

# 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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## QUALITY ASSURANCE PLAN EVALUATION TOOL-2011

### 1 Quarter 2011 Summary Report (January, February, March)

<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 Documentation</i>	<i>4.0 Discipline Accountability</i>	<i>5.0 Reviews &amp; Audits</i>	<i>6.0 Reporting &amp; Corrective Action</i>	<i>7.0 Education</i>	<i>8.0 Most Stringent Guideline/ Critical Element</i>	<i>9.0 Deductions</i>
<p><i>1. Member Quality of Service</i> Nursing ADH HRC-90%</p> <p><i>1.1 Monitoring of Member Services</i> 90%</p>	07/01/11	12/30/11	Complaints/ Grievances, Incidents All data is collected timely, and reviewed	Quarterly Member / Family Satisfaction Surveys/ Stakeholders monthly meetings  Member service checks conducted by Administrative Monthly per member request	Documentation Compliant 100% Member Surveys 100%  Monthly call visits to members	ADH, Nursing, Management  HR, Admin	Review of member communication Weekly w family,etc  Review of Incident reports Review of customer services complaints , grievances, etc.  Review of any concerns from member	Follow up with family from Executive Director within 48 hours of complaints.		Review of monthly data and compare to with copies of date	Complaint of a bruise to a Member hand 2 hours after the CNA left, and another CNA on duty

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<p>7/01/11 2.0 Member Satisfaction / Surveys 100%</p> <p>2.1 Service Delivery 90%</p>	<p>12/30/11</p> <p>07/01/11-12/30/11</p>	<p>Complaints &amp; Concerns /Phone calls/Nurse Supv visits of Service / Stakeholders meeting</p> <p>Daily staffing / Timeliness of Member Svcs</p>	<p>Gather of Complaints and Concerns - Bi-weekly &amp; Monthly telephone service checks / calls</p> <p>Recording of daily staffing needs &amp; requirements</p>	<p>Review of all complaints, concerns of family, members, stakeholders. Document findings , report and follow up through the established QAPI processes.</p> <p>Documentation of complaints /concerns, follow ups, etc.</p>	<p>Member Customer Satisfaction Surveys All Stakeholders</p> <p>Weekly checks or as requested minimum, monthly</p>	<p>HRC Administration Staffer ADH Cord Life Choice Home Staff</p> <p>Administration</p>	<p>QAPI Monthly Review Audits per schedule</p> <p>Administrative Team Review monthly</p>	<p>Complaint on communication by a family member, F/u of all concerns within 48 hours of concern/complaint</p> <p>Member compliant on Services</p> <p>Compliant- Problem staffing one Particular Member due to Mothers preferences, problems, etc.</p>	<p>Staff Educ.</p>	<p>QAPI policy and procedures of monitoring</p>	<p>Difficult year In staffing a Member mother Would turn staff Away at door . One member Getting more Services than allotted for more than 4 months. Administrative Error</p>
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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 Accountability	5.0 Reviews & Audits	6.0 Reporting & Corrective Action	7.0 Education	8.0 Most Stringent Guideline/ Critical Element	9.0 Deductions
3.0 Member Safety ( Incident / Accidents) etc, 90%	07/01/11	12/30/11	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 90% Director / CEO Safety Comm Accessibility  100% - Compliance Officer Review	100% Review & education at Board meeting and weekly Administrative meetings	Compliant HRC Committee meetings late this quarter due to change in staff.	Ongoing on Doc.	Incident & Reporting  Safety Committee to address in strategy	Incident Reports Lag in slowly, manpower hours track. Educate Managers on the Completion of Paper work timely w all Incident Reports. Need Immediate Improvements
Areas of Review	Start Date:	Complete Date:	Area /Data Review	2.0 Schedule of Tasks/ Responsibilities	3.0 System Documentation	4.0 Discipline Accountability	5.0 Reviews & Audits	6.0 Reporting & Corrective Action	7.0 Education	8.0 Most Stringent Guideline/ Critical Element	9.0 Deductions
3.1 Human Resources 90%	07/01/11-	12/01/11	Human Resources	Verification of Credentials	Audits and review of credentials each Administrative meeting	90% HR Administration	Review of 20% of HR files at a min. of monthly	Weekly reporting of outstanding items and status Delay in getting HR items in timely	HR , compliance of credentials. New System to track HR items, and facilitate timeliness		-10% Compliant . Credentials are Slow in coming in Need to be timely

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3.2 Infection Control- 90%	07/01/11	12/30/11	Infection Control Committee meeting	Review of Infection Control reports	Reporting of TB form to clinic, Review of all infections, etc.	90% Delay in submitting Nurse. Infection Control Comm. Member	Data collection of TB testing, infections, etc.	Quarterly meeting and reporting to Health Dept.	Infection control	CCHD / CDC guidelines	compliant
3.3 Maintenance Service - 80%	07/01/11	12/30/11	Vehicle Mileage & Maintenance logs	Review of Vehicle Logs	- no documentation for Mar	Maintenance	Routine logs, mileage, car maintenance, vehicle safety. Educate staff through monthly monitoring	Monthly QAPI- Not compliant, Department not monitoring, oil changes, maintenance of vehicles per protocol		Vehicle Policy	Not compliant
3.4 Expenditures / Billing- 85%	04/07/11	12/30/11	Invoices	Invoice accounting logs	Weekly	Business Office- Business Office improving on timeliness of expenditure reports	Weekly			Risk Management Policy	Compliant Need improvements. Continue to Bill units of Services over.

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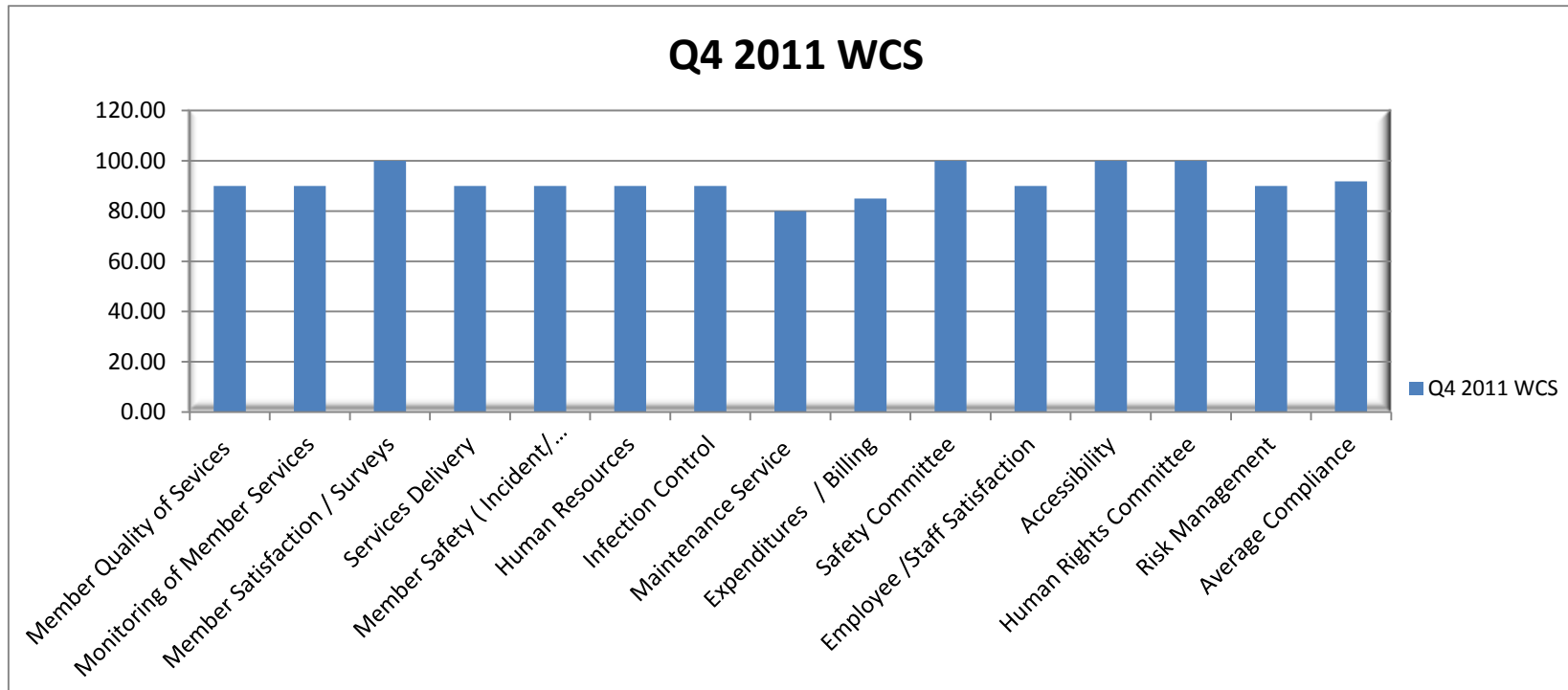
Areas of Review	Start Date:	Complete Date:	Area /Data Review	2.0 Schedule of Tasks/ Responsibilities	3.0 System Documentation	4.0 Discipline Accountable	5.0 Reviews & Audits	6.0 Reporting & Corrective Action	7.0 Education	8.0 Most Stringent Guideline/ Critical Element	9.0 Deductions	Overall % this review ( goal ≥90%
3.5 Safety Committee 100%	07/01/11	12/30/11	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 90%	07/01/11	12/30/11	Employee Satisfaction	Survey of job satisfaction see results .	Quarterly provided to all staff.	All & Board of Directors	100% timeliness			NA	Compliant Pay satisfaction	90%
5.0 Accessibility 100%	07/01/11	12/30/11	Members / Staff Accessibility	Quarterly review of needs, improvements , etc.	Committee Review	Accessibility Committee, Administrative	100%	Revision of Safety and Accessibility Policy not completed			Compliant	100%

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6.0 Human Rights Committee 100%	07/01/11	12/30/11	HRC Committee Members, Staff, Stakeh.	Monthly meeting and assessment of rights, services, etc.	Committee Review	HRC Members Meetings held monthly, however ratio out of compliance	90%	Compliant , Did not meet committee requirement of Member, staff, Stakeholder ratio			Compliant, Did not meet the committee Ratio the entire year	90%
7.0 Risk Management 90%	07/01/11	12/30/11	Review and management of the overall company objectives	Monthly Review,	Risk Management report- Meeting with Consultant continue to be a restraint, after hours Me	Compliance Officer , CEO	Untimely	Timelines, Reports late. Meetings late			10	90%

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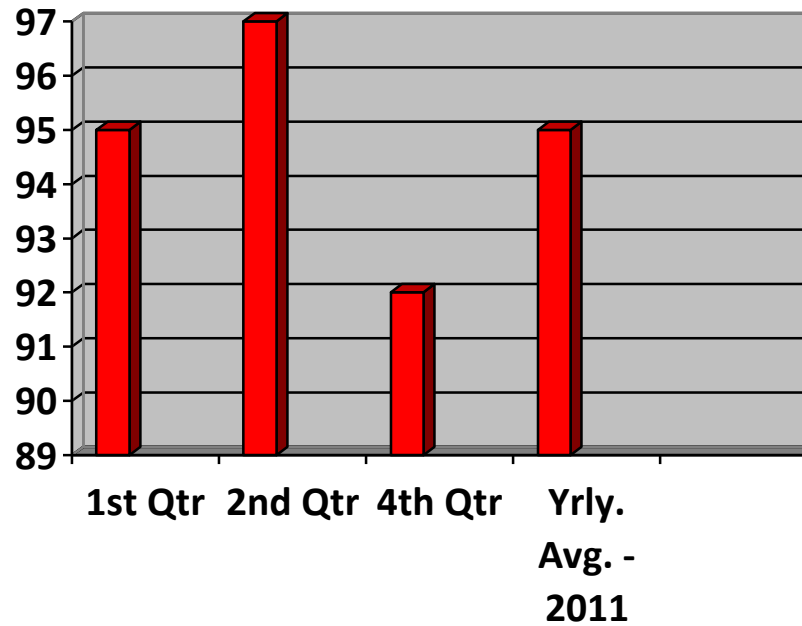
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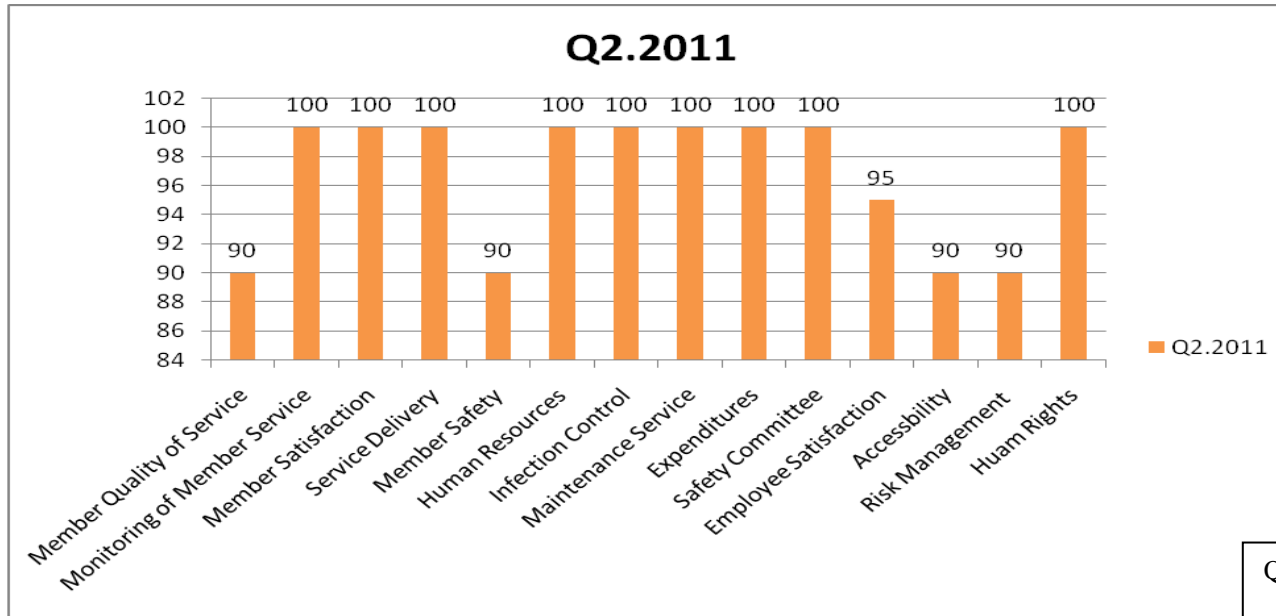
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Monitoring of Member Services	90.00
Member Satisfaction / Surveys	100.00
Services Delivery	90.00
Member Safety ( Incident/ Accident,etc	90.00
Human Resources	90.00
Infection Control	90.00
Maintenance Service	80.00
Expenditures / Billing	85.00
Safety Committee	100.00
Employee /Staff Satisfaction	90.00
Accessibility	100.00
Human Rights Committee	100.00
Risk Management	90.00
Average Compliance	91.79

Overall Yearly Compliance



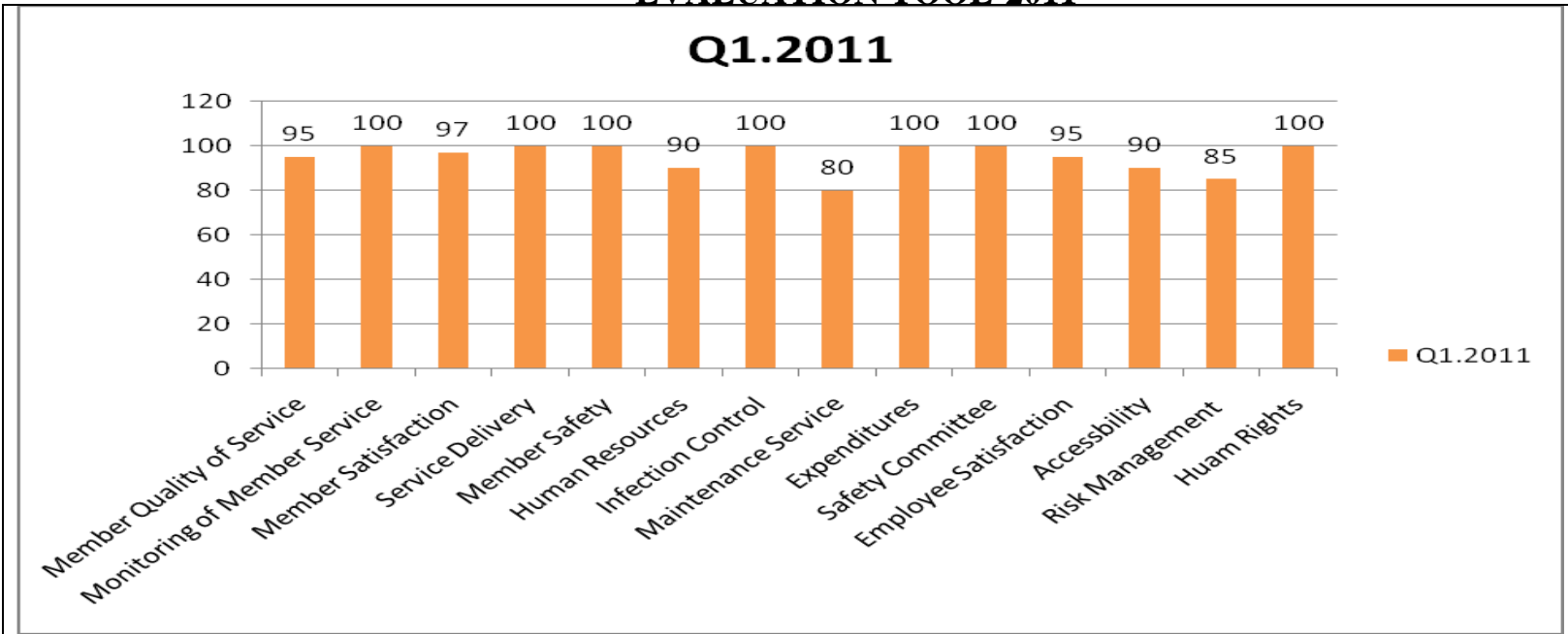
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Quarter 2, 2011	
	Q2.2011
Member Quality of Service	90
Monitoring of Member Service	100
Member Satisfaction	100
Service Delivery	100
Member Safety	90
Human Resources	100
Infection Control	100
Maintenance Service	100
Expenditures	100
Safety Committee	100
Employee Satisfaction	95
Accessibility	90
Risk Management	90
Human Rights	100

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**Q1.2011**



Notes:

	Q1.2011
	1
Member Quality of Service	95
Monitoring of Member Service	100
Member Satisfaction	97
Service Delivery	100
Member Safety	100
Human Resources	90
Infection Control	100
Maintenance Service	80
Expenditures	100
Safety Committee	100
Employee Satisfaction	95
Accessibility	90
Risk Management	85
Human Rights	100

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(1.0 ) Type of Data Collected	To be completed by Author		To be completed by Reviewer		
	(2.0) Data Timelines	(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
Department Name : _____			Y	N	
<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		Data is at 80%
3.4 Expenditures/ Billing		Y	N		Data is @85% . Billed excess units on a member, ran out of units before year end. One Member allowed 12 hours of services x7days, vs. 6.5 hours allotted per State One Member received 2extra hours weekly services x 4months,
3.5 Safety Committee		Y	Y		
4.0 Employee/Staff Satisfaction		Y	Y		
5.0 Accessibility		Y	Y		
					Emory Training, taken by Accessibility Committee still in progress a Series of 6 trainings, 2 completed. Unable to access site
6.0 Human Rights			Y		

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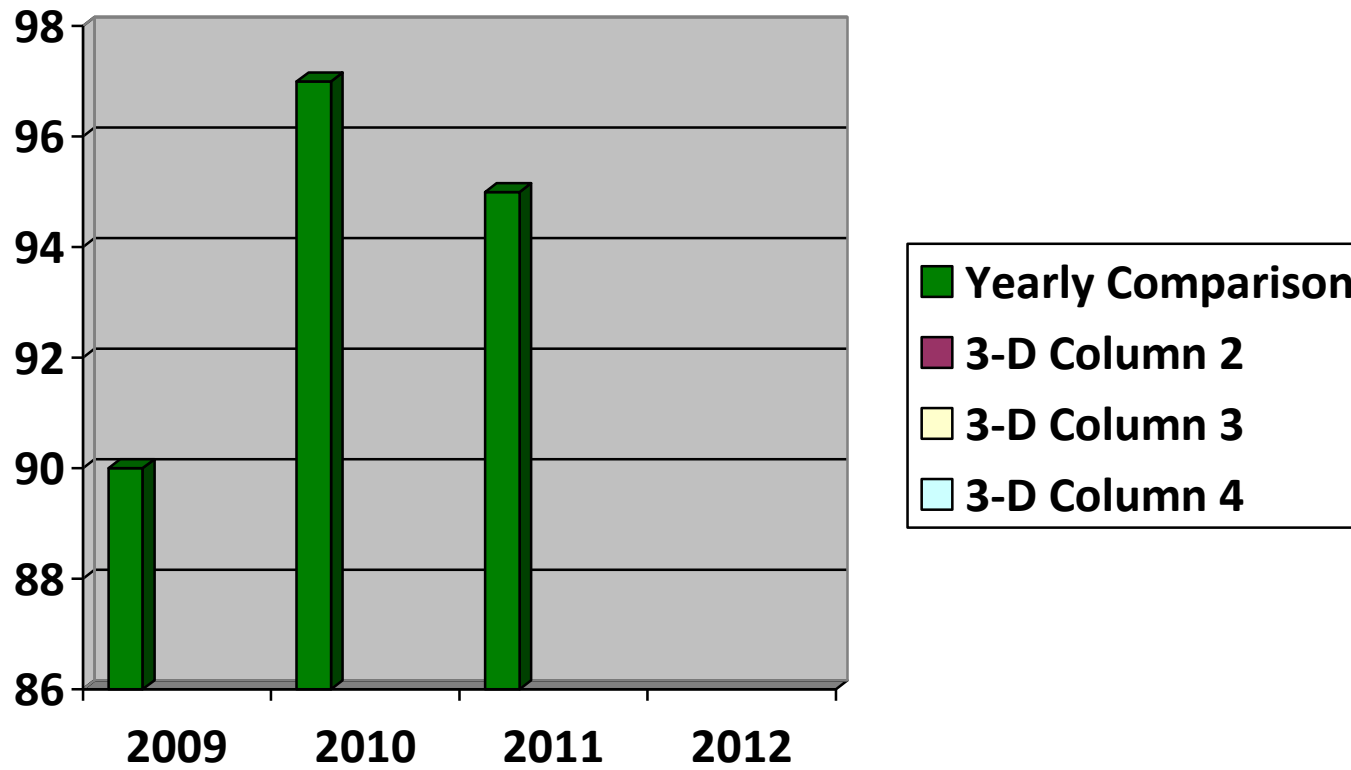
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Department Name : _____				Y	N	
7.0	Risk Management			Y	N	Reports has been late as well as Meetings, this past quarter.

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## 4Q2011 SUMMARY

Monitoring of Member Services- Response and follow up all Complaints /Concerns to be completed within 48 hours, not 72 hours	90% -
Member Satisfaction / Surveys - Compliant	100%
Services Delivery- Educate staff on reporting of incidents/accidents timely. Member Safety , Customer Service w family	90%
Member Safety ( Incident/ Accident,etc) - Education	90%
Human Resources- Timelines of receipt of getting in Field staff and Employee items.	90%
Infection Control- Submission of report timely. Meetings compliant	90%
Maintenance Service - Compliance of vehicle maintenance need improvement	80%
Expenditures / Billing- Billing of Units - Biller Educated at conference in Augusta Ga. Nov. 2011. Monitor member hours as allocated	85%
Safety Committee- Compliant. Will assign maintenance of vehicles to this committee to assist in compliance.	100%
Employee /Staff Satisfaction- Compliant Staff complaints of salaries. 1 Staff grievance on suspension.	100%
Accessibility- Improved .Compliant	100%
Human Rights Committee- Compliant	100%
Risk Management- Meetings are late, and reports. Educate on timeliness of meetings	90%
Average Compliance	92%

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Yearly Comparison of Program Compliance ( QAPI )