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STATE OF IOWA DEPARTMENT OF

Health <sup>AND</sup> Human

SERVICES

# Long-Term Support Services: Quality Assurance and Quality Improvement

December 15, 2022

# Objectives

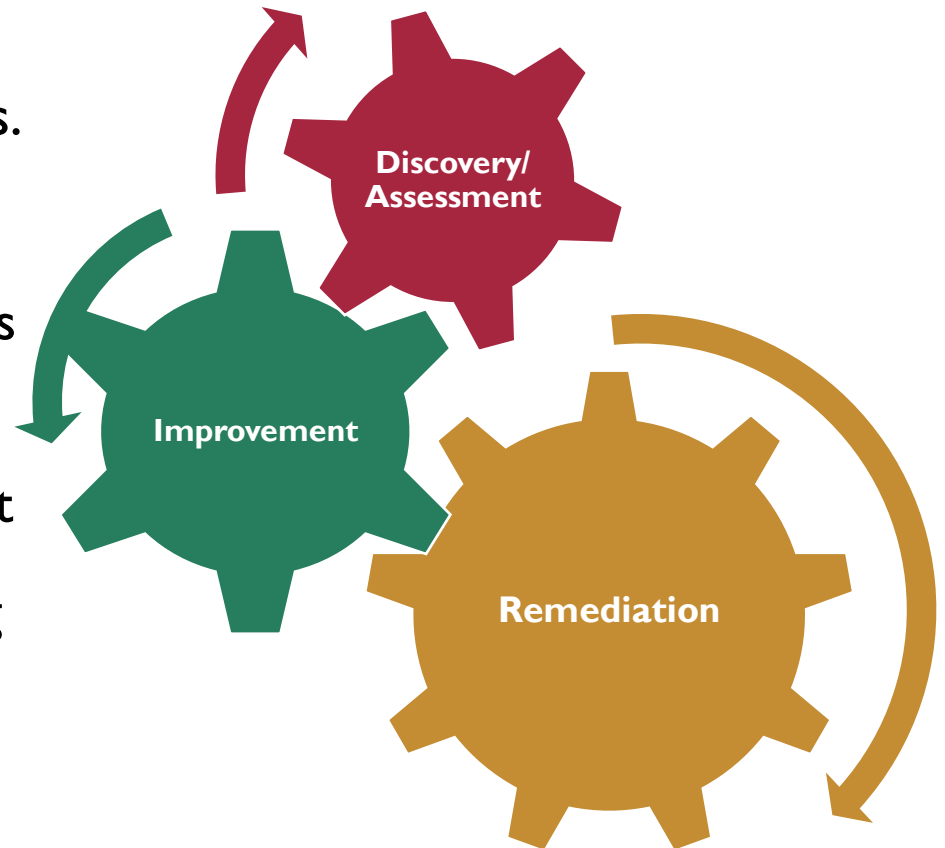
- Quality Assurance (QA) and Quality Improvement (QI) or Performance Improvement (PI)
- QA/QI(PI) Requirements
- Purpose of QA/QI(PI)
- Purpose of discovery, remediation, and improvement
- Understand the difference between Quality Assurance (QA) and Quality Improvement (QI) or Performance Improvement (PI)
- How to create or improve your QA/QI(PI) process
- Examples of QA/QI(PI)

# Quality Assurance/Quality Improvement Programs

- Habilitation
- Health and Disability Waiver
- Elderly Waiver
- AIDS/HIV Waiver
- Intellectual Disability Waiver
- Brain Injury Waiver
- Physical Disability Waiver
- Children's Mental Health Waiver
- Integrated Health Home

# Quality Oversight Processes

- Iowa's approach to quality oversight and ensuring compliance with requirements.
  - **Discovery-** identifying and assessing
  - **Remediation-** addressing areas of concern and non-compliance.
  - **Improvement-** Re-assessment and demonstration of compliance including ensuring ongoing implementation of corrective action and continuously perfecting processes.



# Leveraging the Provider Quality Management Self-Assessment

## Provider Quality Management Self-Assessment

- Quality assurance for the state for HCBS waiver providers and habilitation service providers
  - Discovery
  - Remediation
  - Improvement
- Ensures policies and procedures align
  - Federal requirements
  - State requirements
  - HCBS best practices
- Provider may use the self-assessment to self-audit for quality assurance and identification of quality improvement activities
- Integrated Health Homes will also have a self-assessment in late 2023

# LTSS Provider Requirements

Your organization must have an established systemic, organization-wide quality improvement process that includes:

- **Discovery:** Collecting and reviewing data to identify issues to be monitored for quality improvement with specific sample sizes and acceptable thresholds.
  - Ongoing review of member experiences such as member/stakeholder surveys to determine the need for systemic changes.
  - Ongoing review of records to include service documentation, medication records, incident reports, abuse reports, appeals and grievances, and personnel records.

# LTSS Provider Requirements

Your organization must have an established systemic, organization-wide quality improvement process that includes:

- **Remediation:** The development of a plan to address areas of improvement identified during discovery to include specific timelines for development and completion of action steps.

# LTSS Provider Requirements

Your organization must have an established systemic, organization-wide quality improvement process that includes:

- **Improvement:** Summary of QI activities to include monitoring the impact of remediation plan.



# Integrated Health Home

Provide quality driven, cost effective, culturally appropriate, and person and family-centered Health Home services

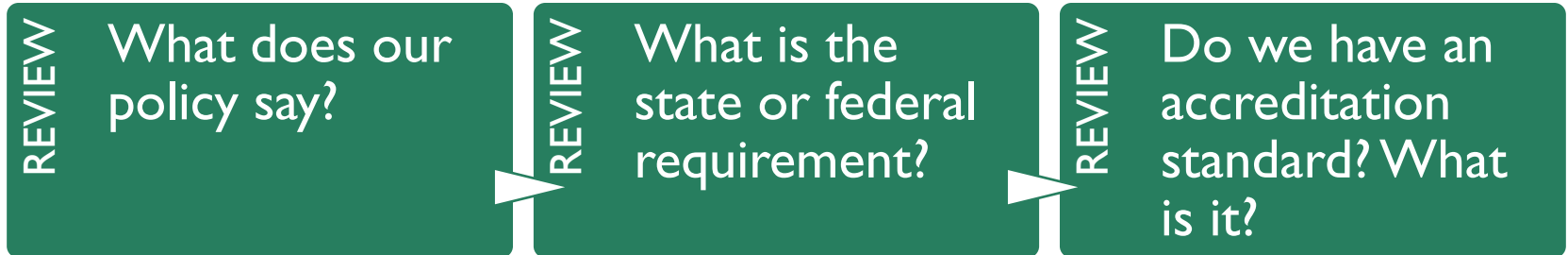
Coordinate and provide access to high quality health care services informed by evidence-based clinical practice guidelines

**Establish a continuous quality improvement program**, and collect and report on data that permits an evaluation of increased coordination of care and chronic disease management on individual level clinical outcomes, experience of care outcomes, and quality of care outcomes at the population level

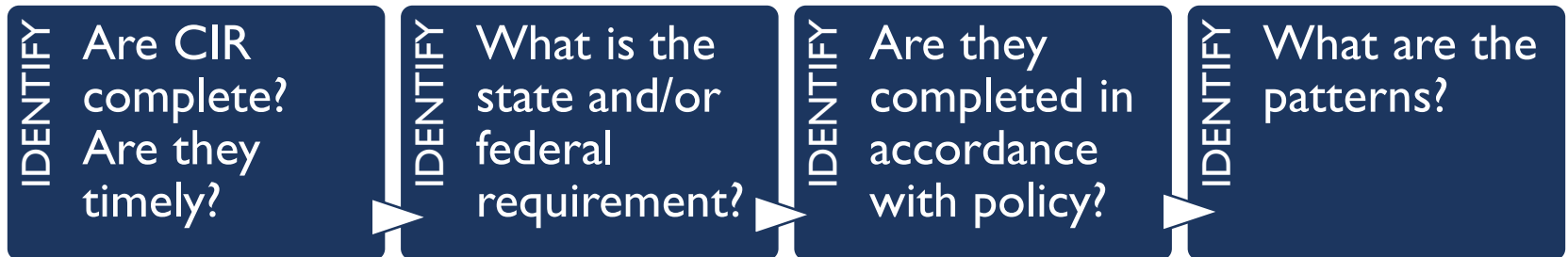
[Integrated Health Homes SPA 2022 1.25.22.pdf \(iowa.gov\)](#) SPA Pages 19 and 20. Emphasis on Quality and Safety

# Tracking and Trending Requirements for CIR

## Methodical Approach for review of CIR



## Identify patterns, common errors and antecedents



Procedure – What do you do when you identify a pattern or trends? What is your remediation plan? Ensure the plan was effective and improvement was achieved.

# Purpose of QA/QI(PI)



Ensure standards are met



Decreases staff confusion



Ensures consistent results



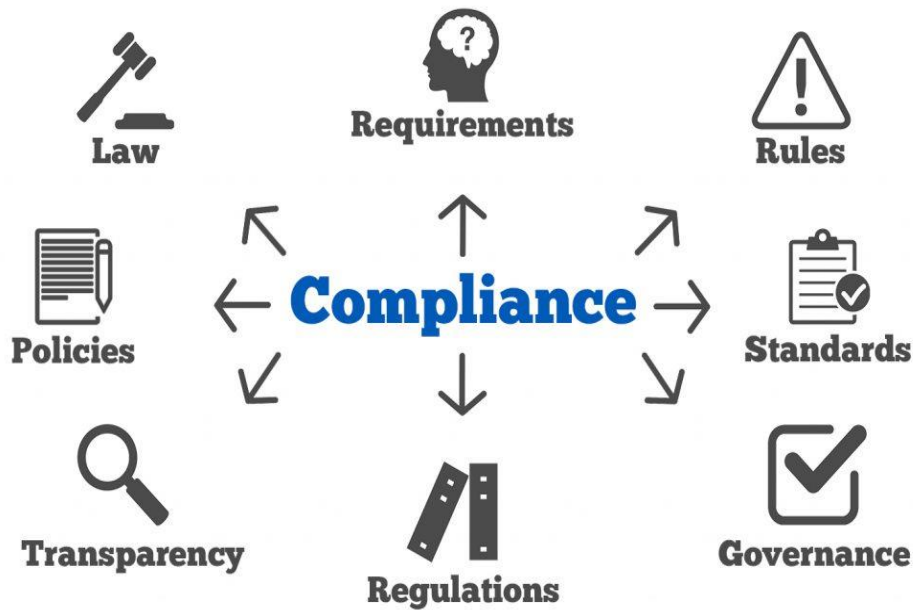
Increases the likelihood of desired health outcomes



Improve outcomes for patients and their families

# Compliance, QA, QI

COVERS AUDIT  
 FRAMEWORKS OUTPUTS  
**EVALUATION** RECEIPT  
 SYSTEM CONCEPT TESTING  
 POLICIES SAFETY INPUTS  
**QUALITY ASSURANCE**  
 SUPPLIERS STORAGE ISSUE CERTIFICATION  
 RELIABILITY RATING RESPONSE ACTIVITIES  
 REQUIREMENTS ESTABLISH MATERIAL  
**SYSTEMATIC** TECHNICAL ADEQUATE  
**CONFORMANCE**



# QA AND QI: WHAT'S THE DIFFERENCE?

## QUALITY

### Assurance

- Assess when intended quality is reached
- Reactive – works on problems after they occur
- Retrospective – policing, punitive
- Lead by management
- One Point in Time
- Attributes blame

### Improvement

- Move system from current state to new state of performance
- Proactive – works on processes before problems occur
- Prospective and retrospective
- Lead by staff, self-determined
- Continuous Regulatory Aimed at improvement-measuring
- Where you are now and how to make things better
- Avoids attributing blame

# Quality Assurance

Quality assurance can be defined as "part of quality management focused on providing confidence that quality requirements will be fulfilled." The confidence provided by quality assurance is twofold—**internally to management and externally to customers, government agencies, regulators, certifiers, and third parties.** An alternate definition is "all the planned and systematic activities implemented within the quality system that can be demonstrated to provide confidence that a product or service will fulfill requirements for quality."

American Society for Quality (ASQ)

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# Quality Improvement

Quality improvement is the framework used to systematically improve care.

Quality improvement seeks to standardize processes and structure to reduce variation, achieve predictable results, and improve outcomes for patients, healthcare systems, and organizations.

Structure includes things like technology, culture, leadership, and physical capital; process includes knowledge capital (e.g., standard operating procedures) or human capital (e.g., education and training).

# Incident Reporting (IR)

## Quality Assurance

- During our quality assurance review it is noted that we meet all of the required standards though our policies and procedures.
- We also note that staff are following policies and procedures as written or staff are not following policies and procedures and training/procedure changes are made.

## Quality Improvement

- We are meeting requirements but our data shows that we have increased trends in the number of incidents. The team is motivated to implement a QI(PI) project to identify ways to reduce the number of incident reports within the organization.



# Service Documentation

## Quality Assurance

- During our quality assurance review it is noted that we meet all the required standards from Iowa Administrative Code.
- We also note that staff are following policies and procedures as written or staff are not following policies and procedures and training/procedure changes are made.

## Quality Improvement

- We are meeting requirements but our data shows that we have increased trends missing the location of service. The team is motivated to implement a QI(PI) project to identify ways to reduce the likelihood that they will miss documenting the location of services going forward. We will review form updates or review processes to ensure this is documented before the service is billed.

# Quality Assurance

# Ensure Quality Assurance

- Understand the requirements. One thing is constant in the preparation for and undergoing of an audit; that is, knowledge of the standards against which you are being audited or inspected.
- Put it in writing by developing or updating your policies and procedures.
- Train appropriate personnel on the standards.
- Implement the policies and procedures.
- Monitor for compliance.
- Modify as needed.

# Understand the Requirements: Incident Reports

The Organization has a process for understanding Critical Incident Reporting:

- [Providers Critical Incident Reporting | Iowa Department of Human Services](#)
- [Training Sessions for Medicaid Providers | Iowa Department of Human Services](#)

# Standardize and Sustain with...

## Policy

- What you do
- Governing body/Board may need to weigh in
- Purpose: IAC reference, rules, accreditation standards

## Procedure

- How you do it
- Maybe the governing body/board doesn't weigh in on these
- Could be separate

### POLICY

*The formal guidance needed to coordinate and execute activity throughout the district. When effectively deployed, policy statements help focus attention and resources on high priority issues - aligning and merging efforts to achieve the district's vision. Policy provides the operational framework within which the district functions.*

### PROCEDURE

*The operational processes required to implement district policy. Operating practices can be formal or informal, specific to a department or building or applicable across the entire district. If policy is "what" the district does operationally, then its procedures are "how" it intends to carry out those operating policy expressions.*

# Put it in Writing: Why Develop Policy/Procedures?

Written policy/procedures will help to ensure that your organization is in full compliance of rule.

- A rule or standard written down into a policy and specific procedure
  - Outline how things are done (decrease confusion)
  - Decreases variation
  - Ensures standards are being met

# Develop or Update Policies and Procedures

## ■ Policy

- Purpose
- Scope
- Policy Statement

## ■ Procedures and Responsibilities

- Definitions
- Contacts for Questions
- References
- Effective Date
- Review Date
- Approval

# Policy and Procedure Examples

- See the bottom of the policy for information:
  - Who made the policy? When it was most recently updated
  - Could track this in a chart as well
- Add in areas of IAC that need addressed
  - Discovery
  - Remediation
  - Improvement
- You can find policy examples in provider enrollment sample documents here:

<https://dhs.iowa.gov/ime/providers/enrollment/providerenrollment>

## Quality Improvement Policy

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### Purpose

The purpose of this policy is to establish a plan and process for quality activities of the agency. This is required of the services provided according to (reference to standard)

### Policy

It is Agency policy to continuously measure and enhance the quality of services and satisfaction. Annually a quality review will take place to ensure quality services are provided to those served and that positive outcomes are a result of the services provided. The agency will utilize a quality improvement process to review performance across multiple areas of performance. The annual quality review will include a summary of findings, remediation or recommendations, and action steps for the future. Action steps will be tracked over the following year and be reviewed as a part of the next annual quality review to ensure an ongoing quality improvement process.

### Procedure

The following processes are outlined for discovery, remediation, and improvement actions of the agency.

### Discovery

1. Identify the things you need to or want to gather information about. Here are some examples of things you might need to or want to gather information about.
  1. Incident reports
  2. Medication administration practices and errors
  3. Abuse reports
  4. Grievances, complaints, appeals
  5. Personnel records and trainings
  6. Member records, service documentation, and plans of care
  7. Member experiences (like satisfaction surveys) and/or outcomes for rights and dignity
  8. Stakeholder experiences (like satisfaction surveys given to family, case managers, or collaborating agencies)
  9. Staff satisfaction surveys
2. Decide what information you want to gather about each area. You might want to gather some basic data but you should also decide what you think are the best possible outcomes in each of the areas you are going to gather information about. Another way to think about this is to decide what you think success looks like with each area you are gathering information about

Created by:

Last Updated 12/2/2022



# Train and Implement

- Show the steps of the process, walk through it with staff
- Allow space for questions and discussion
- Monitor for consistency
- Modify as needed

# Assuring Requirements are Met

Knowledge of the standards against which you are being audited or inspected.

- What is your policy/process for assuring that Rights Restrictions requirements are being met?
- What do you do when you identify that you are not meeting the requirements?
- What is your policy/process for training requirements?
- How do you update policies and procedures? Review on an annual basis and when there are changes? How is the information dispersed and incorporated into the work?
- Training requirements.
  - Training Resources
  - [Home & Community Based Services Training Series | Medicaid](#)

# Quality Assurance Tool Example

Written Policy/Procedure	Are Staff Following the Process?	Level of Completeness	Comments (How are you meeting)	Recommendations
<i>The organization has a systematic, organization wide, planned approach to designing, measuring, evaluating, and improving the level of its performance.</i>				
Gathers information from consumers, family members, and staff.				
Approved	No, they need training etc.	Yellow	Our Policy/Procedure is not following the outlined process. Training scheduled to retrain to ensure this is being followed.	

# Quality Assurance Resource: Self-Assessment



<b>III. SELF-ASSESSMENT QUESTIONNAIRE</b>	
<b>A. ORGANIZATIONAL STANDARDS</b>	
<p>To provide quality services to members, organizations need to have sound administrative and organizational practices and a high degree of accountability and integrity. Organizations should have a planned, systematic, organization-wide approach to designing, measuring, evaluating, and improving its level of performance. Use this section to tell us what your organization has in place related to basic standards required by law, rule, industry standards, or best practice.</p>	
<b>1. PURPOSE AND MISSION</b> <i>Does your organization...</i>	
a) Have a mission statement that aligns with the needs, ability, and desires of the members served?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
If indicating "No", you must describe a plan to meet the standard(s). Attach additional information as necessary.	
<b>2. FISCAL ACCOUNTABILITY</b> <i>Does your organization...</i>	
a) Have a process for establishing a rate for each service?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

# Quality Improvement

# Principles of Improvement

- Know that you need to improve
- Identify how you will know if improvement is happening
- Develop a change that you think will result in improvement
- Testing the change (How do you know the change is happening)
- Change and test until it results in the needed improvement
- Implement and sustain

# Selecting Your Improvement Team

- Establish an improvement team for the agency
  - A committee can help separate tasks efficiently and effectively
- Consider roles that are involved in the process you are trying to improve.
  - Ensure all pertinent roles are represented.
- Quality Improvement means making the right thing to do easier in your organization
  - Process improvement

# Selecting Your Improvement Team

Tips for creating a committee:

- Establish a purpose and create goals.
- Capable committee chair.
- Dedicated members.
- Create structure.
  - Meeting minute templates
  - Rules/policy
  - Attendance requirements



# Improvement Tools: Brainstorming

- Get everyone in the game.
- No judgment!
- Vote on the first solution/intervention to test or work to build to consensus.
- This will be different for each IHH due to staffing and size.

# Support QI with Data

- Annually measure and assess organizational activities and services accreditation
- Information from individuals using the services, from staff, and from family members.
- An internal review of individual records for those services accredited
- Response to incidents reported under subrule 24.4(5) for necessity, appropriateness, effectiveness and prevention.
  - Analysis of incident data at least annually to identify any patterns of risk to the health and safety of consumers.
- Response to any situation that poses a danger or threat to staff or to individuals using the services for necessity, appropriateness, effectiveness, and prevention.
- Social History, assessment, service plan, service provision, incident reports, etc.

# Incident Report Improvements

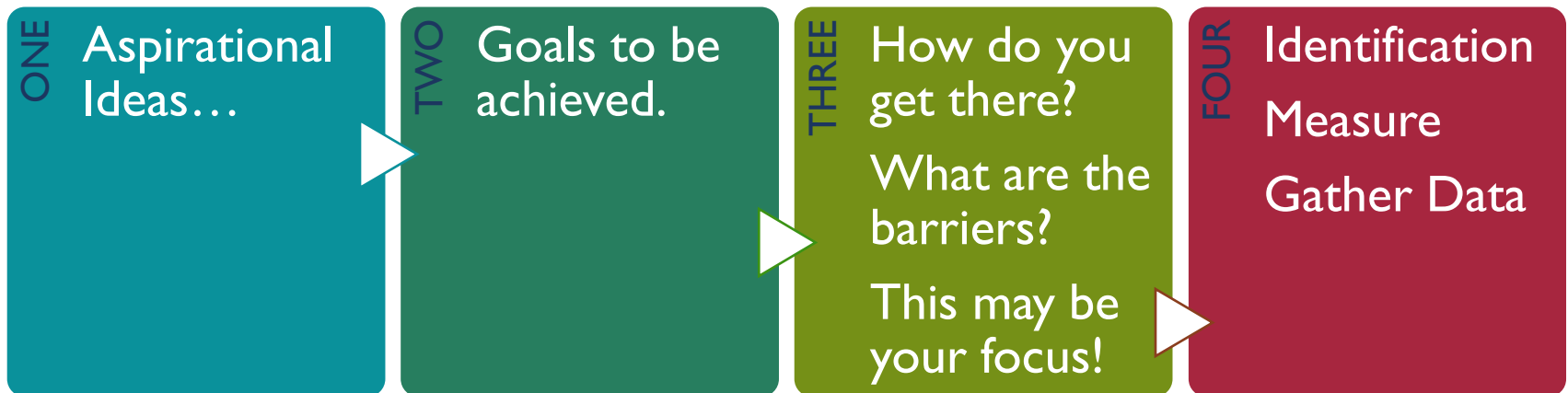
## MCO Quality Strategy

Strategic Goal	Objective	Qualitative and Quantitative Data Source	Goal (SMART)	Measure	Baseline	Frequency of Measurement
Patient Safety	Track and Trend Incident Reports	Incident report tracker	We will reduce the total number of incident reports to X a month by X date.	Total number of incident reports	20	Monthly

Strategic Goal		Patient Safety				(From Column A)
Objective What do you hope to accomplish? (Column B from the Dashboard)	Key System Elements (Primary Drivers) Primary Drivers are the things that have to occur for you to achieve your aim. You can have multiple key drivers.	Activities (Secondary Drivers) Secondary drivers are the specific activities or interventions (the "how") needed to impact the primary drivers. Each secondary driver contributes to at least one primary driver. You can have multiple secondary drivers for each key driver	Dates This is the "when" the activities will be completed.	Key Individuals and Organizations key staff, partners, stakeholders, or members of the community leading and contributing to the secondary drivers.	Anticipated Impact Predicted outcome of the drivers	
Track and Trend Incident Reports	Staff Training on incident reports	Track to ensure staff training results in all required IR are completed. This may include individual training as needed.  Will create a team challenge to engage staff in reporting all IR as required.	Initial Training will begin 2/2/23	QI, Managers, Directors	Staff will document with 100% accuracy all required IR.	
			Documentation review 4/1/23			
	Create a process to ensure IR are submitted per requirements					
	Create a tracking process					

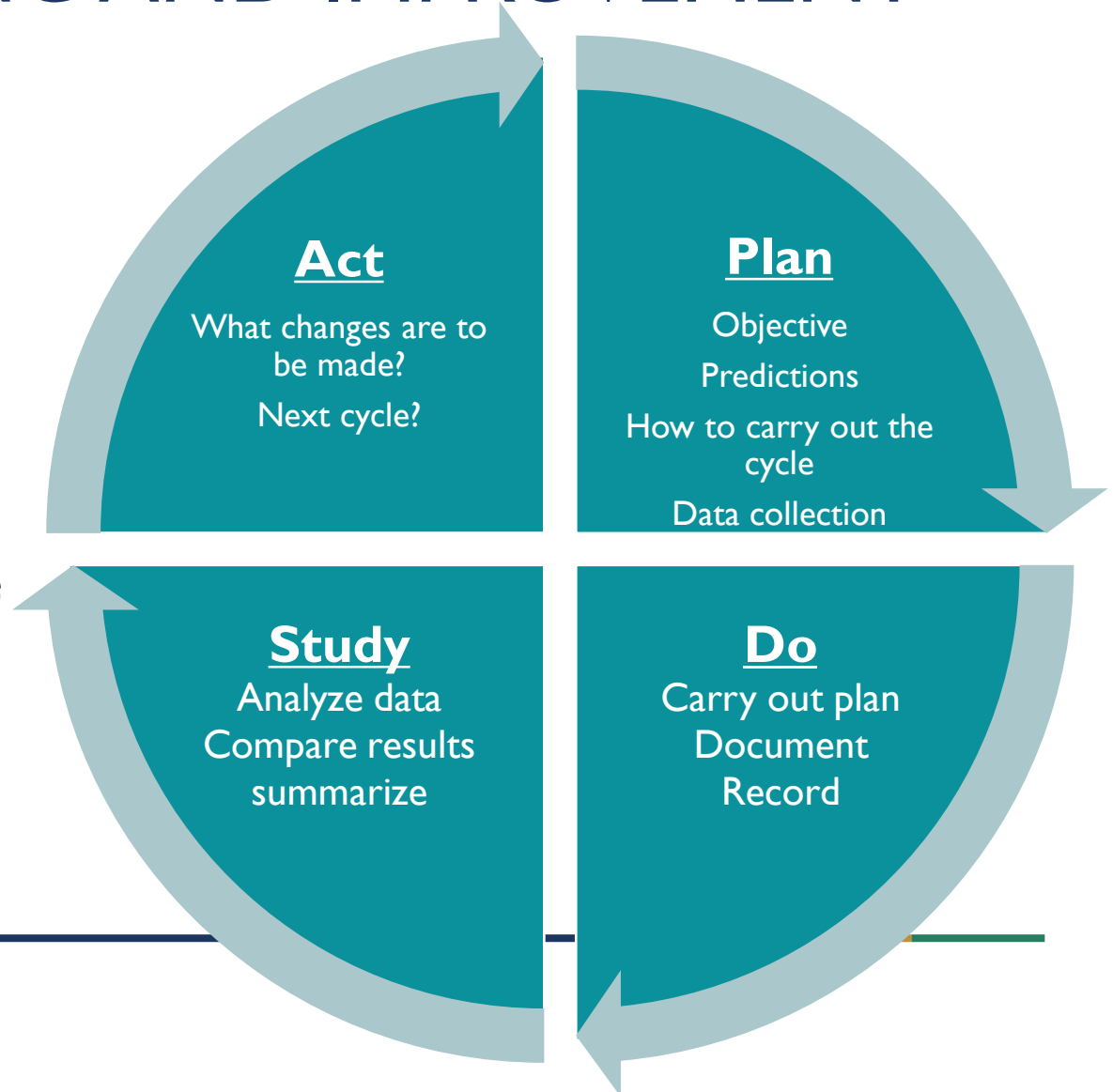
# “We don’t have problems...”

- ▶ Ask yourself, “What can we do better?”
- ▶ When exploring this question, think through these items:



# Plan Do Study Act (PDSA): THE CYCLE OF LEARNING AND IMPROVEMENT

- What are we trying to accomplish?
- How will we know that a change is an improvement?
- What change can we make that will result in an improvement?

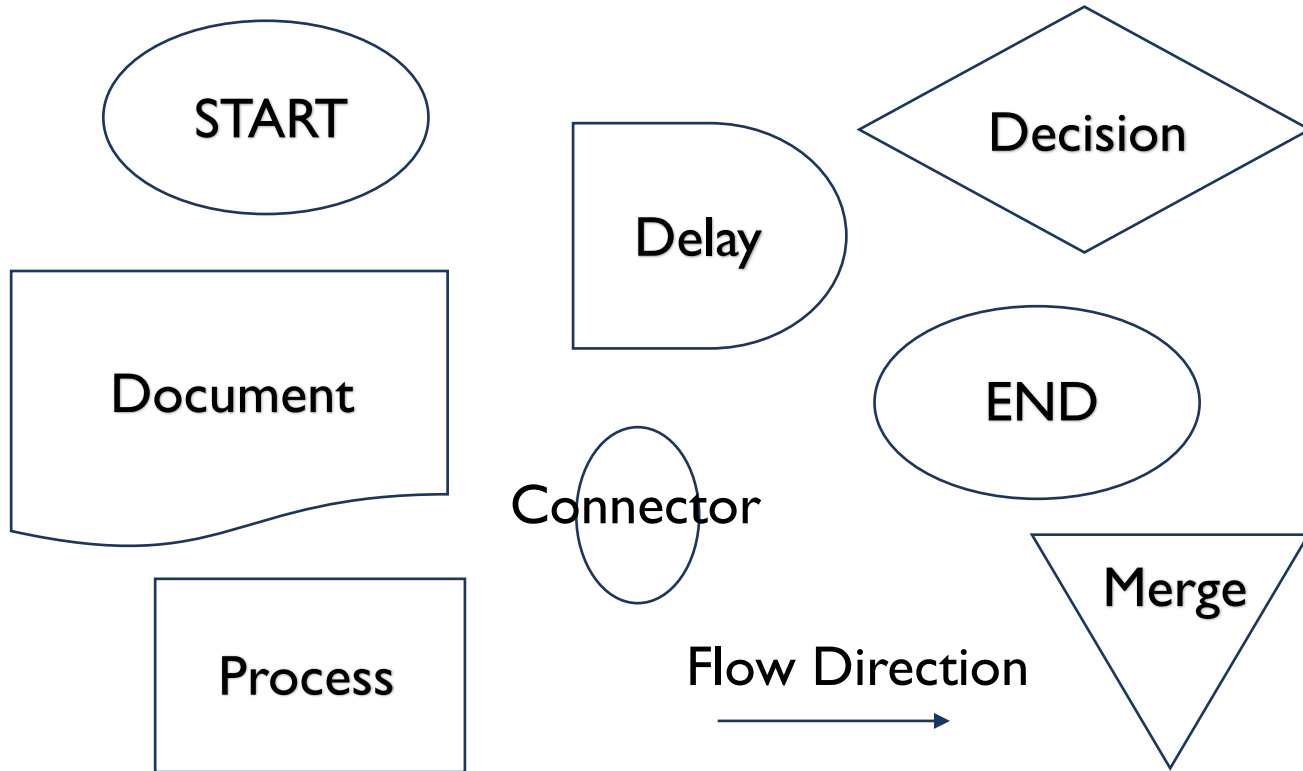


# Lean Six Sigma – Activities & Tools

	Specify Value	Understand Demand		Flow	Level	Perfection
	Define	Measure	Analyse	Improve		Control
	Define	Measure	Analyse	Improve	Control	
Activities	<ul style="list-style-type: none"> <li>Identify Problem</li> <li>Project Charter</li> <li>Develop SIPOC Map</li> <li>Map Business Process</li> <li>Map Value Stream</li> <li>Gather Voice of the Customer &amp; Voice of the Business</li> <li>Develop CCR's &amp; CBR's</li> <li>Finalise Project Focus</li> </ul>	<ul style="list-style-type: none"> <li>Output Metrics</li> <li>Develop Operational Definitions</li> <li>Develop Data Collection Plan</li> <li>Validate Measurement System</li> <li>Collect Baseline Data</li> <li>Determine Process Performance/Capability</li> <li>Validate Business Opportunity</li> </ul>	<ul style="list-style-type: none"> <li>Propose Critical X's</li> <li>Prioritise Critical X's</li> <li>Conduct Root Cause Analysis on Critical X's</li> <li>Validate Critical X's</li> <li>Estimate the Impact of Each X on Y</li> <li>Quantify the Opportunity</li> <li>Prioritise Root Causes</li> </ul>	<ul style="list-style-type: none"> <li>Develop Potential Solutions</li> <li>Develop Evaluation Criteria &amp; Select Best Solutions</li> <li>Evaluate Solution for Risk</li> <li>Optimise Solution</li> <li>Develop 'To-Be' Process Map(s) and High-Level Implementation Plan</li> <li>Develop Pilot Plan &amp; Pilot Solution</li> </ul>	<ul style="list-style-type: none"> <li>Develop SOP's, Training Plan &amp; Process Control System</li> <li>Implement Process Changes and Controls</li> <li>Monitor &amp; Stabilise Process</li> <li>Transition Project to Process Owner</li> <li>Identify Project Replication Opportunities</li> <li>Calculate Financial Benefit</li> </ul>	
Tools	<ul style="list-style-type: none"> <li>Project Selection Tools</li> <li>PIP Management Process</li> <li>Value Stream Map</li> <li>Various Financial Analysis</li> <li>Project Charter</li> <li>Stakeholder Analysis</li> <li>Communication Plan</li> <li>SIPOC Map</li> <li>High-Level Process Map</li> <li>Non-Value Added Analysis</li> <li>VOC and Kano Analysis</li> <li>RACI and Quad Charts</li> <li>Multi-generation Plans</li> </ul>	<ul style="list-style-type: none"> <li>Operational Definitions</li> <li>Data Collection Plan</li> <li>Histograms / Pareto chart</li> <li>Statistical Sampling</li> <li>Measurement System Analysis (MSA),</li> <li>Gage R&amp;R</li> <li>Constraint Identification</li> <li>Setup Reduction</li> <li>Generic Pull</li> <li>Control Charts</li> <li>Process Capability, Cp &amp; Cpk</li> </ul>	<ul style="list-style-type: none"> <li>Pareto Charts</li> <li>C&amp;E Matrix</li> <li>C&amp;E/Fishbone Diagrams</li> <li>Brainstorming</li> <li>Detailed 'As-Is' Process Maps</li> <li>Basic Statistical Tools</li> <li>Non Value-Added Analysis</li> <li>Hypothesis Testing</li> <li>FMEA</li> <li>Box /Interaction Plots</li> <li>Simple &amp; Multiple Regression</li> <li>ANOVA</li> </ul>	<ul style="list-style-type: none"> <li>Brainstorming</li> <li>Benchmarking</li> <li>Process Improvement Techniques</li> <li>Line Balancing</li> <li>Process Flow Improvement</li> <li>Replenishment Pull</li> <li>Purchasing and Sales Strategy</li> <li>Poka-Yoke &amp; 5S</li> <li>FMEA &amp; TPM</li> <li>Solution Selection Matrix</li> <li>'To-Be' Process Maps</li> <li>Piloting and Simulation</li> </ul>	<ul style="list-style-type: none"> <li>Control Charts</li> <li>Standard Operating Procedures (SOP's)</li> <li>Training Plan</li> <li>Communication Plan</li> <li>Implementation Plan</li> <li>Visual Process Control</li> <li>Process Control Plans</li> <li>Project Commissioning</li> <li>Project Replication</li> <li>Plan-Do-Check-Act Cycle</li> </ul>	

# Process Mapping

- Process Map Symbols:



# Process Improvement example with IR

Create a tracking process and/or Create a process to ensure IR are submitted per requirements



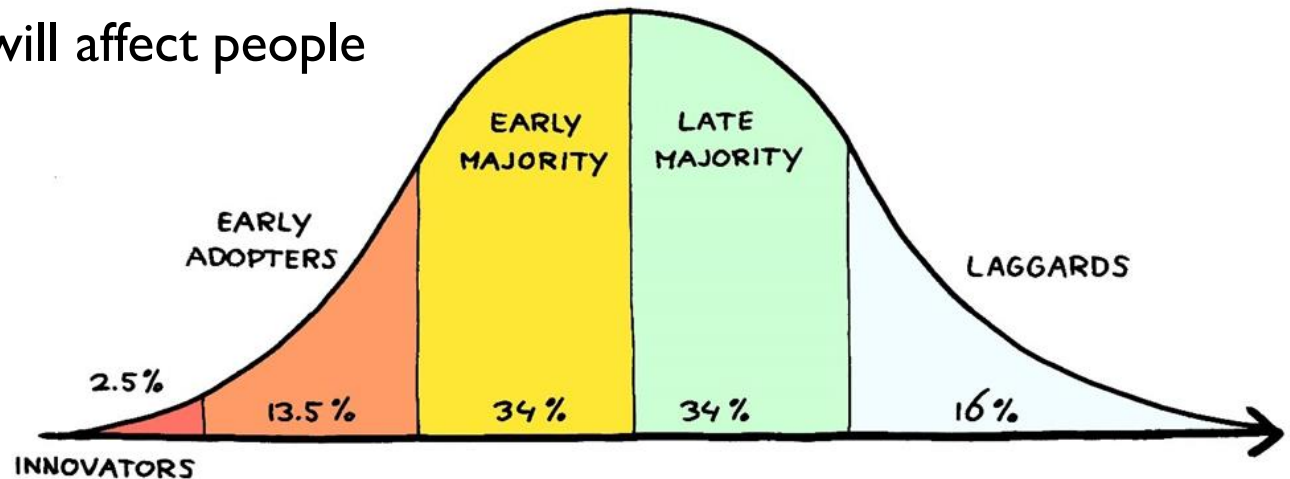


# Standardize and Sustain/Spread

- People have to believe the change addresses an existing problem
- Communicate results.
- Assign a process owner.
- Continue to track data.

# Human Side of Change

- Reactions from total commitment to hostility
- Transparency in the change along with the why as soon as the ideas of the ideas of change are being developed
- Gather input and ideas from those affected by the change
- Give updates on the progress of the change
- Share how it will affect people



# Managing the Change

**Building Local Systems of Care:  
Strategically Managing Complex  
Change**

Vision	+	Skills	+	Incentives	+	Resources	+	Action Plan	=	CHANGE	
		+	Skills	+	Incentives	+	Resources	+	Action Plan	=	CONFUSION
Vision	+		+	Incentives	+	Resources	+	Action Plan	=	ANXIETY	
Vision	+	Skills	+		+	Resources	+	Action Plan	=	RESISTANCE	
Vision	+	Skills	+	Incentives	+		+	Action Plan	=	FRUSTRATION	
Vision	+	Skills	+	Incentives	+	Resources	+		=	TREADMILL	

Human Service Collaborative. (1996). *Building local systems of care: Strategically managing complex change*. [Adapted from T. Knosler (1991), TASH Presentations]. Washington, DC.

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## 7 Stages of Grief

(Modified Kubler-Ross Model)

- Shock\*** • Initial paralysis at hearing the bad news.
- Denial** • Trying to avoid the inevitable.
- Anger** • Frustrated outpouring of bottled-up emotion.
- Bargaining** • Seeking in vain for a way out.
- Depression** • Final realization of the inevitable.
- Testing\*** • Seeking realistic solutions.
- Acceptance** • Finally finding the way forward.

\* This model is extended slightly from the original Kubler-Ross model, which does not explicitly include the Shock and Testing stages. These stages however are often useful to understand and to facilitate change.

# Summarize

- Ensure you have all the standards (Compliance)
- Ensure you are meeting all the standards (Quality Assurance)
- Identify areas of remediation and plan improvements to get into compliance with the standards (Quality Improvement)
- Develop a dashboard with metrics to identify areas where improvement can be met. (Quality Improvement)



# Questions

# Resources

- Iowa Administrative Rules can be found here:  
<https://www.legis.iowa.gov/law/administrativeRules>
  - Click on “[Iowa Administrative Code](#)”
  - Scroll to Chapter 441 – Human Services Department
- [Integrated Health Homes SPA 2022 1.25.22.pdf \(iowa.gov\)](#)
- [How to Improve | IHI - Institute for Healthcare Improvement](#)
- [Providers Critical Incident Reporting | Iowa Department of Human Services](#)
- [Training Sessions for Medicaid Providers | Iowa Department of Human Services](#)
- <https://dhs.iowa.gov/ime/providers/enrollment/providerenrollment>

# Training Archive

<https://dhs.iowa.gov/Providers/tools-trainings-and-services/CBT-for-LTSS/Archive>

## **RECORDINGS AVAILABLE:**

- Behavior Intervention Plan Development
- CMS Settings: State Transition Plan Update
- Introduction to Waiver Services in Iowa
- Positive Behavior Supports
- Mental Health Crisis Response
- Adopting a Trauma Lens in Children's Services
- Introduction to Motivational Interviewing
- Person-centered Planning
- Service Documentation (general and for HCBS Providers)

## **RECORDINGS COMING SOON:**

- 2022 Self-Assessment for HCBS Providers
- Transitions in Care – Hospital to Community-Based Care

# Upcoming Training:

**NEXT**

## **Behavior Intervention – Getting Unstuck**

January 2023. Date, time and location TBD.

## **Restraint, Restriction, and Behavioral Intervention**

February 2023. Date, time and location TBD.

## **Transitions in Level of Care – Facility to HCBS**

March 2023. Date, Time and location TBD.