UC Riverside, School of Medicine Policies and Procedures
Policy Title: Continuous Quality Improvement (CQI) Policy for Monitoring Strategic Planning and Accreditation Compliance for the UCR School of Medicine
Policy Number: 950-06-045

Responsible Officer:	Senior Associate Dean, Medical Education
Responsible Office:	Office of Medical Education
Origination Date:	09/21/2023
Date of Revision:	12/19/2023
Scope:	UCR SOM, its offices, administration, faculty, staff and students

I. Policy Summary

UCR School of Medicine (SOM) is dedicated to engaging in a continuous effort to achieve measurable improvements in the effectiveness, performance, accountability, outcomes, and other indicators of quality in the medical education program. This policy details the procedures used by the SOM for monitoring accreditation elements on a regularly scheduled basis; the individuals and groups responsible for managing the process; and receiving/acting on the results.

Continuous monitoring of Liaison Committee on Medical Education (LCME) accreditation elements ensures accreditation compliance and improves educational program quality.

II. Definitions

LCME element 1.1 - Strategic Planning and Continuous Quality Improvement: A medical school engages in ongoing strategic planning and continuous quality improvement processes that establish its short and long-term programmatic goals, result in the achievement of measurable outcomes that are used to improve educational program quality and ensure effective monitoring of the medical education program's compliance with accreditation standards.

III. Policy Text

A. The SOM employs a continuous quality improvement (CQI) system to consistently monitor the quality of the medical education program and ensure compliance with all standards and elements mandated by the LCME.

B. The Associate Dean for Medical Education Quality (ADMEQ) and the LCME CQI Leadership Team determine which elements are monitored, the timing of element monitoring, the individuals/groups receiving the results of the monitoring, the individuals/groups responsible for taking action, and monitoring the outcomes of the actions.

C. The LCME CQI Leadership Team is convened by its appointed chair and Associate Dean for Medical Education Quality (vice-chair) at least monthly. Membership includes relevant staff and faculty stakeholders from the committees and SOM units involved in receiving and acting on results from reviews of institutional and national data, and LCME elements.
Representatives include:
1. Senior Associate Dean for Medical Education (chair)
2. Associate Dean for Medical Education Quality (vice-chair)
3. Associate Dean for Assessment and Evaluation

4. Representative from the Office of Student Affairs
5. Representative from the Office of Academic Affairs
6. Representative from Finance and Administration
7. One co-chair of the Medical Education Committee
8. Representative of the Strategic Integration Council
9. One co-chair of the Learning Environment Council
10. Director of Medical Education
11. Dean

IV. Responsibilities

A. The Associate Dean for Medical Education Quality (ADMEQ) has the core responsibility for and authority to manage the CQI effort with support of the Office of Medical Education Quality (OMEQ).

B. The LCME CQI Leadership Team is charged by the Dean with responsibility to monitor compliance with the LCME elements, determine which elements are monitored, the timing of element monitoring, the individuals/groups receiving the results of the monitoring, the individuals/groups responsible for taking action, and monitor the outcomes of the actions.

C. The Medical Education Committee (MEC) receives results of all LCME elements from the LCME CQI Leadership Team related to *curricular program quality and management,* and takes responsibility for associated actions along with appropriate individuals, office, or groups.

D. The Strategic Integration Council (SIC) receives the results of all LCME elements from the LCME CQI Leadership Team related to *non-curricular elements (e.g., management of medical school operations and administration)* and assumes responsibility for appropriate actions along with appropriate individuals, office, or groups.

UCR SOM CQI PROCESS FOR MONITORING COMPLIANCE OF LCME ELEMENTS
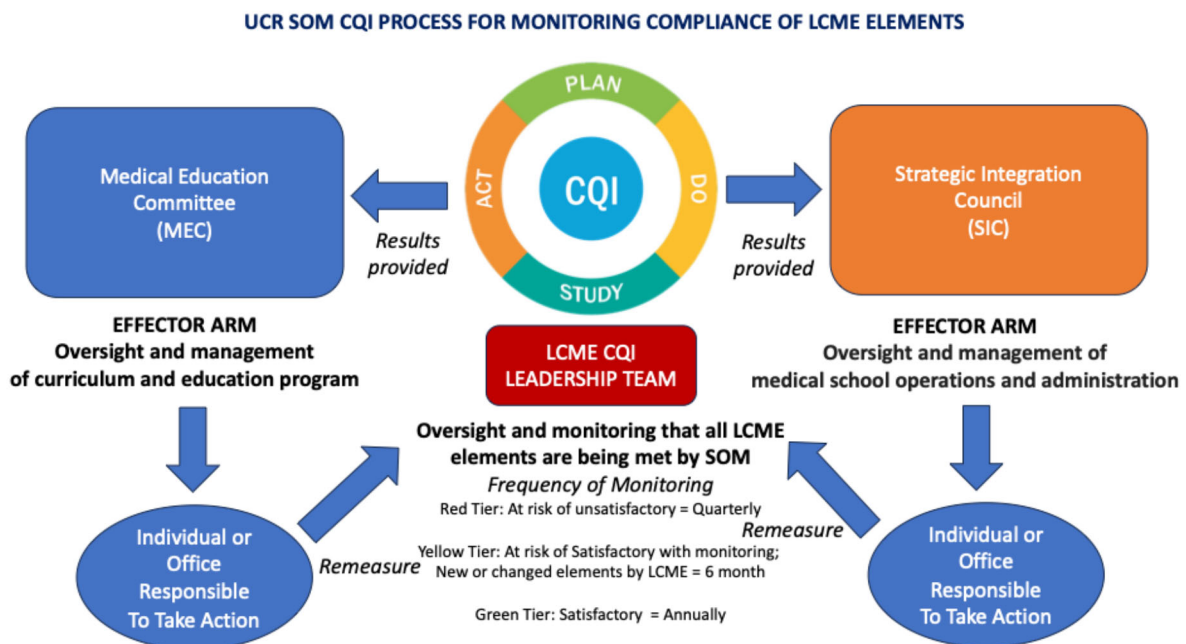
V. Procedures

A. The ADMEQ and the LCME CQI Leadership Team use the following procedures to assess and assure compliance with accreditation elements:

1. All LCME standards are reviewed using a Plan-Do-Study-Act (PDSA) cycle quality improvement process.

2. The guidelines provided in the LCME's 2016 white paper, 'Implementing a System for Monitoring: Performance in LCME Accreditation Standards' are used as a guide in identifying LCME elements for monitoring.

3. The ADMEQ and the LCME CQI Leadership Team use a 'tier system' to determine how often an element is monitored:

   a. Red Tier: LCME elements that are identified by the LCME CQI Leadership Team to be at risk of being found 'unsatisfactory' in the next self-study or at the next LCME visit if no action is taken. Elements in this tier are monitored every 3 months by LCME CQI Leadership Team.

   b. Yellow Tier: Elements identified by the LCME CQI Leadership Team to be at risk of being found 'satisfactory with monitoring' in the next self-study or LCME visit; or are new or recently changed elements by the LCME; or may be impacted by recent or ongoing changes at the SOM. Elements in this tier are monitored every 6 months by the LCME CQI Leadership Team.

   c. Green Tier: Elements that were identified by the LCME CQI Leadership Team to likely be found 'satisfactory' in the next self-study or LCME visit. Elements in this tier are monitored annually by the LCME CQI Leadership Team to prevent any slippage in compliance or quality outcomes.

   d. Gray Tier: Elements for which the LCME CQI Leadership Team is currently gathering information. Status of elements in this tier will be reviewed by the LCME CQI Leadership Team in 60 days or fewer. If 60 days have passed with no additional information, subject element(s) will be assigned to one of the other three tiers for ongoing monitoring as described above.

4. The LCME CQI Leadership Team effectively monitors each element by:

   a. Identifying essential processes and outcome metrics related to the element from specified national and institutional data sources.

   b. Identifying measurable benchmarks for determining SOM compliance and/or quality outcomes with the element.

   c. Determining the appropriate tier and review cycles with ongoing reassessment

   d. Establishing the appropriate individuals, offices and committees for periodic review and team discussion.

   e. Documenting the individuals or committee to receive the results of review.

   f. Documenting the individuals or groups responsible for taking action on the results of the review.

   g. Logging and monitoring action items from committees (MEC or SIC) and relevant individuals, groups or offices and reviews elements to ensure follow-up on action items.

   h. Determining whether measurable outcomes were achieved based on the action.

   i. Maintain current knowledge on accreditation elements and distribute education and updates to relevant stakeholders.

Approvals:
STRATEGIC INTEGRATION COUNCIL (09/06/2023)
MEDICAL EDUCATION COMMITTEE (09/21/2023)
LCME CQI LEADERSHIP TEAM (10/04/2023)

DocuSigned by:

Pablo Joo
—1299E31510D447A...
PABLO JOO., MD,
SENIOR ASSOCIATE DEAN, MEDICAL EDUCATION
SCHOOL OF MEDICINE

12/19/2023 | 8:03 PM PST

DATE

DocuSigned by:

Paul Hackman
—B2E956F153CF4EE...
PAUL HACKMAN, J.D., L.LM.
CHIEF COMPLIANCE AND PRIVACY OFFICER,
SCHOOL OF MEDICINE

12/19/2023 | 4:25 PM PST

DATE

DocuSigned by:

Deborah Deas
—870C12B416E84CB...
DEBORAH DEAS, M.D., M.P.H
VICE CHANCELLOR, HEALTH SCIENCES
DEAN, SCHOOL OF MEDICINE

12/20/2023 | 4:12 PM PST

DATE

Document Version: 12.19.2023