

# Vermont Psychiatric Care Hospital Policy

## Quality Assessment and Performance Improvement

Revised: X

Date:

The Vermont Psychiatric Care Hospital (VPCH) maintains an effective, ongoing, hospital-wide, data-driven quality assessment and performance improvement (QAPI) program.

### **Governing Body**

The hospital's governing body shall ensure that the program reflects the complexity of the hospital's organization and services, involves all hospital departments and services (including those services furnished under contract or arrangement), and focuses on indicators related to improved health outcomes and the prevention and reduction of errors.

The governing body shall ensure that adequate resources are allocated for measuring, assessing, improving, and sustaining the hospital's performance and reducing risk to patients.

The governing body is ultimately accountable for the safety and quality of care, treatment, and services.

### **Quality Assessment and Performance Improvement program**

The governing body, medical staff, and administrative staff of the VPCH shall ensure that an ongoing program for quality improvement is defined, implemented, and maintained.

The Vermont Psychiatric Care Hospital's Quality Assurance and Performance Improvement program shall engage in activities which identify and reduce errors through the use and analysis of data in which trends are identified, plans of remediation are developed where necessary, improvement plans are tracked for effectiveness, and health outcomes that show measurable improvement are achieved.

### **VPCH Leadership**

VPCH leadership shall:

- create and maintain a culture of safety and quality throughout the hospital.
  - have an organization-wide, integrated patient safety program;
  - improve performance on an ongoing basis;
  - establish priorities for performance improvement;
  - collect data to monitor performance;
  - measure, analyze, and track quality indicators, including adverse patient events, and other aspects of performance that assess processes of care, hospital service and operations;
  - use data and information to guide decisions and to understand variations in the performance of processes supporting safety and quality;
  - implement changes in existing processes to improve the performance of the hospital;
  - document what quality improvement projects are being conducted, the reasons for conducting these projects, and the measurable progress achieved on these projects;
- and

- after implementing improvement actions, shall measure success and track performance to ensure that improvements are sustained.

Approved by:	Signature:	Date:
Paul Dupre, Commissioner, DMH		4-7-14