

**SOUTHERN NEVADA COMMUNITY HEALTH CENTER
POLICY AND PROCEDURE**

DIVISION:	FQHC	NUMBER(s):	CHCA-032
PROGRAM:	Division Wide	VERSION:	1.00
TITLE:	Quality Management Program Policy	PAGE:	1 of 3
		EFFECTIVE DATE: Click or tap here to enter text.	
DESCRIPTION: Process to ensure quality of clinical and operational services.		ORIGINATION DATE: New	
APPROVED BY: CHIEF EXECUTIVE OFFICER - FQHC		REPLACES: New	
Randy Smith, MPA _____		Date _____	

I. PURPOSE

To establish a formal Quality Management Program (QMP) which includes Quality Improvement/Quality Assurance (QI/QA) activities to ensure the quality, effectiveness, and safety of clinical and operational services throughout the Southern Nevada Community Health Center (SNCHC).

II. SCOPE

This policy applies to all Workforce members working in the SNCHC.

III. POLICY

SNCHC is committed to continuously improving the quality, effectiveness, and safety of services provided to patients. Further, SNCHC is committed to ensuring a safe and productive work environment for all workforce members. SNCHC shall have an ongoing QI/QA system that is aligned with health center policies. The QMP will adhere to the structure and requirements outlined in the SNCHC's board approved Quality Management Plan.

IV. PROCEDURE

- A.** The QMP addresses the following:
1. Clinical quality and utilization of health center services.
 2. Patient satisfaction and patient grievances.
 3. Patient/staff safety and incident reporting.
- B.** Oversight of the QMP is the responsibility of the Chief Medical Officer (CMO)/Medical Director with support from the FQHC Administrative Manager and the Quality Management Coordinator.
1. Quality Management Coordinator is responsible for:
 - a. Facilitating QMP activities while working with the FQHC CEO, CMO/Medical Director, FQHC Administrative Manager and other health center leadership to ensure that:
 - i. Staff have adequate training with current guidelines and standards of care.
 - ii. Evaluation measures are in place such as routine quality-of-care audits, peer review, clinical & operational assessments, and risk identification.
 - b. Organizing and supporting the implementation of QMP activities across the health center.
 2. CMO/Medical Director is responsible for ensuring adherence to evidence-based clinical guidelines and standards of care and providing leadership to ensure implementation of QI/QA policies and standard processes.
 3. The FQHC Administrative Manager serves as the SNCHC's Risk Manager and is responsible for overall activities outlined in the health center's Risk Management Plan and Incident Reporting policy. These responsibilities include activities to assess, track, analyze, and address patient and staff safety/adverse events and implement follow up actions as necessary.
 4. The FQHC Chief Executive Officer is responsible for the implementation of the QMP by ensuring adherence to SNCHC policies, and Health Center program and FTCA requirements.
 5. SNCHC Board of Directors and SNHD Board of Health are responsible for:
 - a. Adopting and evaluating the health center Quality Management Plan and associated QI/QA policies at least once every three years and approving updates (as needed).
 - b. Evaluating the effectiveness of QI/QA activities as well as risk management incident and patient satisfaction trend reports with the

health center’s leadership to support decision making and oversight regarding provision of health center services.

V. REFERENCES

- Quality Management Plan
- Continuous Quality Improvement Program SOP
- Quality Management Plan

VI. DIRECT RELATED INQUIRIES TO

- FQHC CEO
- CMO/Medical Director
- FQHC Administrative Manager
- Quality Management Coordinator

HISTORY TABLE

Table 1: History

Version/Section	Effective Date	Change Made
Version 0		First issuance, replaces SNCHC-ADM-01 0-A

VII. ATTACHMENTS

Not Applicable