State of Colorado Health Facilities and Emergency Medical Services

Home Care Quality Management Program
What to Expect Today

• Orientation to Quality Management Program requirements and a presentation of the process

• New survey process discussion

• A lot of group participation and small group exercises

• "Golden Ticket" discussions

• Frequent breaks and done by noon!
Today's Objectives

• Gain an understanding of the core elements (plan, do, study and act) of a Quality Management Program (QMP)

• Gain a working knowledge of how to successfully use a QMP

• Understand you can incorporate a program into day to day operations with relative ease
What the Regulation Requires

Chapter II – Quality Management Program Requirements

• All licensed or certified home care agencies ... "shall establish a quality management program"...
• The quality management program shall be appropriate to the size and type of agency.
• The agency's quality management program should evaluate the quality of consumer care and safety.
Who cares about the quality of our services?

- Agency leadership
- Agency field staff
- Consumers
- The community
- The payor source
- Your state health department
What is to be gained?

- Insight into the operations of your agency
- Improved consumer care and outcomes
- Reduced liability
- Increased referral and quality recruitment
- Improvement in cost containment and revenue
- Longevity of staff and consumers
- Less operational problems over time with quicker identification of potential problems

Zero Deficiencies!
Principles of Successful Quality Management

• consumer focused

• strong leadership

• agency-wide involvement

• systemically approached

• focused on continual improvement

• decision making based on, and supported by, data
Quality Management Program: Defined:

A process of monitoring performance to ensure excellence and detect areas of deficiency.

The process (as we describe it) consists of planning, doing, studying and acting.
The Quality Management Cycle Visualized

- Plan
- Act
- Study
- Do
QMP – The Elements

- Plan
- Study
- Do
- Act

- identify areas for improvement
- gather and assess data
- analyze the cause
- implement the action
- monitor results
- standardize improvements
- maintain change
Step 1: identify areas for improvement

Proactive & Responsive Tasks and Process Review

- Plan
  - identify areas for improvement
  - gather and assess data
  - analyze the cause
- Study
  - monitor results
- Do
  - implement the action
- Act
  - maintain change
  - standardize improvements

Tasks and Process Review
Monitor Performance Through Proactive and Responsive Tasks

A successful Quality Management Program relies on information and data gathered through proactive and responsive tasks.
Proactive Tasks

- Routine tasks that, when carried out appropriately, serve to identify potential problems and prevent them from occurring.
What are some proactive tasks your agency carries out on a daily basis?
Examples of Proactive Tasks

- Routine telephone contact with consumers and staff
- Routine supervisory visits
- Scheduling oversight
- Consumer record review
- Staff meetings and in-services
- Consumer satisfaction surveys
- Process reviews
- Observation of care in the field
Responsive Tasks

- The evaluation and **response** to an unexpected outcome, in order to identify problems that were not prevented through proactive activities.
What are some responsive tasks your agency carries out on a daily basis?
Examples of Responsive Tasks

- Investigation and resolution of complaints
- Examination of staffing/scheduling crises
- Evaluation of agency response to emergencies
- Evaluation of discharges and transfers
Potential Processes to Review

- Process for obtaining a verbal order
- Missed visit prevention system
- Care planning process
- Orientation and training curriculum

Each agency has numerous processes in place to keep the agency running. Proactively evaluate how well they work.
Quick Exercise

Assessment of the System for Prevention of Missed Visits

What proactive activities may be reviewed to determine the effectiveness of the system?
If the process works, move on and evaluate the next one!
Step 2: gather and assess data

- gather and assess data
- analyze the cause
- implement the action
- monitor results
- standardize improvements
- maintain change

Determining the depth of the problem

Plan

Study

Act
You've Identified a Problem

Now ask yourself...

• How big of a problem is this?
• What does our current performance look like?
• Do I have existing data that suggests a trend or do we need to gather it?
Tracking and Trending Data

Avoid burdensome tracking mechanisms

Don't over think the process

Be creative about how you gather your data

Include everyone to some degree
Tracking

The collection of data, from numerous sources and over a period of time, used to identify trends

<table>
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<th>Visit Note Submission</th>
<th>week of 9/2/13</th>
<th>week of 9/9/13</th>
<th>week of 9/16/13</th>
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<tr>
<td>Late</td>
<td>14</td>
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Informative data may be drawn from many existing processes
Pull Information From:

- Supervisory visits notes
  - tasks being provided
  - staff being supervised
  - consumer report – positive/negative
Pulling Data From:

Consumer phone calls

- Favorable versus unfavorable response
- Timeliness of individual providers
- Assigned care being provided

![Graph showing data trends over time]
Trending

The process of looking at tracked data to identify patterns that show the depth of the problem

Is the problem isolated or widespread?
Documenting Tracking and Trending Activities

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</table>

Tallies, Charts, Graphs, Checklists

- 8%
- 7%
- 10%
- 11%
- 29%
- 35%

Take Credit and Validate Conclusions
Quick Exercise

Review of consumer complaints shows quality of CNA care is a repeated subject.

What data may be tracked and what resulting trends might illustrate the cause of the problem?

Tracking  Trends
A Real Life Scenario

Assumed to be an isolated event

As a result, employee termination was the only response

No investigation of employee practices

No action to assure client safety throughout agency
Step 3: analyze the cause

- What are the causes of this problem?
- Group: analyze the cause
- Plan
  - Act
  - Study
  - Do
- Gather and assess data
- Identify areas for improvement
- Implement the action
- Monitor results
- Standardize improvements
- Maintain change

What are the causes of this problem?
Determining the Cause is Important

The action you take must address the root of the problem and related factors, otherwise the problem will likely reoccur.
Analyze the Cause

Is the cause:

- a result of improper training;
- due to a faulty process;
- a result of employee non-compliance;
- etc.
Analyze the Cause

When determining cause, consider:

• the gathered data;
• employee and consumer input;
• results of process review.

The more varied the data, the more thorough the analysis
Quick Exercise

Supervisory visits are being missed or are late. Based on your experience, what are some potential causes?
Planning: In Review

- **Plan**
  - identify areas for improvement
  - gather and assess data
  - analyze the cause

- **Act**
  - implement the action
  - maintain change

- **Study**
  - standardize improvements
  - monitor results

- **Do**
  - Determine Cause
  - Gather Data
  - Evaluate Systems
Group Exercise #1: Gathering Data and Determining the Cause
Step 4: implement the action
When deciding on an action

- Prioritize
- Address the **Cause**
- Set Goals and Thresholds for Success
Common Areas of Action

• Policy and Procedure updates
• Staff reeducation
• Administrative process changes
• Forms revision.
Prioritization

1. Actual or Potential Harm
2. Problems Not Previously Resolved
3. Quick Fix Issues

Inspectors will evaluate to ensure actions are prioritized based on potential for outcome to consumers.
Address the Cause

Can't emphasize enough...
If you don't make changes to address the cause, you're just spinning your wheels.
Setting Goals: Think S.M.A.R.T

S – Specific
M – Measurable
A – Attainable
R – Relevant
T – Time-Specific
Specific

Goals should be clear and communicate exactly what is expected

What: What do we want to accomplish?

Why: What are the benefits to accomplishing this goal?

Who: Who is involved?

"The agency will decrease the incidence of late visit note submissions – and improve timely quality assurance as result – through process improvement, staff reeducation and reinforcement by leadership"
Measurable

Develop concrete criteria for measuring progress toward meeting your goal

A measurable goal answers:

• How much?
• How many?
• How will I know when the goal is accomplished?

"Within the first 2 weeks of implementation, 80% of visit notes will be submitted within the required timeframe. After 2 months, visit notes will be submitted in a timely manner 95% of the time."
Attainable

Goals must be realistic and attainable. Push the team to meet the goal but do not overwhelm.

Are the benchmarks realistic and take into account a learning and adjustment period?
Relevant

*Relevant goals drive the agency forward.*

A relevant goal answers:

• Is this change worth while?

• Is it the right time to make a change?

• Does the goal address our needs?
Time–Specific

**Giving a goal a timeframe for completion helps focus efforts and instills a sense of urgency**

A time–specific goal answers:

• When?

• What can be accomplished in 6 months, 6 weeks, today?
Quick Exercise

Analysis shows the cause of late supervisory visits is that the scheduler failed to inform field supervisors when consumers were due for a visit. What are some possible actions to address the cause?
Once the cause of a problem is identified...

Take Action!

• Deal with the issue directly and quickly

• Consider process changes

• Incorporate the method of identification of your problem in your quality management activities.
Do: In Review

Prioritize, Set Goals and Address the Cause

Plan

Act

Don: In Review

Prioritize, Set Goals and Address the Cause

maintain change

identify areas for improvement

standardize improvements

gather and assess data

monitor results

implement the action

analyze the cause
Continue to collect and analyze data

Step 5: monitor results

Plan

- Gather and assess data
- Analyze the cause

Act
- Implement the action
- Maintain change

Study
- Monitor results
- Standardize improvements

Do
- Identify areas for improvement
- Collect and analyze data
Common Ways to Monitor Actions

• Staff and consumer interviews
• Periodic chart audits
• Observe care in the field
• Supervision
• Gather data through tracking and trending
Study the Impact of Change

What can monitoring data show you about the changes your agency has made?

- If you are approaching or have met your goals
- What is working and what isn't
- That it's time to try another approach
Frequency of Ongoing Monitoring

• Daily, weekly, quarterly, etc.
• Based on the action implemented
• Include justification for frequency in QMP documentation
Quick Exercise

Data collected following an action shows the changes you've made aren't fixing the problem. What are some common reasons changes are ineffective?
How to respond when actions do not lead to intended change.

- Investigate and determine contributing factors
- Re-evaluate your plan
- Ensure everyone is on board
- Provide progressive and consistent reinforcement
- Be supportive, educate your staff and the reasons why you are implementing the action
- Provide incentive or implement disciplinary actions
If the action fails to fix the problem...

Go back to analyzing the cause and implement a new plan.
Group Exercise #2: Taking Action and Monitoring Results
Step 6: standardize improvements

- Standardize improvements
- Identify areas for improvement
- Gather and assess data
- Analyze the cause
- Implement the action
- Monitor results
- Maintain change

achieve buy in!
Making Change Stick

• Staff buy-in is crucial

• Incorporate processes into normal routine

• Keep it simple

• Provide ongoing reinforcement

• Notice and reward successes
Why Change is Tough for Staff

- They don't understand the reasoning
- They aren't invested
- The change involves new and difficult processes
- People can be, by nature, resistant to change
- Leadership doesn't demonstrate investment in the action
How to Gain Support for Change

• Explain rationale
• Keep staff involved
• Offer incentives
identify areas for improvement

analyze the cause

monitor results

implement the action

standardize improvements

gather and assess data

maintain change

Plan

Act

Study

Do

Step 7: maintain change
How will we know our QMP is effective in maintaining change?

- Targeted problems do not reoccur
- Reduction in number of problems overall
- Consumer satisfaction is high
- Achievement of desired outcomes or goals
- The threshold you set for success is met

- When tracking and trending show favorable improvement over a period of time
Why Carry Out QMP Activities Routinely?

• To ensure ongoing consumer safety
• To evaluate the success or failure of your business
• To meet licensing requirements
• To demonstrate the agency's commitment to upholding standards of care
QMP results should be reviewed by the Governing Body, advisory committee, administrator, manager and staff who are affected by and/or will be making changes.
NEVER!!

When will you be finished using my quality management program?

NEVER!!
The New Inspection Process
What is the same...

- Review of the agency's compliance history
- Observation of care and services in the home
- Review of the agency's complaints/incidents
- Review of policies and procedures for consumer rights, disclosure notice, and background check reconciliation
- Personnel record review
What is different...

- Review of the components of the agency's quality management program as a focus area (includes data from many sources, including complaints and incidents)
- Interviews with staff responsible for the agency's quality management program
- Review of policies and procedures for the agency's quality management program
- Clinical records will not be included unless a failure is suspected
What will the State inspection focus on when evaluating your QMP?

- The tracking and trending data that feeds your QMP
- The evaluation and decision making used to address the data
- The corrective measures you implemented and if the measures are sufficient to reduce the likelihood of a reoccurrence
- How you are monitoring problems/risk areas/concerns/triggers
- How you are monitoring the effectiveness of your QMP
What if you need to revise your QMP?

• Review to be certain your program complies with the components described in Chapter II General Licensing Rules, section 3.1

• Ensure the modifications to your program have been reviewed and approved by your Governing Body

• Resubmit the revised program to the State

• Revisit your QMP to ensure you have all the necessary steps in place to address concerns and assure quality outcomes
Questions?
Thank You!