

QUALITY IMPROVEMENT IN

HOME CARE



OBJECTIVES:



- IDENTIFY CHHA QI Regulatory Requirements.
- DESCRIBE the process in surveying a Quality Improvement Program.
- EVALUATE agency compliance.



BACKGROUND



- Section 1891(c)(2)(C)(i)(II) of the Social Security Act requires that the standard survey shall include a survey of the quality of care and services furnished by the agency as measured by indicators of medical, nursing and rehabilitative care.
- Regulations are found in 42CFR Part 484



FEDERAL MEDICARE REGS
42CFR



- Part 484.16 Condition of Participation: Group of Professional Personnel
- Part 484.52 Condition of Participation: Evaluation of the Agency's Program
- Part 484.52(b) Standard: Clinical Record Review



NEW YORK STATE
REGULATIONS



- Article 36 Public Health Law
- Title 10 New York State Rules and Regulations, Part 763 – Certified Home Care Agencies



REGULATORY OVERSIGHT



- Focus ON QUALITY
- Consumers can use the quality measures information that is available at www.medicare.gov to assist them in making healthcare choices and decisions





In March of 2008, New York State Department of Health unveiled the consumer centered Home Health and Hospice Profile Web site, www.homecare.nyhealth.gov, to provide the public with accurate and reliable information about home health agencies and hospices.



REGULATORY REQUIREMENTS



DO mandate INDIVIDUALIZED agency wide program

DO mandate identification of areas in need of improvement



REGULATORY REQUIREMENTS



DO mandate continuous review and revision

DO mandate corrective actions to resolve problems



REGULATORY REQUIREMENTS



DO NOT mandate a specific QI Program



SURVEYOR PITFALL!!!

Quality Improvement must be Functional!!

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by Carl Elb



WHAT IS SURVEYOR'S ROLE?



Surveyors must evaluate agency-wide QI Program that is:

- Ongoing
- Organized
- Has a written plan of implementation
- Identifies areas in need of improvement agency wide
- Documents corrective actions



Don't get bogged down with papers, charts and statistics.



Surveyors must understand the agency's process.



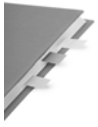
PRE SURVEY ACTIVITIES



- Review agency complaints over the past 12 months.
- Review prior Surveys/Plans of Correction
- Review OBQI (CASPER) reports to identify adverse events and problem areas



IMPORTANT!!!



THE AGENCY'S QUALITY IMPROVEMENT PROGRAM IS NOT THE SAME AS OBQI REPORTS, WHICH ARE DERIVED FROM OASIS DATA





The agency must develop and implement a QI program which is individualized and agency wide.



POLLING QUESTION #1:



Midway through the survey you identify a potential deficiency with Plan of Care development. When do you ask for the agency's QI reports?

- a. NOW
- b. WAIT until the end of the survey



ONSITE ACTIVITIES



- Policy and Procedure Review
- Identify/Interview QI Coordinator
- Interview Agency staff
- Review documentation
- *Complete Quality Improvement Questionnaire



QUALITY IMPROVEMENT QUESTIONNAIRE



- Please turn to your Quality Improvement Questionnaire at this time.



POLICY & PROCEDURE REVIEW



CHHAs must establish a QI Program that is:

- Systematic
- Continuous
- Objective
- Agency wide



WHAT TO LOOK FOR



- What is the agency plan?
- What audits are done, by whom?
- How is information trended and communicated?
- How does the agency use OBQI/OBQM Reports?
- What committee is responsible for decision making?
- How is the governing body informed of quality improvement activities?



IDENTIFY QI COORDINATOR



Interview person identified as being responsible for the coordination of QA activities?

Are the responsibilities of the coordinator described in agency policy?



QUESTIONS TO ASK

(QI Coordinator)



- What audits are done, by whom?
- How is information trended and communicated?
- How does the agency use OBQI/OBQM Reports?
- What committee is responsible for decision making?
- How is the governing body informed of quality improvement activities?



QUESTIONS TO ASK

(Interview agency representatives)



- Does the agency have a process for quality?
- What is it? Can you describe it?
- Is it agency wide?
- How frequently does it occur?



Interview agency representatives
(continued)

- How does the agency identify problems?
- What is done with this information?
- What is the process for developing solutions and making recommendations?
- How are the solutions to problems evaluated? By whom? When?
- What quantitative measures are used to measure improvement?



POLLING QUESTION #2:



When you are interviewing the QI Coordinator he/she informs you that the Coordinator performs all the record audits and shares the results with the QI Committee. Is this an acceptable practice?

- a. YES
- b. NO



DOCUMENTATION REVIEW:



Does the agency documentation provide evidence of the following?

- Quality assessment audit tools
- Quarterly clinical record audits, open and discharged records
- Trended data
- Problem identification
- Identify steps to solve problem
- Implement plan
- Monitor and evaluate corrective action plan
- Modify action plan
- Reassess
- ONGOING QI



SURVEYOR ANALYSIS:

Ask Yourself



- Is the agency identifying quality areas in need of improvement?
- Is the process tailored to the individual agency?
- Is the process agency-wide?
- Are problems identified and resolved over time?
- Is there evidence of improved quality of care?



LOOK FOR A FUNCTIONAL PROCESS



- Review the agency's QI Program at the End of the Survey
- Evaluate if the agency is implementing an ongoing process
- Look for evidence of improvement in care based on focused activity



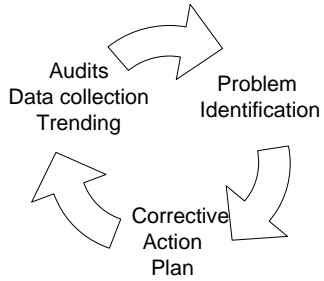
REMEMBER!!



- REVIEW OF THE AGENCY'S QI PROGRAM SHOULD BE ONE OF THE **LAST** SURVEYOR TASKS COMPLETED
- SURVEYORS CANNOT USE INFORMATION FROM THE AGENCY INTERNAL AUDITS AS A BASIS FOR DEFICIENCIES



CONTINUOUS CYCLE



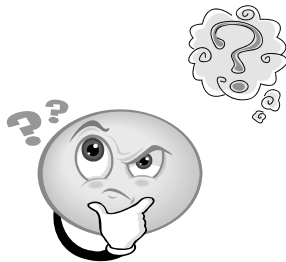
SUMMARY



- QI Program individualized
- Agency wide
- Organized and consistent approach
- Quarterly chart audits
- Method for problem identification
- Corrective action plan
- Quantitative measure for improvement
- Evaluate action plan
- Revise action plan



GOT QUESTIONS???????



THE END

Thank You!!