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STATE OF IOWA DEPARTMENT OF

Health <sup>AND</sup> Human

SERVICES

# Long-Term Support Services: Continuous Quality Improvement Program

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# Objectives

- Review the difference between Quality Assurance (QA) and Quality Improvement (QI) or Performance Improvement (PI)
- How to establish a QI Program
  - Quality staff
  - Roles and Responsibilities
  - Quality Assurance
  - Collect and Report Data
  - Quality Improvement
  - Evaluation of Policy/Procedure/Outcomes
- Examples

# 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 -

- (1) internally to management and**
- (2) 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."

# 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

# 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

# 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



# Quality Roles

# Leadership: Commitment

- Open Doors
- Facilitate interventions
- Coordinate resources
  - Training for roles
  - Staff understanding of quality
  - Ability to monitor compliance
  - Funding for improvements
  - Quality team
- Leading the efforts
- Must be involved and supportive
- Ensure you have knowledge of and awareness of the improvement needs
- Support data driven decisions and outcomes
- What is your date? What is the planning process and design?

# Quality Staff

- Leadership skills
- Clinical background
- Full time dedication to quality
- Direct link to Leadership

# Quality Staff Responsibilities

- Advocate and speaker for quality
- Facilitator of the quality committee (council)
- Manage quality committee (council)
- Builder of the infrastructure and necessary resources for quality
- Liaison with outside agencies related to quality activities
- Coordinator of strategic and operational planning for quality activities and resource allocation
- Develops and keeps up to date documents related to QI
- Monitor performance measures
- Responsible for compliance with accreditation standards
- Initiate process improvement teams
- Facilitate quality intervention strategies

# Quality Committee (Council)

- Direct roll in the quality process
- Individuals should represent different disciplines and units within the organization
- Include front line workers

# Patient/Client Feedback

It is important to include client/patient perspective in quality improvement activities

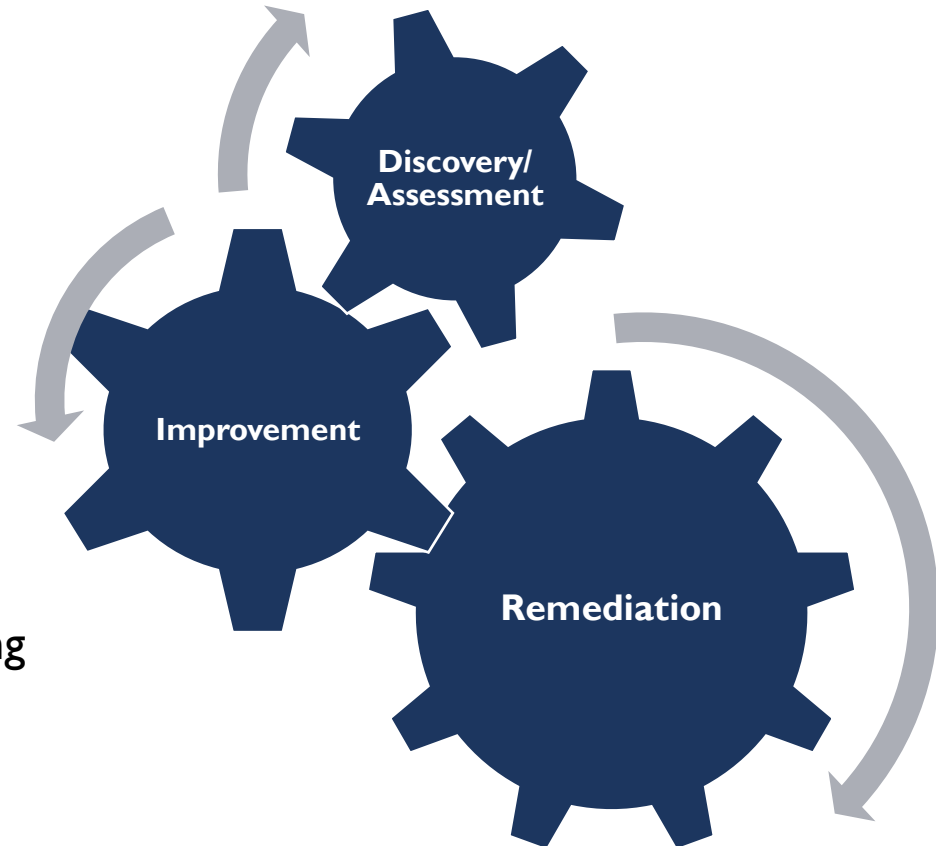
- Patient Surveys
- Focus groups
- Walk throughs
- Complaints
- Patient and family advisory councils

<https://resourcelibrary.stfm.org/viewdocument/patient-and-family-advisory-council?CommunityKey=2751b51d-483f-45e2-81de-4faced0a290a&tab=librarydocuments>

# Quality Program Plan

# Quality Oversight Processes

- Iowa's approach to quality oversight and ensuring compliance with settings 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.





# Develop a Charter for Your QI Program Plan

- Identify roles and responsibilities
- Purpose of the plan along with program description and overview
- Create a mission and vision
  - Mission answers the questions:
    - Who are we
    - What is our main purpose
    - Who are we serving
    - What are the needs and how do we meet the needs
  - Vision: Where do you strive to be in 3 years?
  - Organizational structure
    - Functions of the quality staff and staff involved in the quality committee
    - Where is this within the organizational hierarchy
    - Support needed from the committee

# Roles and Responsibilities

## Roles and Responsibilities of:

- Board of Directors
- CEO/Executive team
- Quality Committee
- Quality Staff
- Project teams
- Department Leaders
- Front line staff in quality
- Patients/Clients and family

# 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](#)

# Standards and Measures

- State assurance requirements - 42 CFR 441.301(c)(4) for all waiver services
  
- Habilitation services
  - IAC 441-77.25(3)c – Incident management and reporting
  - 441—24.3(225C) Standards for organizational activities.
    - 24.3(1) Performance improvement system.
  
- Health and Disability Waiver – IAC 441-77.30(18)d
- Elderly Waiver – IAC 441-77.33(22)d
- AIDS/HIV Waiver – IAC 441-77.34(14)d
- Physical Disability Waiver – IAC 441-77.41(12)d
  
- Children’s Mental Health Waiver
  - IAC 441.77.46(1)d”7” – Incident Reporting
  - General provider standards 77.46(1) c. Outcome-based standards and quality assurance

# Standards and Measures

## Intellectual Disability Waiver 441-77.37 & Brain Injury Waiver 441-77.39

- 77.37(1)/77.39(1) Organizational Standards highlight needs for quality improvement and are required for
  - supported employment providers
  - respite providers certified by the department
  - providers of supported community living services (excluding RBSCCL)
- 77.37(2)/77.39(2) Rights and dignity. Outcome-based standards for rights and dignity
  - supported employment providers
  - providers of supported community living services (excluding RBSCCL)
- Incident Reporting IAC 441-77.37(1)f for all ID waiver services
- Incident Reporting IAC 441-77.39(1)f for all BI waiver services

## Intellectual Disability Waiver – Residential-based supported community living service (RBSCCL) providers.

- 77.37(23)b(3)2 standards for the rights and dignity of children in addition to incident tracking and trending and accreditation standards

# Standards and Measures

- Integrated Health Homes
  - 77.47(2) Chronic condition health home provider qualifications
    - f. monthly, quarterly, and annual outcomes data collection and reporting.
  - 77.47(3) Integrated health home provider qualifications
    - e. monthly, quarterly, and annual outcomes data collection and reporting
  - For additional information and training specific to the health home program:
    - [Integrated Health Home \(for Providers\) | Iowa Department of Health and Human Services](#)
    - [Integrated Health Home \(IHH\) Learning Collaborative Webinar Archive | Iowa Department of Health and Human Services](#) - See, April 2021 “How to Collect Your Own Data and Measure Your Own Performance.”
- Community-based neurobehavioral rehabilitation services 77.52
  - f. Outcome management system
  - g. Systematic, organization-wide, planned approach to designing, measuring, evaluating, and improving the level of its performance. (Criteria 1-7)

# Standards and Measures

- Incident reports
- Medication administration practices and errors
- Abuse reports
- Grievances, complaints, appeals
- Personnel records and trainings
- Member records, service documentation, and plans of care
- Member experiences (like satisfaction surveys) and/or outcomes for rights and dignity
- Stakeholder experiences (like satisfaction surveys)

# 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>	
<b>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.</b>	
<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

# Support QI with Data

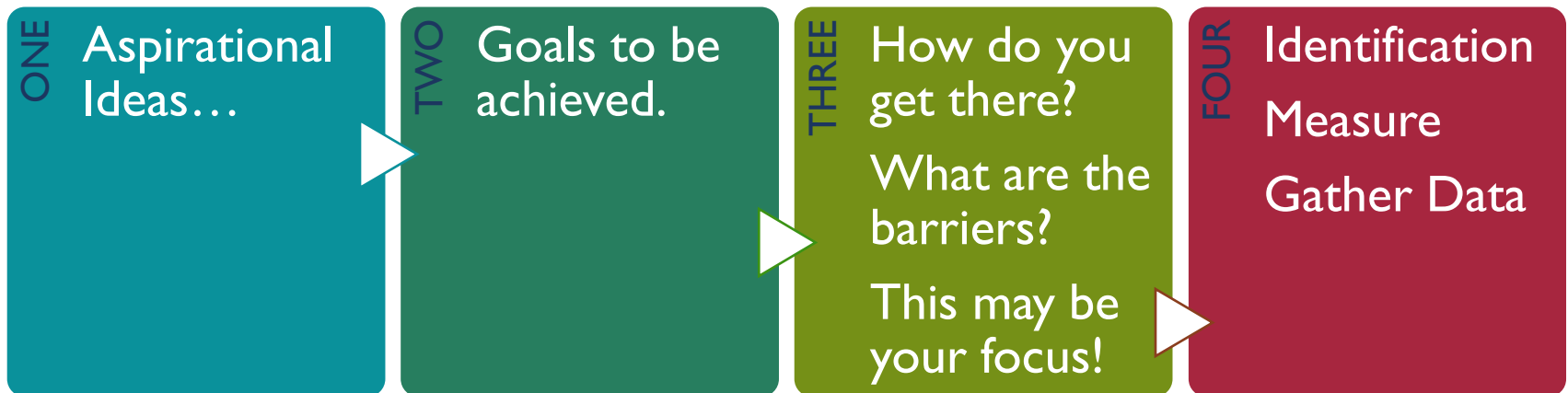
- Annually measure and assess organizational activities and services accreditation
- Information from individuals using the services, from staff, and from family members.
- An internal review of individual records for those services accredited
- Response to incidents reported under subrule 24.4(5) for 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.

# 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

# “We don’t have problems...”

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



# Goals and Objectives

## Goals

- Goals are set to achieve the mission
- Goal is a short statement that is SMART

## Objectives

- Objectives are the targets that are met within the shorter timeframe to get to your goal.
- Measure your progress towards your goal

# Smart Goal

<p>INITIAL GOAL</p>	<p>Write the goal that you have in mind.</p>
<p>SPECIFIC</p> <p>S</p>	<p>What do you want to accomplish? Who needs to be included? When do you want to do this? Why is this a goal?</p>
<p>MEASURABLE</p> <p>M</p>	<p>How can you measure progress and know if you've met your goal?</p>
<p>ACHIEVABLE</p> <p>A</p>	<p>Do you have the skills required to achieve the goal? If not, can you obtain them? What is the motivation for achieving this goal? Is the amount of effort required on par with what the goal will achieve?</p>
<p>RELEVANT</p> <p>R</p>	<p>Why am I setting this goal now? Is it aligned with our overall objectives?</p>
<p>TIME-BOUND</p> <p>T</p>	<p>What's the deadline and is it realistic?</p>
<p>SMART GOAL</p>	<p>Review your answers above and craft a new goal statement based on them.</p>

# 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.	Initial Training will begin 2/2/23	QI, Managers, Directors	Staff will document with 100% accuracy all required IR.
		Will create a team challenge to engage staff in reporting all IR as required.	Documentation review 4/1/23		
	Create a process to ensure IR are submitted per requirements				
	Create a tracking process				

# Quality Program Additional Considerations

- Scope of work, standards of care and service
- Authority and accountability
- Reporting mechanisms
- Criteria for setting priorities on PI monitors and projects
- Methods of monitoring compliance with standards and measuring
- Confidentiality of information
- Mechanism/Model for improvement interventions
- Rewarding results program
- Annual evaluation of QI/PI
- Audits and reviews
- Credentialing and recredentialing
- Peer Review Utilization Management
- Risk Management and Patient Safety



# Quality Cycle

- Plan and Reassess Annually
- Set Standards
- Communicate Standards
- Monitor
- Identify and Prioritize quality improvement activities
- Define quality improvement activities
- Identify who will work on quality improvement activities
- Analyze and Study quality improvement
- Chose and Design Solution
- Implement Solution

# Evaluation, Monitoring, and CQI Evaluation

- Data collection methodology
- Identify measures for performance
- Frequency of measurement
- Benchmarking
- Goal for Improvement
- Activities for Improvement

# QI Interventions

1. The quality staff gathers data and identifies areas of improvement
2. Quality staff add the area of improvement to the quality committee
3. Consider ability to impact: (powerful effect that something, especially something new, has on a situation or person)
  1. Requires little resources
  2. Benefits a large population

# The Requirements

## Provider Quality Management Self-Assessment

- Quality assurance for the state
  - 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

# Culture of Quality for All

- All staff need to be engaged in the culture of quality
- Create short sessions or seminars
- Disseminate information on standards and how to comply with standards
- Hold workshops and lectures
- Train on quality skills and methods
- Share information on quality measures, projects and engage all in the process.

# Considerations

- Taylor your plan to your size and resources
- Create a criteria for selecting QI activities
- Start small
- Begin with an area that would make the biggest impact with the least amount of effort
- Leadership commitment is required
- Include all perspectives impacted by the quality improvement project (this includes front line staff and clients)

<https://www.ahrq.gov/data/monahrq/myqi/planning.html>

<https://www.longwoods.com/articles/images/Guide-Developing-and-Assessing-a-Quality-Plan.pdf>

[Elements of an Evaluation Plan | Agency for Healthcare Research and Quality \(ahrq.gov\)](#)

# Questions

# Training Archive

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

## **SOME OF THE 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)
- Incident Reporting
- LTSS Quality Assurance and Quality Improvement
- Transitions in Care – Hospital to Community-Based Care



# Upcoming Training:

**NEXT**

## **Landlord/Tenant Laws in Iowa: Building an Understanding for the Home- and Community-Based Settings Rules**

April 13, 2023 | 10:00 AM – 12:00 PM | Virtual [Registration](#)

In-Person [Registration](#)

Polk County Human Services Building (2309 Euclid Ave., Des Moines, Iowa) Conference Room I