



## Clinic Services Quality Management



November 15, 2004  
Revised March 25, 2015

### Policy C-IC-1

**Purpose:** To continuously monitor, evaluate and improve the quality of care of our Public Health services.

**Policy:** Clinical Services Quality Management Program.

#### Procedure:

- I. TRDHD's Clinical Services Quality Management Program consists of the Community Health Nurse Manager, and clinical staff. Other staff may be involved at the discretion of the Community Health Nurse Manager or District Director.
- II. The quality assurance process shall include:
  - a. An assessment of public health provided by the agency.
  - b. A review of medical records.
  - c. Community satisfaction surveys which address the community, patient, and provider perspectives.
  - d. A review of performance data and outcomes
  - e. The findings, interventions implemented, and recommendations to assure continued improvement shall be provided to District Director & Quality Management Team.
- III. The chart review portion of quality assurance will be completed quarterly on medical records from each major program.

Agency medical records review will include:

- Cancer Screening and Family Planning Program

The Minimum Data Element (MDE) reports and MDE Audit Reports (1706, 1707, 1709) will be reviewed quarterly.

Quarterly internal quarterly assurance audits will include a chart review of medical records. The chart review will utilize the DWH tool provided for LHD use. The

findings, interventions implemented, and progress toward goal(s) will be documented on an annual reporting tool provided by DWH. This completed tool shall be sent electronically to the Division of Women’s Health annually by June 30<sup>th</sup>.

- Lead tests are reviewed by the clinic nurses and follow-up according to Core Clinic Services Guide (CCSG)
- Immunizations- completed by an internal immunization tracking system
- WIC records are reviewed quarterly and clients are notified of late or missing immunizations.
- TB-reviewed in the event of a case and according to the CCSG

In addition, a Reportable Disease and Investigation review is to be performed annually.

- IV. Quality Assurance audit tools can be revised as necessary and should consist of criteria that are process and outcome oriented and criteria that reflect requirements listed in the Core Clinical Services Guide.
- V. After each audit a corrective plan will be developed for identified problems and criteria that scored below 75%. If a program scores below 75% or if problems were identified, that program will be re-audited every 3 months until the identified problems have been resolved.
- VI. Results and Recommendations of the Clinical Quality Management Program will be provided to the TRDHD Board of Health at the Annual Board of Health meeting and be documented in the board minutes.

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**District Director** **Date**

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**Chairperson, Three Rivers District Board of Health** **Date**