CORNERSTONE VNA
HOME • HEALTH • HOSPICE
Trusted Care since 1913

2018 Quality Improvement Plan

Improving Organizational Performance

Mission Statement

To promote the optimum level of well-being, independence and dignity of those living in the community by providing trusted, compassionate and expert health care.

I. Statement from By-Laws

QUALITY IMPROVEMENT: Quality Assessment Performance Improvement (QAPI) Committee.

The Quality Improvement Committee, consisting of at least six members including: the Quality Improvement Director, a Board Member, a representative from administration**,** a nurse, a therapist and a clerical representative. The QI Committee will meet frequently enough to ensure compliance with Federal, State, and Local Laws and accepted professional standards and principles, not less than quarterly.

The Committee will approve a systematic, organization-wide plan for designing, measuring, assessing and improving agency performance by utilizing Quality Assessment Performance Improvement (QAPI) concepts**.** The Committee will improve organizational performance by working collaboratively with all stakeholders.

The Quality Improvement committee guides as needed in the agency's daily processes include an in-depth review of records and processes to ensure quality, compliance and best practices, and the continuing review of clinical records to determine adequacy of the plan of

treatment, appropriateness of continuation of care and to establish corrective action as needed.

The Safety Committee (Risk Management) shall be a sub committee of QI and shall consist of a minimum of four members, divided equally between Management and the Employees and shall comply with the provisions of N.H. RSA 281-A, entitled the Workers Compensation Reform Act and amendments thereto. It shall develop, implement, maintain and evaluate all safety programs for our employees on a continuing basis.

II. Mission and Philosophy

We believe we can improve our care and programs through organizational performance and customer service following a planned, systematic, organization-wide approach in alignment with the Agency's Mission.

III. Purpose

The purpose of this program is to develop, implement, evaluate and maintain effective, ongoing Agency Wide, data driven Quality Assurance performance improvement (QAPI) processes. Cornerstone VNA fulfils our mission and ensures that our activities improve patient experience, health of population and reduce per capita cost in health care – Triple Aim as identified by Institute for Healthcare Improvement

This plan is interwoven throughout all activities and processes. The plan will include all areas that impact on our patient care, services, interactions and interventions.

IV. Goals (Outcomes)- Measureable indicators are identified on the dashboards

1. Provide quality patient care by identifying problems and improving processes.
2. Continually improve performance in a cost-effective manner.
3. Reduce risk and liability for patients and staff.
4. To comply with State Licensure, Medicaid, Medicare, other insurance regulations, and OSHA requirements.
5. Contribute to realization of Agency's strategic planning goals:
    - Implement a marketing plan that highlights the agency's mission statement and promotes current initiatives.

- Create an organizational climate that promotes recruitment and retention of quality paid and volunteer staff.
- Strengthen delivery of quality, cost-effective services and outreach targeted to patient, family and community needs.
- Ensure that the agency is positioned to respond to emerging opportunities.

6. Continue with a reporting mechanism for staff input for suggested processes that require evaluation/improvement.

V. Objectives/Scope

1. Through existing and new multidisciplinary cross functional self-directed programs or teams, progress will be evaluated with a goal of positive outcomes. Specific activities by the teams are found in the minutes of that team. Performance Improvement Projects are documented using measurable conductional progress and reported to the QI Committee:
    1. Program activities
    2. Performance Improvement Projects
    3. Executive Responsibilities

QI Processes (QAPI)

- DAILY RECORD REVIEW FROM EMR WORKFLOW
- UTILIZATION RECORD REVIEW
- COMPLIANCE
- CUSTOMER SATISFACTION SURVEY (for all programs)
- HOSPICE QAPI
- EMPLOYEE SATISFACTION

TEAMS

- AD HOC , including but not limited to Disease Management, Palliative Care, Technology)
- INFECTION CONTROL- prn
- MANAGEMENT

- SAFETY- - Meets At least 6 times per Year
- UTILIZATION REVIEW
- ETHICS- Biannual meetings and then as needed
- HOSPICE QAPI Team to meet at least quarterly

2. Educate Board of Directors and staff in the principles of quality improvement with the outcome to ensure that each individual will be empowered and able to discuss and report their contribution to Improving Organizational Performance. The Board of Directors is ultimately responsible for the implementation and oversight of the QI Plan to ensure the program is defined, implemented and maintained. The Board of Directors ensures that the agency's efforts address priorities: Quality, patient safety and evaluated for effectiveness.

3. Integrate quality improvement activities to affect a positive customer outcome.

    - Review of documentation/Utilization
    - Compliance Plan- Findings of fraud or waste are appropriately addressed
    - QAPI- Quality Assessment Performance Improvement for the Hospice Program
    - Benchmarking- Utilizing clinician and agency specific dashboards in addition to SHP reporting and Home Health Compare.
    - Oasis (FOR OBQM, OBQI DATA)
    - HHCAHPS utilizing SHP
    - Patient satisfaction-CAHPS Survey for Hospice families managed by SHP
    - Continue agency viability under financial challenges.
    - Evaluate effectiveness of Compliance Plans and Process.
    - Unusual Occurrence Reports.
    - Grievance Reports
    - Frequent interdisciplinary meetings to facilitate patient care

VI. Guidelines and Model for Improving Organization Performance (Quality Assessment, Performance Improvement)

The model for Process Improvement's **Plan-Do-Check-Act** cycle will be utilized. (See wheel example.)

Plan:

1. Identify outputs, customers and their expectations.
2. Describe Current process.
3. Measure and analyze.

4. Focus on an improvement opportunity.
5. Identify root causes.
6. Generate and choose solutions.

Do:

7. Map out a trial run.
8. Implement the trial run.

Check:

9. Evaluate the results.
10. Draw conclusions.

Act:

11. Standardize the change.
12. Monitor, hold the gains.

Dimensions of Performance: Dimensions of performance will be identified for each project/study if appropriate and timely to identify.

- Efficacy
- Appropriateness
- Safety
- Effectiveness
- Continuity
- Timeliness
- Respect of Caring
- Availability

Tools and Data Collection plan

- Dashboards for the Board of Directors, QI, Management, and each of the agency programs that include Financial/Operations and Clinical Indictors identified by the teams**.** The QI Committee identifies areas of focus:

- **Program activates and must include/consider:**
    - **high risk, high volume or problem prone areas**
    - **incidence, prevalence and severity of programs**
    - **Immediate correction of any identified problems that potentially pose a threat to the health and safety of others**
- Performance Improvement must track adverse patient events, analyze causes, implement preventive actions
- Actions aimed at Performance Improvement and measure it success and track performance to sustain it
- Data Collection and Audit tools
- SHP data

Example Data Collection Plan

Specific Measures	Source of Data	Who Collects	How collected and reported	Sample size
Outcomes, Value Based Purchasing indicators and STAR Ratings	SHP	Sept via Oasis documentation, Added to QI dashboard at the beginning of the month by QI Director	Daily review by QI, weekly reporting by QI, Monthly Clinician dashboards by Team managers and Clinical Director	100 % chart review of Oasis time points
Appropriate utilization of Agency resources for patient care	Interdisciplinary Chart review and daily workflow review from pre-admission through transfer or discharge	Interdisciplinary team, All members of staff including but not limited to clinical staff. Intake, Managers, billing, scheduling and	Results are reviewed and correlated. EMR reporting is done daily, monthly, quarterly and as needed.	100% review of patients served are evaluated through a workflow process imbedded in the EMR system

		QI teams		

2018 Priority of Monitoring and Improvements- Reported on Monthly QI Dashboard and focuses on indicator that impact Clinical, Financial and Organizations outcomes -

Appendix A

Category	Target	Specific Indicators
Organizational wide		Growth New Hires
		Turnover
		Kaizen
	-0-	Employee Injuries
Homecare		Cost of nursing visit YTD average
	>4.37	Productivity
	>1.0	Ending Case Weight
	<17.33	Visits per episode
		Pre Billing compliance
		488/adr
VBP Domains		

Domain 1		communications between providers and patients
		Specific Care issues
		Overall rating of Home health care
		Willingness to recommend the agency
Domain 2	★	Improvement in
	★	ambulation-locomotion Improvement
	★	in bed transferring Improvement in
	★	bathing
	★	Improvement in dyspnea
		Drug education in all episodes
Domain 3		Discharged to the community
		Care Mgt types and source of assistance
Domain 4	★	Influenza vaccine data collected
		Influenza immunization received for current flu season
		Pneumococcal vaccine ever received
		Reason Pneumococcal vaccine not received
Domain 5	★	Acute Care Hospitalization
		ED use without hospitalization
Domain 6		Improvement in pain interfering with
		activity Improvement in management of
		oral meds Prior function ADL's/IADLs

Hospice	4	Productivity
		Treatment preferences
		Belief Values
		Pain measurement
		Opioid bowel
		regime Dyspnea
		screening
Caregiver Surveys	91	Overall rating of Hospice
	96	Recommend Hospice

Lifecare	Patients serviced
	Billable Hours
	Life care quarterly
	survey staff education

Palliative Care	Patients
	served New
	Patients Total
	visits
	Referrals to Hospice
	Referrals to Homecare
	Physician quality
	reporting: including
	symptom management,
	timely services,
	satisfaction and
	Advanced Care planning

Appendix B- Cornerstone VNA cycle of Improvement