

**QUALITY ASSURANCE PLAN**  
**EVALUATION TOOL-2010** **3rd Quarter 2010 Summary Report**

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

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All data is minus 5% for late  
All data is minus 5% for missing or incomplete supporting data.

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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 DOCUMENT REVIEW CHECKLIST. Its purpose is to assure that documents achieve the highest standards relative to format, consistency, completeness, quality, and presentation.

Submissions must include the following three documents, and must be presented in the following order: (First) Document Review Checklist, (Second) the Quality Assurance Plan Checklist, and (Third) the Quality Assurance Plan.

Primary Reviewer: D. Walton, RN, MNS, MHA, CEO Data Evaluator: D. Feagins, RN MNS, CNS, CCM
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<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 Accountable</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>	<i>Overall % this review ( goal ≥90%</i>
<i>1. Member Quality of Service Nursing ADH HRC</i>	4/10	6/10	Satisfaction surveys/ Stakeholders meetings	Quarterly Member / Family Satisfaction Surveys/ Stakeholders monthly meetings	90	90	90%	100%	100%	NA		94%
<i>1.1 Monitoring of Member Services</i>			Member services monitoring	Member service checks conducted by Administrative Services <b>monthly</b> member request	90%	100%	90%	100% - all reported problems addressed and corrected	100%	Yes	10 checks not complete	96%
<i>2: Member Satisfaction (Complaints / Concerns)</i>	4/10	6/10	Complaints & Concerns /Phone calls/Nurse Supv visits of Service / Stakeholders meeting	Gather of Complaints and Concerns - Bi-weekly & Monthly telephone service checks / calls	100%	100%	100%	90%	100%			98%
<i>2.1 Service Delivery( Staffing of Services, etc.)</i>			Daily staffing / Timeliness of Member Svcs	Recording of daily staffing needs & requirements	90%	100%	100%	90% staffing hours not documented in on call book	10	NA		96%

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3:Member Safety ( Incident / Accidents) etc,	4/10	6/10	Incident Reports	Review of Incidents by all Parties  Compliance of Follow-up of Self Reporting of Serious Incidents  Timeliness of Plan of Correction (POC on IRs)	85%  100%  100%	100% Board of Directors review  100% - Director / CEO  100% - Director/ CEO &Board	100% Review & education at Board meeting and weekly Administrative meetings  100%	Yes  Yes  Yes	100%	NA	-10 timeliness of board ( CO) checking of complaints /IR	95%   100%
3.1 Human Resources	4/10	6/10	Human Resources	Verification of Credentials	90%	80% Administration	90%	90%	100%	YES	-20% ( stringent) Lack of follow up by Admin on credentials	90%
3.2 Infection Control	4/10	6/10	Infection Control Ctm meeting	Review of Infection Control reports	95%	100% Nurse	100%	100%	100%	NA	-- 5% Lat reporting	99%
3.3 MRWP (Service)	4/10	6/10	Patients Rights	Review of Patient Concerns and Suggestions	100%	Nurse /CEO 100%	100%	90%	100%	NA	-	98%
3.4 Expenditures	4/10	6/10	Invoices	Invoice accounting logs	80%	Business Office 100%	100%	80%	100%	NA	NA	92%
3.5 Safety Committee	4/10	6/10	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	100%	Manager/ Admin. Accessibility Committee	100%	100% - adjustment made for wheelchair ramp	100%	No	NA	100%

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40. <i>Employee /Staff Satisfaction</i>	4/10	6/10	Employee Satisfaction	Value of service / Feeling appreciation [Members Services/ Education/In-services helpful	100% No issues with education/in-services	All & Board of Directors 100%	100% surveys conducted timely	100%	100% Staff In-services / Education n q 2 weeks	NA	-10% Census down, cut backs	98%
4.1 <i>Human Rights</i>	4/10	6/10	Patient/Resident Rights	Patient/Resident right to choose	100%	Manager	100%	100%	100%			100%
4.2 <i>Accessibility</i>	4/10	6/10	Access to facilities; Transportation	Access for facilities/services for improved functioning	100% - Accessibility spread sheet complete	Nurse/ Manager	80%	100%	100%			96%

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1.0 Member Quality of Services	1.1 Monitoring of Member Serv	2.0 Member Satisfaction	2.1 Service Delivery	3.0 Member Safety / IR	3.1 Human Resource	3.2 Infection Control	3.3 MRWP(?)	3.4 Expenditures	3.5 Safety Committee	4.0 Employee /Staff Satisfaction	4.1 Human Rights	4.2 Accessibility
94	96	98	96	97	99	90	98	92	100	100	100	96

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(1.0) Type of Data Collected	To be completed by Author		To be completed by Reviewer		
	(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
Department Name : _____			Y	N	To Include if Education is recommended
<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	Y		
3.4 Expenditures		Y	Y		
3.5 Safety Committee		Y	Y		
4.0 Employee/Staff Satisfaction		Y	Y		
4.1. Human Rights			Y		
4.2 MRWP			Y		
4.3 Accessibility			Y		

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Department Name  :			Y	N	

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**2010- Summary / Analysis - PROJECTIONS FOR 2011**

Areas of improvement and or changes :

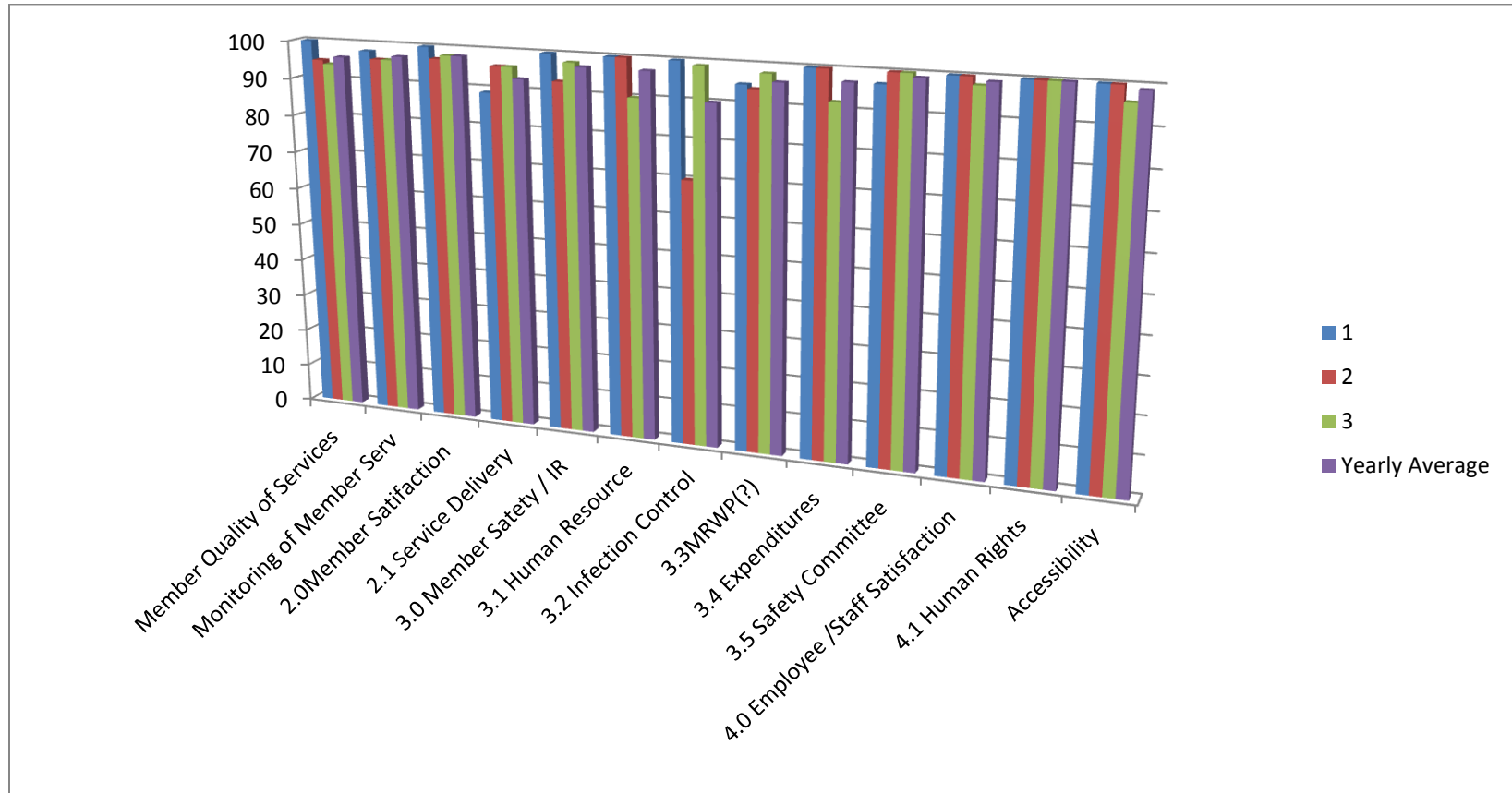
- 1.0 : Member services declined from 100% in first quarter to 94% in third quarter, the quality indicators goals have been meet. However in this area the goal of 100% is expected for the upcoming year
- 1.1 : Member services monitoring declined from 98% to 96% , although compliance was met for the 2010 year of 90% or greater , there is room for improvement to achieve a goal of 100% compliance.
- 2 : Member Satisfaction ( complaints and concerns ) has shown an increase to 100% percent, although compliance is met of 90 % per indicators , it is hope that the company will maintain satisfaction at this rate of addressing and handling members complaints and concerns.
- 2.1: Service Delivery of Staffing of Member Services has been a challenge for the administrative department in being compliant with the assurance of the staffing hours being allocated appropriately and accurately. Although the compliance maintains at 96% for the year. It is hoped that within this area the upcoming year will be maintained around or at 100%
- 3.0 Incident reports review of all parties improved this review to 95% , the Compliance Officer ( CO) review is more timely in checking and following up on the IR. This is a very critical area that should be maintained the upcoming year at 100% compliance. Compliance follow up on self reporting is at 100% compliance, and remains to be consistent, as the goal is established to remain at this level for the upcoming year.
- 3.1 Human resources has declined this review by 10%, compliance is met @90% . The Human Resource must be timely in getting all credentials and verifications in with appropriate supervisory/management approval for such. The goal for 2011 is for HR to verify and collect all credentials timely, to accommodate member services in achieving 100% compliance.
- 3.2 Infection Control: The overall infection control report has improved, the previous review the infection control book could not be located for the review , however r the data was collected and in the system. The compliance is presently achieved at 99%, and within compliance . In 2011 the goal will be to maintain above the standard and continue to achieve @100% compliance within infection control.
- 3.3 Patients Rights: Showed improvement of 3% since last meeting, stakeholders meetings has had a big influence over this area. The members and families are allowed to express interests, concerns, complaints, improvements, etc. at the meetings with the CEO and Board of Director. Compliance is met within this area, however the overall goal for 2011 is to maintain 100% satisfaction in this area.
- 3.4 Expenditures: Invoice accounting logs has declined since last quarterly review. The Administrative Mangers accounting is not reconciled and supported by documentation of receipts, etc. monthly accurately. Although compliance is maintained it is hoped that the compliance will be improved @100% for 2011 .
- 3.5 Safety Committee is compliance is exceptional, working with the Infection control committee, accessibility committee, and rights committee, All is encompassed within the safety committee. The compliance is 100% and maintenance will be achieved at this level for 2011
- 4.0 Employee satisfaction has declined, due to State funding and job /hours cut backs to accommodate the census. Employees not happy about this situation which has caused a decline in satisfaction for this review by 2%, however for the 2011 year it is hope that this area will improve 10 maintain @100%.
- 4.1 Human Rights Committee - This committee is compliant in meeting per protocol, and reviewing of rights, violations, promoting choices and rights, etc. The compliance is @100% and will be sustained through 2011
- 4.2 Accessibility compliance is met @96% being the newest committee , there has been much improvement through this committee. It is hoped that the accessibility committee will be maintained for the upcoming year @ 100% compliance.

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Quarters	Member Quality of Services	Monitoring of Member Serv	2.0 Member Satisfaction	2.1 Service Delivery	3.0 Member Safety / IR	3.1 Human Resource	3.2 Infection Control	3.3 MRWP(?)	3.4 Expenditures	3.5 Safety Committee	4.0 Employee /Staff Satisfaction	4.1 Human Rights	Accessibility
1	100	98	100	89	100	100	100	95	100	97	100	100	100
2	95	96	97	96	93	100	70	94	100	100	100	100	100
3	94	96	98	96	98	90	99	98	92	100	98	100	96
<b>Yearly Average</b>	<b>96</b>	<b>97</b>	<b>98</b>	<b>93</b>	<b>97</b>	<b>97</b>	<b>90</b>	<b>96</b>	<b>97</b>	<b>99</b>	<b>99</b>	<b>100</b>	<b>99</b>

YEARLY AVERAGES OF QUALITY WITHIN PROGRAM SERVICES. ( 3 - QUARTERS)

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