing specific actions to address noncompliance	End of CY2020
Goal #5	Reasoning	Actions	Target Date
Integrated Behavioral Health metrics: Diabetes A1c and HTN	To determine the benefits of the two programs working together; benchmark to be determined-setting baseline data	Workgroup developing specific actions to address noncompliance	End of CY2020

Improvement Strategies

Establishing and successfully carrying out strategies to incorporate best practices, and optimize consumer outcomes is key to continuous quality improvement. The particular strategy or sets of strategies used will vary according to the situation and the kind of improvement that is desired. FQHCs will develop improvement strategies based on performance reviews, and stakeholder input.

QI Reporting Structure



**Quality Improvement
&
Quality Assurance
Process Plan**