

# ADMINISTRATIVE POLICY

Subject: <b>Continuous Quality Improvement</b>	Page <b>1 of 2</b>	Policy # <b>Version: 1.0</b>
Title: <b>Continuous Quality Improvement in Support of LCME Accreditation</b>	Revision of: <b>New policy</b>	Effective Date: <b>12/15/18</b>
		Removal Date:

## I. **PURPOSE**

This policy and procedure establishes the continuous quality improvement processes used to ensure continued monitoring and compliance with Liaison Committee on Medical Education (LCME) standards and elements.

The LCME promulgates standards and elements that apply to all medical schools, including that medical schools engage in ongoing continuous quality improvement (CQI) processes.

## II. **PERSONS AFFECTED:**

Feinberg School of Medicine LCME Quality Improvement Committee

Feinberg School of Medicine Senior Leadership

Augusta Webster Office of Medical Education (AWOME)

Executive Committee of the Faculty

## III. **POLICY STATEMENT**

Feinberg School of Medicine is committed to engaging in a process of continuous quality improvement across its missions and supporting operations to ensure alignment with the School's mission, vision, and strategic plan. The LCME Quality Improvement Committee (LQIC) is responsible for the monitoring and oversight of the School's CQI processes relevant to LCME accreditation.

The Feinberg LCME Quality Improvement Committee is a standing committee, reporting to the Dean, which is charged with monitoring relevant policies, procedures, and data to ensure ongoing compliance with all LCME accreditation standards. The LQIC makes new recommendations regarding strategic educational priorities and other quality improvement measures to achieve program excellence. Other standing committees with operational responsibility for various areas related to LCME standards and elements (e.g., the Curriculum Committee, Student Promotions Committee, and Admissions Committee) may provide annual reports. The committee may also commission and review the activities of various ad hoc groups, as exist from time to time.

In addition to the review by the LCME Quality Improvement Committee, operational responsibilities for CQI exist within various areas overseen by the School's Vice Deans. These include Education, Faculty Affairs, Scientific Affairs & Graduate Education, Regulatory Affairs, Diversity & Inclusion, and Finance and Administration. The Vice Deans for each of these areas are responsible for CQI activities within their unit, in coordination and consultation with the LCME Quality Improvement Committee.

Title: <b>Continuous Quality Improvement in Support of LCME Accreditation</b>	Page <b>2 of 2</b>	Policy # <b>Version: 1.0</b>
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#### **IV. PROCEDURE STATEMENT**

In order to accomplish its role, the LCME Quality Improvement Committee will review each standard and element in full on a three-year cycle, at minimum. This review will encompass the standard, element, the relevant LCME Data Collection Instrument (DCI) questions, and any supporting material that the Committee feels is relevant to monitor continued compliance. Over an eight year period, a three-year rolling cycle creates a self-study process involving each of the twelve LCME standards twice, with an additional year for intensive self-study preparation prior to the next full LCME survey.

In addition to its three-year rolling cycle, the LQIC may incorporate more frequent reviews of standards/elements. Considerations for more frequent monitoring and review include:

- New or revised elements or elements where there has been a change in LCME expectations of performance
- Elements that were cited in the School's previous LCME full survey
- Elements that include language that more frequent monitoring is required
- Areas identified on the AAMC Graduation Questionnaire and other surveys
- Elements that directly or indirectly affect the School's core operations
- Elements commonly cited by the LCME
- Other elements identified through the CQI work of other committees or units

Data sources reviewed as part of the CQI process include, but are not limited to, the following:

- AAMC Graduation Questionnaire and other surveys
- Student performance and outcome measures (e.g., USMLE scores, academic performance, residency match results)
- Admissions results
- Metrics demonstrating levels of compliance and/or understanding of current policies
- Faculty output (e.g., publications, awards)
- Policies, handbooks, affiliation agreements, and other procedure documents

At least annually, the LQIC will review its detailed CQI plan and make modifications as appropriate. This plan is reviewed annually with the Dean.

Areas identified as needing modification through this CQI framework are reviewed with the operational owner(s), the relevant Vice Dean(s), and the Executive Committee of the Faculty (ECOF), as needed. Implementation of any identified improvements is the responsibility of the relevant Vice Dean.

#### **V. ROLES AND RESPONSIBILITIES**

The LCME Quality Improvement Committee (LQIC) is responsible for the monitoring and oversight of the School's CQI processes relevant to LCME accreditation.

The Vice Deans have responsibility for the implementation of CQI processes and identified improvements in their respective areas.

The Dean has ultimate responsibility for the CQI processes of the School.

Title: <b>Continuous Quality Improvement in Support of LCME Accreditation</b>	Page <b>3 of 2</b>	Policy # <b>Version: 1.0</b>
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**VI. DEFINITIONS**

N/A

**VII. POLICY UPDATE SCHEDULE:**

Policy review to occur one year after initial implementation and every three years thereafter.

**VIII. REVISION HISTORY:**

12/15/19 – New policy effective.

**IX. RELEVANT REFERENCES:**

Functions and Structure of a Medical School (<http://lcme.org/publications/>)

LCME White Paper: Implementing a System for Monitoring Performance in LCME Accreditation Standards (approved by the LCME on October 19, 2016) (<http://lcme.org/publications/>)