



*Our mission is to reunite people
living with physical disabilities
with the community.*

POLICY: **PLAN FOR SELF-APPRAISAL OF SERVICE PROVISION
INCLUDING SUGGESTIONS AND METHODS FOR
IMPROVEMENTS**

EFFECTIVE: **August 2011**

PURPOSE: The Governing Authority of Wheels of Progress Inc shall ensure the development and implementation of a process to evaluate the quality care provided by the Nursing Home Transition and Diversion Program. This process, at a minimum, will include the integration of the following activities:

1. The Advisory Committee
2. Clinical Record Review
3. Patient Satisfaction Survey
4. Annual Program Evaluation
5. Focus Monitoring Tools/Indicators

To maximize the Performance Improvement process the program must have a sound structure, a defined role and strong administrative commitment. To assure this, the CEO is responsible to the Board of Directors for the agency's performance and must report at a minimum four (4) times a year on service indicators, service statistics, with minutes from the Advisory Committee.

THE PROCESS Identify problems and develop, plan solutions through the various quality assurance activities, committees, staff meetings and Advisory Committee

1. Design strategies to resolve the problems.
2. Measure the outcomes - Is the problem less, more or unchanged by the design strategy.
3. Assess: Did the design work? Was it implemented correctively?
4. Improve: Making improvements related to the information collected and priorities of the organization. Were improvements achieved?
5. Determine if the problem was a system problem or an individual problem
 - If the problem was due to individual competencies, the Director of Performance Improvement/Staff Development and other appropriate line individual will re-orient individual to standards deemed necessary for appropriate

service delivery or process needed for organizational functioning. Ongoing support to the individual will be given till competency has been shown.

- If the problem is due to system processes or lack thereof, the intervention will be based on redesign of systems, and further evaluation will occur after implementation of redesign has occurred.

I. THE ADVISORY COMMITTEE

This committee, assists the agency in meeting the overall goal of developing a method of providing services in a manner which is most appropriate to participant needs, enhances existing informal supports, is acceptable to the consumer, and is cost effective.

Committee Composition

The committee will consist of the Director of Services, Director of Performance Improvement(PI)/Staff Development and other senior level staff as indicated,, one or more members of the community who are knowledgeable about health care needs and, representatives of each of the disciplines provided by the agency.

A subcommittee of the Advisory Committee, known as the Performance Improvement Committee will be made up of selective representatives of the Advisory Committee as well as service providers. The Performance Improvement Committee will report all its findings to the Advisory Committee.

Advisory Committee Purpose and Objectives

Review policies pertaining to the delivery of waiver services provided by the Wheels of Progress and recommend changes in policy to the governing authority for adoption.

Advise the governing authority regarding service and participant capacity, based on an assessment of reimbursement mechanism and availability of qualified staff.

Advise the governing authority concerning Agency structure.

Review and make recommendations on legislation related to waiver services and people with disabilities.

Schedule and Documentation

Meetings will be held on a quarterly basis. Members will be advised of meeting dates through a published calendar set at the end of each year and by written notice prior to each meeting. Meeting minutes will be kept on record in the

administrative office of the Agency. Copies will be distributed to committee members.

II Performance Improvement Committee Utilization Review/Quality Improvement

1. The agency shall implement utilization review procedures to monitor the adequacy and appropriateness of the agency's services. The procedures shall be implemented and monitored through a systematic review of the participant care records through random and focused reviews.
2. Performance Improvement is a continuous ongoing process. The Performance Improvement Committee provides a coordinated quality assessment and assurance program that integrates the review activities of all NHTDW services provided by Wheels of Progress to enhance the quality of care planning and treatment. Quality improvement shall be the responsibility of all personnel, at every level, at all times. Supervisory personnel alone cannot ensure quality of care and services. Such quality must be part of each individual's approach to his or her daily responsibilities.
3. The Performance Improvement Committee is made up of representatives from the Advisory Committee as well as rotating Nursing Coordinators, Nursing Supervisors, HCSS providers, Service Coordination Supervisors, the Director for PI/Staff Development.
4. The PI Committee is responsible for reporting to the Advisory Committee, the adequacy of tools utilized to collect data about performance, trends identified, focus review outcomes and plans of corrections as indicated. Minutes of the PI Committee will be forwarded to the Advisory Committee for oversight review and recommendations.
5. The Director of PI/Staff Development is responsible for coordinating the collection of information regarding clinical performance, incident, accidents, complaints and identifying potential or actual system or process problems.
6. The Director of PI/Staff Development with the CEO will collect information from committees and summaries of incident/accidents and complaints, chart audits and patient satisfaction surveys and identify indicators for ongoing review for performance improvement monitoring. The Performance Improvement Plan will contain service statistics, a review of Information management systems with recommendations on data collection, benchmarking and monitoring performance

against previous service periods and as able within the literature recommending action to correct deficiencies.

7. The Director of PI/Staff Development is responsible for overseeing ongoing concurrent and retrospective participant chart review with discipline specific reviewers to monitor performance.
8. The Director of PI/Staff Development will summarize the quarterly participant chart review activities and present this to the Performance Improvement Committee each quarter.
9. The Director of PI/Staff Development or designee will work with the various disciplines to assure follow-up on participant related incident / accidents and complaints requiring action.

Chart Audit Review Process

1. The Performance Improvement Committee of the Advisory Committee makes recommendations as to appropriateness of chart audit tools, identification of trends, state of the art revisions of practice, monitoring changes in community care needs. The Performance Improvement Committee meets quarterly to review ongoing quality assurance activities by Wheels of Progress Inc. The minutes of the PI Committee are submitted to the Advisory Committee.
2. When the required reviews indicate deficiencies in appropriateness of care related to system processes or training, a designated team with a team leader shall design a plan for improvement that incorporates the model Plan Design Measure Assess and Improve.
3. If the reviewer(s) determines that an individual participant may require another level of care or has reason to believe that continued care is necessary beyond the present approved plan of care as reviewed in the participant care record, the Director of NHTDW Program Services will be notified for corrective action.

The methods by which the chart review process shall be carried out includes, but is not limited to:

1. Chart audits on randomly selected participant records on an ongoing basis reviewed by all major clinical disciplines including but not limited to the Nursing Supervisors, Nurse Coordinators and the Service Coordination Supervisor.
2. Focused audits based on identified trends reviewed by a designated committee membership for improvement in a specified function, e.g. care, management of information, training, continuity of care, etc.

3. On a quarterly basis, a minimum of ten percent (3%) of the current census or 10 charts will be reviewed by nursing, social work, and therapy services. A suggested represented sample includes:
 - a. Active cases,
 - b. Discharged cases (within the past three months),
 - c. Cases with identified complaints
4. Sampling of the caseload for the review will be accomplished through a random sampling of the total active census. This technique will provide a review of a representative number of the participant clinical records.
5. Final evaluations will be documented on the individual audit tool and compiled on the summary report.

Document of Findings:

The following records of the reviews should be kept:

- a) Participant Account numbers
 - b) Diagnosis and Age of the Patient
 - c) Recommended action for follow-up
6. Report of findings, recommendations and actions taken and plans for the following year will be submitted to the governing authority annually.

The Director of PI/Staff Development will ensure follow-up on the recommendations of the Chart Audit Review. Action taken and overall summary will be documented in the summary report and forwarded to the Performance Improvement Committee and Advisory Committee. Subsequent findings will be compared to note improvement and trends. The format and criteria for selection and analysis of participant care will be reviewed regularly to insure appropriate investigation of relevant care issues. If after further study, the problem cannot be resolved within the Wheels of Progress NHTDW program, the issue will be forwarded to the governing authority for corrective action.

Assessment Process

The quality, adequacy, safety, type and appropriateness of patient care services in all major clinical disciplines provided by the agency will be monitored through the use of assessment tools.

Assessment tools for analysis of Participant care will be regularly reviewed to insure appropriate investigation of relevant health care issues.

New service needs will be reviewed as participant care needs are addressed and recommendations for changes will be made to the Advisory Committee.

Special focused studies will be conducted on an as needed basis on recommendations from the Advisory Committee and or based on identification of trends.

The Participant Satisfaction Survey as well as, Incident, Accidents and Complaints are summarized as well in this review process. Evaluation of these reports is included in the performance improvement review.

The Nursing Supervisor and Service Coordination Supervisor shall develop regularly scheduled case conferences/chart reviews with their assigned staff to review Participant records and the plan of care. The case conferences will include new admissions and cases selected for review by the Supervisor and/or Nurse Coordinator

The Nursing Supervisors are responsible for reviewing the Nurse Coordinators visit notes for content and quality of care. The Nurse Coordinators are responsible for follow-up on any patient care or quality of care issues and bringing these issues to the attention of their Nursing Supervisor.

The Service Coordination Supervisor is responsible for the content of clinical notes and follow-up.