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| QUALITY IMPROVEMENT/ASSURANCE COMMITTEE & PLAN | | | | NO. 27 | |
| PURPOSE:  The purpose of the Quality Improvement/Assurance (QI/QA) Program is to provide a comprehensive program designed to provide patient / resident care that is optimal within available resources and is consistent with the achievable goals for the facility.  OBJECTIVE:  The objectives of this program are to:   1. Establish, maintain, support, and document evidence of an ongoing quality assurance program that includes effective mechanisms for monitoring and evaluating resident care and for appropriate response to findings; 2. Identify the organizational components responsible for quality assurance functions at the facility and to delineate the relationships among those components, including lines of authority, responsibility, and accountability, in such a way as to assure communication on matters of quality assurance among all departments and groups involved in resident care; 3. Assist individual departments in continuously improving care by identifying opportunities to improve care and problems through the use of monitoring and evaluation activities. 4. evaluate the results of actions taken by individual departments and maximize the efficient use of resources available within the facility and the community; and 5. Centralize and expand the scope of present quality assurance activities into a comprehensive program.   ORGANIZATION:  An organizational chart for quality assurance is designed, delineating lines of authority for the successful implementation of this program. This chart is intended to include departments or committees normally directly related to quality assurance, but others may as needed relate to the quality assurance committee in a staff role.  AUTHORITY:  The governing body of the facility shall have responsibility for the assurance of a flexible, comprehensive, and integrated quality assurance program. The governing body, together with the administrator and Medical Director, shall assume responsibility for assuring the quality assurance program is in compliance with applicable state, federal and local regulations. The governing body delegated the responsibility for quality assurance to the administrator, together with necessary authority for actions; the responsibility and authority are, in turn, delegated to the quality assurance committee, which includes lines of authority, responsibility, and accountability for quality assurance functions.  SCOPE:  Quality improvement/assurance activities will be integrated and coordinated among all departments within the facility, and will be designed to minimize duplication of effort and will be cost-effective. Each department that has an impact on resident care will be included in the program and outlined on the quality assurance chart, which includes lines of authority, responsibility and accountability for QI/QA functions. | | | | | |
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| QUALITY/IMPROVEMENT ASSURANCE COORDINATOR:  The QI/QA coordinator shall attend meetings of committees or departments as deemed appropriate or as directed by the QI committee. The QI coordinator will prepare the annual quality assurance schedule / calendar and will chair the meetings of the QI committee. The QI coordinator also assists the various committees and departments in the development and implementation of monitoring and evaluation activities. Acts of liaison in the coordination of quality assurance activities among the committee and departments.  IMPLEMENTATION:  Implementation of the program shall be the responsibility of the quality assurance committee, which shall meet at least monthly to review and / or act on the reports and activities of the facility committees and departments that have direct impact on resident care.  The quality assurance committee shall determine the types of quality assurance activities, including monitoring and evaluation to be employed at the facility and shall approve the annual quality assurance schedule, assuring that the activities selected cover types of services and categories of care rendered in the facility and that they are effective.  The quality assurance committee shall also be responsible for assuring that activities are directed toward the continuous improvement of care, that written indicators and thresholds for evaluation are developed and applied, that appropriate actions are implemented to eliminate or reduce identified problems, or otherwise improve care, that such corrective action has been adequate by subsequent monitoring, and that the effectiveness of the facility’s monitoring and evaluation and other quality assurance activities are reappraised at least annually.  The individual committees and departments will be responsible for monitoring and evaluation of the resident care they provide. Activities shall be coordinated through the quality assurance coordinator, and findings shall be reported to the quality assurance committee. Efforts shall be made to keep quality assurance information and activities confidential, except where prohibited by law.  Reports will be submitted by each applicable committee or department according to the quality assurance calendar for that year. Each year’s calendar shall include, but not limited to, ongoing monitoring and evaluation of the quality and appropriateness of care in the following services:   1. Therapeutic Recreation 2. Nutritional / Dietary Services 3. Medical Records 4. Safety 5. Nursing Care 6. Environmental Services 7. Rehabilitation Care 8. Social Services 9. Administration / Personnel 10. Quality of Life | | | | | |
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| The facility wide review functions are performed:   1. Infection control, and 2. The appropriateness of the facility for the resident   The following are evaluated on a facility wide basis:   1. Interdisciplinary planning of care 2. Resident care incidents 3. Resident and family complaints 4. Findings from the resident and family / visitor councils relating to resident care 5. Reviews specific incidents and / or accident investigations, including alleged abuse / neglect investigations and / or the investigations of incidents and / or accidents should be conducted by the facility’s Administrator or designated person at the direction of the quality assurance committee for the purpose of evaluation, by the quality assurance committee, including trend analysis and recommendation of follow-up preventative action.   Each service and function will submit an evaluation of its monitoring system, on an ongoing basis, but no less than annually.  Documentation / information reviewed by the quality assurance committee is considered privileged under the Peer Review Act. | | | | | |
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