Clinical Quality Management Committee (CQM) Evaluation Summary FY 2020-2021

Prepared by: Barbara M. Kubilus
Behavioral Science Research Corporation







Common Themes

Clinical Quality Management Training

Quality Improvement Processes

Plan, Do, Study, Act (PDSA)

CQM Committee Responsibilities

Teamwork

Improved Healthcare Outcomes

Enhanced Client Experience

Improved Processes

Data Data Data Data Data

Ongoing Support and Technical Assistance



What is Quality Improvement?

- As defined by the Health Resources and Services Administration (HRSA) Policy Clarification Notice PCN #15-02: Quality improvement (QI) entails the development and implementation of activities to make changes to the program in response to the performance data results. To do this, recipients are required to implement quality improvement activities aimed at improving patient care, health outcomes, and patient satisfaction.
- QI is based on facts, data, and specifications, rather than on standards.
- QI is Continuously improving organizational processes or systems.







What is Quality Assurance?

- According to HRSA, quality assurance (QA) measures compliance against certain necessary standards, typically focusing on individuals.
- Quality Assurance is a mechanism used to monitor a particular procedure or a process in order to ensure that they are up to the expected levels of quality standards.







What is your understanding of Quality Improvement(QI) versus Quality Assurance (QA)?

27 respondents. Approximately 90% of the respondents understand the differences between quality improvement and quality assurance.

- QI is a continuous improvement of the process, QA measures compliance of a process.
- QI identifying areas that require improvement and creating PDSA's to improve them. QA all standards are being met, maintaining the standards after a CQM project is completed.

Close to 10% of the respondents are struggling with fully understanding the differences between QI and QA.

- QI: the services to be implemented with clients. QA: Services that are already being provided to clients.
- QI focuses on the client's satisfaction and experiences which may impact retention in care while QA focuses on the administrative processes.







What is your understanding of what your role as a CQM Committee member is?

25 individuals indicated that they understood their CQM Committee member role.

- My role as a CQM Committee member is to help evaluate and identify quality improvement opportunities, for improving services to RW clients.
- As a CQM Committee member, our role is to review quarterly reports and evaluate performance. Also, to speak up about barriers and work with the committee to find solutions that will improve services and client outcomes.
- I contribute data and participate in identifying and implementing processes to improve quality of care for clients.

The remaining respondents may need further clarification of their role as a CQM Committee member.

- It has not been identified to me directly. My role within "my agency" Quality Committee is clear.
- To help improve the RW Dade process.
- I sometimes struggle to understand where our agency's role lies as most of the discussion surrounds services we do not provide.







What do you feel that you need help with?

 Two individuals identified that they would like a "Clearer understanding of the request for a QI project versus a QA project."



 One CQM Committee member requested "a robust data system to rely upon."







What suggestions can you offer the Recipient to improve communication with subrecipients regarding expectations and responsibilities in the QI process?

understanding







What suggestions can you offer BSR to improve QI Knowledge?









List the top 3
QI related
topics that you
believe you
need guidance
on to improve
your QI
Knowledge?

onboarding
timelines
comorbidity data
Sustainabilityhrsa
evaluation guidelines
analysis
tools

Do you have any additional comments or suggestions to help improve Miami-Dade County's CQM program?



Miami- Dade County's CQM program is evolving while staying resilient; we are on the right path to improving every quarter.



Should work to ensure staff of sub recipients learn about QIQA.



Training should be on going as new members are introduce to group.



Reports active and inactive clients in the RW program.



Teamwork, Collaboration and ensure accuracy of QI initiatives.



I think the CQM committee has done a very good job in identifying areas for improvement. I hope we continue to do that. Too often QI takes a back seat in our agencies.



MDC CQM for BSR or for "my agency" or for OMB? Not sure what are you asking. As I mentioned before, it is unclear the role of BSR in subrecipient's practice.



