



Ambulatory Clinic Policy and Procedure

Title: 2020 PERFORMANCE IMPROVEMENT PLAN	Policy Number: EP 8.1
Regulation Reference: Joint Commission	Effective Date: 01/2020

I. AUTHORITY:

Authority for implementing a Performance Improvement (PI) Program at TTUHSC El Paso comes from the Dean of the Paul L. Foster School of Medicine. The Dean supports the PI Program with resources to operate and oversight of functioning. The Dean delegates to the faculty, staff, subcontractors and the Office of Quality Improvement the responsibility and authority to carry out the PI Program as outlined in this plan.

II. PURPOSE:

The purpose of this PI Program for TTUHSC El Paso is to set the direction for continuously improving processes and outcomes for patients and sustaining improved performance by faculty, staff and subcontractors, who are required to actively carry out improvement activities in their clinics or departments.

III. MISSION:

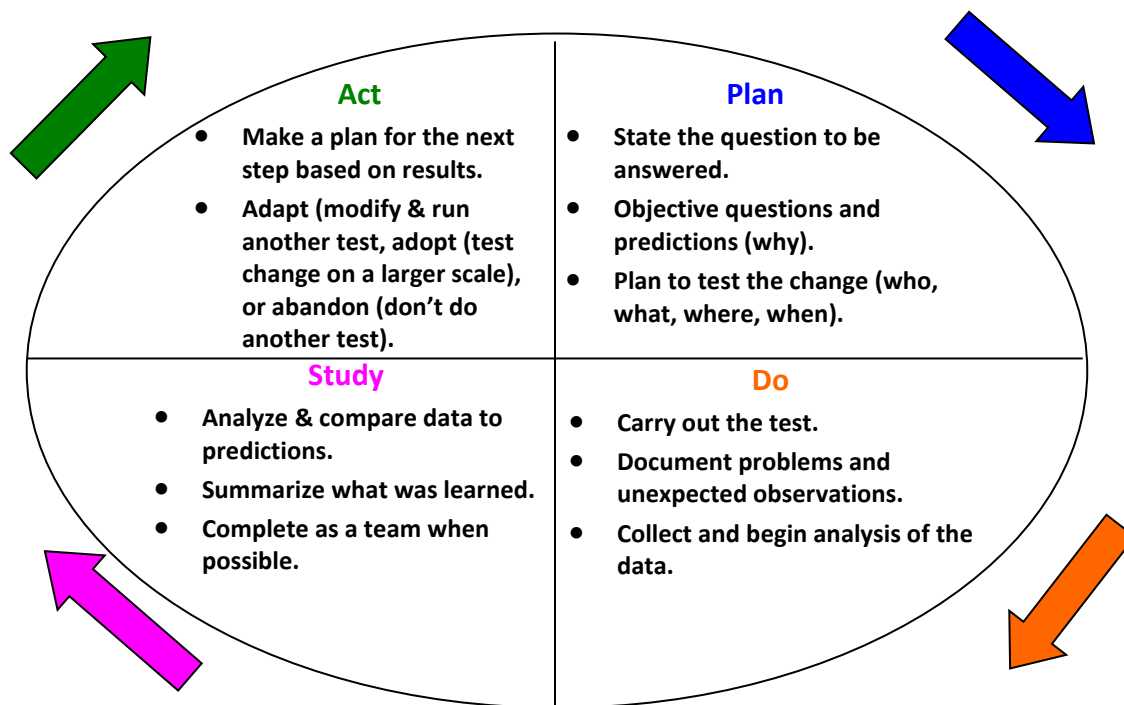
The mission of Texas Tech University Health Sciences Center El Paso is to provide an outstanding education and development opportunities for a diverse group of students, residents, faculty, and staff; advance knowledge through innovation and research; and serve the needs of our socially and culturally diverse communities and regions.



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I. MODEL FOR IMPROVEMENT:

The PDSA cycle for learning and improvement



Method for change:

1. What are we trying to accomplish?
2. How will we know that a change is an improvement?
3. What change can we make that will result in an improvement?

The Plan-Do-Study-Act (PDSA) cycle is a useful tool for documenting a test of change. Running a PDSA cycle is another way of saying testing a change – you develop a plan to test the change (Plan), carry out the test (Do), observe, analyze, and learn from the test (Study), and determine what modifications, if any, to make for the next cycle (Act).

Fill out one PDSA worksheet for each change you test. In most improvement projects, teams will test several different changes, and each change may go through several PDSA cycles as you continue to learn. Keep a file (either electronic or hard copy) of all PDSA cycles for all the changes your team tests.

Note: This Model for Improvement has been designed in accordance with the Institute for Healthcare Improvements (IHI) PI Model.



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II. SCOPE OF THE PI PLAN:

All Departments will actively participate in the Performance Improvement (PI) Program. Department Chairpersons, Administrators, and Managers are responsible to ensure PI activities are carried out in their areas.

III. PERFORMANCE IMPROVEMENT PROGRAM OVERVIEW:

Clinics, departments, and subcontractors will participate in PI activities by:

1. Working to carry out steps required to put in place implementation strategies for the National Patient Safety Goals (NPSG) and Regulatory Compliance.
2. Reporting as assigned on Attachment A to the Clinic Operations Committee (COC).
3. Reviewing policies & procedures based on current literature and evidence based practice.
4. Other ancillary services will report to the Clinic Operations Committee as indicated on reporting schedule.

Policy Number: EP 8.1	Original Approval Date: 6/1999
Version Number: 15	Effective Date: 01/2020
Signatory approval on file by: Juan Figueroa, M.D. Director of Clinical Operations Clinic Operations Committee, Chair Texas Tech University Health Sciences Center El Paso	

- Attachments:
- A = Reporting Schedule
 - E = Performance Improvement Terminology
 - F = Example of a PDSA Worksheet
 - G = Template for a PDSA Worksheet