

## QUALITY MANAGEMENT PROGRAM EVALUATION FORM

AGENCY: \_\_\_\_\_

DATE: \_\_\_\_\_

CRITERIA	SATISFIED?	NOTES
<b>POLICY AND PROCEDURES</b>		
P&P that describes internal quality management process utilized to monitor services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> NA	
P&P outlines the role of the QM Committee	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> NA	
P&P clearly identifies staff positions who are responsible for ensuring that the QM Program is followed.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> NA	
Name and Title of QM Staff:		
<b>QUALITY MANAGEMENT PLAN</b>		
A written quality management plan (required by HRSA) exists that assesses the quality and appropriateness of the health and support services provided by the Subgrantee	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> NA	
Plan provides corrective action for identified quality issues	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> NA	
Plan for internal management of quality improvements	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> NA	
<b>QM ACTIVITIES</b>		
QM activities utilized to identify trends of needed improvement and the frequency of those activities	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> NA	
QM activities to ensure correction and follow-up to findings identified;	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> NA	
<b>CLIENT SATISFACTION SURVEYS</b>		
Utilization and frequency of client satisfaction surveys	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> NA	
<b>QM REPORTING</b>		
system utilized to identify, report and monitor adverse outcomes (sentinel events)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> NA	
process for identifying and reporting outcome measures	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> NA	
<b>ANNUAL EVALUATION OF QM</b>		
Process for an annual evaluation of quality management efforts and the reporting of the results of those interventions (required)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> NA	
<b>FOR PROVIDERS OF CLINICAL SERVICES</b>		
Process utilized to develop protocols and Standing Delegation Orders (SDOs)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> NA	
P&P clearly outlines a Physician's involvement in the QM activities	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> NA	