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Presenting Quality Data to the Board What Questions to Ask

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Agenda

- Overview of HRSA Clinical Quality Requirements, Relative to the Board of Directors
- The Board's Role in Receiving Clinical Quality Data
- The Health Center's Role in Presenting Clinical Quality Data
- Factors to Consider When Gathering and Presenting Clinical Quality Data
- Methodologies for Presenting Clinical Quality Data
- Question and Answer Session





Overview of HRSA Clinical Quality Requirements, Relative to the Board of Directors

- HRSA requirements for clinical quality reporting are outlined in Federal Statute.
- Compliance is evaluated through the Operational Site Visit Guide.
- Compliance with clinical quality reporting primarily falls under the following Health Center Program Requirements.
 - Program Requirement #3 - Staffing
 - Program Requirement #8 – Quality Improvement Program
 - Program Requirement #15 – Program Data Reporting Systems
 - Program Requirement #17 – Board Authority



Program Requirement #3

Staffing

Health center maintains a core staff as necessary to carry out all required primary, preventive, enabling health services and additional health services as appropriate and necessary, either directly or through established arrangements and referrals. Staff must be appropriately licensed, credentialed and privileged.



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Program Requirement #3

Staffing

- Use “PIN 2001-16 and 2002-22” as a resource for evaluating compliance with Board responsibilities for Credentialing and Privileging of Licensed and Certified Staff.
 - Ultimate approval authority is vested with the Board; or
 - Board may delegate approval via resolution or bylaws.
- Approval must be clearly documented in the Board of Director’s Meeting Minutes.
- FTCA Coverage

<https://bphc.hrsa.gov/programrequirements/pdf/pin200116.pdf>

<https://bphc.hrsa.gov/programrequirements/pdf/pin20022>



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Program Requirement #3 - Staffing

A reminder about Credentialing and Privileging.....

The Health Center Must:

- Have board approved policies and procedures.
- Have the documentation outlined in PIN 2002-22 to attest all licensed and certified staff have the required credentials.
- Conduct Peer Review between providers within the same specialty.
 - Dentist – Dentist, OB/GYN – OB/GYN
- Consider Peer Review results in the reappointment process for providers.



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Program Requirement #8

Quality Improvement/Assurance

Health center has an ongoing Quality Improvement/Quality Assurance (QI/QA) program which:

- Includes clinical services and management*
- Maintains confidentiality of patient records*
- Includes a clinical director to provide appropriate oversight*
- Includes routine and regular assessment of service utilization and service quality, i.e., Peer Review, Patient Satisfaction, Clinical Performance Measures*
- Identifies the need for and implementation of change, when necessary*



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Program Requirement #8

Quality Improvement/Assurance

Key Language in this Requirement

The results of the periodic assessments completed by health center staff must be shared or reviewed by key management staff and presented to the Board of Directors on a regular basis.



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Program Requirement #15

Program Data Reporting Systems

Health center has systems in place which accurately collect and organize data for program reporting, and support management decision making.



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Program Requirement #15

Program Data Reporting Systems

Key Language in this Requirement

- *Must be systems in place to collect and organize data required for UDS and Clinical / Financial Performance Measures.*
- *Information from data reporting must be used to support management decision making.*



Program Requirement #17

Board Authority

Health Center governing board maintains appropriate authority to oversee the operations of the center, including (specific to clinical quality reporting):

- *Evaluation of progress in meeting annual and long term goals (Clinical, Financial and Operational)*
- *Involvement in long term strategic planning through the receipt of appropriate information (i.e., QA/QI data, Patient Satisfaction data)*



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Program Requirement #17

Board Authority

Key Language in this Requirement

These activities must be documented in the Board of Directors Meeting Minutes.



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Presenting Clinical Quality Data The Health Center's Role

Health Center Should:

- Determine who will facilitate the QI discussion at Board Meetings.
- Develop a reporting schedule for all clinical services and clinical management metrics.
- Present a monthly Quality Report and engage in active discussion.
- Present data in a format that is appropriate for the skill set of the Board (i.e., visual vs. narrative).



Health Center Should:

- Develop a training schedule to educate Board Members on metrics, including all UDS clinical performance measures.
- Ensure all discussion and decisions made are clearly documented in meeting minutes.
- Encourage Board Members to ask questions!





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Receiving Clinical Quality Data The Board's Role

Board Members Should:

- Anticipate a QI report will be presented and discussed at each meeting.
- Request training and education on the information being discussed.
- Make sure data is presented in a format that is appropriate for all members (i.e., dashboard vs. narrative).



Board Members Should:

- Review previous meeting minutes to ensure QI discussion is recorded.
- Consider the results of QI metrics in the strategic planning process.
- Get involved in discussion when QI data is presented. If you don't understand.....Ask Questions!





Factors to Consider - Gathering and Presenting Clinical Quality Data

- **Background, skill set and culture of the Board**
 - Primary language, education and professional background
 - Learning style of the Board
- **The method/frequency of data collection and reporting**
- **Who will present the data?**
 - Presentation style, engagement of the Board
- **In what format will the data be presented?**
- **Training Tools**
 - HRSA Quality Toolkit, PDSA Cycle Sheet, Operational Site Visit Guide



PDSA Worksheet for Testing Change

Header

Aim: (overall goal you wish to achieve)

Every goal will require multiple smaller tests of change

Describe your first (or next) test of change:	Person responsible	When to be done	Where to be done

Plan

List the tasks needed to set up this test of change	Person responsible	When to be done	Where to be done

Predict what will happen when the test is carried out	<u>Measures to determine if prediction succeeds</u>

Do

Describe what actually happened when you ran the test

Study

Describe the measured results and how they compared to the predictions

Act

Describe what modifications to the plan will be made for the next cycle from what you learned



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Strategies for Gathering and Presenting Clinical Quality Data

- Have a plan for data collection
 - What, How, When, Why and How Much
- Consider multiple data collection methods
 - Electronic Medical Record, Surveys, Chart Audits,
- Standardize the process
- Make sure data is reliable
- Act on it!

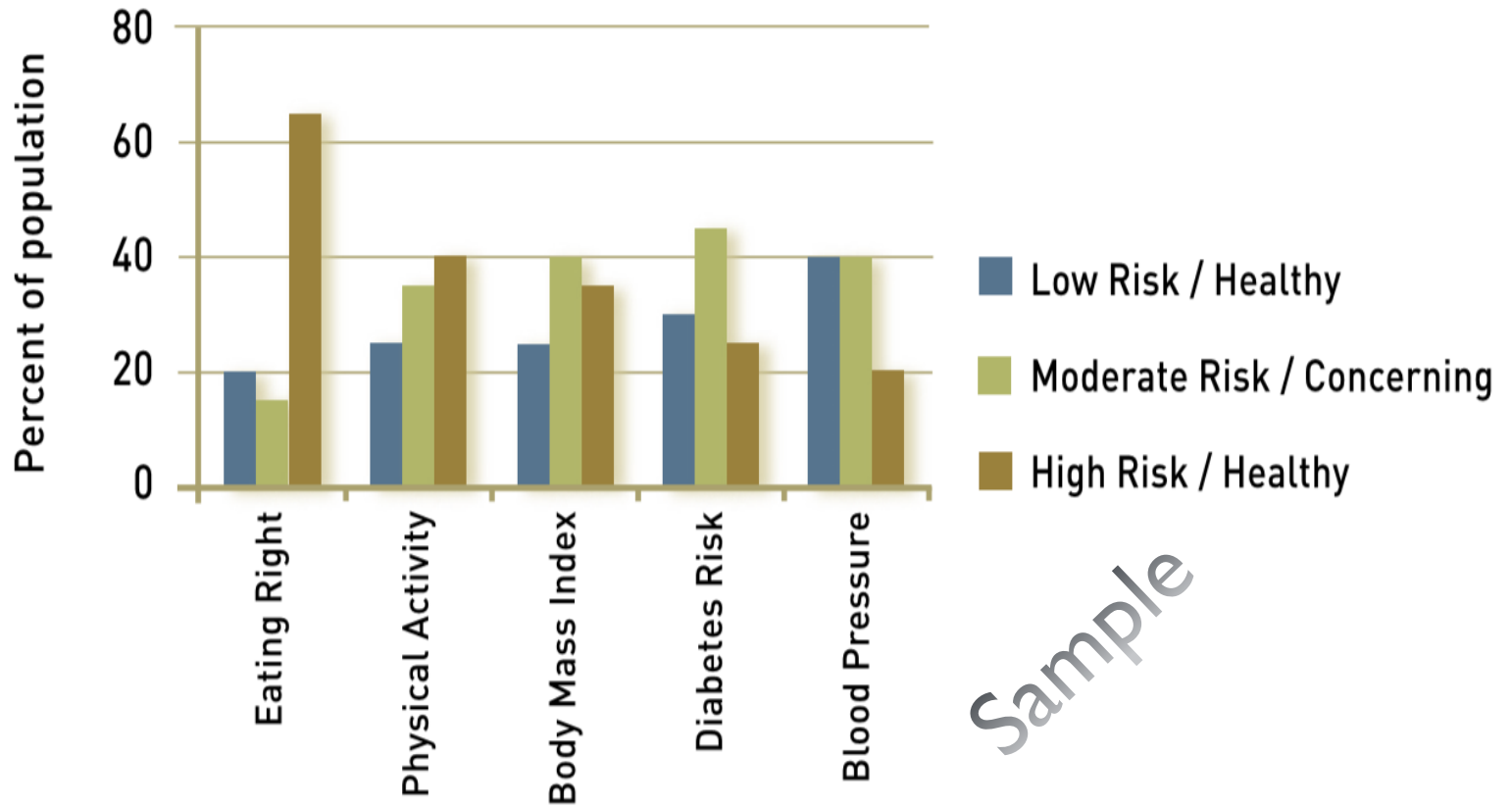


Summary

Question	Total # Answered	Total # Unanswered	Avg. Wait Time (Minutes)	Top	Very Satisfied	Somewhat Satisfied	Undecided	Somewhat Dissatisfied	Very Dissatisfied	Blank	Total
1. How long did you have to wait before you were seen by the provider.	7	18	21.43								
2. How did you hear about the Clinic?	25	0									
3. I am satisfied by the way the reception staff treated me.	25	0			80%	20%	0%	0%	0%	0%	100%
4. The reception staff was friendly and polite.	25	0			80%	20%	0%	0%	0%	0%	100%
5. The reception area was clean and organized.	25	0			84%	16%	0%	0%	0%	0%	100%
6. I am satisfied by the way the dental staff treated me.	25	0			88%	12%	0%	0%	0%	0%	100%
7. The dental staff was knowledgeable.	25	0			76%	24%	0%	0%	0%	0%	100%
8. The dental staff was friendly and polite.	25	0			84%	16%	0%	0%	0%	0%	100%
9. I am satisfied by the way my provider treated me.	25	0			80%	16%	0%	0%	0%	4%	100%
10. I am satisfied with the amount of time spent with my provider.	25	0			80%	16%	0%	4%	0%	0%	100%
11. The provider was knowledgeable.	25	0			80%	16%	0%	0%	0%	0%	100%
12. The provider was friend and polite.	25	0			80%	16%	4%	0%	0%	0%	100%
13. My questions were answered completely.	25	0			80%	20%	0%	0%	0%	0%	100%
14. The exam room was cleaned and organized.	25	0			84%	16%	0%	0%	0%	0%	100%
15. There was a great amount of courtesy from all staff.	25	0			84%	16%	0%	0%	0%	0%	100%
16. I was happy with my overall experience at Sample Health Center	25	0			80%	20%	0%	0%	0%	0%	100%
ADDITIONAL COMMENTS											



Bar Chart



Sample



- Report results in a format that is easy to understand
- Show trends
- Discuss results
- Ask Questions!!
 - What, How, When, Why and How Much
- Address training needs
- Identify strategies for improvement
- Document, Document, Document in Meeting Minutes



Additional Resources

- North American Management
<http://www.namgt.com/>
- Health Resources and Services Administration (Quality Toolkit)
<https://www.hrsa.gov/quality/toolbox/>
- National Association of Community Health Centers
<http://www.nachc.org/>
- ECRI Institute (Free for Health Centers)
<https://www.ecri.org/>
- Policy Information Notice 2014-01
<https://bphc.hrsa.gov/policiesregulations/policies/pin201401.pdf>
- Policy Information Notice 2002-22
<http://www.bphc.hrsa.gov/policiesregulations/policies/pdfs/pin200222.pdf>





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Questions & Answers



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