

AE 013 LCME 1.1. Continuous Quality Improvement Policy

Policy Type: Administrative/Operations
Responsible Office: Academic Affairs & Education
Responsible for Oversight: Accreditation & Continuous Improvement
COC Approval: May 14, 2025

Originally Issued: October 11, 2023
Version # Effective Date: V2 July 7, 2025
Training Required: No
LCME Required: No

Approved by:



Alison Netski, MD, Interim Dean

Date: July 7, 2025

Definitions

Continuous Improvement (CI): the deliberate, progressive, and incremental improvement of processes, operations, and safety measures that are responsive to educational, community, and patient needs.

Continuous Improvement Process (CIP): examines performance management which is the continuous, ongoing evaluation of programs, objectives, and initiatives to ensure they meet institutional and community goals (continuous self-study).

Statement of Purpose

This policy is to uphold the Kirk Kerkorian School of Medicine ("SOM")'s vision to deliver high quality innovative education, research and superb clinical care as well as meet UNLV's Top Tier 2.0 Strategic Plan commitment and LCME accreditation requirement (Element 1.1).

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 programmatic quality, and ensure effective monitoring of the medical education program's compliance with accreditation standards.

UNLV's Top Tier 2.0 Strategic Plan emphasizes foundational core areas, such as infrastructure and shared governance, with the main strategic objective of fostering a culture of continuous improvement through the development and growth of a support infrastructure.

Entities Affected by This Policy

All SOM leadership, professional and classified staff, faculty, students, residents and fellows.

Required Acknowledgement

This policy is publicly posted on the SOM [website](#) and accessible for reference by staff and faculty, students, residents, fellows, and the public at-large.

Policy

Under the supervision of the dean for curriculum management, the accreditation and quality improvement manager's core responsibility is to manage all continuous quality improvement activities and advise the Continuous Improvement (CI) Steering Committee and CI teams. The CI activities/processes support the medical education program, LCME compliance and accreditation readiness.

There are four CI teams responsible for continuous monitoring of all LCME standards: Group A (standards 1, 2, 4) Group B (standards 3, 5, 9) Group C (standards 6, 7, 8), Group D (standards 10, 11, 12). The CI teams provide the CI Steering Committee with condensed Plan, Study, Do, Act (PDSA) reports/dashboards on an annual basis.

The CI teams are charged with:

1. Participating in the continuous monitoring of LCME Element 1.1. (Strategic Planning and Continuous Quality Improvement) by:
 - a. Establishing and evaluating short and long-term programmatic goals to achieve measurable outcomes to improve programmatic quality.
 - b. Ensuring effective monitoring of the medical education program's compliance with accreditation standards.
 - c. Planning improvement approaches to meet/exceed LCME requirements and accreditation standards for the school.
2. Requesting assistance, resources, and/or equipment to meet CIP goals and align staff/systems/tools/services to support improvement.
3. Performing a continual, long-term evaluation of programs/initiatives/processes and develop recommendations, implementation and timelines in order to improve efficiency, quality, performance and effectiveness.
4. Carrying out an ongoing CIP effort that is data and outcome driven and using a systematic approach (PDSA, root cause analysis, etc.)
5. Fostering a culture that promotes innovation, improvement, and solutions.

The stages of continuous monitoring and improvement cycle include, and are managed, maintained, and directed by the CI teams and relevant stakeholders, as follows:

1. Plan – identify needs, set expectations, develop assessment methods, and criteria for success
2. Do – develop procedures, processes, tools, train and implement
3. Study – assess results, develop corrective action, and retrain
4. Act – Adjust/correct or continue plan (close the loop)
5. Inform Stakeholders – communicate actions/results
6. Repeat

Review of Policy

This policy is reviewed by the core Accreditation and Continuous Improvement team, CI Steering Committee, and the Curriculum Oversight Committee (COC) every three (3) years per the previous date of approval.

Related Documents

This policy is posted in the CI Dashboard in Armature, SOM's accreditation and continuous improvement platform, which is accessible to professional staff, faculty members, and medical students who serve on the CI teams, the CI Steering Committee, and accreditation.

Reports may be requested on the [medical school's Continuous Improvement webpage](#).

[UNLV's Top Tier 2.0 Strategic Plan](#)

Contacts

[Accreditation and Continuous Quality Improvement](#)