Quality Improvement Plan

Agency Mission:

The mission of MMSC Home Care Plus is to at all times render high quality, comprehensive, safe and cost-effective home health care and public health services to individuals in need of those services. Care provided is based on the agency's guiding principles, the patient's informed choices and the highest medical and ethical standards.

The Agency's Board of Trustees and administrative staff are committed to the provision of home health care and public health services that are guided by a quality improvement program in order to ensure the delivered services constitute efficacy, appropriateness, availability, timeliness, effectiveness, continuity of care, safety, efficiency and are provided with respect and caring for the patient.

Accountability:

The Board of Trustees is ultimately responsible for the quality of care delivered by the Agency. The Professional Advisory Committee is responsible for the overall supervision of the quality improvement program. The Director of home care is responsible for the implementation of the quality improvement program, arranges for Quality Improvement Committee meetings to be held, ensures that monitoring is proceeding on schedule, prepares quality improvement reports, and distributes findings to the Quality Improvement Committee, Professional Advisory Committee and the Board of Trustees. The Director ensures that appropriate action is taken based on quality improvement findings and recommendations from the Professional Advisory Committee and the Board of Trustees. The Director will educate the Agency staff regarding the Quality Improvement Program and how their roles relate to the program.

Program Purpose:

To assure the quality and appropriateness of patient care by establishing structure, process and outcome criteria in order to prospectively, concurrently and or retrospectively identify, initiate and evaluate corrective actions for known and/or potential problems.

Program Objectives:

1. To assure the provision of patient care at the optimal level of quality and safety.

2. To monitor Agency policies, procedures, and practices to insure they provide for a high standard of home care and public health.

3. To identify opportunities to improve patient care using ongoing collection and/or screening and evaluating information about outcomes of health care and patient satisfaction
4. To utilize externally and internally designed standards to monitor and evaluate professional practice and services provided to patients.

5. To monitor patient and referral source satisfaction with Agency services to ensure that needs are being met and to sustain or increase Agency referrals.

6. To monitor reports of incidents that occur so reoccurrences can be prevented and Agency liability minimized.

7. To monitor continuity of care between and among disciplines to insure there are no gaps or delays in the provision of care.

8. To identify the extent to which the Agency program is adequate, effective, and efficient in use of all manpower and financial resources

Program Goals:

1. Quality Improvement monitoring will reflect few problems in the delivery of high quality, safe home care services.

2. Agency policies and procedures will address all quality improvement issues which are identified. Agency practice will reflect written policies and procedures.

3. The quality improvement program will provide opportunities to improve care through the quality improvement process and specific action taken.

4. Quality improvement monitoring will indicate high satisfaction with Agency services by patients and referral sources, high satisfaction with the Agency by its employees, and will provide opportunities to improve satisfaction through the quality improvement process and specific action taken.

5. Quality improvement monitoring of incidents will result in recommendations and action relating to improved safety, improved care, etc.

6. Quality improvement will detect few gaps or problems in patient care and will provide opportunities to improve continuity of care through the quality improvement process and specific action taken.
Committee Appointment:

The Quality Improvement Committee is a standing subcommittee of the Professional Advisory Committee and is composed of no more than ten (10) members. The range of services are represented by appropriate health professionals on the Committee. Members are determined by the Professional Advisory Committee. The Committee may invite other professional personnel to attend the meetings as needed. The following persons shall be eligible for consideration to appointment on the Quality Improvement Committee: the Supervising Nurses, and the field staff.

Quality Improvement Activities:

The Quality Improvement Committee functions, in general, by:

1. Reviewing and evaluating patient care. Indicators are evaluated based on whether they fall in the category of high risk, high volume and/or problem-prone.

2. Monitoring responses received in the patient evaluation questionnaire.

3. Developing and implementing an annual quality improvement plan which evaluates Agency performance as it relates to significant indicators of care.

4. Making recommendations for policy change, training requirements, and additional staffing requirements based on findings from policy review and quality improvement studies.

5. Monitoring and evaluating patient grievances and incidents and the action taken.

6. Participating in the Agency's annual evaluation.

7. Monitoring OASIS outcome reports, Case Mix and Potentially Avoidable Event Reports, tally reports, statistics from electronic transmissions, reports to the Telligen (formerly Iowa Foundation for Medical Care) and Plan of Actions based on CMS OASIS outcome data

Monitoring Activities:

The scope of activities to be monitored include:

- Skilled nursing care

- Personal care and support services
- Pediatric care
- Maternal/child care
- Therapy services
- Public Health Services
- Pharmaceutical services, if appropriate
- Agency policy, procedures and practices
- Patient and referral source satisfaction
- Continuity of care
- Variance reports

- Results of clinical record review and quality improvement activities including:

  1. Adequacy of documentation of services
  2. The presence of unmet patient needs.
  3. The appropriateness of service utilization
  4. Recommendations for changes in service programs, policies, procedures
  5. Efficient use of personnel and resources to impact effective health care outcomes

- Agency admissions, discharges, readmissions, transfers, hospitalizations, and deaths

- Review the appropriateness of delays in the provision of home health care services

- Agency referral/intake process, number of patients not admitted, reason for nonadmission, efficiency of admission, discharge, readmission and transfer process

- Outcome data

**Data Collection:**

Data for the chosen indicator criteria will be evaluated quarterly. Data must be compiled via clinical records, home visits, supervisory visits, various logs and reports, questionnaires and public comments. The Quality Improvement Committee will review the results of the quarterly clinical record review by Agency staff representative of all services provided that quarter. The records will consist of active and discharge charts representing 10% of the average patient census that quarter.

See also “Collection of Data” later in this section
Agency Policies and Procedures:

The committee will review the Agency's policies and procedures annually to assure they provide for a high standard of quality and safety. The Quality Improvement Committee will make recommendation for policy changes to the Professional Advisory Committee.

Patient and Referral Source Satisfaction:

Patient and referral source satisfaction will be continually monitored by the Director through the use of questionnaires and/or telephone interviews. After review, the questionnaires will be compiled and a report presented to the Quality Improvement Committee, the Professional Advisory Committee and the Board of Trustees.

Continuity of Care:

Continuity of care will be monitored using indicators and thresholds established for evaluating the continuity of services provided.

Variance Reports:

Variance reports will be completed and submitted to the Director within 24 hours of occurrence. The Director will initiate any immediate action required and will consult Marshalltown Medical and Surgical Center's administration as necessary. The Director will compile the results of the incidents and present a report to the Quality Improvement Committee, Professional Advisory Committee and the Board of Trustees quarterly.

Infection Control:

Infections related to care provided, both patient and employee, will be reported, evaluated and records maintained. Infections sites tracked may include urinary tract, respiratory, bloodstream, gastrointestinal, surgical sites and postpartum. Home acquired infections shall be tracked on the Infection Log and compiled by the Director or designee in to a report presented to the Quality Improvement Committee and Professional Advisory Committee quarterly.

Case Mix Report and Potentially Adverse Event Report:

Potentially Avoidable events serve as markers for potential problems in care because of their negative nature and relatively low frequency. The reports provide the Agency with the information to use outcomes for quality monitoring purposes. Outcome enhancement is the investigation of specific patient outcomes and focusing on those aspects of care delivery that led to those outcomes. The investigation entails reviewing the care provided to determine any needed changes in care delivery and those changes and recommendations are documented in a written plan. The sequence of the investigation is influenced by the case mix report as well as the incidence of specific potentially avoidable event outcomes.
Evaluation:

The Quality Improvement Committee will evaluate the effectiveness of any recommended actions. The evaluation may occur through continual monitoring, special studies, etc. The Quality Improvement Committee will annually evaluate the effectiveness of the quality improvement program. The evaluation will address if the program has met its goals and objectives. Recommendations for improvement are to be made to the Professional Advisory Committee and the Board of Trustees.

Confidentiality:

Quality improvement reports will contain no identifiable patient or employee information. Information will be reported in the aggregate or will be coded. All worksheets used during quality improvement studies will be destroyed once the data is verified and final results summarized.

Cross Reference: ________________________________
Quality Improvement Initiatives:

As an Agency seeking to provide the highest quality of care and customer satisfaction, we must effectively design a quality improvement program that systematically measures, assesses, and improves the performance of the quality of care and services provided by the Agency. The design emphasizes the importance of the Agency effecting its best efforts to create appropriate processes and functions required to achieve improved patient health outcomes and customer satisfaction. It ensures the provision of uniform quality of care and services throughout the Agency as reflected in the Agency’s mission, goals and vision and within the dimensions of quality performance which are defined by the Joint Commission as follows:

- Doing the right thing with efficiency and appropriateness relating to the degree to which care and services will achieve the desired or projected outcomes and relevant clinical needs of the patient

- Doing the right thing well with regard to the:
  - availability to meet the patient needs
  - timeliness of the provision of services at the necessary or most beneficial time for the patient
  - effectiveness to correctly provide care and services to achieve the desired outcomes for the patient
  - continuity of services provided with respect to service coordination with clinicians, providers and over time
  - safety to patients and others with respect to reducing risk of interventions and environment to the patient and others including staff
  - efficiency of service provision with regards to results of care and resources used to deliver care
  - respect and caring which allows the patient or designee to be involved in the care decisions and services to be provided with sensitivity and respect for the patient's needs, expectations and individual differences

The management of the Agency will develop the philosophy and approve the model for quality improvement that the organization will follow on other theories:

- CQI Continuous Quality Improvement
- TQM Total Quality Management
- Outcome Based Quality Improvement

The leaders of the Agency will adopt the following care concepts of these philosophies:

- The key role that leaders individually and collectively play in enabling the Agency to systematically assess and improve performance

- The realization that most problems and opportunities for improvement are derived from process weakness, not individual incompetence
- The need for careful coordination of work and collaboration among departments and professional groups

- The importance of seeking judgments about the quality from patients and others

- Using such judgments to identify areas for improvement

- The importance of carefully setting priorities for improvement

- The need for both systematically improving the performance of functions and maintaining the stability of these functions

**Collection of Data:**

Data collection will be a uniform and systematic process and will ensure that only relevant, useful and necessary data is collected. It will be a “balanced” approach including measuring functions, processes and outcomes that affect the dimensions of care, patient and family involvement in care, customer quality and satisfaction. In addition, these functions must be measured by the Agency:

- Rights, responsibilities and ethics

- Assessment of patients

- Continuum of care

- Care, treatment and service

- Education

- Leadership

- Management of information

- Management of human resources

- Management of the environment of care

- Surveillance, prevention and control of infection

- Improving organizational performance
Tools for data collection will be formatted and data collected will be used by the Agency to:

- Design and assess new processes
- Assess dimensions of performance
- Measure the level of performance and stability of existing processes
- Identify areas of improvement in existing processes and if the results of changes improved the processes

The collection of data will use a scientific approach for collecting the information and use statistical control methods for evaluation and comparisons of findings. At the discretion of the Quality Improvement Committee, the time frames for collection of data and statistical techniques for analysis will be determined to ensure that appropriate outcomes for patient care, Agency functions, process and quality are appropriate and customer satisfaction are all continuously achieved.

Quality control data collection will address at least the following areas when applicable:

- Clinical laboratory services
- Equipment provided to patients
- Equipment used in providing care
- Pharmacy equipment and preparation

These areas are important to the patient outcomes and also affect the risk management issues related to Agency process and functions.

Evaluation of Finding and Improving Performances:

The focus of quality improvement activities is to identify opportunities for improved performance by the Agency. The improving of performance can be accomplished by:

- Redesigning a process which will lead to improved processes and performance by the Agency, or
- Designing a new process leading to innovation
- Improvement strategy may be implemented system wide or may encompass only a limited area of concern or staff performance
The Professional Advisory Committee along with Agency leadership and others involved with patients, including physicians and staff, will participate in evaluating the information collected and improving the process and performance of the Agency. The design for the improvement of performance will be reevaluated and revised based upon the Agency mission, goals and vision at least on an annual basis.

Action to Solve Identified Problems:

Problem solving for each problem will include:

- Recommended actions and responsible person for each
- Time frame for implementation
- Expected outcome
- Monitoring activities
- Need for ongoing monitoring after each action/monitoring cycle
- Documentation of problem solving activity

Assessment of Action and Documentation of Improvement:

Upon implementation and completion of all specified actions and/or at the time of the designated re-evaluation date, steps will be reimplemented until such time as the threshold of compliance is achieved, the identified improvement has occurred or the Professional Advisory Committee determines that additional follow-up and analysis is not indicated. Resolved problems will be monitored by the Agency at six (6) and twelve (12) month intervals.

Communication of Program Results:

A report of the findings and recommendations will be submitted to the Professional Advisory Committee. Program indicators will be reviewed and, as indicated, revised by the Quality Improvement Committee and Professional Advisory Committee no less than annually. Revision to Agency service programs, policies, and procedures identified through review of program indicators are included in the reports and recommendations of the Quality Improvement Committee and the Professional Advisory Committee. Reports of program activities will be provided to staff on an ongoing basis.

Cross Reference: _____________________
Clinical Record Review:

Clinical record review is a method of systematic evaluation of the documentation in the clinical record. The purpose of the review is to assure that:

- Service is provided according to the plan of care
- Professional standards and patient care policies are followed in providing care
- Needs of patients are being met both quantitatively and qualitatively
- Continuity of care is provided within the Agency, among agencies, and with physicians
- Components of services that are not available within the Agency and/or community are identified
- Services are provided economically and effectively to promote, achieve, and maintain the individual’s state of health and function

All Agency clinical staff will participate in record review on a quarterly basis. The chart review will be directed by the Director, and participants in the review will be representative of all services that provided care during that quarter. The review will be of both active and discharged charts that are randomly selected in order to obtain a valid representation of all Agency services. The size of the sample will vary dependent on the number of patients serviced, but must constitute a minimum of 10% of the average daily census of patients receiving service during the quarter.

The Director will prepare a report of the findings from the clinical chart review and present this to the Quality Improvement Committee, Professional Advisory Committee and the Board of Trustees.

The Agency is responsible for utilizing findings and recommendations from the clinical chart review to take appropriate action in planning and staff development to improve the quality of service and enhance home health services in the community.

Cross Reference: ______________________________________________________

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