Quality Management and Program Evaluation

Purpose and Scope

This policy establishes guidelines by which Rehabilitation Services Department conducts quality management and program evaluation activities. This policy applies to all utmb Health System patient treatment areas.

Audience

All members of the Rehabilitation Services Department.

Policy

The Departmental Quality Management Plan shall be coordinated by the Program Manager in cooperation with the Hospital Department of Quality Management. QM activities are initiated in response to patient care and/or service delivery issues identified by staff, patients or administration.

Objectives

The goal of the Department of Rehabilitation Services Quality Management plan will be to assure the provision of optimum patient care and to provide for on-going program evaluation.

- The Program Manager will be responsible for overseeing the identification and remediation of observed and potential problems in the provision of rehabilitation therapy services.
- The Program Manager will have responsibility for documenting Quality Management activities communicating and coordinating with the Hospital Department of Quality Management.

Committees

The Program Manager will assist the Director on establishing committees that may consist of Team Leaders and or staff members that support quality management within the department of rehabilitation services.

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Committees will determine the necessary steps to research and carry out its duties.

- Groups may include other individuals that will contribute to their findings.
- Designated Task Forces or Committees shall have a documented purpose, report to the Director or Program Manager and have their findings documented and shared to other departmental staff as indicated by the director.
- Peer Review will be the responsibility of the Program Manager and will be completed on a quarterly basis.

Functions

Quality Management Committees will identify and monitor indicators which impact the quality of physical and occupational therapy services within the utmb Health System. QM activities shall be initiated in response to patient care and/or service delivery issues identified by staff. Committees shall further determine which problems warrant referral to the utmb Health System Department of Quality Management. The following steps will comprise the problem/issue management process.

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Indicator Identification

Quality Management Committee/s shall identify indicators relating to the critical initiatives of the utmb Health System.

- **Internal Sources** - Patient Safety Net Reports, Peer Review Analyses, Patient Care Statistics and Patient satisfaction surveys. Any department employee may identify monitors for Quality Management.
- Standards will be established for all indicators with the goal for continuous improvement in outcome and efficiency.

Problem Assessment

Following identification of problems which affect patient care, committee/s will assess the information to determine the best outcome consistent with the UTMB Health System Quality Management Plan.

Reporting

Information, assessment and outcomes will be documented and shared with the Director and/or utmb Health System Quality Management.