

**REAPPRAISAL OF QUALITY MANAGEMENT PROCESS**

Appraisal of QM activity for

7/1/97 – 6/30/98

Department/service \_\_\_\_\_

1. List resolved patient care problems, improvements in the quality of patient care, and improvement in dept processes and outcomes made through this year's QM activities.

IMPROVEMENT MADE (include a quantification when. at all possible, e.g., accuracy improved 5%, compliance with stds increased 15% TAT decreased 25%, complaints reduced from 5/mo etc.)	SOURCE IDENTIFYING NEED FOR PROJECT: Pt./staff/MD satisfaction; safety rpts; QC; budget; inf cntrl; ext benchmark; etc	DIMENSION OF PERFORMANCE IMPROVED: Effectiveness; efficiency; timeliness; safety of environment of care; availability; efficiency; continuity; pt respect/caring; appropriateness	FUNCTION ADDRESSED: pt rights/organizational ethics; assessment of pts; care of pts-anesthesia, medication, nutrition, op/invasive procedures, rehabilitation, special procedures; education, continuum of care; leadership; management of information; management of environment of care; human resources; infection control; improved organizational performance	QI PROJECT SUMMARY FORM SUBMITTED & COPIED FOR YOUR FILE?
1.				
2.				
3.				
4.				

2. What indicators have you dropped this year? REMEMBER TO ATTACH A LIST OF ALL YOUR INDICATORS FOR THE '98 – '99 YEAR (in a legible format). Review the attached memo for suggestions.

3. In what current multidisciplinary projects are you involved:

4. What projects are you planning to begin within the coming fiscal year in your area? REMEMBER TO REVIEW BENCH DATA TOO FOR IDENTIFYING/PRIORITIZING ISSUES.

5. In order for Leadership to plan and prioritize, please identify any cross-departmental processes that you feel could be investigated for possible service or pt care improvement. (Please use this opportunity to survey your employees for their ideas) . For any suggestions listed please include the following information:

A. What needs to be accomplished? (Describe specifically and include what depts/units of the hospital should be included)

B. How will we know that a change will be an improvement? (The indicators to measure; the expected outcome of the change. Please state source of information that led to your suggesting this issue - such as safety reports, pt satisfaction surveys, identified by specified committee, etc.)

6. Please checkoff any improvements you feel have been made in the QM processes for this fiscal year:

- |  |   |
|--|---|
| <input type="checkbox"/> improved documentation of QM efforts  | <input type="checkbox"/> Improved team composition              |
| <input type="checkbox"/> improved before-and-after quantification  | <input type="checkbox"/> Improved team cooperation              |
| <input type="checkbox"/> Shorter turnaround on improvement projects  | <input type="checkbox"/> Improved staff/physician participation |
| <input type="checkbox"/> increased impact of QI projects   | <input type="checkbox"/> Increased ability to ID system issues  |
| <input type="checkbox"/> increased actual use of external info (practice guidelines, best practices, benchmarks) |   |
| <input type="checkbox"/> increased use of statistical process control (e.g., control charts)                     |   |
| <input type="checkbox"/> OTHER – please specify  |   |

7. If you have any suggestions for improving the Quality Management processes at this facility, please include them here. Again, please answer questions listed under #5 for any suggestions you make here.

Submitted by \_\_\_\_\_ Date \_\_\_\_\_