



Continuous Quality Improvement Plan

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Introduction

The Healthy Start Coalition of Miami-Dade (HSCMD) was incorporated on April 1, 2001 and serves as a prenatal and infant care coalition. HSCMD's goals are to reduce infant mortality and morbidity, to improve pregnancy outcomes, and to enhance the health and development of children birth to age three. HSCMD is one of 33 prenatal and infant coalitions formed for the establishment and oversight of the Florida Healthy Start Program. Since 1992, HSCMD has evolved into one of the key organizations in Miami-Dade County for providing services to maternal, infant and child health specifically targeting pregnant women and infants birth to three years of age. HSCMD strives to extend services to all pregnant women and their children in Miami-Dade County through new program implementation, creative outreach, and empowerment strategies.

HSCMD has several programs and initiatives throughout Miami-Dade County. Its core programs include:

- Healthy Start – Healthy Start legislation provides for universal risk screening of all Florida's pregnant women and infants to identify those at risk for poor birth, health and developmental outcomes.
- HealthConnect in the Early Years – Funded by the Children's Trust is a voluntary home visitation program for first time mothers focusing on health education, promotion and support to improve maternal health, pregnancy outcomes and child health and development.
- MomCare - Sixth Omnibus Budget Reconciliation Act (SOBRA)/MomCare is a special Medicaid waiver from the Federal Government that provides insurance coverage to pregnant women whose household income is between 150% and 185% of poverty guidelines.

Purpose

HSCMD is committed to continuously improving the quality of its programs and services, thereby ensuring that all pregnant women and children who meet eligibility requirements receive high quality services. HSCMD promotes prenatal and postnatal screenings, and individual referrals to prenatal care providers, hospitals and birthing facilities, pediatricians and other community organizations. To this end, a Continuous Quality Improvement (CQI) plan has been designed to guide the objectives of the Coalition. HSCMD's CQI:

- examines the processes of service provision,
- addresses customer satisfaction,

- is data driven,
- monitors the achievements of performance measures and desired outcomes,
- focuses on continuous improvements and
- reviews findings from the internal CQI Workgroup.

Additionally, the CQI findings will assist the Board to clearly define an overall funding strategy and identify providers in need of technical assistance after funds are disbursed. Ultimately, the CQI plan is designed to evaluate the quality and appropriateness of HSCMD's services and provide feedback to the communities it serves. The plan is also designed to (1) teach, train, and consult staff on the implementation and support of best practices and (2) continuously improve programs through the utilization of needs assessment and operational data.

Objectives of the CQI Plan

- To provide for an organization-wide plan that assures HSCMD has processes in place that comply with the standards of its regulatory agencies and best practices in the field.
- Systematically measure, assess, and improve its performance to achieve its goals.
- To evaluate and maintain quality client care.
- To assure confidentiality of client information.
- To assure identification and correction of internal challenges and those of the contracted providers.
- To provide ongoing monitoring and evaluation of internal and external programs.
- To provide a system of accountability and ongoing monitoring of the activities and competence of all staff in HSCMD's system.
- To identify staff and contracted providers' educational needs on an ongoing basis.

HSCMD Values for the CQI Process

- Improving services is a continuous process.
- Training, education and quality are ongoing processes and are accomplished through strategies promoting best practices, compliance, and accountability.
- Providing cost effective quality services and promoting positive outcomes for clients are the responsibilities of all HSCMD's staff and providers.
- Improving services through reliable and objective data.
- Assuring quality services through input and feedback from our clients, community, staff, key stakeholders and Board of Directors.

HSCMD's Governance & Relationship to CQI

HSCMD is governed by a Board of Directors, responsible for approving all contracts and addressing matters of non-compliance related to contract stipulations as follows:

- Issues of contract compliance, amendments or termination shall be referred to the Board of Directors.
- The Board of Directors will receive recommendations from the Quality Improvement and Review Committee (QIRC) and consequently vote to accept/reject those recommendations.
- The Board of Directors will make the final decision on all contracts.

The following is a list of current committees which manage the HSCMD service delivery system.

A. *Executive Committee.* This committee is responsible for planning, funding and overseeing the HSCMD operations while providing recommendations to the Board of Directors when necessary. In the area of quality improvement the committee:

- Receives regular reports from the Quality Improvement and Review Committee on audit outcomes and other programmatic issues involved in the contracts;
- Recommends continuation/discontinuation of funding with contracted providers; and
- Makes final recommendations to the Board of Directors regarding newly selected providers, as well as those that are eligible for renewal.
- The Chief Executive Officer will staff this committee.

B. *Quality Improvement and Review Committee (QIRC).* The QIRC committee continually monitors and develops procedures for improving HSCMD's internal and external service delivery and ensures compliance with the regulatory agencies' guidelines. The Coalition recruits members of community organization with expertise or interest in the area of quality improvement and assurance. A minimum of four (4) individuals are invited to serve on this committee.

The committee will:

- Review and update the CQI plan annually, or as needed;
- Review HSCMD's quality improvement processes as referred by the Continuous Quality Improvement Workgroup (CQI) and provide recommendations;

- Provide recommendations in the development of policies and procedures which ensure the provision of quality of care with on-going improvement and resolutions;
- Review, analyze, and make recommendations concerning data related to utilization, effectiveness, and quality of service delivery;
- Meet on a regular basis as convened by the Director of Quality Improvement and Assurance;
- Assist in the provision of technical assistance by planning and or providing quality improvement related trainings;
- Provide input on the reports to the Executive Committee regarding the status of all programs. The Director of Quality Assurance and Quality Improvement will draft the reports for submission to committee members and will be responsible to present the approved report to the Executive Committee; and
- Improve and revise forms used by HSCMD to document clients' information:
 - Examine the existing forms developed and distributed by HSCMD or its funders to ensure user friendliness
 - Identify issues that are forms related and recommend areas for further training
 - Work with HSCMD's staff and contracted providers to implement new forms

A subcommittee of the QIRC will be created to improve and revise forms as the need arise. Contracted providers may select internal staff members to participate on this committee.

B.1. Best Practices Sub-Committee. A subcommittee of the QIRC created to identify best practices used in the scope of service delivery. Best practices are research-based or evidence-based programs, practices and principles that are shown to be reliable and can produce measurable and sustainable improvements in productivity, efficiency or effectiveness. Contracted providers may send organizational representatives to participate on this committee.

The sub-committee will:

- Identify best practices used for service delivery relevant to home visitation, engagement and retention of clients; and
- Share best practices that can be used by HSCMD staff and contracted providers.
- The Director of Quality Assurance and Quality Improvement will convene this committee.

B.2. Continuous Quality Improvement (CQI) Workgroup. This workgroup is formed to assess and improve the overall quality of HSCMD's internal programs or service by identifying positive and negative programs processes and outcomes. The Workgroup includes the Director of Quality Assurance and

Quality Improvement, Quality Assurance and Improvement Specialist, Program Managers and Supervisors. The CQI Workgroup meets monthly.

C. Data Committee. Data is crucial to understanding the direction of HSCMD's programs and initiatives, formulating strategies to achieve HSCMD objectives and providing evidence of established indicators, which allow HSCMD to make informed decisions. The Director of Quality Assurance and Quality Improvement in conjunction with Directors/Program Managers and Supervisors regularly review data and present it for discussion at the QIRC Committee. In addition, a data committee will be convened by appropriate staff for:

- Developing processes to collect and analyze statistical data including performance and outcome objectives for HSCMD's core services,
- Addressing data quality issues,
- Identifying community and state-wide data sources and
- Evaluating HSCMD's activities.

D. Maternal Infant and Child Health Provider Network Committee (MICH). The Healthy Start Coalition of Miami-Dade is one facet of the Healthy Start system which delivers its services to women and children in Miami-Dade through contracted providers. The MICH Committee is comprised of internal HSCMD staff and organizational representatives from contracted providers offering services through Healthy Start, MomCare, and Health Connect in the Early Years, and representatives from other programs that may be added in the future. The committee addresses concerns that arise within HSCMD's programs and other maternal, infant and child health systems.

- The committee identifies gaps in maternal, infant and child health services as well as barriers in accessing services.
- The committee invites maternal, infant and child health providers to address related issues collaboratively.
- HSCMD's contracted providers are given the opportunity to dialogue about issues and concerns that impede their ability to provide quality services and receive assistance in developing strategies for improvement.
- The Director of Programs will convene and staff this committee.

As the need arises, HSCMD administrative staff will convene committees that are responsible for overseeing internal and external contracts and improving the HSCMD's service delivery system. The committees will share information among them as part of the continuous improvement process.

Staff Roles for the CQI Plan

The **Chief Executive Officer** is accountable for managing all of the Coalition's operations. The CEO provides resources and support systems for the quality improvement functions, risk management and safety related to HSCMD's staff and clients. The Chief Executive Officer delegates responsibility for continuous quality improvement to the Director of Quality Assurance and Quality Improvement.

The **Director of Quality Assurance and Quality Improvement** directs the overall CQI plan for HSCMD and reports to the Chief Executive Officer. The Director of Quality Assurance and Quality Improvement also provides support and training to HSCMD staff and coordinates efforts relating to quality improvement and assurance to contracted providers.

- A. Training
 - HIPAA
 - Safety and Risk Management
 - Consumer Surveying
 - Documentation

- B. Coordination
 - Audits of contracted providers
 - Performance improvement plans/corrective action
 - State audit activities for HSCMD

- C. Data Analyses and Summary
 - Quarterly performance reports
 - Consumer surveys
 - Performance/Outcome measures

- D. Monthly/Quarterly Reports
 - Audit reports to contracted providers
 - Quarterly operations report
 - Program outcome measures

The **Quality Assurance and Improvement Specialist** is responsible for assisting the Director of Quality Assurance and Quality Improvement by coordinating, implementing, and training staff as it pertains to the quality improvement process. The Quality Improvement and Assurance Specialist will:

- Liaise and coordinate with contracted providers
- Perform external audits and record reviews

- Monitor internal programs, and
- Review and analyze monthly and quarterly reports.

The **Director of Programs** is responsible for coordination of trainings for HSCMD staff and contracted providers and oversees several initiatives of the organization including MomCare Program, Health Connect in the Early Years, and FIMR; as well as

- Contracts with trainers and coordinates all training projects
- Ensures the upload of training sessions schedules onto Coalition website
- Notifies HSCMD staff and contracted providers about training
- Coordinates educational classes for HSCMD clientele
- Researches and identifies new government or private funding opportunities
- Manages databases and produces required reports
- Develops educational materials for distribution to participants and community, and
- Monitors the distribution of educational materials.

The **Director of Programs** is primarily responsible for managing all aspects relating to the Healthy Start Coalition of Miami-Dade's HealthConnect in the Early Years and MomCare programs. This includes, but is not limited to, directing and coordinating all staff and Coalition programs, operating within existing policies, participating in the formation of the Coalition's service delivery plan, and the development of program budgets in collaboration with the Director of Administration and the CEO.

The **Director of Administration** is primarily responsible for accounts receivable, accounts payable, grant reporting, and managing the organization's Human Resource department. This position oversees and is accountable for contract management and helps create organizational and program budgets in collaboration with the CEO.

- Acts as liaison between HSCMD and contracted professional employee outsourcing vendors;
- Assists in organizational long-term planning and works to achieve operational excellence;
- Assists independent accounting firms with annual agency audit
- Collects and analyses data;
- Develops departmental budgets;
- Ensures accurate reporting and information flow and management of business process;
- Maintains accurate and complete fiscal documentation; and is
- Responsible for oversight and management of Human Resource functions.

Program Supervisor(s) manage the daily activities of specific programs including supervision of direct service and support staff, and coordination of service delivery to ensure that participant needs, program goals, and contract objectives are being effectively met.

Continuous Quality Improvement Process

The CQI process is designed to be compatible with the structure of HSCMD. In an effort to provide feedback to the CEO and Board of Directors, the staff involved in the CQI process performs the following essential functions:

- Data collection and measurement;
- Evaluation, analysis and reporting;
- Technical Assistance and training staff and contracted providers;
- Monitoring; and
- Follow-up.

A. Data Collection and Measurement

The Quality Improvement & Assurance Department will identify quality and compliance information to be collected and measured within the organization. Measurement tools will be developed in order to analyze and communicate the strengths and areas for improvement within a program or department. Data collected may include:

- Contract deliverables
- Contract outcomes/performance measures
- Number of clients served
- Referral data
- Staff turnover
- Incident and accident reports
- Client complaints
- Client satisfaction surveys
- Record reviews
- Review of data systems including HealthConnect Information System (HCIS), SOBRA Information System (SIS), and the Health Management System (HMS).

B. Evaluation, Analysis and Reporting

The data collected and analyzed by the Quality Improvement & Assurance Department results in reporting of identified concerns, deficiencies, training needs, breakdown in process, as well as revealing areas of strength within a program or department.

C. Technical Assistance and Training

The Quality Improvement & Assurance Department will provide technical assistance and training as needed to internal staff and contracted provider's staff to continuously improve their programs. Technical assistance and training of staff can be done during staff meetings, providers meetings, or other structural committee meetings.

D. Monitoring

The Quality Assurance & Quality Improvement (QA/QI) Team participates in external funders' audits and assists the programs with drafting and implementing any resulting corrective action plans.

The QA/QI Team conducts internal program audits quarterly in order to monitor contract compliance and compliance with program policies and procedures. The QA/QI Team coordinates and conducts audits of external contracted providers to monitor contract compliance and statewide guidelines. External providers will be audited at least once per the contract year. For those providers placed on corrective action, audits will occur at least 2 times per the contract year.

E. Follow-up

The QA/QI Team follow-up with internal program administrative staff to ensure auditors' recommendations are followed. If a corrective action is required, the QA/QI Team works with program administrative staff to develop the plan and implement accordingly. In addition, the QA/QI Team follow-up with external contracted providers to ensure implementation of the corrective action plan.

Reporting Requirements

A. Quarterly Reports

Reports to HSCMD are critical to the CQI process as these are needed to monitor progress and overall programs success, as well as to identify best practices. All contracted providers are required to submit quarterly reports to HSCMD. These reports must be data driven and indicate the comprehensiveness and duration of the services being offered and indicate whether services are delivered at an appropriate level of intensity and duration. HSCMD staff determines data elements to be included in quarterly reports.

- The QA/QI Team reviews the quarterly reports and submit written questions on information contained in the reports.
- The QA/QI Team tracks all performance indicators and service data quarterly and compares them to the annual numbers from the previous year as well as the numbers from the previous quarter and program record audits.
- As part of the performance data, the Coalition will examine local data and compare with other existing data.

B. Monthly Review Reports

- All contracted providers are required to conduct internal monthly record reviews using the forms included in the contract. At a minimum of 10 records are reviewed each month (30 records quarterly) as part of the ongoing internal QA/QI process. The total number varies depending on the amount of clients assigned to a contracted provider. A complete summary of the records reviewed and a written status on each outcome and performance measures are included in the quarterly reports submitted to the Coalition.

- Each contracted provider must have an internal QA/QI process in place and is required to report on that process quarterly. The internal QA/QI plan may include consumer satisfaction surveys, other types of client surveys, peer record reviews, and an internal process for problem-solving and addressing issues that affect service provision. All contracted providers must submit a copy of the written internal QI process to HSCMD when requested.

C. Financial Reports

Financial reports submitted by each contracted provider are monitored by the Director of Administration and Bookkeeper.

Continuous Quality Improvement Committees Chart

