TITLE:

Strategic Planning and Continuous Quality Improvement Policy

SUMMARY AND PURPOSE:

The purpose of this policy is to establish responsibilities and procedures related to monitoring the school's strategic planning and continuous quality improvement (CQI) initiatives, pursuant to LCME Element 1.1.

APPROVED BY:	Dean's Executive Council
APPROVAL DATE:	December 6, 2022
EFFECTIVE DATE:	December 6, 2022
APPLIES TO:	This policy is applicable to all strategic planning and CQI efforts for the allopathic medicine program
RESPONSIBLE PARTY:	Office of the Dean
RESPONSIBLE PARTY CONTACT:	Director of Accreditation and Quality Improvement
LAST REVIEWED:	December 6, 2022
SUPERSEDES:	CMS Continuous Quality Improvement Policy

POLICY STATEMENTS:

Chicago Medical School (CMS) is committed to engaging in ongoing strategic planning and continuous quality improvement (CQI) processes that establish short and long-term programmatic goals, result in the achievement of measurable outcomes used to improve educational program quality, and ensure effective monitoring of the medical education program's compliance with accreditation standards.

Responsibility for monitoring the medical school's strategic planning outcomes and compliance with LCME accreditation standards is the responsibility of the Standards Based Continuous Quality Leadership (SBCQL) Council, chartered in 2018 and serving at the discretion of the CMS Dean. Oversight of SBCQL Council membership and activities, including related CQI efforts and the effectiveness of such efforts, is assigned to the CMS Director of Accreditation and Quality Improvement. Recommendations by the SBCQL Council deemed necessary to achieve desired strategic planning outcomes, or to comply with LCME Standards, are delivered to the appropriate decision-making bodies as necessary.

DEFINITIONS:

N/A

PROCEDURES, FORMS, AND RESOURCES:

1. The SBCQL Council is composed of twelve teams, each with a dedicated area of focus that aligns with one of the LCME standards.

2. Each team has an appointed team lead or appointed team co-leads. These co-leads will compose the SBCQL Council Leadership Team, which will meet monthly.
3. Each team is assigned to review, at minimum twice annually, the medical school's compliance with one LCME standard based on the school's performance in the elements that collectively constitute the standard, using the most recent LCME Data Collection Instrument (DCI) as a guide. Each team is to also engage in CQI activities that can improve program quality in related areas.
    a. If a team has determined through the review process that the school may be at risk of non-compliance with a particular standard, the team lead or team co-leads are to ensure the determination, along with any recommendations, are reported to the appropriate decision-making bodies. Team leads and co-leads may seek input from the SBCQL Council Leadership Team to confirm the determination before seeking out the appropriate decision-making bodies.
    b. The frequency of a team's review related to LCME compliance will be increased to a level determined by the SBCQL Council Leadership Team:
        i. if requested by the CMS Dean;
        ii. if performance in an element is found by the LCME to be "unsatisfactory" or "satisfactory with monitoring"; or
        iii. if the school is found by the LCME to be "non-compliant" or "compliant with monitoring" with a standard.
4. Each team is assigned to review, at minimum twice annually, the outcomes of the medical school's strategic planning goals and objectives that are related to the standard being monitored by the team. The SBCQL Council and the Director of Accreditation and Quality Improvement will collectively work to determine these assignments.
5. Each team is to provide an annual report of their review findings to a collective meeting of the SBCQL Council Leadership Team. When requested, such reports are to be provided to the Academic Assembly and/or Standing Committees, the Dean's Executive Council, and/or CMS departments and administrative offices.
6. The membership composition of the SBCQL Council will be reviewed, and any changes will be made (e.g., additions, removals, etc.), on an annual basis by the Director of Accreditation and Quality Improvement in coordination with the dean and the SBCQL Council Leadership Team. When necessary, individuals that are asked to join the council will consult with their supervisor regarding their availability to contribute.

HISTORY (IF APPLICABLE):

- December 6, 2022 – New policy created to incorporate strategic plan monitoring components and to better reflect processes in place to meet the updated requirements of LCME Element 1.1; replaces "CMS Continuous Quality Improvement Policy".
- December 3, 2019 – CMS Continuous Quality Improvement Policy created to strengthen commitment to the school's CQI efforts initiated by the 2018 SBCQL Council charter.