

CLINICAL QUALITY MANAGEMENT PROGRAM (CQMP)

1.0. CQMP PLAN

The contractor shall operate a CQMP which results in demonstrable quality improvement of the health care provided beneficiaries and of the process and services delivered by the contractor. Structural and functional components included in the quality management plan are:

CQMP Annual Plan Format - At a minimum the CQMP Annual Plan shall include:

- Table of Contents
- Executive Summary
- Quality Improvement Plan
 - Planned Quality Improvement Initiatives
 - Planned Research and/or Clinical Quality Studies
 - Planned Patient Safety/Quality Issue Program
- CQMP Interface With Office of the Regional Director
- National Quality Monitoring Contractor (NQMC) Interface

2.0. CQMP STRUCTURAL AND FUNCTIONAL REQUIREMENTS

The contractor shall participate in monthly, or less frequently if directed by the Regional Director, region level quality management committees. The contractor shall develop and implement written policies and procedures to identify potential quality issues, identify steps to resolve identified problems, provide interventions to resolve problems, and provide ongoing monitoring of all components of the contractor's operations and the care and treatment of TRICARE beneficiaries. At a minimum, the contractor shall assess every medical record reviewed for any purpose and any care managed/observed/monitored on an ongoing basis for potential quality indicators (PQIs) in accordance with the following:

TRICARE OPERATIONS MANUAL 6010.51-M, AUGUST 1, 2002

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The contractor shall identify, track, trend, and report interventions to resolve the following PQIs and QIs:

POTENTIAL QUALITY INDICATORS (PQIs)	NO ACTUAL QI	PATIENT SAFETY AND/OR QUALITY ISSUE (QI)			SENTINEL EVENT
		SEVERITY LEVEL 1	SEVERITY LEVEL 2	SEVERITY LEVEL 3	SEVERITY LEVEL 4
COMPLICATIONS (Medical, Surgical, Inpatient, Outpatient, Skilled Nursing, Mental Health Facility, Office Visit)					
Unexpected Death					
Malfunction or failure of equipment					
Neurological deficit					
Neurological deficit not present on admission					
Complication of anesthesia					
Foreign body: retained sponge, bullet					
Wound dehiscence					
Surgical blood loss > 1000cc in adults					
Cardiac or respiratory arrest during an operation or procedure					
Nosocomial infection resulting in extended length of stay					
Surgical complications resulting in injury, repair or removal of an organ					
Admission related to previous ER visit within 48 hours					
Abnormal labs/x-ray reports not addressed					
Attempted/committed suicide while in treatment					
Prolonged or suspected excessive/inappropriate use of seclusion					
Serious, self-inflicted injury, while in inpatient setting, requiring emergency medical care					
Inpatient admission for complications due to outpatient care or procedure					
COMPLICATIONS (Obstetrical & Neonatal)					
Complication of delivery: 4 th degree laceration, hysterectomy, transfusion, birth injury, Apgar < 6 after 5 minutes					

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POTENTIAL QUALITY INDICATORS (PQIs)	NO ACTUAL QI	PATIENT SAFETY AND/OR QUALITY ISSUE (QI)			SENTINEL EVENT
		SEVERITY LEVEL 1	SEVERITY LEVEL 2	SEVERITY LEVEL 3	SEVERITY LEVEL 4
Apgar low < 4 after 1 minute, < 6 after 5 minutes					
TRAUMA SUFFERED BY PATIENT					
Falls, resulting in injury					
Unplanned return to OR, or repeat invasive procedures					
Major adverse drug reaction					
Medication error					
Any transfusion error or serious transfusion reaction					
Unexpected injury due to invasive procedures					
Surgery performed on wrong body part, for condition unrelated to principle diagnosis					

3.0. PATIENT SAFETY OR QUALITY ISSUE IDENTIFICATION

The contractor shall apply medical judgment and follow the TRICARE criteria for the identification, evaluation and reporting of all PQIs and confirmed QIs.

3.1. Quality Interventions

The contractor shall implement appropriate quality interventions to reduce the number of quality issues and improve patient safety. When the contractor confirms a quality issue, the determination shall include assignment of an appropriate severity level, and describe the actions taken to resolve the quality problem (if appropriate).

4.0. DEFINITIONS

Potential Quality Indicator (PQI) - a clinical or system variance warranting further review and investigation for determination of the presence of an Actual Quality Issue.

No QI - Following investigation there is NO quality issue finding.

Quality Issue - a verified deviation from acceptable standard of practice or standard of care as a result of some process, individual, or institutional component of the health care system.

- **Severity Level 1** - Quality issue is present with minimal potential for significant adverse effects on the patient.

- **Severity Level 2** - Quality issue is present with the potential for significant adverse effects on the patient.
- **Severity Level 3** - Quality issue is present with significant adverse effects on the patient.
- **Severity Level 4** - Quality issue with the most severe adverse effect and warrants exhaustive review.
- **Sentinel Event** - the most severe, verified deviation from acceptable standard of practice or standard of care as a result of some process, individual, or institutional component of the health care system. A sentinel event is an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function. The phrase "or the risk thereof" includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome.

5.0. IMPROVING THE QUALITY OF HEALTH CARE BY REDUCING MEDICAL ERRORS AND INCREASING PATIENT SAFETY

- The contractor shall report annual patient safety initiatives.
- Report on ways the patient safety program will be strengthened.
- Demonstrate effective implementation of patient safety improvement programs.

6.0. CLINICAL QUALITY MANAGEMENT ANNUAL REPORT

The contractor shall submit to the Regional Director and TMA, no later than 90 calendar days following the end of each option period, a report of the CQMP activities; problems identified and resolved; ongoing problems and corrective action plans; improvements in the care provided to beneficiaries and the contractor's operations. The report shall be formatted as follows:

- Table of Contents
- Executive Summary
- Quality Improvement Plan Review
 - Outcomes of Quality Improvement Initiatives
 - Outcomes of Research and/or Clinical Quality Studies
 - Summary of Patient Safety/Quality Issue Findings
- Summary of National Quality Monitoring Contractor (NQMC) Interface with CQMP
- Summary of CQMP Interface with the Regional Director