



## MEDICAL SCHOOL POLICY

# Continuous Quality Improvement

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**Senior Leader:** Medical School Dean

**Responsible University Officer:** Vice Dean for 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.

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## 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."

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## PROCEDURES

This policy identifies CQI activities including:

- Efforts to engage in ongoing monitoring of accreditation standards
- Efforts to coordinate quality improvement initiatives associated with deficiencies in meeting LCME standards

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 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 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 not directly associated with LCME Accreditation requirements 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 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). 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 composed 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 Institutional Self-Study periods, whenever possible. Membership shall be reviewed annually and final decisions regarding membership will be approved by the Vice Dean for Education and Academic Affairs.

The Vice Dean for 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 should provide updates to the Dean and the Dean's Leadership Team, at a minimum annually.

## **Working Group:**

A CQI Working Group, led by the Director of Accreditation, Compliance and Continuous Quality Improvement, will oversee:

- Reviewing performance on LCME Standards or Elements within a given Standard
- Regularly monitoring components of the Data Collection Instrument
- Developing CQI Dashboards
- Providing support to departments or programs where a CQI recommendation has been made
- Developing and implementing Quality Improvement Plans (QIP), including those established by the CQI Steering Committee

Decisions to add or remove members will be at the discretion of the Vice Dean for Education and Academic Affairs, in consultation with the Chair of the Working Group.

## **Quality Improvement Plans (QIP):**

Prioritization of QIPs 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, needs assessments may be conducted for those QIPs that involve an office or program that inform the Steering Committee's evaluations.

The CQI Steering Committee will establish its own priorities for QIPs. Additional QIPs may be developed, on an as needed basis, by the Working Group or directly through the Office of the Director of Accreditation and Quality Improvement.

Based on identified priorities QIPs will outline, 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 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.

Working Group: The Working Group should, ideally, meet regularly to review relevant sections of the Data Collection Instrument, provide updates on current QIPs, and 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.

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## **FORMS/INSTRUCTIONS**

There are no forms associated with this policy.

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## **APPENDICES**

There are no appendices associated with this policy.

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## FREQUENTLY ASKED QUESTIONS

There is no FAQ associated with this policy.

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## ADDITIONAL CONTACTS

Subject	Contact	Phone	Fax/Email
<b>Primary Contact</b>	<b>Name</b>	<b>Phone</b>	<b>Fax/Email</b>
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 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 can occur at the organizational level (medical school), or departmental level (Undergraduate Medical Education) into which LCME-related CQI efforts should feed and to which CQI efforts should align.

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## 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 Working Group and disseminating findings to key stakeholders.

**Working Group:** The Working Group is responsible for implementing CQI efforts, identifying additional CQI priorities outside of those being managed by the CQI Steering Committee, setting the timing of reviews, and for working with appropriate stakeholders in the development of Quality Improvement Plans (QIPs). In addition, the Working Group will track and report on the progress and outcomes of QIPs 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 priorities, serves as liaison to the LCME regarding accreditation-related questions, and ensures the Working Group is successful in its mission. In addition, the Director is responsible for maintaining accreditation-related Working Group records.

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## RELATED INFORMATION

For more information on the Liaison Committee on Medical Education (LCME) and accreditation resources visit their site at [www.lcme.org](http://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>

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## HISTORY

**Policy Created:** September, 2018

**Policy Approved:** Associate Dean, UME, July, 2019

**Policy Approved by:** Vice Dean, Education and Academic Affairs, July, 2019

**Policy Approved by:** CQI Steering Committee, July, 2019

**Policy Reviewed/Updated:** CQI Steering Committee, January, 2021