**POLICY | PURPOSE STATEMENT:**
It is the policy of the TTUHSC SON Larry Combest Community Health and Wellness Center (LCCHWC) services to ensure that a comprehensive, formal performance improvement program and plan are in place and implemented.

**SCOPE:**
This policy applies to all clinics and all patients of the Larry Combest Community Health and Wellness Center clinics and programs.

**PROCEDURE:**
1. **Authority:** The Combest Health and Wellness Center Community Alliance (CHWCCA) Governing Board will delegate the functional authority for the Performance Improvement Program. The final authority and ultimate responsibility for the assurance of a flexible, comprehensive and integrated Performance Improvement Program rest with the Performance Improvement Committee. The Performance Improvement Committee is responsible for implementing and coordinating the Performance Improvement Plan.

2. **Organization:** Responsibility for the daily coordination and implementation of the Performance Improvement Program shall rest with the Director of Performance Improvement in conjunction with the Clinical Director/Executive Director. The Governing Board serves as an oversight body for all Performance Improvement activities that either directly or indirectly affect patient care.

3. **Appraisal:** The PI Committee shall review the following at least yearly to determine if updates are required:
Policy and Procedure

a. **Performance Improvement Plan (Attachment A)** should be evaluated by the Director of PI on an ongoing basis to assure that it meets the Performance Improvement needs of the LCCHWC.
   i. The plan should be reviewed by the PI Committee at least yearly and be revised as necessary and as often as needed. Reviews will be documented in the PI Committee minutes and reported to the governing board.
   ii. The Performance Improvement Policy and Plan will be approved by the Governing Board of Directors yearly.

b. **Chronic Disease Management Plans (CDM)**
   i. The CDM plans should be reviewed by the PI Committee at least yearly to ensure evidence-based practice guidelines are updated.
   ii. The CDM plan will be approved by the PI Committee and presented to the Governing Board yearly.
   iii. The CDM plans include the following chronic disease:
      1. Asthma (Attachment B)
      2. Diabetes (Attachment C)
      3. Hyperlipidemia (Attachment D)
      4. Hypertension (Attachment E)
      5. Obesity (Attachment F)

c. **Clinical Outcome Plan (Attachment G)**
   i. The Clinical Outcome Plan should be evaluated on an ongoing basis to assure that it meets the PI needs of the LCCHWC.
   ii. The Clinical Outcome Plan should be evaluated at least yearly when Uniform Data System comparison data is released and PI Committee should update the benchmark for each measure.

**RESPONSIBILITIES | REVIEW | REVISIONS:**
It is the responsibility of the Performance Improvement Committee to review and initiate necessary revisions based on collaboration and input by Policy and Procedure committee and through Administrative management of this policy, including the review and revisions will be the responsibility of the department administrator.

**RIGHT TO CHANGE POLICY:**
TTUHSC SON Combest reserves the right to interpret, change, modify, amend or rescind this policy in whole or in part at any time to reflect changes in policy and/or law.

**ATTACHMENT(S):**
Attachment A: Continuous Quality Improvement Process
Attachment B: Asthma Chronic Disease Management Plans
Attachment C: Diabetes Chronic Disease Management Plans
Policy and Procedure

Attachment D: Hyperlipidemia Chronic Disease Management Plans
Attachment E: Hypertension Chronic Disease Management Plans
Attachment F: Obesity Chronic Disease Management Plans
Attachment G: Clinical Outcome Plan