



Quality Management Plan

Regulations and Guidance

February 2014

6 CCR 1011-1 Standards for Hospitals and Health Facilities, Chapter II – General Licensure Standards

Part 3. QUALITY MANAGEMENT

3.1 Every licensed or certified facility, except personal care boarding homes of nineteen beds or fewer and except, community residential homes for persons with developmental disabilities shall establish a quality management program appropriate to the size and type of facility that evaluates the quality of patient or resident care and safety, and that complies with this part 3.

3.1.1 Within 90 days of the effective date of this regulation for facilities licensed on the effective date of this regulation and within 90 days of the issuance of a license to a new facility, every facility defined in section 3.1 shall submit to the Department for its approval a plan for a quality management system that includes the following elements:

	REQUIREMENT	GUIDANCE
(1)	A general description of the types of cases, problems, or risks to be reviewed and criteria for identifying potential risks, including without limitation any incidents that may be required by Department regulations to be reported to the Department;	<p>The types of cases include data from consumer satisfaction and complaints, incidents, adverse events and occurrences. It can also include outcomes related to care for subsets of consumers served (i.e. technology dependent, pediatric, diabetic, high or low resource utilization, etc.).</p> <p>Criteria for identifying potential risks can include high or low volume consumer populations served (i.e. elderly, pediatric, dependent, etc.), frequency or duration of services provided, severity of illness or disease process and/or complexity of needs. This also can include a focused analysis of outcomes by consumer characteristics and/or condition.</p> <p>Problems or risks to be reviewed include analysis of factors that affect productivity, incidents, data from tracking and trending onset and outcomes of infectious disease and illness, falls, repetitive and isolated issues (both consumers and staff), chart audit results, supervisory visit results and consumer complaints/concerns.</p>
(2)	Identification of the personnel or committees responsible for coordinating quality management activities and the means of reporting to the	The committee may report directly or in writing to the administrator or governing body, or may appoint a committee representative to report on the



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	administrator or governing body of the facility.	committee's behalf.
(3)	A description of the method for systematically reporting information to a person designated by the facility within a prescribed time;	The method for reporting the results of quality management activities to the administrator or governing body may occur through formalized meetings, written reports or a combination of the two. The frequency and method for routine reporting is described in the plan. Circumstances that may necessitate more frequent reporting should also be described. Evidence to demonstrate reports to the administrator or governing body have occurred should be maintained through documented reports and/or meeting minutes.
(4)	A description of the method for investigating and analyzing the frequency and causes of individual problems and patterns of problems;	Analyzing data by separating it into parts and then looking at how the parts do or do not relate to each other may also be useful. Analyze individual problems and consider themes in the reoccurrence of similar problems. A problem may have multiple parts that individually and/or collectively lead to outcomes. Data can be drawn from consumer satisfaction reports, consumer complaints, staff documentation, incidents, occurrences, consumer discharges and hospitalizations.
(5)	A description of the methods for taking corrective action to address the problems, including prevention and minimizing problems or risks;	Corrective actions can include staff counseling, education, training, testing and competency evaluations, observations of the delivery of care, revision of forms and/or policies and procedures. Minimizing and/or preventing problems or risks can include focusing on the identification and response to triggers that caused the problem. This can include requiring and responding to staff reporting of triggering events, conducting consumer inquiries and specific assessments in relation to the triggers, auditing and/or analyzing the consumer record and other agency records that are sources of information regarding the triggering event.
(6)	A description of the method for the follow-up of corrective action to determine the effectiveness of such action;	Follow-up visits with consumers, additional supervisory visits and consumer satisfaction surveys can be an indicator for effectiveness of an action or intervention. Tracked data should be used to determine an overall increase or decrease in the number of times a given trigger or event occurs over a period of time, which can then be evaluated to determine if a trend is showing favorable or unfavorable results.
(7)	A description of the method for coordinating all pertinent case, problem, or risk review information with other applicable quality assurance and/or	Identify how cases, problems and/or risks are selected and describe what is specifically utilized to collect related data.



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	risk management activities, such as procedures for granting staff or clinical privileges; review of patient or resident care; review of staff or employee conduct; the patient grievance system; and education and training programs;	Describe how the data is used in the agency's evaluation processes. Describe the method used to secure staff support and assistance with the agency's reviews, monitoring and evaluation processes.
(8)	Documentation of required quality management activities, including cases, problems, or risks identified for review; findings of investigations; and any actions taken to address problems or risks; and	Documentation should be organized and demonstrate the flow of information from one process or phase to the next.
(9)	A schedule for plan implementation not to exceed 90 days after the date the facility receives written notice of the Department's approval of the plan.	Identify the effective date for starting the quality management activities.