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| QUALITY IMPROVEMENT PROGRAM | | | | NO. | |
| PHILOSOPHY  The Quality Improvement Program is dedicated to the residents and employees in nursing facilities. The program assists in the mission to provide care that exceeds the expectations of our customers, residents, families, physicians, staff, and community. The focus of the program is to advance the facility’s understanding of these expectations and assist them in meeting those goals. The foundational belief of the program is that continuous quality improvement requires learning, planning, improving, and revising the methods in which we provide resident care. The program will evolve to meet these challenges.  OVERVIEW  The Quality Improvement Program is…..   * Facility based, directed by the facility’s in-house Quality Improvement Program Committee. * Used by the facility staff to recognize successful outcomes of care and correct and reduce potentials for further concerns. * On-going facility activity consisting of three components: * Quality Improvement Program Committee * Self-Auditing Process * Systematic Problem Solving Process * Enhanced on an annual basis by representatives from Clinical Services Department and Regional Team. The purpose of the annual visit is to further educate Department Heads and staff on the standards, problem-solving techniques, and to maintain focus on resident centered opportunities to improve quality of care and quality of life in our facilities.   QUALITY IMPROVEMENT PROGRAM COMMITTEE:   * Required by federal regulations * Meets monthly * Members include Administrator, Physician (can be the Medical Director) and at least three (3) other staff members * Assures that quality improvement issues, real and potential, are identified and successfully problem-solved by the following Sub-Committees: * Infection Control Committee * Pharmacy Committee * Resident Care Committee | | | | | |
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| SELF – AUDITING PROCESS   * Is directed by the Resident Care Committee or as directed by the QIP Chairperson (Administrator) * Has two objectives: 1) to assure regulatory compliance, and 2) to increase customer satisfaction * Assures a systematic and constant focus on resident care. * Consists of self-audits conducted by the following departments and/or services * Activities Business Office * Care Planning Staff Development * Dietary Services Human Resources * Housekeeping Social Services * Laundry Rehabilitation Services (PT/OT/SLP) * MDS Assessments Nursing Services * Maintenance * Includes “Quality Validation Rounds”, and audit tool designed to simulate a surveyor’s orientation rounds, and identifies areas of “risk” in five (5) key areas: Quality of Life (addresses resident’s rights issues), Quality of Care (addresses issues centered around safety and security), Physical Environment (addresses issues involving cleanliness and repair status), Infection Control (addresses infection control principles), and Facility Behaviors (addresses employee practices).   PROBLEM-SOLVING TECHNIQUES:   * Provides a systematic approach to assist in addressing problems, real and potential, effectively and efficiently. * Includes the following steps: * Problem Selection and Identification * Problem Analysis * Generation of Potential Solutions * Solution Selection and Planning * Solution Implementation * Solution Evaluation   SURVEY READINESS:  Departmental self-audits are completed according to the facility’s audit schedule. The audits identify “at risk” areas that need to be corrected to be in regulatory compliance. The Department Heads commit to resolving the areas prior to the survey event. The in-house Quality Improvement Program Committee, Administrator and Consultants provide follow-up and hold Department Heads accountable for resolution. | | | | | |
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| ROLES AND RESPONSIBILITIES:   * Administrator assures program is implemented * Staff monitor and evaluate their own performance * Department Heads teach Federal regulations and AHE standards, audit tool completion, facilitate problem-solving techniques and communicate action plans and assure problem resolutions(s) with their staff. * The Quality Improvement Program committee fulfills its OBRA obligation as the overseer of these activities * Regional and home office representatives champion the quality improvement effort of the facility by conducting an annual educational visit and assist with problem-solving techniques.   QUALITY IMPROVEMENT PROGRAM COMMITTEE  OVERVIEW  The Quality Improvement Committee is the FIRST of the three structural components of the quality Improvement Program. It is the Committee’s responsibility to identify and address the quality and appropriateness of resident care provided in the nursing facility. The Committee accomplishes this by the monitoring of the facility’s care delivery activities and directing actions toward resolution of issues.  The QIP Committee is the oversight committee that directs the activities of the Infection Control, Safety, Pharmacy, and Resident Care Sub-Committees. The QIP Committee validates the areas for improvement that are reported on by the Sub-Committee and assures the systematic application of the problem-solving process. The Committee will track issues identified until resolution is achieved.  The success of the Quality Improvement Program lies with the Staff. The Administrator is responsible for ensuring that the Staff understands how a concern gets to the QIP Committee and how such concerns are corrected.  Records related to Quality Improvement activities including the records of this committee are confidential and not subject to review unless approved by the governing body and Administrator. Regulatory and licensing agencies may review the QIP issues List. Other policies regarding confidentially include:   1. Written minutes and correspondence relating to activities of the Quality Improvement Program Committee that are directed toward evaluating the quality of care rendered are immune from discovery and not admissible into a court of law. 2. Minutes and other records of proceedings of the Quality Improvement Program Committee are considered to be confidential. | | | | | |
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| SELF-AUDITING PROCESS  OVERVIEW  The Self-Audit Process is the SECOND of the three structural components of the Quality Improvement Program. The Self-Auditing Process along with the in-house QIP committee and the Six-Step Problem-Solving Process make up the three operational parts of the program.  The tools found in this manual are used in the Self-Audit Process. Each tool details the elements of service that are to be observed or validated and the standard that must be confirmed to record a YES or NO response. A federal tag number is assigned to most items so that audit findings can be correlated to the CMS long-term care survey process. Some of the tag numbers are represented in BOLD and contained in parentheses. F-tags so represented indicate Sub-Standard Care Deficiencies. Some on the tag number may also be underlined. F-Tags so represented indicate areas that have been identified as Critical Tags to HP facilities. F-Tags can be both sub-standard care deficiency and critical and would be indicated in the audit tools as underlined, in BOLD type, in parentheses. These items, BOLD type and/or underlined, are considered areas of risk and are based on an analysis of the most frequently cited deficiencies that occur in annual state surveys industry wide and state wide. A list of these tags is found in this section.  SELF-AUDIT TOOL   * The Resident Care Committee and/or Administrator (facility choice) direct the process of self-auditing and the development of department action plans. The self-audit process has the following: * Tools to be completed monthly by departments according to a schedule * Directions for completing each tool are included with each tool * A calendar to assist with the efficient completion on a weekly basis of the audit tools in included in a department’s section * Tools designed to detail what should be observed based on established regulations, standards and sound operational practices * Category identification for scoring ability (quality of care, quality of life, infection control, environment, and facility practices) * Department specific Action Sheets to facilitate analyses of findings. Analysis areas include:  1. Sub-Standard Care Deficiency identification 2. HP Critical Tag identification 3. OSCAR Report comparison 4. Previous auditing history comparison   DEPARTMENT ACTION SHEET, ACTION PLAN   * The monthly Self-Auditing activities conclude with the findings summarized on the Action Sheet. These findings are compared to the previous month/quarter to establish any pattern of repeat findings. * After the findings are summarized, one priority issue is identified and the 6-step Problem-Solving Process is utilized to develop a department action plan. There may be instances that more than one priority issue is required. In those cases, the desire to seek quality care will lead to having more than one issue as priority. | | | | | |
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| REPORTING PROCESS   * Each department prepares a summary of their quality activities to report to the Resident Care Committee/QIP Committee that includes: * Progress made on prior month’s action plan(s) * New month’s priority issue and target date * The Department Action Plan(s) are copied to the Resident Care Committee   STEPS TO COMPLETE SELF-AUDITING  Coordinated by the Resident Care Committee Chairperson or Administrator   * Notify Department Heads of time frame for completion of audit tools and department action plans. * Distribute audit tools to each Department Head at the beginning of the month or quarter. Audit Tools in the manual are MASTER COPIES – therefore copies must be made and the copies are distributed to the departments and the master copies of the audit tools are preserved for future auditing schedule. * Each Department Head is responsible for:  1. Determining staff participants. The goal is to have every member of the department take an integral part in the auditing process during the audit process. The Resident Care Committee Chairperson or Administrator can assist the Department Head in making these assignments. 2. Training staff on how to use tools 3. Distributing and collecting audit tools assigned to staff within the department 4. Completing department action sheets 5. Developing a department action plan for one (1) priority issue (more if the need is present) 6. Making a commitment to fix issues not action planned  * Collect Department action plan. Add issues/F-Tag numbers QIP Issues List-this listing will serve as a chronological log of issues and foster easy tracking. Permits efficient monitoring by QIP Committee. * Copy Action Plans and the QIP Issues List to:  1. QIP Committee-submitted to Administrator no later than 2 days before QIP Committee Meeting, or as directed by Administrator. 2. Clinical Service Department Designee- by the 5th of the month 3. NOTE: The Administrator will coordinate the faxing of information to the Clinical Services Department Designee-transmission validation sheet should be maintained with the minutes in the QIP Meeting Notebook  * Copy the department Action Plan(s) to appropriate consultant, i.e. Dietary Consultant, Pharmacy Consultant, etc. * Department Heads monitor the progress towards goals, and report status subsequent meetings * QIP committee reviews Resident Care Committee Report-which is a department’s Action Plan complete with evaluation statements and the QIP Issues Listing-and monitors progress and will make recommendations as needed. * Smaller facilities may not have a separate Resident Care Committee-the QIP committee will complete responsibilities. | | | | | |
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| TABLE OF CONTENTS  INTRODUCTION  Overview of Quality Improvement Program   * Quality Improvement Program Committee-Overview * Self-Auditing process-Overview * Steps to Complete Self-Auditing * Quality Validation Facility Visit * RDC Role for Quality Validation Visit * In-House Monitoring System-Form for Tracking Past Deficiency Citations * Top Twenty Deficiencies-2001   QIP COMMITTEE & SUB-COMMITTEE  QUALITY IMPROVEMENT COMMITTEE   * Qip Committee Flowchart * Qip Committee Reports * Qip committee Meeting Minutes-form suggestion * Qip committee Meeting Agenda-form suggestion * Quality Issues List-How to use * Quality Issues List-Tracking-form suggestion * Matrix of Deficiencies and Remedies   INFECTION CONTROL COMMITTEE   * Infection Control Committee-Overview of Functions and Regulations * Infection Control Committee Flowchart * Infection Control Committee Reports * Infection Control Committee Meeting Minutes-form suggestion * Quality Issues List-How to use * Quality Issues List-Tracking-form suggestion * Matrix of Deficiencies and Remedies   PHARMACY COMMITTEE   * Pharmacy Committee-Overview of functions * Pharmacy Committee Flowchart * Pharmacy Committee Meeting Minutes-form suggestion * Quality Issues List-How to use * Quality Issues List-Tracking-form suggestion | | | | | |
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| RESIDENT CARE COMMITTEE   * Resident Care Committee-Overview of Functions * Resident Care Committee Flowchart * Resident Care Committee Meeting Minutes-form suggestion * Quality Issues List-How to use * Quality Issues List-Tracking-form suggestion   SAFETY COMMITTEE   * Safety Committee-Overview of Functions and Regulation * Safety Committee Flowchart * Safety Committee Meeting Minutes-form suggestion * Quality Issues List-How to use * Quality Issues List-Tracking-form suggestion   SELF-AUDITING PROCESS   * Self-Auditing Process-Overview * Steps to Compete Self-Auditing   PROBLEM-SOLVING PROCESS   * Problem Solving Process-Overview * Six-Step Problem Solving Process-Broken Down By Individual Steps   QUALITY VALIDATION FACILITY VISIT   * Quality Validation Facility Visit-Overview * RDC Role For Quality Validation Facility Visit * Quality Validation Rounds-General Directions * Staff Participation on Quality Validation Rounds-Suggestions   QUALITY VALIDATION DEPARTMENT STANDARDS   * Alphabetized by departments and probes are sequentially numbered within each department   QUALITY VALIDATION ROUNDS-SCORING TOOL   * Alphabetized by department and probes are sequentially numbered within a department and match the numbering of probes on the Department Standards Listing. * Quality Validation Rounds Worksheet – Scoring Grid for QV Rounds Results * Quality Validation Rounds – Blank – Graph for plotting percentages from scoring the Quality Validation Round results. | | | | | |
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| DEPARTMENT SELF-AUDITS  Scoring Grid for Department Self-Audit Results  Activity Department   * QI’s duties and Responsibilities * Self-Auditing Directions * Audit Schedule Calendar * Group Program Observation Audit Tool * Program Observation Audit Tool * Calendar Review Audit Tool * Resident Council Meeting Review Audit Tool * Low Functioning Group Audit Tool * Assessment & Documentation Audit Tool * Action Sheet * Matrix of Deficiencies and Remedies * Action Plan * Quality Issues List-How to Use * Quality Issues List-Tracking-Form Suggestions   Administrator   * Self-Auditing Directions * Audit Schedule Calendar * Employee record Review Audit Tool * Audit Tool-BLANK- To use for Facility Specific Auditing Needs * Pressure Sore/Ulcer-Skin Care Integrity Audit Tool * Fall Management Audit Tool   DIETARY   * QIP Duties & Responsibilities * Self-Auditing Directions * Audit Schedule Calendar * Meal Service Equipment Status Audit Tool * Dishwashing Room/Area Tool * Food Preparation Equipment Status Audit Tool * Kitchen Audit Tool * Store Room Audit Tool * Chemical Storage/Cleaning Closet Area Audit Tool * Cold Storage Audit Tool * Dining Room Meal Service Observation Audit Tool * Resident Room Meal Service Observation Audit Tool | | | | | |
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| DIETARY, continued   * Meal Service Testing-Instructions and Standards * Meal Service Testing-Breakfast-Noon-Evening Meal Audit Tool * Assessment & Documentation Audit Tool * Planned Menu-Directions * Planned Menu-Worksheet * Meal Accuracy Audit Tool * Safe Food-Handling Practices Audit Tool * Action Sheet * Matrix of Deficiencies and Remedies * Quality Issues List – How to Use * Quality Issues List – Tracking Form Suggestion   Environmental Services – Housekeeping   * QIP Duties & Responsibilities * Self-Auditing Directions * Audit Schedule Calendar * Standards/Definitions for Audit Tools * Resident Care Audit Tool * Public Audit Tool * Environmental Status Audit Tool * Action Sheet * Matrix of Deficiencies and Remedies * Action Plan * Quality Issues List-How to Use * Quality Issues List-Tracking Form Suggestion   Infection Control   * Self-Auditing Directions * Audit Schedule Calendar * Infection Control Surveillance Rounds – Checklist – Form Suggestions * Action Sheet * Matrix of Deficiencies and Remedies * Action Plan * Quality Issues List-How to Use * Quality Issues List-Tracking- Form Suggestions | | | | | |
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| Environmental Services-Laundry   * QIP Duties & Responsibilities * Self-Auditing Directions * Audit Schedule Calendar * Standards/Definitions For Audit Tools * Laundry practices Audit Tool * Linen Condition Audit Tool * Laundry Supply Audit Tool * Action Sheet * Matrix of Deficiencies and Remedies * Quality Issues List-How to Use * Quality Issues List-Tracking-Form Suggestion   Environmental Services-Maintenance   * QIP duties and Responsibilities * Self-Auditing Directions * Audit Schedule Calendar * Standards/Definitions For Audit Tools * Maintenance Practices Audit Tool * Public Areas Audit Tool * Action Sheet * Matrix of Deficiencies and Remedies * Action Plan * Quality Issues List-How to Use * Quality Issues List-Tracking-Form Suggestions   Medical Records   * Self-Auditing Directions * Audit Schedule Calendar * Open Records Audit Tool * Closed Records Audit Tool * Action Sheet * Matrix of Deficiencies and Remedies * Action Plan * Quality Issues List-How to Use * Quality Issues List-Tracking-Form Suggestion | | | | | |
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| Nursing Department   * Self-Auditing Directions * Audit Schedule Calendar * Resident Care Audit Tool * Assessment and Documentation Audit Tool * Medication Audit Tool * Tube Feeding Audit Tool * Treatment Audit Tool * Tracheostomy Care Audit Tool * Action Sheet * Matrix of Deficiencies and Remedies * Action Plan * Quality Issues List –How to Use * Quality Issues List-Tracking-Form Suggestion   MDS Coordinator-Medicare Coordinator   * RAI-Self-Auditing Directories * Audit Schedule Calendar * Care Planning-Self Auditing Directions * MDS Coordinator-Medicare Coordinator- Audit Schedule Calendar * RAI System Audit Tool * HIPPA: Privacy Compliancy Audit Tool * Care Planning Audit Tool * Action Sheet * Matrix of Deficiencies Remedies * Quality Issues List-How to Use * Quality Issues List-Tracking-Form Suggestion   Rehab-QT   * QIP Duties and Responsibilities * Self-Auditing Directions * Audit Schedule Calendar * Treatment Delivery Outcome Audit Tool * Infection Control Audit Tool * Safety Audit Tool * Action Sheet * Matrix of Deficiencies and Remedies * Action Plan * Quality Issues List-How to Use * Quality Issues List-Tracking-Form Suggestion | | | | | |
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| Rehab-PT   * QIP duties and Responsibilities * Self-Auditing Directions * Audit Schedule Calendar * Infection Control Audit Tool * Assessment and Documentation Audit Tool * Treatment Delivery Outcome Audit Tool * Action Sheet * Matrix of Deficiencies and Remedies * Action Plan * Quality Issues List-How to Use * Quality Issues List-Tracking-Form Suggestion   Rehab-SLP   * QIP Duties and Responsibilities * Self-Auditing Direction * Audit Schedule Calendar * Infection Control Audit Tool * Safety Audit Tool * Assessment and Documentation Audit Tool * Treatment Delivery Outcome Audit Tool * Action Sheet * Matrix of Deficiencies and Remedies * Action Plan * Quality Issues List-How to Use * Quality Issues List-Tracking-Form Suggestion   Safety Committee   * Self-Auditing Directions * Audit Schedule Calendar * Environmental Safety Inspection Checklist-Instructions * Document “A”-Safety Inspection Report-From HP Safety Manual 1995 * Safety Committee Outcome Audit Tool * Safety Committee Organization Audit Tool * Safety Committee-Practices Observation Audit Tool * Action Sheet * Matrix of Deficiencies and Remedies * Action Plan * Quality Issues List-How to Use * Quality Issues List-Tracking-Form Suggestion | | | | | |
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| Social Services   * QIP Duties and Responsibilities * Self-Auditing Directions * Audit Schedule Calendar * Assessment and Documentation Audit Tool * Discharge Planning Audit Tool * Room Changes Audit Tool * Communication of Resident’s Rights Audit Tool * Action Sheet * Quality Issues List-How to Use * Quality Issues List-Tracking-Form Suggestion   CORRECTIVE ACTION PLANS-MODELS | | | | | |
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