



MEDICAL SCHOOL POLICY

Continuous Quality Improvement Policy

Senior Leader: Medical School Dean

Responsible University Officer: Vice Dean for Medical Education & Academic Affairs

Policy Owner: Director of Accreditation, Compliance & Continuous Quality Improvement

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POLICY STATEMENT

As part of the University of Minnesota Medical School's (UMMS) commitment to the highest standards of quality, this policy ensures systematic evaluation of the educational program to promote efficiency, effectiveness and ongoing improvement.

REASON FOR POLICY

This policy ensures the medical school, including the Central Campus in the Twin Cities and the Regional Campus in Duluth, is engaging in a continuous and intentional process aimed at supporting medical educational program improvement and ensuring a positive outcome during accreditation review.

This policy also ensures the medical school meets Liaison Committee for Medical Education (LCME) accreditation requirements as follows:

Element 1.1: Strategic Planning and Continuous Quality Improvement. "A medical school engages in ongoing planning and continuous quality improvement processes that establish short and long-term programmatic goals, result in the achievement of measurable outcomes used to improve programmatic quality, and ensure effective monitoring of the medical education program's compliance with accreditation standards."

PROCEDURES

This policy identifies CQI activities including:

- Efforts to ensure and monitor accreditation standards
- Specific requests for CQI review submitted to the CQI Working Group by medical education offices seeking to identify opportunities for improvement.

Monitoring of UMMS medical education program elements as they relate to this policy will occur regularly. Areas of monitoring include, but are not limited to:

- Identification of risk areas based on current LCME Standards and Elements.
- Ongoing citations of Standards or Elements from prior accreditation visits.
- Institutional strategic plan objectives that impact the medical education program, services, or resources in such instances where they overlap or align with accreditation standards.

Scope

UMMS understands that CQI is an integral part of all efforts within the school to develop programs and services that prepare our students to become the highest quality physicians.

While the CQI Policy may serve as a useful model for other improvement efforts within the school, it is understood that:

- Continuous Quality Improvement efforts related to the educational mission of the school are the responsibility of the Office of Medical Education (OME) under the purview of the Vice Dean for Medical Education and Academic Affairs. Priorities for CQI efforts as they relate to this policy will focus on areas that have direct impacts on undergraduate medical education and the undergraduate medical student experience.
- Quality improvement efforts outside of the scope of accreditation and compliance are outside the scope of this policy.

CQI Steering Committee:

Purpose: The CQI Steering Committee will identify and establish priorities for CQI efforts at the medical school that directly impact undergraduate medical education and are founded on accreditation standards. Examples of such efforts may include comprehensive reviews of LCME Standards or Elements and reviewing the status of action plans resulting from LCME citations in preparation for the submission of Status Reports.

Membership: Membership to the CQI Steering Committee should reflect a broad range of stakeholders across all aspects of the educational program (OME, Undergraduate Medical Education, Graduate Medical Education, affiliate hospitals, departments, Faculty Affairs, students, campuses, and others as needed). However, the makeup of the Steering Committee is intentionally flexible in order to respond effectively to the needs of the medical school. The Steering Committee will be comprised of 7-12 members. It is also expected that appropriate members who serve on the CQI Steering Committee will also serve as members of the LCME Executive Task Force during the Self-Study period, whenever possible. Membership shall be reviewed annually and final decisions regarding membership will be approved by the Vice Dean for Medical Education and Academic Affairs.

The Vice Dean for Medical Education and Academic Affairs shall serve as Chair of the Steering Committee. At minimum, membership should consider stakeholders from the following areas:

- Administrative leadership from Faculty Affairs, GME, Admissions, and OME in general
- Representatives from the Regional Campus in Duluth
- Medical Students
- Residents
- Representatives of affiliate hospitals
- Departmental representatives (e.g. Department Chairs)
- Faculty representation with preclinical and clinical teaching/educational roles

Reporting: The CQI Steering Committee provides updates to the Dean's Cabinet, at a minimum quarterly.

CQI Working Group:

The CQI Steering Committee charges a CQI Working Group, led by the Director of Accreditation, Compliance and Continuous Quality Improvement, with assembling a group of operational leaders who will be responsible for:

- Reviewing performance on LCME Standards or Elements within a given Standard
- Regularly monitoring components of the Data Collection Instrument
- Annually reviewing policies associated with Accreditation Standards and Elements
- Developing CQI Dashboards
- Providing support to departments or programs where a CQI recommendation has been made
- Developing and implementing Quality Improvement Plans (QIP)

Decisions to add or remove members will be at the discretion of the Steering Committee in consultation with the Chair of the CQI Working Group.

Quality Improvement Plans (QIP):

The CQI Steering Committee will determine priorities. Prioritization should be founded in the context of the available data including, but not limited to, the most recent version of the Data Collection Instrument (DCI), previous accreditation reports, LCME Status Reports, AAMC Graduation & Year Two Questionnaires, Independent Student Analyses, Executive Summaries, and internally generated data. In addition, the Working Group may conduct needs assessments for those QIPs that involve an office or program that inform the Steering Committee's evaluations.

Based on identified priorities the Working Group will initiate QIPs outlining, at minimum:

- The purpose and scope of the project
- Quantifiable goals and outcome measures
- Responsible individuals
- Description of how the effectiveness of the QIP will be measured

Results from QIPs will be assigned to the appropriate process owners and monitored by the CQI Steering Committee on a regular basis.

Meetings:

CQI Steering Committee: Steering Committee meetings should occur, at a minimum, twice a year in order to review the status of QIPs, review progress from the Working Group, prepare for any Status Reports required by the LCME on outstanding citations, and to establish its priorities for the upcoming year.

CQI Working Group: The Working Group should, ideally, meet monthly to provide updates on current QIPs, review any new requests, determine next steps in current action plans. Additionally, the Working Group may provide regular updates to the CQI Steering Committee, Education Council, and other stakeholders on a regular basis or as needed.

FORMS/INSTRUCTIONS

There are no forms associated with this policy.

APPENDICES

There are no appendices associated with this policy.

FREQUENTLY ASKED QUESTIONS

There is no FAQ associated with this policy.

ADDITIONAL CONTACTS

Subject	Contact	Phone	Fax/Email
Primary Contact	Name	Phone	Fax/Email
Project Manager	Ali Niesen	Phone	Fax/Email

DEFINITIONS

Continuous Quality Improvement: Within the context of this policy, continuous quality improvement refers to ongoing efforts to monitor the educational program and motivate improvements in efficiency, effectiveness, quality, or performance as they relate to accreditation standards. These efforts should be systematic as well as data and outcomes driven.

Quality Improvement Plan: An action plan identifying a specific area of performance within the educational program for monitoring and improvement. The Quality Improvement Plan will link directly to the Strategic Plan as well as LCME accreditation standards.

Slippage: refers to areas where improvements have occurred but have "slipped" backward due to poor monitoring and maintenance practices.

Strategic Plan: Reference to the Strategic Plan in this context occurs at the organizational level (medical school) into which LCME-related CQI efforts should feed and to which CQI efforts should align.

RESPONSIBILITIES

CQI Steering Committee: The CQI Steering Committee is responsible for oversight of CQI efforts as they relate to Element 1.1 in the monitoring of compliance with LCME Standards, setting priorities, obtaining progress reports from the CQI Working Group and disseminating findings to key stakeholders.

CQI Working Group: The CQI Working Group is responsible for implementing CQI efforts as directed by the CQI Steering Committee, setting the timing of such reviews, and for working with appropriate stakeholders in the development of Quality Improvement Plans. In addition, the Working Group will track and report on the progress and outcomes of quality improvement projects to the Steering Committee.

Director of Accreditation, Compliance and Continuous Quality Improvement: The Director Chairs the CQI Working Group, provides overall direction in the establishment of CQI priorities, serves as liaison to the LCME regarding accreditation-related questions, and ensures the CQI Working Group is successful in its mission. In addition, the Director is responsible for maintaining accreditation-related CQI Working Group records.

RELATED INFORMATION

For more information on the Liaison Committee on Medical Education (LCME) and accreditation resources visit their site at www.lcme.org.

For Information on the CQI Initiative of the University of Minnesota Medical School, visit: <https://www.med.umn.edu/continuous-quality-improvement-initiative>

HISTORY

Policy Created: September, 2018

Policy Approved: July, 2019

Policy Approved by: Associate Dean, Undergraduate Medical Education

Policy Approved by: Vice Dean, Medical Education and Academic Affairs

Policy Approved by: CQI Steering Committee