SCHOOL WELLNESS PROGRAM POLICY & PROCEDURE ESSENTIAL ELEMENTS: CONTINUOUS QUALITY IMPROVEMENT (CQI)

THIS DOCUMENT IS TO BE USED AS A GUIDANCE TOOL IN DEVELOPING CQI POLICIES AND PROCEDURES FOR SCHOOL WELLNESS PROGRAMS.

DEFINITIONS:

Continuous Quality Improvement (CQI): a systematic, data-guided activity designed to bring about immediate improvement in health care delivery.

Structure: SWP nurses, medical director, behavioral health specialists.

Process: Nursing interventions and behavioral health interventions are carried out correctly and timely.

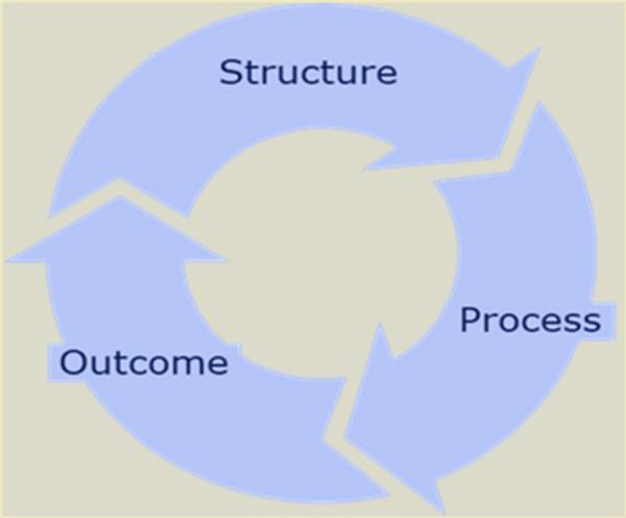
Outcome: Improvement of the nursing and/or behavioral health interventions, standards of care, documentation or systems of care provision.

PURPOSE:

Ensure quality care is provided in the School Wellness Program (SWP) by developing and implementing a continuous quality improvement program that monitors and evaluates clinical performance of nursing and behavioral health, processes for care delivery, and record documentation.

POLICY:

The SWP shall implement a continuous quality improvement plan that monitors and evaluates the appropriateness and effectiveness of nursing and behavioral health care provided.



PROCEDURES:

Components for inclusion of a CQI plan developed for SWP services that includes both health record review and care process improvements as follows:

- Identified CQI coordinator.
- Indicators and thresholds for both record reviews and care process improvements will be set at SWP staff meetings and/or CQI meetings. All indicators will have a target/threshold and should follow the SMART* goal format.
- Indicators are evaluated annually for necessity of continued monitoring. Indicators may be removed from monitoring when the appropriate performance standard has been met three consecutive times. However, if an indicator is important to the program or has a significant impact on clients, then it should be continued.
- A system to implement corrective actions when deficiencies are noted. To ensure that acceptable performance standards are being met, the indicator shall be reviewed for corrective action until the CQI Coordinator, medical director, SWP nurse, and/or MH provider are satisfied that the quality of care is meeting the acceptable performance standard. This can be accomplished through a PDSA (Plan-D0-Study-Act) or RE- AIM (Reach, Effectiveness, Adoption, Implementation, Effectiveness) cycle when expectations are not met.
- Conduction of a client satisfaction survey at a minimum annually (minimum of 10 – 15% of unduplicated users). Discussion and review of client satisfaction surveys and any identified clinical issues are documented in the minutes of CQI meeting.
    - Parent satisfaction surveys can be included.
    - Staff satisfaction surveys can be included.
- Completion or updating of a *Needs Assessment* or having access to a *Needs Assessment* process conducted within the last three years to determine the health needs of the population including, at a minimum, a survey(s) of adolescent risk behaviors such as MiPHY, YRBS, and/or risk assessment

data. Also consider available adolescent community data on a specific area for improvement (immunization completion rates, STI rates, etc.).

- CQI meetings for staff of all disciplines working in the SWP held at least quarterly (schedule of meeting dates, agendas, minutes, participants).
    - Includes discussion of chart reviews, satisfaction survey results, chosen indicators and rationale.
    - Includes discussion of any identified issues and corrective actions.

Nursing record review (10 charts) and behavioral health record review (5 charts):

- Conducted at least twice annually by an appropriate peer and/or peer level staff of the sponsoring agency or other similar community agency to determine that conformity exists with current nursing standards of care and behavioral health standards of care.
- Discussion and selection of the record review indicators and clinical performance measures are based on current organization indicators; nursing best practices in school health and behavioral health best practices; and needs assessment/population data.
- Record reviewer(s) must be identified.
- Record review documents include indicators of goals or thresholds for evaluation/improvement to implement corrective actions when deficiencies are noted.
- Documented biannual nursing record review or case management with medical director.

Care process improvements:

- Care process improvements including clinical care improvements and SWP function improvements are included in CQI plans/discussions.
- Baselines and thresholds identified with a specific time period.

Sample Care Process Improvements for Care Delivery (may or may not be documented in the chart)

- Increase the % of charts with a RAAPS from 67% (baseline) to 80% (threshold) by the end of FY__.
- Improve the % of HPV vaccination rates from 40% (baseline) to 75% (threshold) by the end of FY__.
- Increase the number of collaborative school safety meetings between SWP and school staff (baseline 0) to four meetings by the end of FY__.
- Increase contacts with primary care provider from 20 (baseline) to 50 (threshold) by the end of FY__.
- Increasing student participation in the CAC from 3 students (baseline) to 6 students (threshold) by the end of FY__.
- Increase the number of chronic condition care plans shared with teachers/need-to-know staff from 8 (baseline) to 20 (threshold) by the end of FY__.

***SMART Goals**

SMART goals are Specific, Measurable, Attainable, Realistic, and Time-Based

Examples of SMART goals:

- 100% of patients with persistent asthma will have an AAP in their chart by the end of FY19. Baseline: 75%.
- 80% of clients with a BMI > 85% will receive counseling from the SWP nurse within 2 weeks. Baseline 4 weeks.

Examples of non-SMART goals:

- % of patients UTD for an Asthma Action Plan
- Decreasing the time to first appointment with the MH clinician after referral from the medical provider.

SAMPLE MEETING AGENDA

Name of Organization:

Date:

Quarter Reviewed:

Attendance:

1. Chart Review - Document results from the chart reviews and determine if care was less than optimal based on previously identified thresholds.
2. Care process improvements
3. Satisfaction Survey Review
4. Concerns – Chart Review
5. Concerns – Care process improvements
6. Concerns – Satisfaction Surveys
7. Concerns- Needs Assessment (every three years)
8. Open discussion specific to site about a specific issue (e.g. communication with school staff, obtaining emergency action plans, clinic flow)
9. 9. Follow-up on any needed items

SAMPLE MEETING DOCUMENTATION FOR CHART REVIEW & CARE PROCESS IMPROVEMENT

Chart Review	May/Jun	Nov/Dec
Number of Charts		
Clinical Concerns		
Open Discussion		
Follow-up plan and corrective actions		

Care Process Improvement Indicator		
Indicator:		
Findings:		
Open Discussion:		
Follow-Up Plan and Corrective Actions:		

SAMPLE MEETING DOCUMENTATION FOR SATISFACTION SURVEY REVIEW

Satisfaction Survey Review	May/June
Number of Surveys (client, parent, staff)	
Concerns Identified in the Survey	
Open Discussion	
Follow-up and Corrective Action	

SAMPLE CQI ACTION PLAN

Current Date:

Accountable Members:

Indicator:
Plan:

Steps to Complete Plan:

Note progress or Lack of Progress in Each Quarter

1st Quarter Progress	2nd Quarter Progress	3rd Quarter Progress	4th Quarter Progress

Milestones/Tactics

Status/Comments/Plan Revision

Follow-Up/Plan Revision

SAMPLE CQI CHART REVIEW WORKSHEET FOR FOLLOW-UP CARE

Date: _____ Peer to Peer Nurse Team: _____ CQI Measure: Follow-up plan

Indicator/Criteria: A follow-up plan from the client visit is documented in 100% of client records reviewed.	**Met**	**Unmet**	**Notes**
Client Record #1 **Follow-up:** Appropriate follow-up with parent/guardian, PCP, specialty care provider, behavioral specialist, other is documented. Return to SWP or no return necessary is documented.			
Client Record # 2 **Follow-up:** Appropriate follow-up with parent/guardian, PCP, specialty care provider, behavioral specialist, other is documented. Return to SWP or no return necessary is documented.			
Client Record #3 **Follow-up:** Appropriate follow-up with parent/guardian, PCP, specialty care provider, behavioral specialist, other is documented. Return to SWP or no return necessary is documented.			
Client Record #4 **Follow-up:** Appropriate follow-up with parent/guardian, PCP, specialty care provider, behavioral specialist, other is documented. Return to SWP or no return necessary is documented.			

% of Goal Met for Client Record review: _____ Follow-up Record Review Date: _____

Identified Corrections/Changes Needed/Gaps in Care: _____

Reviewer's Signature: _____ Date: _____

Reviewee's Signature: _____ Date: _____

SAMPLE CQI CHART REVIEW WORKSHEET FOR VITAL SIGNS

Date: _____ Peer to Peer Nurse Team: _____ CQI Measure: Vital Signs

Indicator/Criteria: Vital signs (per fiduciary guidelines for visit type) are documented in 80% of client records reviewed.	**Met**	**Unmet**	**NA**	**Notes**
Client Record # 1: **Assessment/Objective measurement:** Temperature, heart rate, blood pressure, respiratory rate. Height and weight included when appropriate.				
Client Record # 2: **Assessment/Objective measurement:** Temperature, heart rate, blood pressure, respiratory rate. Height and weight included when appropriate.				
Client Record # 3: **Assessment/Objective measurement:** Temperature, heart rate, blood pressure, respiratory rate. Height and weight included when appropriate.				
Client Record # 4: **Assessment/Objective measurement:** Temperature, heart rate, blood pressure, respiratory rate. Height and weight included when appropriate.				

% of Goal Met for Client Record review: _____ Follow-up Record Review Date: _____

Identified Corrections/Changes Needed/Gaps in Care: _____

Reviewer's Signature: _____ Date: _____

Reviewee's Signature: _____ Date: _____