**Performance Improvement Plan**

**Section:** Quality Management

**Compliance:** URAC Specialty Pharmacy 2.1

**URAC Standards:** PHARM Core 1, 2, 4, 17, 19, 21, 37, 39, PHARM-OP 14, SDrM 2, 5

**Policy ID:** 8.5

**Approved by:**

**POLICY**

As part of <insert practice name>’s Quality Management Program, the following Performance Improvement Plan shows the outline of the step-by-step process for implementing an ongoing, systematic, and objective performance improvement plan. Through this plan, <insert practice name> will monitor, evaluate, and improve the quality of care delivered to its patients, and will be afforded the opportunity to resolve any problems that have been identified in the process.

<insert practice name> is intent on a quality mission. Its vision is to be a quality provider of care and services to patients by consistently meeting their needs and expectations at reasonable cost using the highest possible standards of excellence. **[PHARM Core 2 (a)]**

The Performance Improvement Plan shall consist of ongoing performance improvement activities and may include a periodic sampling of activities not initiated solely in response to an identified problem. These ongoing activities shall be specific to <insert practice name>'s key functions, services, or activities.

**PROCEDURE**

As part of <insert practice name>’s Quality Management Program, the Performance Improvement Plan will be planned and evaluated at least annually and revised as necessary to: **[PHARM Core 17]**

* Ensure that all company personnel provide high quality care;
* Promote clinical appropriateness **[SDrM 2]**
* Identify, track, and resolve problems in patient care, services, and satisfaction to ensure improvement or resolution of problems identified; **[SDrM 5 (c, d)]**
* Collect, screen, and evaluate information to identify and pursue opportunities to improve all aspects of care and services and to achieve a high level of patient/client satisfaction; **[PHARM Core 39]**
* Ensure that the plan of care for each patient consistently reflects current problems, interventions, and goals that correspond to the care provided and the appropriateness of continuing care;
* Evaluate any discharge from services identified issues
* Meet state and federal regulatory standards for quality management; and **[PHARM Core 4 (a, b)]**
* Ensure that each patient receives <insert practice name>'s rights and responsibilities document and clearly understands the process for implementing those rights. **[PHARM Core 37]**

Confidentiality:

All personnel participating in performance improvement activities will adhere to <insert practice name>’s confidentiality policies. Results of performance improvement activities and reports will contain identifiable patient or staff information only as necessary. Information, when appropriate, will be coded or reported in aggregate. Identifiable patient information that is pejorative will be destroyed once data is summarized. Applicable law or regulation will protect all information generated by performance improvement activities.

Scope of Care and Services: **[PHARM Core 2 (c)]**

A comprehensive company-wide performance improvement plan is designed to assess and improve the quality of patient care. This shall include monitoring and evaluation of activities provided directly and under contract, and will encompass (1) individuals providing care, (2) types of services, (3) types of patient’s served, and (4) clinical activities. The scope of activities will be evaluated at least annually and revised as necessary.

* Staff Providing Care:
  + Pharmacists
  + Pharmacy Technicians
  + Nurses
  + APPs (as employed)
  + Physicians
* Types of Services Offered:
  + Specialty Medications
  + Related Education and Support
* Types of Patients:
  + Hematology Patients
  + Oncology Patients
  + Others
* Types of Care Activities:
  + Provision of specialty medications
  + Patient education, training, support and communication
  + Clinic staff support and communication

Important Aspects of Care and Service: **[PHARM Core 17]**

Ongoing monitoring and evaluation activities will focus on important aspects of care and service that are important enough to warrant ongoing monitoring. These may be key functions, procedures, treatments, processes, or other activities that impact patient care.

In addition to the formal Quality Improvement Projects that are monitored through the Quality Management Program/Committee, additional areas of patient care and service are routinely monitored.

Indicator Selection and Development: **[PHARM Core 17] [PHARM-OP 14 (a-i, ii)]**

Indicators are identified to monitor the quality of important aspects of care and service. The quality improvement monitoring and evaluation activities will address all home care services provided directly and through contracted services. For services provided under contract, the <insert practice name> may develop indicators related to the contracted service, conduct data collection and evaluation, and initiate action when opportunities for improvement are identified.

Evaluation of Findings:  **[PHARM Core 19 (d)] [PHARM Core 21 (a, b-i, ii, iii, g, h)] PHARM-OP 14 (b-i, ii, iii)]**

For each established indicator, the level of achievement will be determined. The frequency of data analysis and evaluation will be specified for each indicator. Qualified individuals from each service assigned to the Quality Improvement Team and/or those involved in patient care will evaluate the information collected to pursue opportunities for improvement, identify important problems, and assess quality of care and patient/client satisfaction. Staff may be assigned to both the Quality Improvement Team and the Quality Management Committee.

A summary of data and a report of the cumulative findings will be prepared by the <PI Program Director> for review and recommendation.

Action to Improve Care: **[PHARM Core 21 (f)]**

If it is concluded that a problem or opportunity for improvement exists, the indicator will be monitored for an additional quarter and actions will be delineated in a written plan for corrective action to be implemented. Performance improvement documentation shall include evaluations of all issues involved and a rationale for the conclusions. If multiple opportunities for improvement are identified, but improvement in all of the identified areas is not feasible, the Quality Management Committee may prioritize the order in which opportunities will be addressed.

If changes are made in response to a specific identified opportunity to improve care or service, the priority-setting process that led to the decision will be documented. Even when the care or service is consistent with the expected patterns, it may be further evaluated to identify ways to improve it. The Quality Management Committee will recommend or make corrective actions appropriate to the cause, scope, and severity of the problem or the opportunity for improvement.

The Quality Improvement Team's plan may include the following: **[PHARM-OP 14 (b-i, ii, iii)]**

1. The problem and the date identified;
2. Personnel responsible for planning and implementing corrective action;
3. Recommended actions to be taken;
4. Time frame for implementation;
5. Monitoring and evaluation activities;
6. How and when results of actions taken will be reported;
7. When data information will be evaluated again with the expected outcome;
8. Effective of actions taken;
9. Additional need for ongoing monitoring

Effectiveness of Corrective Action: **[PHARM Core 21 (f)]**

The quality improvement team will evaluate the effectiveness of actions taken and recommend further action if necessary. Usually, the quality improvement activities that identified the problem will be continued and used to determine (1) if the actions have resolved the problem, (2) if improvement is made and sustained over time, or (3) if the problem recurs. The frequency of data collection, reporting, and analysis will be appropriately adjusted by the <PI Program Director> or the team if the scope and severity of the problem identified warrant such adjustments.

All resolved problems will continue to be monitored for an additional quarter following resolution to determine that the action taken continues to resolve the problem. If the mechanism to trigger evaluation is not triggered during the following quarter, the monitoring of that specific indicator may be discontinued. If the mechanism is triggered, the indicator will be monitored until it is resolved for two consecutive quarters. All follow-up evaluations shall be documented to include the findings, conclusions, recommendations, actions taken, and results of the actions taken.

Accountability for and Implementation of the Quality Improvement Program: **[PHARM Core 1]**

The Governing Body is ultimately responsible for the quality of care provided by <insert practice name> to its clients and for implementation of the Quality Improvement Plan. The Governing Body shall also be responsible for ensuring that all key management staff educate themselves concerning the approaches and methods of quality improvement. The Governing Body shall be responsible for ensuring that adequate resources are available by assigning adequate numbers of staff who are given sufficient time to participate in quality improvement activities and by instituting appropriate information systems for the collection, management and analysis of data collected. The <PI Program Director> shall be responsible for reviewing the company's quality monitoring and evaluation results and presenting them to the Governing Body for review and approval. **[PHARM Core 2 (b, d)] [PHARM Core 19 (a, b, c, e)][PHARM Core 21 (g)][PHARM-OP 14 (c)][SDrM 5 (e)]**

As part of the <insert practice name>’s annual program appraisal, the effectiveness of the Quality Improvement Plan shall be assessed to determine if it has made an impact on the quality of patient care. The governing body shall receive a written report at least annually on the quality of patient care and the allocation of resources. The data presented shall include an assessment of the effectiveness of the Quality Improvement Plan in identifying opportunities to improve patient care and in resolving problems related to patient care. Using the data presented, the governing body will set priorities for company- wide quality improvement activities to improve patient outcomes. This shall be evidenced by in the minutes of the governing body’s meetings. **[PHARM Core 21 (g, h)]**

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