Quality Assurance for Adult Care Facilities – Surveyor's Perspective
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Frank Rose, MSW, ACSW
RFR Consulting Group, Inc.

Contractual Statement
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Objectives
• Identify Statutory and Regulatory Requirements
• Describe the process of surveying the QA program in an ACF
• Evaluate ACF compliance with Quality Standards

BACKGROUND

Quality Assurance:
Broadly defined, is a system for evaluating performance; a process established by an entity by which it promises that certain standards of excellence are being met in the on-going operation. It focuses on the components of structure, process and outcome\(^1\) to reduce or resolve identified problems or improve operations. It is not a specific program, model or technique and uses information to determine the effectiveness of the operation to obtain the desired results.

Furthermore,
• Structural elements include such factors as physical plant, equipment, personnel, management procedures and organizational structure
• Process relates to the practice of producing a product, such as the provision of care and those activities related to it, i.e. what is done to or for the residents. These could include all the provider-resident interactions.
• Outcome is the product or the result of the process. It includes what happens to a resident because of the care and services provided by the organization.

\(^1\) Donabedian’s Model
Quality Assurance programs are:

- Planned
- Objective
- Comprehensive
- Systemic
- Measurable
- On-going

**New York State Statute**

Section 1 of Chapter 735 of the Laws of 1994:
The department shall also require the operator of an adult home or residence for adults to develop, biannually update and implement plans for quality assurance activities for each area of operation. Quality assurance activities include but are not limited to, development and maintenance of performance standards, measurement of adherence to such standards and to applicable state and local laws and regulations, identification of performance failures, design, and implementation of corrective action.

SSL § 461-a.(2)(c)

**New York State Regulations**

At a minimum, the operator shall maintain... records documenting the development, implementation and, at a minimum, the biannual updating of quality assurance activities for each area of facility operation. These must include, at a minimum, the development and maintenance of performance standards, measurement of adherence to such standards and to applicable State and local laws and regulations, identification of performance failures, design and implementation of corrective action.

18NYCRR 487.10(d)(5)(ix)

In addition, for Enhanced ALRs, operators are required to develop appropriate policies and procedures including:

- appropriate quality assurance and improvement activities

10NYCRR 1001.10(m)(2)(vi)

**Regulatory Oversight**

In summary, the regulations require:

- A quality program (quality assurance);
- Quality activities (plan) that include each area of facility operation;
- Updating that plan every six months, at a minimum;
- Development of performance standards;
- Review and updating those standards (maintenance);
- Identification of areas in need of improvement and correction of identified problems (measurement);
- Design and implementation of corrective action,
- Follow-up to assure correction resolved the problem or improved operation (measurement & maintenance), and
- Documentation of all the above.

Neither Statute nor Regulation requires a specific type of Quality Program
Regulatory Requirements

ACFs must develop and implement Quality Assurance activities for each area of operation which identifies problems or areas in need of improvement.

The Quality Program in place in any ACF should address the needs of the facility while meeting all regulatory requirements. Therefore there is no specific “cookie cutter” approach to Quality Assurance.

An ACF Quality Program must:

• Identify and implement QA activities that address each area of facility operation;
• Review and update their plan every six months, at a minimum;
• Identify performance standards, goals and those individuals responsible (policies and procedures);
• Show how and when performance is measured;
• Show the results of those measurements;
• Show what intervention was implemented to correct problems or improve performance;
• Show if the intervention was effective and if not, what follow-up actions or measures were taken, and
• Document each of the above.

What Is The Role of The Surveyor?

Surveyors determine if the ACF Quality Program:
• Is ongoing, bi-annually reviewed and/or updated;
• Has an organized approach to QA activities;
• Has written policies, procedures and goals;
• Identifies problems or areas in need of improvement throughout the facility, and
• Documents the corrective actions and their effectiveness

Neither the ACF nor surveyors should:

• Get bogged down with papers, charts and statistics. It is the existence and effectiveness of the quality program that should be the focus.
• Surveyors must be able to identify the facility’s Quality Assurance activities.

On-Site Activities As They Relate to Quality Assurance

• Policy and Procedure Review.
• Identify/Interview individual(s) responsible for facility Quality Assurance activities.
• Interview agency staff.
• Review documentation related to QA activities.
What To Look For

• The facility’s quality activities are identified.
• Regular, scheduled performance of internal audits and record reviews.
• Tools used in audits and reviews.
• Use and communication of the information obtained by the audits and reviews.
• Guidance and direction of the QA program incorporates audit and review results.

What To Look For (continued)

• Regular, scheduled notification to the operator and, if applicable, the governing body, administrator and/or any other appropriate facility staff about quality activities.
• Follow-up on QA findings resulting in corrective action, change in policies or procedures, etc.

Questions To Ask

• What audits are done? By whom? How often?
• How is information measured, tracked and communicated?
• What individual(s) or committee(s) are responsible for QA decision making?
• How is the operator or governing body informed of quality improvement activities?

Questions To Ask

Interview - Facility Staff Member

• Does the facility have a coordinated approach to quality?
• What is it? Can you describe it?
• Is it facility wide?
• How frequently does it occur?
• How does the facility identify problems?
• What is done with this information?

Questions To Ask

Interview - Facility Staff Member (continued)

• 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?

Questions To Ask

• Does the facility documentation provide evidence of the following?
• A process for problem identification;
• An implementation plan.
• Identify steps to solve problem.
• Quality assessment audit tools and reviews.
• Data analysis.
• Modify action plan
• Monitor and evaluate corrective action plan
• Reassess
• Ongoing Quality activity

Documentation Review
Surveyor Analysis

Ask Yourself

• Is the facility identifying quality areas in need of improvement?
• Does the QA process meet the needs of the facility?
• Is the QA process facility-wide?
• Are problems identified and resolved over time?
• Is there evidence of improved quality or care?

Look For A Functional Process

• Review the facility’s Quality Assurance activities at the End of the Survey.
• Evaluate if the facility is implementing an ongoing monitoring process.
• Look for evidence or improvement in care based on monitoring activities.

Look For A Functional Process

If previously cited survey deficiencies have not been corrected by the ACF’s Quality Assurance activities, this may be an indication that the facility’s Quality Assurance activities are not meeting the needs of the facility and/or complying with the regulations.

REMEMBER !

Although review of the facility’s Quality Assurance activities is a separate requirement, the review can be incorporated into other reviews.

REMEMBER !

Quality Assurance deficiencies should be cited when documentation fails to reflect that the facility identified appropriate corrective actions to address problems and/or failed to reassess the effectiveness of the corrective actions.

Recommendations for QA Deficiency Citations

How does review of QA activities relate to citations?
If during the course of a survey, the surveyor identifies a deficiency in a particular area of operation that occurred in the past, what types of citations are warranted?
• Review QA activity regarding that area.
• If QA activity addressed the deficiency, no quality cite is warranted.
• If QA activity is ongoing to address the deficiency, include reference to need to continue QA activity as part of Plan of Correction but no quality cite is warranted.
• If QA activity is not apparent regarding the deficiency, cite both deficiency and lack of QA activity, requiring QA plan in the Plan of Correction.
Continuous Monitoring Cycle

Audits
Data Collection
Tracking

Problem Identification

Corrective Action Plan

Summary

Quality Assurance activities:
- Are individualized to meet the needs of the facility;
- Are facility wide;
- Are organized with a consistent approach;
- Include record audits and at least a bi-annual review;
- Include methods for problem identification;
- Identify and implement corrective actions;
- Have quantitative measure for improvement;
- Include review of effectiveness of corrective action plan, and
- Revise action plan as necessary.

QUESTIONS??????

Thank You!