

Living Choice Program

Foundational Continuous Quality Improvement

(CQI)

for

Transition Coordination
Providers

Handbook

Prepared for the Oklahoma Health Care Authority

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Purpose of the Continuous Quality Improvement (CQI) Handbook

The ultimate goal of a CQI plan is to demonstrate the organization's infrastructure and capacity to provide quality care and services to Participants.

This handbook outlines the required components for a CQI plan for Living Choice Program providers. Each component is explained, including definitions, examples and questions to assist the organization in successfully completing the CQI plan.

Many organizations already have many of the requirements in place. In that case, this handbook assists in organizing the required components into a systematic, usable document for a proactive and continuous quality improvement plan.

Integration with the Centers for Medicare and Medicaid Services (CMS) Quality Initiatives

The Centers for Medicare and Medicaid Services (CMS) issued the Home and Community-Based Services Quality Framework with the intent to provide a common frame of reference for all parties who have a stake in the quality of service and supports for people with disabilities. In communicating their commitment and focus on quality in HCBS, The Centers for Medicare and Medicaid Services has stated,

“In home and community-based service waivers, each state makes a commitment to assure the health and welfare of the person. This is a fundamental difference between the HCBS waivers and other programs. Assuring the health and welfare of the person is a higher standard than the obligation to ensure the quality of each service provided under the Medicaid State Plan.” – Centers for Medicare and Medicaid Services

CMS' Design, Discovery, Remediation and Improvement

The Centers for Medicare and Medicaid Services (CMS) defines quality as the degree to which services and supports for individuals and populations increase the likelihood for desired health and quality of life outcomes and are consistent with current professional knowledge. CMS' goal for quality is to maximize the quality of life, functional independence, health and well being of the population.

CMS utilizes the following HCBS quality functions to build the appropriate infrastructure for quality improvement:

Design: Designing quality and improvement strategies into the HCBS program and the initiation of the program.

Discovery: Engaging in a process of discovery to collect data and direct participant experiences in order to assess the ongoing implementation of the program, identifying both concerns as well as other opportunities for improvement.

Remediation: Taking actions to remedy specific problems or concerns as they arise.

Improvement: Utilizing data and quality information to engage in actions that assure continuous improvement in the HCBS program.

Definitions

- Benchmarking:** The comparison of internal findings with the market or national best practices. Comparing against competitors, colleagues or best practices creates an objective and realistic view of how an organization is performing goals. This comparison enables the organization to view its improvements against other organizations with proven track records, as well as providing a point of reference from which measured evaluations may be made.
- Best Practice:** A process, practice or system identified in an organization that has performed exceptionally well and is widely recognized as improving the organization's performance in a specified area. The identification and application of "best practice" within an organization can significantly reduce expenses while improving the organization's effectiveness.
- Continuous Quality Improvement (CQI):** A term used interchangeably with Total Quality Management (TQM) and Quality Improvement (QI). These terms describe a systematic approach set in motion by leaders of the organization that promotes continuous quality management activities throughout the organization that focuses on meeting the needs and expectations of Members. It is a shared philosophy, attitude or approach to the continuous cycle of monitoring, evaluating and implementing in the organization's key business, clinical and case management systems.
- Continuous Quality Improvement (CQI) Plan:** A formal document describing the management policies, objectives, principles, corporate authority, responsibilities, accountability, implementation protocols, etc. of an organization. The plan enhances product and services quality. CQI Plans are usually submitted to the organization's Quality Assurance Committee or governing board for approval.
- Corrective Action:** Documented and purposeful change implemented to eliminate the specific cause of an identified area of deficiency or noncompliance. Actions are taken to remedy any deficiencies identified through the assessment process.
- Participant:** An individual who benefits from the processes, products or services provided by others. Depending on the type of organization, an individual may be called a client, patient or customer. The customer in the Living Choice Program is called a Participant.

DDRI:	Design: Designing quality and improvement strategies into the HCBS program and the initiation of the program. Discovery: Engaging in a process of discovery to collect data and direct participant experiences in order to assess the ongoing implementation of the program, identifying both concerns as well as other opportunities for improvement. Improvement: Utilizing data and quality information to engage in actions that assure continuous improvement in the HCBS program. Remediation: Taking actions to remedy specific problems or concerns as they arise.
Flow Chart:	A basic CQI tool that represents a starting point, processes, decision points and an end point. A flow chart documents the actual path or process, from beginning to end, that any product or service follows.
Goal:	A broadly stated or long-term outcome written as an overall statement relating to a philosophy, purpose or desired outcome.
Improve:	Acting to effect a desired, measurable change in an identified performance dimension.
Indicator:	A measure of the performance of functions, processes and outcomes of an organization. Some commonly used indicators include quality (standards of product or service performance), cycle time (the time that elapses from the beginning to the end of a process) and cost.
Management Reports:	The organization's management reports required to support employees in their performance of duties. By compiling this information into accurate and timely reports, the organization is able to monitor individual and organization work output, manage workflow and predict workload changes, review quality performance indicators systemically and plan for the future.
Monitor:	A planned, systematic and ongoing process to gather and organize data and aggregate the results.
Outcome:	The result of performance (or nonperformance) of a function or process.
Performance:	The way in which an individual or organization accomplishes its improvement and processes.
Performance Measure:	The process of comparing the performance of a function or process against a standard. Used to assess the performance of a

function or process of an organization.

Performance Measurement: The process of developing measurable quantitative or qualitative indicators that can be systemically tracked to assess progress made in achieving predetermined organization and business process goals and objectives. Performance Measurement should be used to increase understanding of how processes operate and why they sometimes fail to produce expected results.

Planning: The process of identifying the means, resources and actions necessary to accomplish the organization's goals.

Policy: A rule that regulates the organization's actions. It is a specific statement of principles or guiding action(s) that provides a framework and implies clear commitment by the organization. This statement of intent provides a basis for consistent decision making and resource allocation and a course of actions selected to guide and determine decisions. A policy:

- has widespread application
- changes infrequently
- is expressed in broad terms
- states "what" and/or "why"
- addresses major operational issues

Procedure: A customary set of steps followed to achieve the desired results. A sequential method or way of performing activities. A procedure defines the steps taken to implement policies and operations. A procedure:

- has narrow application
- should be reviewed and updated frequently
- states details required to complete each task
- states "how", "when" and sometimes, "who"
- describes a process

Process: A series of actions which repeatedly come together to transform inputs into outputs. A process has a beginning and an end.

Process Improvement: The use of CQI tools and methods to modify and enhance a course of action

Provider Agency: A service organization that provides services to a Living Choice Participant.

Quality: A measure/degree of adherence to currently accepted standards of best practice and achievement of anticipated outcomes for a particular aspect of care or service. Quality is a measurement of

meeting or exceeding the expectations and freedom from product deficiencies. Three key principles of quality include:

- Participant satisfaction
- freedom from defects
- the price of nonconformance (what it costs to correct errors or oversights, including lost time and opportunities, wages and overhead)

Quality Assurance (QA): A retrospective problem-focused approach to measuring quality. QA may include corrective measures/actions.

Quality Audit: A systematic and independent periodic examination and evaluation of an organization's policies, standards, processes, etc. to determine the level of compliance with specifications or requirements.

Quality Improvement (QI): A proactive and continuous approach to learn about all aspects of processes that utilizes discovery, remediation and improvement methods. The resulting knowledge is then used to reduce variation and complexity in order to improve the level of performance.

Standard: A minimum expectation that guides practice and provides a model from which to measure performance. The product, service or practice is often compared against those of the organization itself, those of other organizations and those of a best practice organization in order to implement best practices. A standard reflects the current state of knowledge and continuously evolves.

Acronyms

AA:	Administrative Agent
CEO:	Chief Executive Officer
CHC:	Comprehensive Home Care
CMS:	Centers for Medicare and Medicaid Services
CQI:	Continuous Quality Improvement
OKHCA:	Oklahoma Health Care Authority
DDRI:	Design Discovery Improvement Remediation
HIPAA:	Health Information Portability and Accountability Act
IDT:	Interdisciplinary Team
LTCA:	Long Term Care Authority
QA:	Quality Assurance
QI:	Quality Improvement
TC:	Transition Coordinator
UCAT:	Uniform Comprehensive Assessment Tool

Introduction

Why Develop a Foundational CQI Plan?

A Foundational CQI Plan outlines the structure and processes that potentially lead to successful outcomes. By developing a Foundational CQI Plan, the organization can gain greater insight into critical components of its operation. By maintaining a CQI Plan, the organization gains knowledge that can lead to:

- greater understanding of key business issues and processes
- improved business operations
- increased quality of care and service delivered to Living Choice Participants
- increased satisfaction of Participants, family, formal and informal supports and other Living Choice providers

What is a Foundational Continuous Quality Improvement (CQI) Plan?

A Living Choice Program Foundational CQI Plan is a **written** plan that illustrates the organization's infrastructure and capacity to provide quality of care and service to Medicaid Participants through the Living Choice Program. Infrastructure and capacity may include, but are not limited to, the following components:

DESIGN

1. Accountability of the Governing Body

The organization has a governing body to which the organization and its leadership are accountable. The governing body may consist of:

- business professionals
- health care professionals
- Participant
- Participant advocates

2. Sufficient Resources

The organization has sufficient resources commensurate with the size of the organization to effectively manage the business. These resources include:

- qualified management, supervisory and direct care staff
- technology
- adequate space
- funding

3. Written Policies and Procedures

The organization has policies and procedures that guide the organization in day-to-day operations and decision-making.

4. Quality Assurance (QA) and Quality Improvement (QI) Program

The organization has designated a qualified compliance officer or committee accountable for operating and monitoring the QA program. The organization uses quality improvement

and quality assurance activities to ensure quality checks and balances throughout the entire organization. The compliance officer or committee reports directly to the Chief Executive Officer (CEO) and the governing body.

5. Education and Training

The organization educates and trains employees in job-specific duties and state and federal regulations. Education and training can:

- enhance current skills
- recruit prospective employees
- retain existing employees
- improve quality services

6. Communication

The organization has transmission of information tools available for clear and concise communication among all levels of employees, as well as the ability to communicate efficiently and effectively with other entities and Participant. Communication tools may be in the form of:

- oral
- written
- numerical
- graphic
- electronic

DISCOVERY

7. Data Collection and Reporting

A reporting system must have the technology to collect, manage data and organize information, including a complaint system and a self-audit system.

Accurate data is necessary to:

- track Participants
- bill for services delivered to Living Choice Participants
- measure Participants satisfaction
- meet Living Choice timelines

Data can also be used to:

- monitor individual employee performance
- compare and monitor organization performance against benchmarks
- monitor performance indicators
- set performance goals
- identify opportunities for improvement

A reporting system can assist in:

- managing workflow
- staffing projections
- planning long-term strategies

8. Audits and Self-Evaluation

The organization provides ongoing review and evaluation of the organization's work to:

- identify problem areas
- measure individual employee performance
- measure organization performance
- track progress in performance improvement activities

REMEDIATION

9. Corrective Action Process

The organization has a mechanism to:

- enforce standards and policies
- direct prompt and proper responses to detected offenses
- develop preventive measures
- remedy specific problems or concerns

IMPROVEMENT

10. Actions taken as a result of discovering problems or improvement opportunities.

The organization has a mechanism to:

- Rectify an immediate, existing problem on behalf of an individual participant
- At the system level, to change the system or to prevent problems from occurring
- Improve the system

Where Can I Obtain Information or Assistance?

CMS Website References:

CMS has provided guidance related to quality in home and community-based services. For additional information, refer to Centers for Medicare and Medicaid Services Website: <http://www.cms.hhs.gov>

Foundational CQI Plan Requirements

The Living Choice Project Foundational CQI Plan includes three categories of requirements:

- ◆ Policies and Procedures – Design
- ◆ Quality Assurance (QA) System – Discovery
- ◆ Quality Improvement – Discovery, Remediation and Improvement

Living Choice Transition Coordination Policies and Procedures (Design)

Organization policies and procedures explain how the organization satisfies Living Choice requirements while using the organization's resources and meeting the organization's standards. *The organization's policies and procedures should explain in a step-by-step document how the organization meets those criteria using available resources.*

Organization policies and procedures require all employees to use the same procedures to achieve consistency of quality and to ensure the organizational knowledge is passed from employee to employee. When an employee leaves the organization, the replacement should have the knowledge, information, and resources to perform the job. Policies and procedures enable managers to determine training needs by measuring employee performance and enable the organization to respond to changes in market, contract compliance and service standards.

The organization's policies and procedures must reflect the minimum performance criteria identified in this document. For example, holding an Interdisciplinary Team (IDT) meeting as a minimum requirement for the development of a Service Plan; the organization must answer many questions, such as:

- Who calls the team members?
- Which staff members attend the meeting?
- What factors indicate case staffing is necessary?

Answering questions such as these results in the development of policies and procedures.

Policies and procedures must answer these questions:

Why: A policy should describe the organization's intentions in managing workflow, ensuring performance consistency, containing cost and encouraging efficiency.

What: The policy contains procedures, or tasks, which enact/implement/activate the policy.

Who: The position or department title responsible for each specific task is identified.

When: The procedure and/or steps in the procedure have completion deadlines.

How: The procedure includes a list of the tasks, organized in the order in which they are to be completed, as well as the tools used to complete each step. Organization tools or documents support policies and procedures and are included as attachments.

Submit the organization's policies and procedures that instruct employees to perform the duties in the Living Choice Project.

Minimum Required Organization Program Policies and Procedures

NOTE: Some processes may be changing as process in the Living Choice Program are finalized

Providers are required to have Policies and Procedures for each of the following areas:

1. Participant Access to Services, at minimum the policy will identify:

- A. Type of designated private space available for Participant interviews and family conferences.
- B. Types of interpretation services available for Participants who speak a language other than English.
- C. What assistive technology is available for Participants who have vision, hearing or communication impairments?
- D. What trained or experienced staff and/or consultants are available to advise on incorporating the cultural diversity of the Participant population when planning and implementing service delivery throughout the transition coordination process.
- E. Types of telephone or facsimile services that are available to:
 - give information
 - make service referrals
 - perform community intake and screening
 - plan services
 - implement services
 - monitor services
- F. How participants are able to reach a Transition Coordinator or another organization employee on a 24 hour, seven day a week basis. These may include:
 - pagers
 - answering service
 - 24-hour emergency phone number
- G. The timelines for transition coordinators to return calls to Participants.

2. Participant Intake and Referral, at minimum the policy will identify:

- A. The process for an employee to complete an intake.
- B. The process for completing an intake request for an individual who appears to meet Living Choice Program eligibility criteria and forwarding to the OKHCA.

3. Living Choice Participant Admission, at minimum the policy will identify:

- A. The process for reviewing material received in the Initial Transition Coordinator Authorization packet.

- B. The process for assigning a Living Choice transition coordinator to a Participant. (Accommodating the Participant's preference to the extent possible.)
- C. The process for contacting the Participant's selected home care agency to request an RN evaluation (LCP6) and forwarding a copy of the Initial Service Authorization (LCP4) and the Member's UCAT.

4. Participant Orientation and Education, at minimum the policy will identify:

- A. How the organization provides the Participant with the initial orientation to the organization.
- B. How the organization provides the Participant with the initial orientation to the Living Choice Program's philosophy, purpose and services.
- C. [The organization's process for obtaining and providing information to the participant to assure informed choice.](#)
- D. What information the Transition Coordinator reviews with the Participant and then leaves with the Participant.
- E. How a signed statement of Participant orientation and understanding is obtained.

5. Agency Reporting, Record Keeping and Documentation, at minimum the policy will identify:

- A. The organization's process for using Living Choice Program approved forms and reporting instruments for Living Choice Program transition coordination processes.
- B. How the organization protects Participant confidentiality.
- C. The process for establishing a file for a Living Choice Participant and the required documents for the file.
- D. The organization's process for documenting Participant care.
- E. The organization's system for maintaining and retaining Participant records.
- F. Under what conditions the organization obtains a legal representative's signature or witness signatures.
- G. How the organization maintains HIPAA requirements.
- H. How the organization meets documentation requirements.
- I. [How the organization maintains the reporting and tracking of critical incidents.](#)

6. Participant Assessment, at minimum the policy will identify:

- A. The organization's process and timelines to develop a Participant's first-year, second-year and third-year Plan.
- B. The organization's process and timelines to continuously assess Participant's

- program appropriateness
- C. How the organization defines and identifies a Participant major life change.
- D. The organization's activities related to a Participant major life change.
- E. The organization's process and timelines for updating a Participant's UCAT in order to reassess:
 - program appropriateness
- F. How and to whom the organization communicates issues or concerns related to program appropriateness *or if the participant declines any part of the assessment process.*
- G. The organization's process for ensuring RN IDT attendance and involvement in Plan development when a Participant has a change in health status.

7. Transition Process

Transition Coordinator Processes have been developed by LTCA for use in the demonstration project. Providers are only responsible at this time for adding organizational policy and procedures to assure implementation and monitoring of these processes.

- A. How the organization will assure implementation of the Living Choice Project Transition Coordinator.
- B. How the organization monitors completion of transition coordinator responsibilities.

8. Interdisciplinary Team Service Planning Process for the Community Plan development at minimum the policy will identify:

- A. How the organization coordinates to obtain the RN assessment before an institutional IDT meeting.
- B. The organization's process for reviewing the UCAT and other documents to learn about the Participant's preferences, current health status, social issues and risk and safety considerations.
- C. How the organization analyzes the information and identifies potential long-term goals and service needs or changes.
- D. How the organization supports the participant in identification of potential IDT participants.
- E. How the organization identifies and maintains resources of potential services and activities to address each Participants need or goal, including Medicaid, non-Medicaid, formal and informal services.
- F. The organization's process for supporting the participant in convening and facilitating an IDT.
- G. The organization's process for supporting the participant and members in reaching a consensus related to goals, outcomes and action steps at an IDT meeting.

- H. When the Participant's health and welfare needs cannot be met with the available resources - identify when, how and to whom does the organization's representative in the IDT process communicate this information.
- I. How the organization advises the team in protecting the Participant's confidentiality.
- J. The organization's process for submitting documentation when spouse or legal guardian is to be the paid caregiver.
- K. The organization's process for submitting documentation for approval of spouse and legal guardian as paid caregiver.
- L. The organization's process for assuring disease management and medication management outcomes are developed to assure health and welfare of the participant.
- M. How the organization coordinates to obtain the RN attendance at IDT meeting to be held on day of transition.

9. Community Plan Development and Submission, at minimum the policy will identify:

- A. How the organization facilitates Participant access to non-Medicaid community resources and informal supports, including acute care services, services across settings and community social services.
- B. The organization's process for developing and maintaining links (formal and/or informal) with resources and organizations that can enhance or contribute to the Community Plan, including:
 - o supplier, service or volunteer agreements
 - o interagency and interpersonal collaboration, information and referral
 - o educational programs
- C. How the organization addresses, identifies and resolves communication barriers. This may include use of an interpreter, sign language and/or Braille materials, etc.
- D. How the organization ensures that the Participant's Community Plan Long Term Goal, Expected Outcomes and Action Steps correspond to the Participant's specific needs and abilities identified in the UCAT, IDT meeting minutes, RN evaluation and other assessment data.
- E. The organization's processes for writing in collaboration with the Participant, specific long-term goals, outcomes and action steps.
- F. The organization's process for obtaining the Participant's or legal representative's signature on the Community Plan and Goals.
- G. The organization's process for completing the Community Plan Authorization Request Packet.
- H. The organization's process for submitting the Community Plan to the Transition Coordinator Supervisor for final approval.

- I. The organization's process for distributing the Community Plan and Goals to team participant present at the IDT meeting.
- J. The organization's process for distributing the Community Plan to team participants not present at the IDT meeting.
- K. How the organization addresses risk issues identified after completing a risk assessment with the participant during implementation of the Community Plan.
- L. The organization's process for completion of the back up plan with the participant to assure critical service delivery remains intact for the participant.
- M. The organization's process for completing with the participant a disaster preparedness plan to assure their health and welfare.
- N. How the organization develops a transition plan to ensure Participant health and welfare during the Community Plan implementation phase.

10. Community Plan Monitoring, at minimum the policy will identify:

- A. The organization's minimum frequency of monitoring contacts to achieve compliance with Living Choice Transition Coordination Standards and the Participants Monitoring Plan.
- B. How the organization monitors delivery of services as authorized in the Community Plan.
- C. How the organization monitors adequacy of services to meet the Participant's needs and goals.
- D. How the organization monitors Participant satisfaction with all services.
- E. How the organization monitors measures of progress toward achievement of expected outcomes.
- F. How the organization monitors measures of Participant regression, loss of function or deterioration.
- G. How the organization identifies, addresses and resolves an authorized service that has not been implemented.
- H. The organization's process and timeline for monitoring service implementation in the following situations:
 - health and safety progress toward Plan Goals
 - Participant satisfaction with services
 - identification of major life changes
 - Participant's family member, spouse or legal guardian who serves as paid staff
 - unstaffed Participant

11. Community Plan Addendum Development and Submission, at minimum the policy will identify:

- A. The organization's process and timeline for revision of the Community Plan in response to changes in the Participant's needs or resources.
- B. How the organization ensures that the Community Plan Long Term Goal, Expected Outcomes and Action Steps (LCP6e1) correspond to the identified needs and are added to the existing Plan Goals.
- C. The organization's process for temporarily submitting the Community Plan Addendum and Plan Goals (LCP6e1) without the Participant's signature in order to initiate immediate service and prevent disruption of Participant services.
- D. The organization's process and timeline for obtaining the Participant's signature after temporary submission of the Community Plan Addendum and Plan Goals (LCP6e1).
- E. The organization's process for:
 - obtaining the Participant's signature on the Community Plan and Goals (LCP6e1)
 - completing the Community Plan Authorization Packet
 - submitting the Community Plan to the Transition Coordinator Supervisor for final approval
- F. The organization's process for distributing the Community Plan and Goals (LCP6e) to team members **present** and team members **not present** at the IDT meeting.
- G. How the organization identifies health and welfare issues identified during implementation of the Community Plan (LCP6e1).
- H. How the organization develops a transitional plan to ensure Participant health and welfare during the implementation phase.

12. Risk Management, at minimum the policy will identify:

- A. How the organization identifies a high-risk Member.
- B. The organization's criteria for monitoring a high-risk Member.
- C. How the organization provides heightened supervisory and administrative scrutiny of high-risk monitoring activities.

[D. How the organization assures completion and monitoring of the risk assessment tool.](#)

13. Change in Participant Transition Coordinator, at minimum the policy will identify:

- A. The organization's process for:
 - transferring a Participant from one transition coordinator to another transition coordinator within the same organization
 - transferring a Participant who requests a change of provider from one transition coordination organization to another organization of their choice

14. Change in Participant Event, at minimum the policy will identify:

- A. How the organization temporarily stops Living Choice services and notifies the Living Choice Program if the Participant:
 - has been hospitalized
 - is admitted for nursing facility services
 - is on therapeutic leave
 - is out of service area
- B. How the organization plans with the Participant and IDT members, as appropriate, for the temporary stopping and resumption of services.
- C. The process for notifying the Living Choice Program in the event of a Participant's death.
- D. The process for terminating services when the Participant voluntarily leaves the Living Choice Program.
- E. The process for following the critical incident reporting requirements.
- F. The process for ensuring safe and orderly transfer of a Participant to other services.
- G. The process for requesting review of program appropriateness

15. Participant Emergencies, at minimum the policy will identify:

- A. The organization's process and documentation for emergency planning to ensure Participant health and welfare, including:
 - access to emergency phone numbers
 - fire evacuation plan
 - safe place in home in the event of severe weather
 - designated safe place in case of home evacuation
 - choice of written advanced directives
- B. How the organization responds to emergency situations such as:
 - handling the media involved in a Participant's emergency situation
 - providing details to law enforcement officers or emergency medical staff
 - managing the Participant's health and welfare during electrical power failure, including arranging for alternate power sources for medical or assistive equipment
 - locating a missing Participant

Quality Assurance (QA) System With Related Policies and Procedures

The Foundational CQI Plan details the organization's Quality Assurance Program, which is required to support the staff members as they perform their duties. The Quality Assurance System focuses on the quality of services delivered to the Participant. Submit the original policies and procedures that detail complaints and/or satisfaction surveys, self-audit process and employee training and education and personal care staffing process.

Minimum Required Organization Program Policies and Procedures Quality Assurance

The Foundational CQI Plan requires policies and procedures related to the Quality Assurance system or model the organization is using. An organization's policies and procedures format should be identified and used for consistent and effective policies. Policies and procedures should reflect the organization's individuality and unique philosophy of care.

1. Participant Complaint and Grievance Process, at minimum the policy will identify:

- A. How the organization defines a complaint or grievance.
- B. How the organization educates the Participant, both initially and on an annual basis, regarding the right to file a complaint or grievance.
- C. How the organization tracks and monitors a Participant's complaint or grievance.
- D. How, and with what frequency, the organization gathers, analyzes and trends the results from the Participant's complaint and grievance process.
- E. The organization's process when the complaint or grievance cannot be resolved to the Participant's or family's satisfaction?
- F. The follow-up mechanism and timeline the organization uses to ensure the complaint or grievance has been satisfactorily resolved
- G. Who has ultimate responsibility for the organization's complaint or grievance process.

2. Participant Satisfaction Evaluation Process, at minimum the policy will identify:

- A. How the organization defines Participant satisfaction.
- B. The organization's indicators and measures of Participant satisfaction.
- C. What methods the organization uses to obtain information about the Participant's satisfaction with services, such as mail survey, phone survey or in-person survey.
- D. The type of follow-up mechanism the organization uses to address a Participant who is not satisfied with his/her services.
- E. How, and with what frequency, the organization gathers, analyzes and trends the results from the Participant's satisfaction evaluation process.

3. Quality Self-Audit Process, at minimum the policy will identify:

- A. The organization's performance goals.
- B. The organization's process for reviewing files, processes or outcomes to determine compliance with Living Choice Program requirements. For example:
 - How does the organization determine what needs to be audited?

- What audit tools has the organization developed?
- What sampling methodology is used, such as percentage of files reviewed, frequency of review and selection of items to be reviewed?

C. The organization's process for documenting audit results.

D. How does the organization determine and prioritize opportunities for improvement based on self-audit findings?

E. The quality improvement activities that have been implemented in the organization as a result of self-audit findings.

F. How the organization evaluates the effectiveness of interventions.

G. How the organization knows it has achieved its goals.

4. Employee Education and Training Program, at minimum the policy will identify:

A. How does the organization identify employee education and training needs?

B. The type of employee education and training the organization offers.

C. The frequency and duration of employee education and training offerings.

D. How the organization measures effectiveness of employee education and training.

E. How the organization provides ongoing employee training on available community resources and community program eligibility requirements.

F. How the organization encourages employee community participation.

5. Personal Care Staffing Process, at minimum the policy will identify:

A. How does the organization determine the most appropriate caregiver for each Participant?

B. The monitoring activities that are at the administrative level to ensure all authorized units are provided to the Participant.

C. The timelines and the process for transferring an unstaffed Participant to another organization.

Continuous Quality Improvement Discovery, Remediation, and Improvement Activities

Once an organization has completed the design of their organization, policy and procedures, they can move into the discovery, remediation and improvement phases of a complete Continuous Quality Improvement Plan. This plan should include:

Discovery: Collecting and reviewing data in order to assess the ongoing implementation of the program, identifying strengths as well as opportunities for improvement.

At minimum the QI plan will include documentation of:

- ❑ Ongoing review, tracking and trending of all incident reports
- ❑ Ongoing review of service records (including service documentation)
- ❑ Ongoing monitoring of health and safety needs as identified and addressed by service plan and service plan goals
- ❑ Identify what databases and/or tracking systems will be used for these ongoing reviews
- ❑ Provide an example of one performance measure that will be tracked in the next year.

Remediation: Involves taking action to remedy specific problems or concerns that arise. Required for any of the items discovered not to meet provider's identified thresholds.

At a minimum the QI Plan will include documentation of:

- ❑ The development of a plan to address areas for improvement:
 - Timeframes for completion of specific action steps
 - Person responsible for completion of action steps
 - Expected outcomes of action steps

Improvement: Utilizing data and quality information to engage in actions that lead to continuous improvement in the HCBS program.

At a minimum the QI Plan will include:

- ❑ Identification of kind of indicators used and how the organization determined what is important to measure.
- ❑ How the organization determines priorities for improvement.
- ❑ How the organization uses the information they collect in the discovery process
- ❑ What cycle of improvement the organization will use.
- ❑ How the organization addresses project improvement. (i.e., use of teams)
- ❑ How the organization documents, reports, and shares the QI findings with others in the organization.
- ❑ How will the organization recognize staff and team achievements to improve quality?

Suggested References

American Quality Management Mall-website for quality management professionals
<http://www.americanquality.com/>

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