

SECTION 14

NATIONAL QUALITY MANAGEMENT & IMPROVEMENT PROGRAM OVERVIEW

Kaiser Permanente has developed a Quality Management & Improvement Program that establishes goals and objectives intended to facilitate the achievement of both Kaiser Permanente Regional Medical Care Programs and the National Quality Agenda.

NATIONAL QUALITY AGENDA

Kaiser Permanente's National Quality Agenda has been developed to support:

- Effectiveness in providing clinical care to individual patients
- Satisfaction of all customers (payers, members, and staff) with services received, efficiency of organizational functions at all levels
- Appropriate use of resources to improve the health status of the Kaiser Permanente membership

The key components of Kaiser Permanente's National Quality Agenda that are intertwined efforts to consistently provide care of the highest quality include:

➤ **Measuring Performance**

To support the ability to measure what Kaiser Permanente accomplishes, it is necessary to collect accurate, reliable, and verifiable data. The cornerstone of this effort is the discipline of measurement and the effective implementation which requires dedicated efforts towards greater quantification, precision, and analytical decision-making.

➤ **Continuous Quality Improvement**

Improvement in effectiveness and efficiency requires a carefully organized and directed continuous quality improvement effort, complemented by focused, supported, and coordinated innovative activities.

➤ **Developing New Approaches**

To assure Kaiser Permanente is the current and future leader in providing new services, organizational approaches, and financing methods, research and development efforts are required. These efforts will be directed towards establishing and maintaining leadership and demonstrating that there is effectiveness and efficiency in every aspect of Kaiser Permanente's Health Care Program. These efforts complement but at the same time are distinguished from quality improvement activities due to its more comprehensive scope, longer time frames, greater expenditures, and greater risks.

➤ **Telling Kaiser Permanente's Story**

Developing and maintaining candid and open lines of communication with both internal and external audiences is critical to telling Kaiser Permanente's story. To support this communication, Kaiser Permanente will maintain the capacity to document and demonstrate activities, improvements and successes as they unfold.

REGIONAL QUALITY STRUCTURE

14.0 INTRODUCTION

Kaiser Permanente maintains an ongoing Quality Management (QM) Program that objectively and systematically monitors the quality, safety, and appropriateness of member care; works toward resolution of identified problems and pursues opportunities for continuous improvement of member care services and member safety.

The provider agrees to cooperate with Kaiser Permanente to provide information during the contracting process and on-going related efforts while resolving and identifying quality concerns, member complaints, and/or other aspects of the QM Program including, but not limited to, the following:

- Responsiveness of providers to our member's needs
- Competency of provider with required certification
- Environmental aspects of the provider
- Timeliness of the provision of items
- Billing practices
- Accessibility to services
- Location of services
- Product selection

14.1 QUALITY METRICS

Kaiser Permanente participates in a number of independent reports on quality of care and service so that our members have reliable information to better understand the quality of care we deliver at Kaiser Permanente. Quality is measured through focus surveys, member satisfaction surveys and information fed to our DME departments.

The Kaiser Permanente DME departments, in conjunction with Kaiser Permanente's National Provider Contracting and Network Management department, will provide oversight with regard to quality and member satisfaction.

14.3 CLINICAL RECORD, OFFICE SITE AND ACCESS REVIEW STANDARDS

Kaiser Permanente recommends that all providers maintain their medical/clinical records following standards applicable to their specialty to assure the consistency and completeness of patient medical/clinical records.

Reviews, which cover both general and medical/clinical recorded documentation, include all standards (as applicable) listed below.

- All pages contain patient identification
- There is personal biographical data
- There is a provider's signature on each entry
- All entries are dated
- Allergies and adverse reactions to medications are prominently displayed
- Record is legible
- There is a date for return visits or other follow-up plan for each encounter
- Chart is maintained in organized format (bound, fastened or with dividers)
- Encounters are documented within 24 hours of visit
- Records are kept in a secure area to protect against loss, destruction or unauthorized use
- Records are accessible for all visits
- Cancellations and no shows are documented
- Follow-up contact for cancellations/no shows (patient was contacted by phone or letter is indicated in record, computer or log)