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SUBJECT: Quality Improvement Program

PURPOSE:

To provide a comprehensive, integrated, organization-wide process which ensures that:

- Clients receive timely, accurate and appropriate services.
- Quality is built into processes.
- Quality improvement interfaces with the Credentials Plan (Policy C&E 1) to facilitate effective management of resources.

POLICY STATEMENT:

The University of Vermont Health Network Credentialing & Enrollment (“UVMHN C&E”) Department shall maintain a quality improvement structure that continually strives to improve credentialing and recredentialing performance functions and services provided to Clients. The Quality Improvement Program is grounded in principles of customer satisfaction, appreciation of staff, decision-making based on data and continuous improvement designed to exceed customer expectations.

PROCEDURE:

Quality Improvement Program

1. Mission

- 1.1. The mission of the Quality Improvement Program is to provide the framework to systematically measure and analyze performance, contribute essential information to management decision-making and improve organizational functioning and processes.
- 1.2. In this manner, the Quality Improvement Program supports the UVMHN C&E Department’s mission to provide high quality credentialing and recredentialing services.

2. Goals and Objectives

- 2.1. The goals of the UVMHN C&E Department’s Quality Improvement Program are to:
 - 2.1.1. Continually improve the quality of service provided to Clients.
 - 2.1.2. Provide exceptional customer service to internal and external customers that is individualized to the needs and preferences of the customer.
- 2.2. The objectives of the Quality Improvement Program are designed to support the goals. The objectives are to:
 - 2.2.1. Maintain comprehensive, current and effective quality improvement policies and procedures to drive the continuous quality improvement process.
 - 2.2.2. Provide a system for identification and prioritization of opportunities for improvement.

- 2.2.3. Measure performance in defined areas using quality indicators with established performance goals and objectives.
- 2.2.4. Analyze performance data and identify opportunities to improve performance.
- 2.2.5. Implement interventions to improve performance.
- 2.2.6. Measure effectiveness of interventions to improve performance.
- 2.2.7. Coordinate the Quality Improvement Program with other organization activities and credentialing and recredentialing functions.

3. Scope of Program

- 3.1. The UVMHN C&E Department's Quality Improvement Program includes measurement activities to determine performance with the following Quality Improvement Indicators:
 - 3.1.1. Turnaround time for initial credentialing application processing.
 - 3.1.2. Turnaround time for recredentialing application processing.
 - 3.1.3. Accuracy of initial credentialing files.
 - 3.1.4. Accuracy of recredentialing files.
 - 3.1.5. Accuracy of Vistar electronic data files.
 - 3.1.6. Client complaints.
 - 3.1.7. Practitioner complaints.

Structure and Accountability

- 1. The UVMHN C&E Board of Directors:
 - 1.1. Has ultimate responsibility for the UVMHN C&E Department's Quality Improvement Program.
 - 1.2. Assigns the Credentials Committee responsibility for ongoing oversight of the UVMHN C&E Department Quality Improvement Program.
- 2. The Credentials Committee requires that the UVMHN C&E Department's Quality Improvement Program:
 - 2.1. Be comprehensive, systematic, and ongoing.
 - 2.2. Include a written description of the program structure.
 - 2.3. Define the scope of credentialing and recredentialing activities covered by the Quality Improvement Program.
- 3. The Credentials Committee:
 - 3.1. Is responsible for overseeing the UVMHN C&E Department's Quality Improvement Program and credentialing and recredentialing activities.
 - 3.2. Is chaired by the UVMHN C&E Medical Director.
 - 3.3. Meets monthly.
 - 3.4. Maintains written minutes of each meeting, maintained in a confidential manner as required by applicable law and regulation, that include:
 - 3.4.1. Clear and accurate recordings of all deliberations including qualitative and quantitative analyses of performance data.
 - 3.4.2. Thoughtful reviews, discussions, decision-making and follow-up on action items.

- 3.4.3. The approval date and signature(s).
 - 3.4.3.1. Minutes from the prior meeting are reviewed and approved at the beginning of each meeting.
 - 3.4.3.2. The recorder and Credentials Committee chairperson sign and date the meeting minutes.
- 3.5. Performs at least the following functions:
 - 3.5.1. Reviewing and approving the UVMHN C&E Department's Quality Improvement Program policies and procedures, measurement activities, and Quality Improvement Program description.
 - 3.5.2. Identifying Quality Improvement Indicators.
 - 3.5.3. Establishing performance goals.
 - 3.5.4. Analyzing and critically evaluating performance data and trends.
 - 3.5.5. Identifying opportunities for improvement based on performance data.
 - 3.5.6. Planning and overseeing implementation of interventions to improve performance based on analysis of performance data.
 - 3.5.7. Planning and overseeing activities to assess the effectiveness of interventions.
 - 3.5.8. Prioritizing Quality Improvement Program activities and efforts to use resources appropriately.
 - 3.5.9. Ensuring follow-up of actions as appropriate.
 - 3.5.10. Making policy decisions.
 - 3.5.11. Monitoring trends and patterns in the UVMHN C&E Department's Quality Improvement Indicators.
- 4. The Supervisor of Payor Services or designee:
 - 4.1. Implements the Quality Improvement Program.
 - 4.2. Directs the day-to-day operations of the Quality Improvement Program.
 - 4.3. Monitors data collection and aggregation processes.
 - 4.4. Prepares reports and tables with aggregated data.
 - 4.5. Participates in meetings of the Credentials Committee.
 - 4.6. Serves as first responder to receive and respond to Client calls regarding complaints.
 - 4.6.1. Investigates the nature of the complaint.
 - 4.6.2. Categorizes the complaint.
 - 4.6.3. Proposes a resolution to the complaint.
 - 4.6.4. Notifies the complainant of the proposed resolution to the complaint.
 - 4.6.5. Tracks complaints and reports results to the Credentials Committee at least quarterly.

Quality Improvement Program Description

Introduction

The UVMHN C&E Department Quality Improvement Program is based on a philosophy that emphasizes a systematic, department-wide perspective that involves all staff members. The philosophy stresses the importance for staff to achieve success. The Staff are responsible for customer satisfaction and improved performance. The UVMHN C&E Department holds that the root causes of suboptimal performance, problems or variation in a process are usually related to the system or process itself, and not to staff.

The Quality Improvement Program description articulates the mechanisms by which the UVMHN C&E Department operationalizes quality improvement activities.

The improvement system is continuous and consistent throughout the department. The continuous improvement system employs an improvement methodology for problem solving, action planning and performance improvement. The most commonly used problem solving methodology is the “plan, do, check, act” (PDCA) method or Shewhart-Deming cycle.

Quality Improvement Process

The Quality Improvement Program provides the framework to systematically measure and analyze performance, contribute essential information to management decision-making and improve organizational functioning, structures and processes to improve customer satisfaction and provide high quality services. The UVMHN C&E Department views all department systems and processes as interdependent. Because of this interdependence, The UVMHN C&E Department Quality Improvement Program uses a disciplined, comprehensive approach that includes measurement of all department systems and processes. The quality improvement process is continuous and consistent throughout the department.

Quality Improvement Principles

The UVMHN C&E Department uses the following principles in its approach to quality improvement.

- Quality improvement is an organizational departmental commitment.
- Quality is built into processes.
- Quality improvement focuses on processes and not people.
- Decisions are based on data.
- A scientific approach is applied to quality improvement activities that includes:
 - Establishing priorities.
 - Measuring performance.
 - Analyzing data.
 - Identifying opportunities for improvement.
 - Implementing interventions to improve performance.
 - Re-measuring to evaluate the effectiveness of interventions.

Quality Improvement Indicators

Explicit well-defined quality improvement indicators represent what is most important to the UVMHN C&E Department in defining quality. The measures are developed using sound methodological principles. The performance data that are a result of measurement are reliable so that decisions can be made with confidence.

A sound, rigorous measurement methodology is developed and followed for each indicator. Performance goals for each indicator are established by the Credentials Committee. Performance goals may be based on historical performance, normative data or industry benchmarks. The initial performance goal for an indicator is often to “establish baseline data.”

Performance data for indicators are collected, aggregated and presented to the Credentials Committee for analysis on a rolling schedule. Multiple data points are displayed together on graphs and tables to show historical

performance and facilitate data analysis and trending. Each analysis includes evaluating the effectiveness of previous interventions. Decisions are based on fact and actual performance data, not opinions and anecdotal evidence. The analysis influences the next step in planning. The entire process is conducted as close in time as possible to the events being measured. Interventions are planned and implemented based on the data analysis.

Continuous quality improvement is realized when data are collected and analyzed; interventions are planned and implemented; measurement is repeated; and performance continually improved. The cycle is continuous and maintained on a schedule that is not limited by the end of the calendar year.

The UVMHN C&E Department's quality improvement indicators and the goal and objective for each indicator are included in the attached table. The UVMHN C&E Department's Quality Improvement Indicators are:

- Turnaround time for initial credentialing application processing.
- Turnaround time for recredentialing application processing.
- Accuracy of initial credentialing files.
- Accuracy of recredentialing files.
- Accuracy of Vistar electronic data files.
- Client complaints.
- Practitioner complaints.

Credentials Committee

The Credentials Committee meets monthly and oversees all Quality Improvement Program and credentialing and recredentialing activities. Other functions include:

- Identifying measurement activities.
- Establishing measurement methodologies.
- Determining performance goals.
- Analyzing data and determining next steps.
- Identifying opportunities.
- Setting priorities.
- Designing interventions to improve performance.
- Overseeing interventions to improve performance and re-measurement activities to assess effectiveness of interventions.

MONITORING PLAN: Policy will be monitored in accordance with Policy C&E 6 Ongoing Monitoring.

DEFINITIONS:

“Client(s)” means, at various times, patients, contracted Payors, Credentials Committee, practitioners, and other internal and external customers.

“Credentials Committee” means a committee appointed by the UVMHN C&E Board of Directors and chaired by the UVMHN C&E Medical Director to credential and recredential practitioners.

“Medical Director” means the practitioner appointed by the UVMHN C&E Board of Directors to be the chairperson to the UVMHN C&E Credentials Committee and to be responsible for the decisions of the Credentials Committee.

“Member” means a patient that has health care insurance with a Payor.

“Payor” means an insurance company that has entered into an agreement with a UVMHN Affiliate to provide health care services to Members.

“Practitioner” means the UVMHN Affiliate employed practitioners, including but not limited to, physicians, oral surgeons, podiatrists, nurse practitioners, physician assistants, psychologists, social workers, other masters’ level clinicians, and all other health care practitioners.

“The University of Vermont Health Network’s Affiliates” (“UVMHN Affiliates”) means The University of Vermont Medical Center, The University of Vermont Medical Group – NY, Central Vermont Medical Center, Champlain Valley Physicians Hospital, Elizabethtown Community Hospital, and any other entity to join UVMHN as an Affiliate.

“Vistar” means the software program utilized by UVMHN C&E to store and report on practitioner credential and recredential data and information.

RELATED POLICIES:

- C&E 1 Credentials Plan
- C&E 3 Nondiscrimination
- C&E 4 Corrective Action & Appeals
- C&E 6 Ongoing Monitoring
- C&E 7 Informing Practitioners
- C&E 8 Practitioner Confidentiality
- C&E 10 Credentialing & Recredentialing Processes

REFERENCES: National Committee for Quality Assurance
Vermont Rule H-2009-03

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| QI Indicator | Goal | Objective |
|---|--|---|
| Turn Around Time: Initial Credentialing Application | 80% completed within one hundred twenty (120) calendar days of receipt of application | Maintain fastest feasible Turn Around Time to create positive customer experience |
| Turn Around Time: Recredentialing Application | 80% completed within ninety (90) calendar days of receipt of application | Maintain fastest feasible Turn Around Time to create positive customer experience |
| Accuracy: Initial Credentialing Files | 80% accuracy of initial credentialing files at time of Supervisor or designee review; 100% accuracy of initial credentialing files at time of Credentials Committee review; with all data verified using approved sources and dated and signed/initialed | Maintain highest feasible level of accuracy to ensure compliance with all regulatory requirements |
| Accuracy: Recredentialing Files | 80% accuracy of recredentialing files at time of Supervisor or designee review; 100% accuracy of recredentialing files at time of Credentials Committee review; with all data verified using approved sources and dated and signed/initialed | Maintain highest feasible level of accuracy to ensure compliance with all regulatory requirements |
| Accuracy: Vistar Files | 90% accuracy of all fields | Maintain highest feasible level of accuracy to ensure compliance with all regulatory requirements |
| Client Complaints | 100% resolved \leq 10 calendar days | Resolve client complaints in shortest feasible time to create positive customer experience |
| Practitioner Complaints | 100% resolved \leq 10 calendar days | Resolve practitioner complaints in shortest feasible time to create positive customer experience |