

STATE OF COLORADO

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Dedicated to protecting and improving the health and environment of the people of Colorado

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Colorado Department
of Public Health
and Environment

Quality Management Plan Regulations

Guidelines for complying with Part 3

Revised 06/28/2011

The Quality Management Plan (Plan) should describe the Quality Management Program and its strategic directions. The Plan serves as a blueprint for quality initiatives. The Plan should describe the purpose of the QM program, the infrastructure that supports quality initiatives, and the quality goals and improvement projects. The Plan is your communication of your facility's specific quality initiatives to the governing board, the medical executive, administrators, licensed practitioners and other staff/employees. You may want to begin with a statement of the facility's mission, vision, values, and incorporate the facility's purpose and goals and have definitions for terms.

The Plan document should not simply have labels that answer the questions described in the statute but it should describe your Quality Program and how it is monitored, evaluated, improved and disseminated to your staff/employees. Ultimately the Plan describes how you will provide quality and safe care to your patient/residents/clients.

Minimally, your QM Plan must include all elements in the regulation 6CCR 1011: Ch II Part 3.

Definitions

- Infrastructure – facility organization
 - Leadership
 - Organization
 - Quality committee structure
 - Resources

1. **Description of types of risks and problems to be review** – Terms similar to “risks and problems” should be defined. The Plan must list systems, cases, problem and risks *routinely* reviewed along with those *specific* cases, problems and risks to be reviewed in a given year. Reviews should be forward

looking i.e. Failure Modes and Effects Analysis (FMEA) and retrospective (root cause analysis, when appropriate).

A review list should include events that are required by state statute to be reported to CDPHE. The Plan should indicate the method of education/training of practitioners/staff/employees. The list is not intended to preclude the reporting and review of other problems or events that may cause injury that may have been prevented or that violate patient/resident rights. Departments and the QI committee should have copies of the plan and with its policies and procedures. A copy of the full plan should be kept with the facility's administrative plan.

- 2. Identification of the personnel responsible for Quality Management (QM) program** – The plan must state the title/position responsible for coordinating the total QM program and its process (individual names are not appropriate). The plan should indicate the mechanism that will be used to inform the governing body, administration, medical executives and staff of QM activities. QM activities can be relayed through regular written reports from the QM director or minutes of meetings conducted by the Quality committee. It is recommended that an organizational chart be submitted with the QM Plan for clarity of how problems and solutions are communicated among committees, departments and practitioners/staff and employees.
- 3. Description of systematic reporting of information to a designated person within a prescribed time** – The Plan must state clearly the title/position of the individual responsible to receive specific incidents/problems/occurrences and the specific timeframe that reporting should occur. The Plan must include a schedule for regular reporting and dissemination of information.
- 4. Mechanism used to investigate and analyze problems and patterns of problems** – The Plan should describe the system that facilitates investigation, review and evaluation of identified problems or adverse events to include frequency and severity of the identified problems or adverse events.
- 5. Description of methods for taking corrective action to address and minimize the problems (including prevention)** – The Plan must indicate the mechanism for taking corrective action to address problems, adverse events, and inappropriate practitioner/staff/employee conduct. The mechanism should include methods that will be used to minimize/prevent future similar actions.
- 6. Description of the method for the follow-up of corrective actions** - The Plan must describe the method and performance measures used to evaluate the effectiveness of corrective action initiated to address problems/adverse events and inappropriate behavior. An education and training plan should be included in the method.
- 7. Description of the method for coordinating pertinent case , problem, or risk review information with other quality/risk management activities** – The QM Plan must describe the system used to coordinate the cases, problems, or risk review information with other quality or risk activities, such as use of a multidisciplinary teams or department heads or other committees designed to evaluate the impact of quality initiatives on all patient care activities, such as, procedures for granting staff

privileges (if applicable), review of patient/resident care, review of staff/employee conduct; the patient grievance system and education and training.

- 8. Describe the documentation system used** - The QM Plan must identify the means of recording reported problems, results of surveys or investigations, outcomes, corrective actions, follow-up and evaluations.
- 9. Implementation schedule** – The Plan must indicate the statutory timeframe for implementation of the QM Plan or if the plan is presently ongoing. Within 90 days of the effective date of this regulation for facilities licensed on the effective date of this regulation, and within 90 days of the issuance of a license to a new facility, every facility defined in section 3.1 shall submit to the Department for its approval a plan. Ch II 3.1.1

Additional

- a.** The QM program should be periodically reviewed and evaluated for its effectiveness. Information regarding the review and evaluation should be included in the reporting portion of the QM Plan
- b.** Annual quality goals should include impact of quality on patients/residents/individuals and feasibility of completing the goals with current resources
- c.** Changes made to the QM Plan must be submitted to the Department prior to implementation
- d.** Policies, handbooks and forms may be attached as addendums and appendices to the Plan but cannot substitute for the Quality Management Plan.