

Walton Community Services, Inc.

CONTINUOUS QUALITY IMPROVEMENT PROGRAM

Continuous Quality Improvement (CQI)

POLICY: Walton Community Services, Inc. shall demonstrate the delivery of adequate and appropriate personal care services that are of the best quality, effective, efficient and that the provision of such services is achieved within available resources; performances and outcomes are routinely evaluated by the staff of Walton Community Services, Inc.

PROCEDURE:

- A. Walton Community Services, Inc. will provide a documented, clearly defined, organized CQI and evaluation system that is designed to promote quality consumer care.
- B. The plan describes the responsibility and authority of the CQI team for program improvements, assessment and analyzing of consumer care, and recommendations for specific or general corrective actions.
- C. It describes the composition, structure and operations of the CQI team and the manner in which the team fulfills the requirements of the plan.
- D. The plan defines the mechanism for the program's record review and monitoring, utilization reviews and peer reviews.
- E. There is evidence of on-going objective and systematic assessment and evaluation of consumer care and documented corrective actions for identified problems.
- F. The plan describes the methods used to monitor corrective actions of identified problems until satisfactorily resolved.
- G. It assures the accountability of direct care staff for the care they provide, and the methods and procedures to safeguard against unnecessary and inappropriate utilization of services.
- H. The findings and results of the CQI activities are documented and systematically reported to accountable management staff.
- I. The plan includes a schedule to review and update the CQI plan.
- J. All Continuous Quality Improvement activities comply with Federal Block Grant, State regulatory and applicable licensing and accreditation standards.

Program Evaluation

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The Program Evaluation is the second tier of Walton Community Services, Inc. 3 tier evaluation process (I - organization, II - program, and III - individual client care). Program Evaluation enables the organization to identify the results of services and the effects of the program on the clients. The results of Program Evaluation are tied back to the first tier, organization, and thus integrated into the organization's decision making at all levels.

At least annually, the organization examines the relationship between the needs of the clients and the services being provided. This review results in setting annual goals and objectives and may result in changes in the Plan for Professional Services.

Walton Community Services, Inc.'s, evaluation system includes the following elements: admission criteria, a list of services offered, measurable objectives, the timing for each measure to be applied, weighted objectives, measures of effectiveness and efficiency, and measures of client satisfaction.

The evaluation system in conjunction with the client monitoring system measures the results of the services against set goals and objectives. It includes all clients during treatment and post-discharge.

When program performance falls more than ten percent below expectations, the reason(s) are determined and actions taken to bring performance up to acceptable levels. Problems are logged and monitored through the quality assurance log, which is reviewed at each staff meeting. Corrective actions are documented in the log and, when appropriate, in minutes of staff or Board meetings.

Case load data is evaluated to determine services received results of services, and case load characteristics (such as age, race, sex, diagnoses, and functional limitations). At least annually, the case load characteristics are reviewed by the staff to determine: 1) appropriateness of the case load for the intensity and type of services provided, and 2) any changes in the service population indicating a need for service modification or expansion.

Program management reports are prepared quarterly and annually to reflect measures of effectiveness (such as benefits achieved by the clients), measures of efficiency (such as costs per bed day), measures of client satisfaction, case load characteristics, and interpretation of results. The quarterly statistics are recorded. Any discussion resulting from these quarterly reports appears in minutes of the Board or staff meetings.

Information obtained through the evaluation system is utilized in programmatic decision making such as discontinuing, maintaining, or improving program elements, changing admission requirements, or changing service delivery techniques. It is used in administrative decision making such as resource allocation, policy setting, and long-range planning. It is also tied back to the market based planning process and used in determining and implementing marketing and public relations activities, and in preparing the publications designed for current or potential clients and the public.

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The Board reviews the program evaluation system with the staff to assure that:

- 1) The evaluation is functioning efficiently as it was designed.
- 2) The staff affected by the evaluation system have opportunity to recommend or make modifications.
- 3) The system is assessed relative to increasing client benefits, controlling costs, and maintaining/improving the community image.

Action:

Board of Directors -Review evaluation plan at least annually and upgrade as needed to reflect current client population and organizational status. Set annual evaluation criteria, using input from staff.

Responsibility:

Executive Director -Assign specific evaluation responsibilities to appropriate staff; monitor task completion, including quarterly reports. Utilize program evaluation data in Annual Report. Discuss each program evaluation report in staff meeting to determine possible programmatic changes.

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I. Policy and Procedures

To ensure that all the services provided are consistent with accepted standards of practice, there are written policies and procedures outlining the operation of Community services, including the delivery of services as they relate to each discipline, home care services and member services. Services shall include all home care services under the Private Home Care provider license of the State of Georgia, currently licensed. These policies and procedures shall assess the delivery of Community services, with a complete annual review by the Quality Improvement Committee, Compliance Officer, and the Board of Directors.

II. Quality Improvement Committee

1. Shall meet two times a year and as necessary.
2. Conduct a systematic evaluation of the agency's programs through the following mechanisms:
 - a. Receiving written reports on all problems that were identified in the time period preceding the meeting, including how the problems were identified, assessed, corrected, and followed-up, and what pattern of problems may be evident. Findings and recommendations based on the review shall be reported to the Administrator, Clinical Coordinator, Community Team Staff, and/or Board of Directors as appropriate, based on the nature of the problem. The committee will analyze problem patterns that have been identified and make recommendations to the governing board.
3. Conducting an annual evaluation of the program by reviewing Community policies and procedures and the Quality Improvement Plan on an annual basis and making recommendations for revisions to the Community Board of Directors. This review will include a review of the objectives of the Quality Improvement Program to see if they have been met. The purpose of this review is to assess the appropriateness, accuracy, effectiveness, and efficiency of the program. Written results of the evaluation will be reported to the Board of Directors and maintained as separate administrative records. The time frame for the annual evaluation will be selected at the last meeting of the Quality Improvement Committee of the fiscal year. Specific data to be used in the evaluation will include the following:
 - a. Annual program service statistics provided by the Administration

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to include at least the following: sources and types of referrals, number and types of admissions, quality services measured through regulatory compliance agencies, quality of member services as measured through quality control surveys, and questionnaires. Quality of HR services as measured through surveys from employees, contractors, etc. Timeliness of credentialing data, and credential status prior to hire per State Regulating offices. Member quality of services in protecting rights and offering choice, through the evaluation of complaints and concerns by family and member. All CQI functions relates to monitoring and improvement of member services rendered to members within their home.

- b. Summary data from the problem analysis sheets.
 - c. Data from other studies, evaluations or reports prepared during the year.
 - d. The Committee as a whole will prepare the semi-annual minutes for the Board of Directors. The annual written report will include recommendations for the next year.
4. Committee members will review Community CQI from the previous year to make a comparison at a minimum of annually. The Compliance officer is responsible to submit all reports of copulations of data to the Administrator/ CEO for review as indicated per annually, and bi-annually.
- a. At least seven three fourths of the data will be reviewed on quality of services to copulate the bi-annual report of quality status, and comparison from the previous year.
 - b. At least one fourth of company audits performed by company disciplines / departments will be included in the bi-annual report.
 - c. At least one fourth members discharged in the previos half quarter prior to the bi-annual report will be included in this report, based on a random selection by the Compliance Officer.
 - d. Cases selected for focused review.
5. CQI Committee members will review and analyze written feedback from member/families who have received services from Community.
6. CQI will conduct studies in addition to studies and assessments already performed related to specific problems, if necessary.
7. Advising the governing authority on services to be added or eliminated

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based on an assessment of health care resources in the community, member's needs, available reimbursement and the availability of qualified staff.

- 8 Other duties as needed to further the goals of Quality Improvement Committee.

III. Continuous Quality Improvement Plan

A written plan to outline CQI activities shall be prepared by the CQI Committee and approved by the Community Board of Directors. This plan shall be reviewed and revised, if necessary, on an annual basis.

IV. Member/Family Retrospective Questionnaire

A Member/Family Evaluation Questionnaire shall be sent to the families that have received Community services one month after the start of services and within one month after the discharge of the member for any reason. A cover letter will explain the purpose of the questionnaire and its potential impact on improving Community services. Returned forms shall be analyzed by the Clinical Coordinator or members of the Quality Improvement Committee, with a report made to the Committee at least once a year. Any problem patterns identified on the evaluation forms shall be entered on a Problem Sheet and forwarded to the Administrator and the Quality Improvement Committee on a timely basis. All reports of evaluation of quality of services will be submitted to the compliance officer monthly, for evaluation and incorporation into the CQI regimen.

V. Care Plan Formulation and Review at Team Meetings

Current and prospective problems of members and families being served by Community will be discussed at weekly team meetings and CQI meeting and written as part of an individualized plan of care at the time of admission of each member/family to the Community program. Team review after the initial admission discussion will take place as needed, or at least at approximately weekly intervals thereafter, with updated assessments and reports on interventions. Summaries of updates will be written and entered into the member/family medical record. The allocation of services will be discussed during the Team meeting and will constitute a concurrent review for utilization purposes on a bi-weekly basis. Safety Hazards, Incident Reports, Members Services, Case Management and coordinating community services is discussed and reviewed roundtable during the weekly member services meeting.

VI. The Complaint / Concern Report Form

The complaint / concern sheets will be used by anyone affiliated with Walton Community in order to report a problem. Problems reported

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verbally will be written by the Administrator or Nursing Coordinator. The dated, written problem will constitute a problem identification phase then be used to resolve the problem. The problem will be presented to CQI Committee, and Safety Committee if applicable by Administrator for evaluation and recommendation and identification of need for study analysis

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VIII. Admission and Discharge Criteria

The written criteria for admission to and discharge from the Community program shall be detailed in the policies and procedures and shall be used by the CQI Committee to review the appropriateness of Admissions and discharges. All discharges per Walton Community Services will be evaluated for the following of State regulatory compliance of discharge of a member. All member discharges must be followed by a written discharge filed within the chart within 24 business hours of discharge and signed by the nurse.

X. Record Audit/ Review

Monthly each Department is responsible for a monthly audit per company, State policies and procedures The CQI Committee shall have access to the written reports. In addition, members of the CQI Committee shall randomly review Community records for adequacy and appropriateness of services delivered.

XI. Financial Statements and Certified Audit

A written monthly financial statement of expenses and income shall be prepared by the Community staff and reviewed and approved by the Exec. Director/ CEO. A written, detailed analysis of financial operations shall be prepared by the Community *Staff* and reviewed and approved by the Community Board of Directors, annually. A certified Audit by an outside accounting Firm shall take place annually and shall include written management recommendations to Community.

XII. Conflict of Interest Policy

Medical or other professional personnel who are directly responsible for the care of a member/family may not participate in specific review related to the care of the member/family. Members of committees performing the care can not participate in the review process.

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XIII. Documents of Monitoring Agencies –Monthly monitoring

The State of Ga. affiliated agencies and institutions are included in the Community CQI Program. Monthly the department Manager will include all outside monitoring reports to the CQI committee through normal reporting procedures of the outside monitoring agency review. .

XIV. Confidentiality and Release of Information

All member/family records are confidential. Agency HIPAA policies and procedures shall be adhered to at all times. Utmost care will be taken to preserve confidentiality in every phase of Community care. No medical records or member information may be released without the written consent of the member/family member or his or her duly authorized representative.

XV. Incident/Accident Reporting Policy

Any incident involving a Walton Community member/family or Community direct employee, independent contracted employee or an employee of a contracted agency while performing Community services shall be reported using the designated form. Completed forms will be kept on file in the Community office. If the incident involves an employee, a copy of the report will then be placed in the employee's personnel file. The Incident Report File will not be considered a part of the Medical Records System.

XVI. Incident/Accident Reporting Procedure

1. Definition:

A reportable incident is one in which there is damage injury or Potential damage/injury to person or equipment and one which Involves a Walton Community member/family, a Community employee, a Community independent contractor, volunteer and employee of a contracted agency occurring during the time they are performing Community duties. Also, a reportable incident/accident is one which involves equipment, supplies or medication provided by Community in which there is actual or potential damage or harm to person and/or property and/or equipment.

2. Objectives:

To review incidents/accidents in an effort to prevent recurrence and to take appropriate corrective measures.

3. Teaching:

Inform all personnel involved of procedure.

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4. Implementation:

When a reportable incident occurs:

- a. Personnel involved will complete Incident/Accident Report.
- b. Report will be given to employee's Administrator. All incident reports will be forwarded to the Safety Committee for evaluation and recommendation and follow up. If incident involves a member/family or clinical staff, Nursing Coordinator and the attending physician will be notified. If incident/accident involves office staff, the Administrator will handle it personally. If contracted services are involved, the supplying agency will be notified and requested to take corrective action by the Administrator. Corrective action will be recorded on report form. Report form will be filed in Incident/Accident Report file and Personnel file (where appropriate) after corrective action is recorded and reviewed by Nursing Coordinator and the Administrator. The CQI Committee will review all Incident/Accident Reports at a minimum of semi-annually.

XVII. Maintenance of Records

- Board & CQI Minutes - 7 years
- Survey Reports - 7 years
- Fiscal Records - 7 years
- Personnel Records - 7 years
- Clinical Records - Indefinitely

XVIII. Implementation and Review

An annual review of the effectiveness of the program has and will continue to take place by the CQI Committee; an annual report will be made to the Board of Directors. The Board of Directors will review Community policies and procedures and the CQI Plan on an annual basis and authorize appropriate revisions after receiving the report of the committee. Documentation of this activity will be recorded in the minutes of the Committee and Board of Directors. This report will be completed by the Compliance officer of the company, or other delegated persons.

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