

Quality Management Program Assessment Tool

- A. Quality Structure
- B. Quality Planning
- C. Quality Measurement
- D. Quality Improvement Activities
- E. Staff Involvement
- F. Evaluation of Quality Program

A) Quality Structure

A.1. Does the organization have an organizational structure in place to plan, assess and improve the quality of care?					
Score 0	Score 1	Score 2	Score 3	Score 4	Score 5
Score 0	No structure in place				
Score 1	Quality structure is only loosely in place; a few quality meetings of some staff; knowledge of quality structure is limited to only a few people in program; meetings are only used to discuss individual cases or problems.				
Score 2					
Score 3	Senior clinician/manager leads the quality committee; at least 4 quality meetings a year are held; multidisciplinary team members are represented in quality structure; routine reporting to external governing body; staff knows about quality committee meetings; minutes are kept; some links to external stakeholders.				
Score 4					
Score 5	Senior medical clinician/senior management is actively involved in quality committees; quality meetings include written minutes and written follow-up; understanding of entire staff about quality structure and reporting mechanism; active support by overall agency; strong links to external stakeholders; structured input from consumers or consumer advisory board.				

A.2. Have adequate resources been committed to fully support the quality program?					
Score 0	Score 1	Score 2	Score 3	Score 4	Score 5
Score 0	No resources are committed.				
Score 1	Only senior clinician or designated quality coordinator is responsible to coordinate quality efforts; quality is not part of staff's job expectations; quality work is done in addition to daily work loads; little resources have been made available for information systems.				
Score 2					
Score 3	Key staff members have time allotted for quality activities; half-time position is available for quality manager; moderate resources for information systems.				
Score 4					
Score 5	Most staff members have quality in their job descriptions and expectations; Full-time position of quality manager is available; resources are committed for information systems				

A.3. Do the leadership support the quality program?					
Score 0	Score 1	Score 2	Score 3	Score 4	Score 5
Score 0	No leadership support.				
Score 1	Program leadership reviews quality data; support for QI is not consistent and regularized; involvement is only active if needed; leadership has limited experience in QI activities; link to institution's overall quality program is only by reporting data.				
Score 2					
Score 3	Program leadership supports QI and sees quality improvement as a priority; leadership has established program commitment to quality; leadership supports staff and quality activities if needed; leadership involved in setting quality priorities; institution's overall quality program encourages interdepartmental cooperation.				
Score 4					
Score 5	Program leadership stresses being proactive; quality and patient focus are build into new programs and initiatives; program leadership advocates for QI with the rest of the organization; leadership is actively involved in ongoing education about quality; leadership uses every opportunity to promote quality improvement; quality and improvement issues are discussed at top staff meetings at overall organization.				

B) Quality Planning

B.1. Does the organization have a comprehensive quality improvement/management plan?					
Score 0	Score 1	Score 2	Score 3	Score 4	Score 5
Score 0	No QI/QM plan in place.				
Score 1	Quality program has only a loosely outline of a structured quality plan; a written plan does not reflect current day-to-day operations; goals for the quality program are not established.				
Score 2					
Score 3	The quality plan is reviewed and updated annually; the quality plan describes the quality committee structure and its frequency of meetings; key quality principles and objectives are outlined; annual goals have been discussed and agreed on by quality committee; the quality plan is shared with staff.				
Score 4					
Score 5	The written quality infrastructure includes a multidisciplinary membership and its reporting mechanism; the link to the organization's overall quality program is described; the quality committee oversees and provides feedback to quality improvement projects; staff is aware of the plan; staff is actively involved in review and update of the quality plan; annual goals are actively communicated and understood by staff; selection and prioritization process is clearly defined; staff is actively involved in selection process.				

B.2. Does the organization have clearly described roles and responsibilities for the quality program?					
Score 0	Score 1	Score 2	Score 3	Score 4	Score 5
Score 0	No roles are described.				
Score 1	Roles and responsibilities are not described for quality structure; staff has vague idea about involvement in quality program; no written documentation.				
Score 2					
Score 3	Key roles for quality program are clearly described; leadership and governance are				

	established; staff is informed about different roles; QI team roles are described; follow-up for quality activities are unclear.
Score 4	
Score 5	The staffs' roles and responsibilities are clearly described regarding involvement in committee structure, performance measurements, and quality activities; description of accountability is routinely reviewed and updated at least annually; staff is involved in design of roles and responsibilities; structure in place to monitor progress of quality activities.

B.3. Does the work plan specify timelines and accountabilities for the implementation of the quality program?					
Score 0	Score 1	Score 2	Score 3	Score 4	Score 5
Score 0	No work plan exists.				
Score 1	No specific timelines and accountabilities have been established; no formal process to assign timelines for quality projects; follow-up of quality findings only as needed.				
Score 2					
Score 3	Quality activities are somewhat planned for the near future; workplan specified annual cycle of review for goal statements; quality committee is aware of timetable; findings of quality activities are routinely discussed in quality committee; staff is not assigned to be accountable for the implementation of certain quality activities.				
Score 4					
Score 5	Process to assign timelines for all quality reviews and improvement projects is clearly described; annual plan for resources is established; most of staff are aware of timelines; structure to discuss update of all quality activities at each quality committee meeting; staff members have clearly assigned roles and expectations for projects; staff are held accountable.				

C) Quality Measurement

C.1. Are appropriate outcome and process quality indicators selected in the quality program?					
Score 0	Score 1	Score 2	Score 3	Score 4	Score 5
Score 0	No indicators are selected.				
Score 1	Only those indicators have been selected that were required; no process takes place to annually review and update indicators; selection of indicators was done by senior clinician or by quality coordinator.				
Score 2					
Score 3	Selection of indicators was based on results of internal quality initiatives and external audits; indicators have written definitions and frequencies of review; staff is aware of indicators; indicators reflect standards of care.				
Score 4					
Score 5	Annual process to update indicators; required and non-required outcome and process indicators have been selected; all indicators definitions include outcome and steps for follow-up; staff is involved in development of indicators; most staff knows indicators and their definitions.				

C.2. Does the organization regularly measure the quality of care?					
Score 0	Score 1	Score 2	Score 3	Score 4	Score 5

Score 0	Quality of care is not measured.
Score 1	Program measures only what is required; only few staff members are involved in measurement process; no description of review process.
Score 2	
Score 3	Process in place to measure performance; performance reviews and implementation steps have defined timetables; most staff are involved in measurement process; results are reviewed in quality committee.
Score 4	
Score 5	Process to evaluate and measure performance clearly described; monthly performance reviews; quality results are regularly reviewed by the organization's leadership and action is taken on the results; staff are actively involved in measurement process; staff are trained in review process.

C.3. Are processes established to evaluate, assess and follow up on quality data?					
Score 0	Score 1	Score 2	Score 3	Score 4	Score 5
Score 0	No process in place to follow-up on quality data.				
Score 1	Only senior leadership receives quality reports. Results are not shared with other staff routinely, unless there is a problem. Reporting of quality outcomes and results often feels punitive. Sporadic reporting of results and no process in place to respond to results.				
Score 2					
Score 3	Quality reports are shared with senior leadership team and quality committee. Periodic quality changes and interventions attempted. No consistent process to act on results; no routine follow-up on all quality data reports; some staff receive the information.				
Score 4					
Score 5	All staff receive appropriate quality reports and results. Quality results are regularly reviewed by staff and action is taken on the results; staff is actively involved in staff meetings in discussing results and proposing improvement activities; staff is trained on how to use results to initiate improvement activities and how to communicate with quality committee. Innovation, within a clearly defined quality planning process, is encouraged and rewarded.				

D) Quality Improvement Activities

D.1. Does the organization conduct specific quality activities and projects to improve the quality of care?					
Score 0	Score 1	Score 2	Score 3	Score 4	Score 5
Score 0	No quality activities are taking place.				
Score 1	Quality improvement activities focused on individual cases without any analysis of underlying cause; reviews are primarily used for inspection/compliance; selection of project is done by single person.				
Score 2					
Score 3	A few staff members have input in selection of quality initiatives; quality improvement activities focused on processes; projects are conducted based on performance data results; findings are presented to quality committee; QI principles (consumer focus, staff involvement, teams) were applied.				
Score 4					
Score 5	Structured process of selection and prioritization; routine identification of customer needs				

	and input in quality improvements; majority of staff involved in quality improvement projects; findings are shared with entire staff.
--	---

D.2. Are quality improvement teams formed for specific projects?					
Score 0	Score 1	Score 2	Score 3	Score 4	Score 5
Score 0	No teams are formed.				
Score 1	A group of staff meets to discuss improvements; mostly the same staff members are involved; methodologies for quality improvement teams are not used.				
Score 2					
Score 3	One or two QI teams had been introduced; basic staff knowledge about QI team; multidisciplinary team approach; QI approach is used to address quality projects; results are presented at quality committee; QI teams use established methodologies.				
Score 4					
Score 5	QI teams are used routinely to address complex quality issues; participation of most staff in QI teams; staff is trained in their team roles; team continues to monitor changes; ongoing assistance is provided by leadership; results are shared with all staff.				

D.3. Are systems in place to sustain quality improvements?					
Score 0	Score 1	Score 2	Score 3	Score 4	Score 5
Score 0	No systems to sustain QI in place.				
Score 1	Quality improvement activities result in minimal change in delivery system; no training for staff is required; only some providers are impacted; efforts to improve the health of patients has only minimal impact; improvements are only short-term; minimal involvement by staff.				
Score 2					
Score 3	Some short and long-term benefits for some clients; process in place to continue to monitor change; some staff educated about changes; some job descriptions are altered.				
Score 4					
Score 5	Quality improvement activities result in a fundamental change of delivery system; improvements require staff to be trained; impact is measured and related to improved outcome; sustainable success for all intended clients; program demonstrated culture of support of learning and improvement; staff is actively involved in process.				

E) Staff Involvement

E.1. Is the staff routinely educated about the program's quality program?					
Score 0	Score 1	Score 2	Score 3	Score 4	Score 5
Score 0	No staff training in place.				
Score 1	Only a few people have access to training opportunities; one or two journals or books are available about quality; no additional resources for quality training are available.				
Score 2					
Score 3	No formal process in place to train all staff routinely about quality principles; some staff members can attend external quality training; some staff can order books and journals about quality.				
Score 4					
Score 5	Almost all staff members attend an annual quality training; staff knows about QI				

	principles; quality articles are routinely shared and forwarded among staff; many journals and books are available for staff; content of quality conferences and recent developments are routinely communicated among staff.
--	--

E.2. Does the organization routinely engage all levels of staff in quality program activities?					
Score 0	Score 1	Score 2	Score 3	Score 4	Score 5
Score 0	No involvement of different staff levels.				
Score 1	Results of quality activities are not routinely shared with staff; feedback is limited; staff can list only one quality indicators of program; no formal process in place.				
Score 2					
Score 3	Findings of quality activities are routinely shared with staff; staff can list some quality indicators of program; staff knows some findings of quality reviews; updates about quality initiatives are given to committee members and key staff.				
Score 4					
Score 5	Process in place to update staff about results of quality activities; staff is well aware of quality program goals; entire staff meets to discuss updates about quality improvement activities; staff is actively involved; results of quality activities are communicated with patients and key stake holders.				

E.3. Are patients involved in quality-related activities?					
Score 0	Score 1	Score 2	Score 3	Score 4	Score 5
Score 0	No patients are involved in quality-related activities.				
Score 1	Patient concerns are only discussed as they arise; patient satisfaction is not measured routinely; no structure in place to gather patients' feedback.				
Score 2					
Score 3	Patient needs and/or satisfaction are assessed; feedback of patients is discussed in quality committees; a patient-centered quality activity is launched.				
Score 4					
Score 5	Findings of patient satisfaction assessments are routinely integrated into the quality program; patient-centered advisory board in place; patient-centered feedback is incorporated in setting quality goals; results of quality activities are routinely communicated with patients.				

F) Evaluation of Quality Program

F.1. Is a process in place to evaluate the quality program?					
Score 0	Score 1	Score 2	Score 3	Score 4	Score 5
Score 0	No process in place.				
Score 1	No formal process is established to evaluate the quality program; quality activities are only reviewed if necessary; no review of quality workplan; no annual review of quality goals and infrastructure.				
Score 2					
Score 3	Review of ongoing quality activities by quality committee; quality committee routinely evaluates improvements achieved by quality improvement team(s); some evaluations are used to internally and externally (success stories, etc.) promote the quality program.				
Score 4					
Score 5	Process to assess effectiveness of quality program including workplan, goals, and				

	infrastructure; staff is actively involved; assessments are documented; leadership is well aware and involved in evaluation of quality program; quality awards for staff are given based on evaluations.
--	--

F.2. Does the quality program integrate findings into future planning?					
Score 0	Score 1	Score 2	Score 3	Score 4	Score 5
Score 0	No integration of findings into future planning.				
Score 1	Program does not learn from past successes and failures; when annual work plan is established, past performance is not really considered.				
Score 2					
Score 3	Results from evaluations are somewhat used to plan ahead; summary of findings are documented.				
Score 4					
Score 5	Structure in place to use evaluations to facilitate future planning for quality, including identification of improvement opportunities; past performance of performance measurements is used to update work plan, annual goals, and timelines; staff is involved in process; evaluations are used to annually review the quality infrastructure; improvements are spread into wider system, if indicated.				

F.3. Does the program have an information/data system in place to track patient care and measure quality indicators?					
Score 0	Score 1	Score 2	Score 3	Score 4	Score 5
Score 0	No information system in place.				
Score 1	Has no information system to track patient care; no or very basic medical/patient record system.				
Score 2	Has basic information system to track client care but no specific program information; limited capacity to expand to meet program needs.				
Score 3	Has functional information system to track client care, and some (not all) minimal components of program information system, but no specific quality information.				
Score 4	Has fully functional information system to track client care as well as track all minimal components of program information; limited capacity to easily manage quality with system.				
Score 5	Has fully functional information system to track client care, track core components of program, and produce useful quality of care information.				