

Quality Management Plan

Date completed: _____



Quality Management Plan

Purpose

The purpose of this plan is to set forth a coordinated approach to addressing quality assessments and process improvements at: _____

The hospital has established its mission as: _____

Quality improvement infrastructure

Leadership: _____ is responsible for the clinic HIV program's quality initiatives.

Membership: There is a _____ person team with staff from the following departments.

- a) _____
- b) _____
- c) _____
- d) _____
- e) _____
- f) _____
- g) _____
- h) _____
- i) _____
- j) _____
- k) _____
- l) _____

Note: Each member to sign against his/her name.

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Responsibilities

a) Quality focal person

b)

c)

d)

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e)

f)

g)

h)

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i)

j)

k)

l)

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Meeting structure: The representative team members will meet during the _____ week of every month and will have documented minutes, which will be discussed during the program management meeting.

Note: Departmental meetings will be held before the representative CQI team meeting.

Resources: Materials provided by the SEEDS project will be used. Technical support from the CCCRN/MGIC program quality improvement specialists will be through monthly telecoms and quarterly visits.

Goals and Objectives

1. Ensure that all care indicators that affect retention and care score (performance level) are >70% and maintained at such a score or even better within the next year.

_____ improvement on maternal ART initiation, exposed infant ART prophylaxis, and HTC indicators scoring <70% from the monthly report and performance measures.

_____ improvement on TB/HIV prevention (screening, diagnosis, and treatment) indicators scoring <70% from the monthly report and performance measures.

_____ improvement on retention (LTFU) indicators scoring <70% from the monthly report and performance measures.

_____ improvement on logistics indicators (drug and reagent stock out) scoring <70% from the monthly report and performance measures.

2. Ensure _____ use appropriate documentation on all forms, registers, and fields.

This will support decision making to improve patient outcomes, improve healthcare documentation, and improve patient safety, as well as improve performance in patient care, treatment, and services and governance management and support processes.

_____ indicators scoring <70% from documentation audits, performance measures, and the quality of care process will be improved upon and documented accordingly.

3. Ensure a _____ satisfaction among all HIV clients assessing care at our facilities.
4. Ensure a _____ satisfaction among healthcare workers at our facilities.

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Performance measures

The following indicators will be reviewed from (month) to (month) (year).

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____
- F. _____
- G. _____
- H. _____
- I. _____
- J. _____
- K. _____
- L. _____
- M. _____

Documentation audits

This will be completed monthly by _____ and _____.

Results will be discussed at the monthly team meetings.

Quality of care tool (For public health center (PHC) sites only)

Each section of the tool will be completed by the following:

- a) HIV counseling and testing services
- b) Maternal and child healthcare services

Based on the outcomes of the review, priorities will be set and opportunities for the improvement identified. The team and development of improvement plan – small test of change

- Once an opportunity for improvement has been identified (from your performance measures, quality of care, documentation audits, mortality/lost to follow up, or any activity that has a low performance in the clinic), the team will convene to analyze the process and develop improvement plans.
- Continuous quality improvement methodology will be utilized and will include, but not be

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limited to, the following: STOC, brainstorming observational studies, review of charts and registers.

- The quality committee/team meeting record improvement plans will be developed and implemented. All improvement plans will be communicated to all staff and to patients if deemed appropriate.
- Meetings (with minutes), email, memos, and informal verbal communication are all considered appropriate methods to communicate the team's activities and improvement plans.

Participation of stakeholders

Clinic staff (internal)

- All staff working in the clinic are updated regularly on CQI activities and data reports during the program management team meetings (held monthly).
- A 1-hour training session for staff will be conducted _____ to share results of activities such as mortality reviews, completed STOC projects, and patient satisfaction surveys, as well as provide capacity on selected topics.

Consumer Involvement (external)

The involvement of our consumer is necessary and important by participating in client satisfaction survey (to be completed in *(month and year)*) and/or support group meetings, which are held monthly.

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Evaluation

This will be done at the end of the year by the team to determine if:

- Goals were met.
- Quality projects were worth the investments and if the improvements can be sustained over time.
- The quality management plan provided the vision and organization needed to complete the quality initiatives.

Signatures: (leadership group)

Quality Officer

Medical Director/Project Coordinator
