Objectives of Presentation

• Identify the steps in implementing a successful Quality Assurance/Quality Improvement Program

• How to develop and implement a plan for a comprehensive QA/QI Program that meets compliance standards

• Discuss ways to evaluate your organizations quality objectives
Participant Survey

- **Who has a functioning quality assurance (QA) program?**
  - Do you have a documented plan?
  - Do you have a QA/quality improvement (QI) committee?
  - How do you identify and implement documented initiatives?
    - Do you base goals on measurable data?

- **How do you measure performance?**
  - Do you continue to monitor once goals are met?
  - How do you document your program and initiatives/success?
    - What do you do with that documentation?

Terms used for Quality Activities

- Quality Control (QC)
- Quality Assurance (QA)
- Quality Improvement (QI)
- Continuous Quality Improvement (CQI)
- Total Quality Management (TQM)
Quality Assurance

Definition

*a program for the systematic monitoring and evaluation of the various aspects of a project, service, or facility to ensure that standards of quality are being met*

Focus

- reactive
- retrospective
- policing and at times punitive
- Determining who was at fault after something went wrong.

* Merriam Dictionary

Quality Improvement

Definition

*to enhance in value or quality: make better*

Focus:

- Measuring where you are
- Identifying ways to make things better
- Avoid attributing blame
- Create systems to prevent errors from happening

* Merriam Dictionary
Why Implement a QA/QI Program

- State Regulatory Requirement
- Means to identify potential compliance issues
  - Monitoring activities can identify individual or systematic performance issues (QA)
- Means to identify opportunities to improve efficiency/effectiveness of practices (QI)
- Improve resident satisfaction and quality of life
- Quality metrics are important to managed care payers

QA Regulatory Requirements
Adult Care Facilities

Chapter 735, Section 1 of Social Services Law 461-a(2)(c):
- Requires operators of adult homes and residences for adults to develop, biannually update and implement plans for quality assurance activities for each area of facility operation (Effective August 2, 1997)
QA Regulatory Requirements
Adult Care Facilities

18 NYCRR 487.10(d)(5)(ix):
• At a minimum, the operator shall maintain records documenting the development, implementation and, at a minimum, the bi-annual updating of quality assurance activities for each area of facility operation.
• These must include, at a minimum, the development and maintenance of performance standards, measurement of adherence to such standards and to applicable state and local laws and regulations, identification of performance failures, design and implementation of corrective action.

DAL 16-12: Guide for Quality Assurance
April 28, 2016

• Dear Administrator Letter informing ACF operators, administrators and staff of a heightened focus on QA/Quality Improvement(QI) activities by NYSDOH Division of ACF and Assisted Living Surveillance
• Serve as a resource to understand the basic principles of QA/QI and how to apply those principles when developing QA/QI plans for each area of operation in the facility
Regulatory Requirements
Incident Management Program

Article 11, Social Services Law, Section 490

- Pertains to Vulnerable persons (person who due to physical or cognitive disabilities, or the need for service or placement, is receiving services from a facility or provider agency)

- **Facility or Provider Agency defined to include:**
  - ACFs (Adult Home/Enriched Housing ≥ 80 beds with at least 25% of the residents with serious mental illness, but NOT including ACF with ≥ 55% of total capacity of beds authorized as ALP beds)
  - Under conjoined jurisdiction of NYS DOH and Justice Center for Protection of people with Special Needs

Regulatory Requirements
Incident Management Program

- All reportable incidents are identified and reported timely
- All reportable incidents are promptly investigated
- Reportable incidents and patterns/trends are reviewed to identify preventive and corrective actions
- Incident Review Committee including members of governing body, direct support staff, licensed health care practitioners, service recipient, family representative, consumer (NOT Director)
Benefits of an Incident (or Accident) Management Program

Even if formal program not required for your ALP:

- Per 18 NYCRR 487.5A: Resident shall have the right to receive courteous, fair and respectful care and treatment at all times, and shall not be physically, mentally or emotionally abused, or subject to any occurrence which would constitute a reportable incident.
  - A resident must have the right to have his/her version of the events leading to an accident or incident in which such resident is involved included on the reports of such accidents or incidents.
- Per 18 NYCRR 488.5: Each resident has the right to:
  - to receive courteous, fair and respectful care and treatment, and not be physically, mentally or emotionally abused, or subject to any occurrence which would constitute a reportable incident;
  - have recorded on the program's accident or incident report the resident's version of the events leading to the accident or incident

- Standard Part of QA/QI = Incidents and patterns/trends are reviewed to identify preventive and corrective actions (Facilitated by an established program specific to incident/accident reporting and investigation protocol)

QA/QI Program Components

- QA/QI Plan
  - Establishes scope and activities of the Program
  - Identifies roles and responsibilities
- QA/QI Committee or Team
  - Provides leadership and direction
  - Determines resources needed
- QA/QI Model
  - Defines Facility’s process for approaching QA/QI activities
QA/QI Plan

- Provides a framework to ensure delivery of quality care and services and to facilitate the establishment of QA activities.
- Effective plans will:
  - Define goals and objectives
  - Assign roles and responsibilities
  - Identify monitoring activities
    - required to be updated at least twice per year
  - Identify model for conducting QA/QI activities

Components of ACF QA/QI Plan

- Identifying ongoing monitoring activities
  - Compliance
  - Resident Satisfaction
  - Managing Complaints
  - Managing Incidents
- Focused Initiatives
  - Staffing/Workforce Issues
  - Person Centered Care concerns
  - Care Transitions
QA/QI Committee/Team

- QA/QI Committee is not required by ACF regulation
  - Effective means to organize quality activities
- Provides structure and definition to a QA/QI Program
  - Includes key staff from each operational area
  - Resident representation
  - Assists in identifying trends/improvement activities
  - Review findings and improvement activities
  - Evaluate effectiveness of corrective actions
  - Provide agreed upon recommendations

QA/QI Process

- Recognize/Identify areas for improvement
  - Include areas that are high volume, high risk, problem prone
  - Prioritize by importance
- Identify goals
- Identify method to collect data
  - Include staff at all levels
- Conduct root cause analysis
  - Identify improvement actions to be implemented
  - Assign responsibilities
  - Determine how improvement will be measured
  - Establish reporting process
QA/QI Model

Plan

- Identifying Areas for Improvement
  - Resident Council Meetings
  - Food Committee minutes
  - Suggestion Boxes (Resident/Staff)
  - Grievances
  - Family Meetings
  - Ongoing conversations with residents, family, staff
  - DOH Inspection Reports /Regulations*

* OMIG Audit Protocol, Assisted Living Program (ALP), Revised March 10, 2017, Office of the Medicaid Inspector General
Plan

- Identifying additional quality metrics
  - Routine data collection
  - Used to identify opportunities for improvement
  - Used to market facility
    - Payers
    - Prospective admissions
  - Examples:
    - Hospital transfers
    - Infection rates
    - Weight loss

Plan

- Collect/Analyze data to identify the opportunity for improvement
  - Staff interviews
  - Conduct audits
  - Resident interviews
- Conduct root cause analysis
  - Drill down to gain understanding of the cause
    - WHY? WHY? WHY?
  - Identify what can/should be done to improve
    - Prevent reoccurrence
    - Improve the outcome/performance
Do

• Develop Action Plan
  ▪ create/revise policies
  ▪ implement new/revised procedures
  ▪ educate staff
• Establish timeframe and staff responsible to implement change
• Implement action plan

Check

• Identify effectiveness of action plan
  ▪ Establish means to collect data to monitor results
• Identify staff responsible to collect data
  ▪ Staff or resident interviews
  ▪ Audits
• Analyze Results
• Report to QA/QI Committee/Team
Act

- Analyze results of the action plan
  - Did changes work?
  - No = Cycle begins again
  - Yes = Maintain and determine frequency of monitoring to evaluate ongoing improvement

- If successful → What’s next?

QA/QI – Where to Start

- Master the process with well defined benchmarks
- Regulatory Compliance
  - Potential Vulnerabilities
    - Past survey results
    - OMIG Audit Protocol
      - Interface with your licensed agency for:
        - Patient record
        - Medical Evaluation
        - Medical Reassessment
        - Nursing, functional and social assessment/reassessment
        - PRI/UAS
        - RUG II/rate code billed/billing when resident in other facility
        - Plan of Care & services rendered
        - Personnel requirements
QA/QI – What To Do Next

• Prioritize initiatives:
  ▪ Residents requests/preferences
• Look at Industry changes
  ▪ movement towards managed care
• Common characteristics of residents
  ▪ Need for specialty care
  ▪ Improving outcomes
  ▪ Avoiding higher level of care
  ▪ Preventing hospitalization
• Use available resources
  ▪ Center for Excellence in Assisted Living (Coalition includes Leading Age)

Common Issues for QA/QI Projects

• Medication Management
• Patient Centered Care/Practices
• Care Coordination/Care Transitions
• Staffing/Workforce
  ▪ First aid training (487.9) (recommended for Enriched Housing)
  ▪ Acuity of residents
  ▪ Continuity of Care
  ▪ Emergency Preparedness
Group Exercise

- Review scenario provided at each table
- Using the Plan/Do/Check/Act model
  - Identify how you would implement a QA/QI initiative addressing the issue

Final Words of Wisdom

- QA/QI Program can be a useful management tool
  - Keep it simple
  - Focus activities
  - Involve staff at all levels
  - Share the results with staff
  - Foster culture of Quality Improvement
Final Words of Wisdom

“Quality is not an act, it is a habit”
Aristotle

“Excellent firms don't believe in excellence - only in constant improvement and constant change.”
Tom Peters

Thank you for participating.

Q&A session

If time does not permit us to answer your question or if you have any follow-up questions, please contact:

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