

# QUALITY ASSURANCE PLAN EVALUATION TOOL-2011

The Quality Assurance Plan (QAP) presents a framework for activities, which when followed, will ensure delivery of quality products and services. The QAP provides the organization standards and procedures to be used as the basis for the QIQA group's reviews and audits.

## TABLE OF DATA (CONTENTS)

- 1) General Information
  - 1.1 Data Review/ Type of Data being Collected
2. Schedule of Tasks and Responsibilities
  - 2.1 Data/ task of collected material or duties performed  
According to schedule (Timeliness)
3. System Documentation
  - 3.1 Documentation supports the purpose of the data/ task
  - 3.2 Validity is confirmed through accurate documentation
  - 3.3 Documentation Standard practices
  - 3.4 Responsible persons noted/ signed data  
(time sheets, progress notes, tracking, etc.)
- 4.0 Discipline Accountability
  - 4.1 All audits of data performed by accountable staff
- 5.0 Review and Audits
  - 5.1 All audits of data is confirmed by supporting data
  - 5.2 Formal reviews and audits conducted per schedule
  - 5.3 Review and Audit Metrics confirmed to support data
  - 5.4 Analysis of data, meeting criteria of measurements determined
  - 5.5 Monthly review compiled data analysis over three months per department
- 6.0 Reporting and Corrective Action
  - 6.1 Problem /Issue Documentation
  - 6.2 Resolution of Problem issue / addressed
- 7.0 Education
  - 7.1 Orientation, In-services, Trainings, etc.
- 8.0 Critical Data
  - 8.1 Evaluate Data by most stringent values
  - 8.2 Incident / accident reports
  - 8.3 Member Complain /Concerns
  - 8.4 Fire Evacuation Drills
  - 8.5 Water Temperatures
  - 8.6 Safety Committee Outcome
  - 8.7 Human Rights Committee / Outcomes
  - 8.8 Infection Control Committee/ Outcome
- 9.0 Deduction
  - 9.1 All data is minim 5% for any missing data
  - 9.2 All data minus 5% for late
  - 9.3 All data minus 5% for missing or incomplete supporting data

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## Table of Contents (pg. 2)

### Areas of Review

- 1.0 Member Quality of Services, Nursing, ADH, HRC
  - 1.1 Monitoring of Member Services All Programs

- 2.0 Member Satisfaction

- 2.1 Complaints / Concerns
  - 2.2 Grievances
  - 2.3 Service Delivery ( Staffing of Services, etc)

- 3.0 Member Safety (Safety Committee, Infection Control Committee)

- 3.1 Incident, Accident, Reports
  - 3.2 Human Resources
  - 3.3 Infection Control
  - 3.4 Maintenance Services
  - 3.5 Expenditures ( Budgets, Departmental , Members, etc)
  - 3.6 Safety Committee

- 4.0 Employee Staff / Satisfaction

- 4.0 All audits of data performed by accountable staff

- 5.0 Accessibility

- 5.1 Accessibility Committee ( Assessment of Community Needs/ Accommodations, etc)

- 6.0 Human Rights Committee

- 6.1 Evaluation of Rights of Member / Stakeholders Rights

- 7.0 Risk Management

Risk management typically involves a balance between the pressures to be risk-takers and the pressures for prudence and risk-avoidance.

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## *GUIDELINES FOR THE QUALITY ASSURANCE PLAN*

This checklist is provided as part of the evaluation process for the Quality Assurance Plan. The checklist assists designated reviewers in determining whether specifications meet criteria established in Walton Community Services Inc, (QAPI). The objective of the evaluation is to determine whether monthly documentation complies with the overall objectives and outcomes established by the QAPI team for WCS

Attached to this document is the Summary Report. Its purpose is to analyze the collected data and determine the quality, efficiency, accuracy, and outcome of the data in achievement of the highest standards relative to format, consistency, completeness, quality, and presentation, in meeting the criteria of achieving 100% quality in meeting service/stakeholders compliance.

Submissions must include the following three documents, and must be presented in the following order: (First) Summary Report , (Second) Evaluation ( visual) Tool ( graph ) Plan Checklist, and (Third) the Sources and Outcome Summary ( notes).

Primary Reviewer: D. Walton, RN, MSN, MHA, CEO Data Evaluator: D. Feagins, RN MNS, CNS, CCM
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**2 Quarter 2011 Summary Report (April , May June)**

<i>Areas of Review</i>	<i>Start Date:</i>	<i>Complete Date:</i>	<i>1.0 Area /Data Review</i>	<i>2.0 Schedule of Tasks/ Responsibilities</i>	<i>3.0 System Documentatio n</i>	<i>4.0 Discipline Accountabl e</i>	<i>5.0 Reviews &amp; Audits</i>	<i>6.0 Reportin g &amp; Correctiv e Action</i>	<i>7.0 Educ ation</i>	<i>8.0 Most Stringent Guideline/ Critical Element</i>	<i>9.0 Deduction s</i>	<i>Overall % this review ( goal ≥90%</i>
<i>1. Member Quality of Service Nursing ADH HRC</i>	04/01/11	07/01/11	Complaints/ Grievances, Incidents All data is collected timely, and reviewed	Quarterly Member / Family Satisfaction Surveys/ Stakeholders monthly meetings	Documentation Compliant 100% Member Surveys 100%	ADH, Nursing, Management	Review of member communication Weekly w family, etc	Mail a communication letter to family on how to improve communication.		Review of monthly data and compare to with copies of date	Incident - Allegations of Exploitation ( DBHDD Investigation	90%
<i>1.1 Monitoring of Member Services</i>	04/011	07/01/11		Member service checks conducted by Administrator bi-weekly per member request	Bi - Weekly call visits to members	HR, Admin	Review of Incident reports Review of customer services complaints , grievances, etc.					100%

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04/01/11 2.0 Member Satisfaction / Surveys	07/01/11	Complaints & Concerns /Phone calls/Nurse Supv visits of Service / Stakeholders meeting	Gather of Complaints and Concerns - Bi-weekly & Monthly telephone service checks / calls	Review of all complaints, concerns of family, members, stakeholders. Document findings , report and follow up through the established QAPI processes.	Member Customer Satisfaction Surveys All Stakeholders	HRC Administration Staffer ADH Cord Life Choice Home Staff	QAPI Monthly Review Audits per schedule	Complaint on communication by a family member, Member compliant on Services	Staff Educ.	QAPI policy and procedures of monitoring		100
2.1 Service Delivery	04/01/11-07/01/11	Daily staffing / Timelines of Member Svcs	Recording of daily staffing needs & requirements	Documentation of complaints /concerns, follow ups, etc.	Weekly checks or as requested minimum, bi - weekly	Administration	Administrative Team Review bi - weekly	Compliant				100%
Areas of Review	Start Date:	Complete Date:	Area /Data Review	2.0 Schedule of Tasks/ Responsibilities	3.0 System Documentation	4.0 Discipline Accountable	5.0 Reviews & Audits	6.0 Reporting & Corrective Action	7.0 Education	8.0 Most Stringent Guideline/ Critical Element	9.0 Deductions	Overall % this review ( goal $\geq 90\%$ )

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3..0 Member Safety ( Incident / Accidents) etc,	04/01/11-	07/01/11	Incident Reports	All departments and committees review of incident, accident reports and evaluate for follow up, proper compliance of filing and reporting, treatment, and preventable measures.	Review of Incidents by all Parties Compliance of Follow-up of Self Reporting of Serious Incidents Timeliness of Plan of Correction (POC on IRs)	100% Board of Directors review HRC Committee 100% - Director / CEO Safety Comm A ccessibility  100% - Compliance Officer Review	100% Review & education at Board meeting and weekly Administrativ e meetings	Complian t	Ongo ing on Doc.	Incident & Reporting  Safety Committee to address in strategy	1 DBHDD investigati on of staff Exploitatio n of a member	90%
Areas of Review	Start Date:	Complete Date:	Area /Data Review	2.0 Schedule of Tasks/ Responsibilities	3.0 System Documentation	4.0 Discipline Accountable	5.0 Reviews & Audits	6.0 Reporting & Correctiv e Action	7.0 Educ ation	8.0 Most Stringent Guideline/ Critical Element	9.0 Deductio ns	Overall % this review ( goal ≥90%
3.1 Human Resources	04/01/11- 07/01/11	07/1/11	Human Resources	Verification of Credentials	Audits and review of credentials each Administrative meeting	HR Administrati on	Review of 20% of HR files at a min. of monthly	Weekly reporting of outstandi ng items and status	HR , comp lianc e of crede ntials			100%
3.2 Infection Control	04/01/11- 07/01/11	07/01/11	Infection Control Committee meeting	Review of Infection Control reports	Reporting of TB form to clinic, Review of all infections, etc.	Nurse. Infection Control Comm.Mem b	Data collection of TB testing, infections, etc.	Quarterly meeting and reporting to Health Dept.	Infect ion contr ol	CCHD / CDC guidelines	compliant	100%

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3.3 Maintenance Service	04/01/11-07/01/11	07/01/11	Vehicle Mileage & Maintenance logs	Review of Vehicle Logs	- no documentation for Mar	Maintenance	Routine logs, mileage, car maintenance, vehicle safety	Monthly QAPI		Vehicle Policy		100%
3.4 Expenditures / Billing	04/01/11-07/01/11	07/01/11	Invoices	Invoice accounting logs	Weekly	Business Office	Weekly			Risk Management Policy		100%

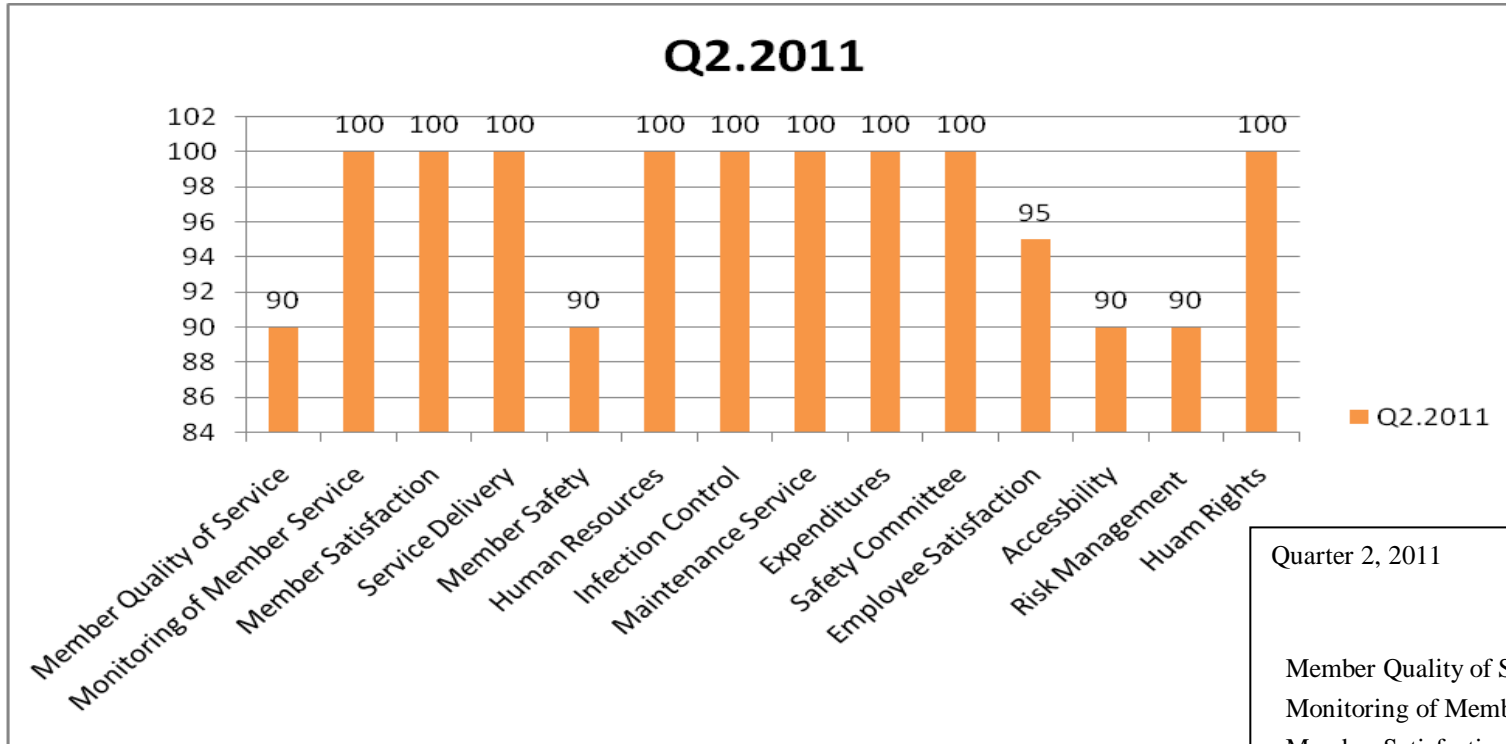
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Areas of Review	Start Date:	Complete Date:	Area /Data Review	2.0 Schedule of Tasks/ Responsibilities	3.0 System Documentation	4.0 Discipline Accountable	5.0 Reviews & Audits	6.0 Reporting & Corrective Action	7.0 Education	8.0 Most Stringent Guideline/ Critical Element	9.0 Deductions	Overall % this review ( goal $\geq$ 90%)
3.5 Safety Committee	04/01/11-	07/01/11	Safety of Members Safety of Staff	Review of safety areas and barriers within WCS  Review of safety barriers that prevent staff from providing efficient & timely services	Meeting are compliant Monthly for the assessment of overall safety	Manager/ Administration Accessibility Committee HR Committee Safety Committee	100%	100%	100%	Safety Policy	Compliant	100
40.Employee /Staff Satisfaction	04/01/11-	07/01/11	Employee Satisfaction	Survey of job satisfaction see results .	Quarterly provided to all staff.	All & Board of Directors	100% timeliness			NA	Compliant	95%
5.0 Accessibility	04/01/11-	07/01/11	Members / Staff Accessibility	Quarterly review of needs, improvements , etc.	Committee Review	Accessibility Committee, Administrative	90%	Revision of Safety and Accessibility Policy not completed			Compliant	90%
6.0 Human Rights Committee	04/01/11-	07/01/11	HRC Committee Members, Staff, Stakeh.	Monthly meeting and assessment of rights, services, etc.	Committee Review	HRC Members	100%	Compliant			Compliant	100%

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7.0 Risk Management	04/01/11-	07/01/11	Review and management of the overall company objectives	Monthly Review,	Risk Management report	Compliance Officer , CEO	Untimely	Timelines, Reports late			10	90%
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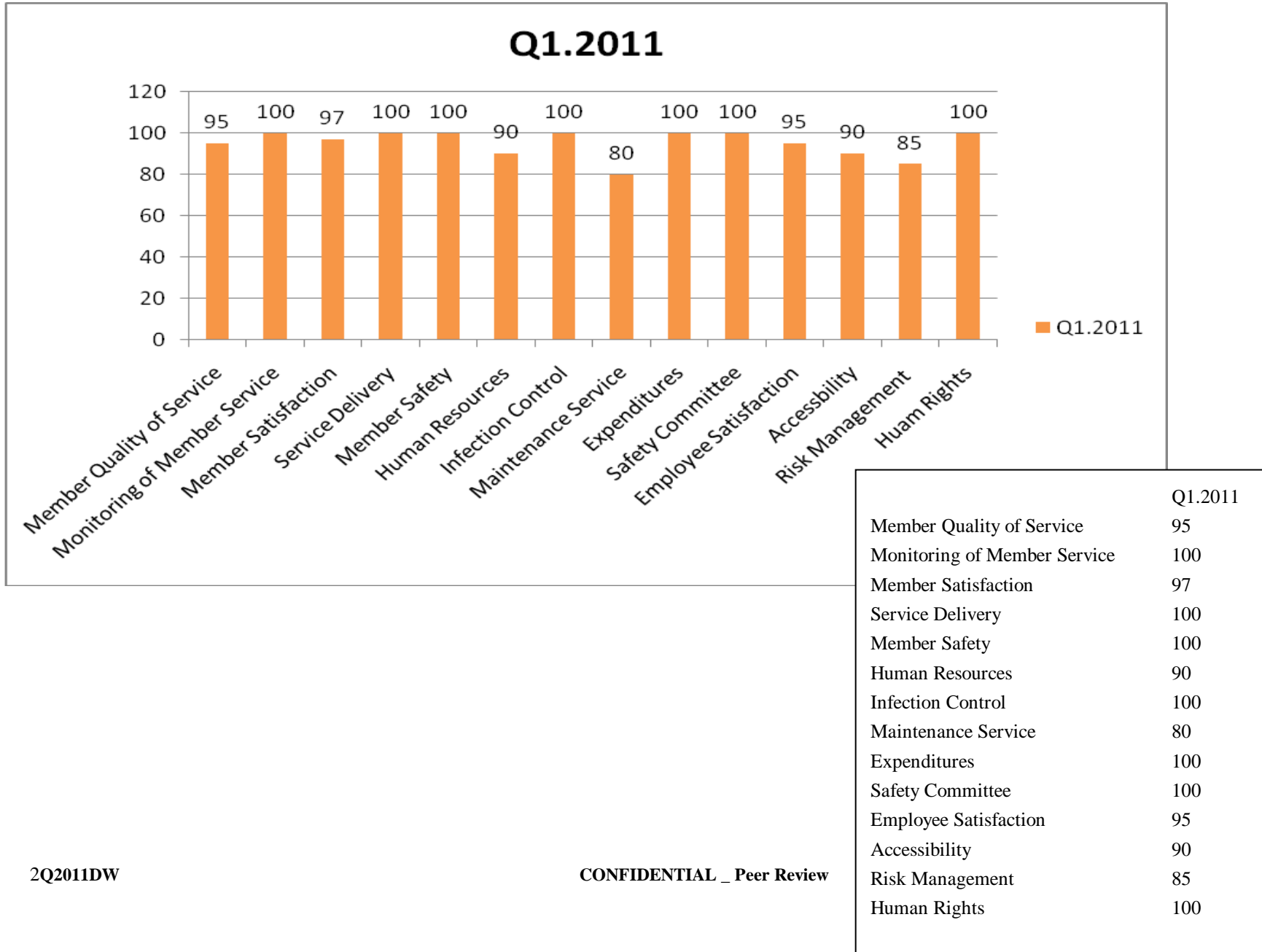
Quarter 2, 2011	
	Q2.2011
Member Quality of Service	90
Monitoring of Member Service	100
Member Satisfaction	100
Service Delivery	100
Member Safety	90
Human Resources	100
Infection Control	100
Maintenance Service	100
Expenditures	100
Safety Committee	100
Employee Satisfaction	95
Accessibility	90
Risk Management	90
Human Rights	100

**Notes:**

2Q2011DW

CONFIDENTIAL \_ Peer Review

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	To be completed by Author		To be completed by Reviewer		
(1.0 ) Type of Data Collected	(2.0) Data Timeliness	(3.0) Documentation Supports Data. Validity Conformed	(4.0) – (5.0) Does the Data meet compliance this review		(6.0)-(7.0) REVIEWER COMMENTS To Include if Education is recommended
Q22011			Y	N	
<b>Department Name</b> :					
<b>Data Review( List and Evaluate each Data set Individually)</b>					
1. Member –Quality of Service (Nursing, ADH, HRC)		Y	Y		
1.1 Monitoring of Member Services		Y	Y		
2.0 Member Satisfaction (Complaints/Concerns)		Y	Y		
2.1 Service Delivery (Staffing of Services)		Y	Y		
3.0 Member Safety (Incidents/Accidents)		Y	Y		
3.1 Human Resources		Y	Y		
3.2 Infection Control		Y	Y		
3.3 Maintenance Service		Y	N		
3.4 Expenditures/ Billing		Y	Y		
3.5 Safety Committee		Y	Y		
4.0 Employee/Staff Satisfaction		Y	Y		
5.0 Accessibility		Y	Y		Data is compliant, however Emory Training, taken by Accessibility Committee still in progress a Series of 6 trainings, 2 completed.
6.0 Human Rights			Y		
7.0 Risk Management			Y		Compliant this review

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## 2Q2011 SUMMARY

- Incident Report/ Member Quality of Services - One Investigation of "allegation of Exploitation". Corrective action reviewed and accepted by the State of Ga.
- Safety Committee Compliance down due to the same issue of "allegation of Exploitation" by staff. Safety committee to address the concern in the Safety meeting
- Employee Satisfaction continue to be @95% , mostly staff wanting raises that the budget cannot facilitate with a drop in census
- Accessibility Committee compliant this review