

Quality and Compliance

- ❖ Areas of interest and increased scrutiny at the Federal level:
 - Expectations for Boards regarding quality of care linked to fiduciary responsibility:
 - Goals of QI, benchmarks and link to management accountability?
 - How does organization measure and improve quality?
 - Integration of QI and QA activities into organization policies?
 - Is the Board formally oriented and continually educated on quality of care?
 - What info is essential to Board's ability to understand and evaluate QI and QA programs?
 - Quality-based CIA's
 - Compliance Officer responsible for ensuring that quality of care issues are properly addressed
 - Quality Assurance Committee
 - Quality Assurance Committee of the Board
 - Internal quality audits and reviews
 - Measures (policies):
 - To ensure coordinated interdisciplinary approach
 - To ensure effective protocol to prevent falls and injuries
 - To ensure accurate clinical assessments
 - To ensure that staffing levels are appropriate and based upon clinical needs
 - Targeted areas of investigation/enforcement
- ❖ State and payer audits with increased emphasis on quality of care

OCA Role and Responsibilities in response:

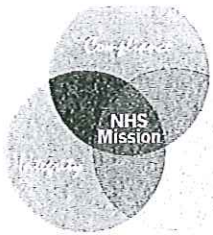
- ❖ Board:
 - Measuring integration of quality assessment/improvement processes into policies and operations. Measuring management's implementation and enforcement. Creating internal controls to monitor quality metrics.
 - In conjunction with management and service line leadership, identify and report on appropriate metrics and information.
 - Coordination of quality improvement/assessment activities and compliance efforts and risk assessments.
 - Reporting mechanisms for quality of care issues, and informing the Board.
 - Measuring human and other resources to ensure of sufficient amount to ensure quality and safety.
 - Ensuring competency assessment and training of clinical staff.
 - Measuring processes for managing adverse events and quality deficiencies.
- ❖ Federal expectations (CIA's):
 - Evaluating extent of coordinated interdisciplinary approach to care.

- Evaluating safety protocols.
- Evaluating processes for conducting clinical assessments.
- Evaluating procedures for ensuring clinical staffing levels are appropriate and based upon need.
- Ensuring that temp staff are identified, tracked and are not overly relied upon.
- Evaluating processes for ensuring that all consumers are placed in most appropriate, least restrictive setting.
- Ensure existence of measures to collect and analyze data.
- Evaluate system for incident management. .
- ❖ State and Payer:
 - Participate in or evaluate responses to visits that result in clinical or quality deficiency citations.
 - Manage response for second-time failures.
 - Develop strategies for preventing future citations.

Clinician Integrity Safety Check List

1. Medical necessity established prior to service commencement?
2. Treatment plan created timely in conjunction with individual and signed appropriately?
3. Consumer insurance coverage checked?
4. Clinician is a "best fit" based upon consumer needs, payer requirements and clinician qualifications?
5. Service is provided consistent with treatment plan and schedule?
6. Service documented with time in, time out and signed by recipient after service is provided?
7. Progress note completed accurately and on time?
8. Progress note filed timely?

Distributed by:
CCPA
35 Cold Springs Road, Suite 522
Rocky Hill, CT 06067



NHS

HUMAN SERVICES

The Office of Corporate Accountability

Distributed by:

CCPA

35 Cold Springs Road, Suite 522

Rocky Hill, CT 06067

Clinical Quality Assessment Reviews:(CQAR's)

1. What is a CQAR?
 - Examining clinical quality concerns that could negatively impact consumers, staff, the program, or NHS
 - Do not need to be linked to a regulation or policy necessarily, but the propensity for negative outcomes is the focus
 - Focus is on processes and identifying areas of risk and developing mitigation strategies to help correct deficiencies, reduce risk, or improve service
2. How do Clinical Quality Assurance Review (CQAR) concerns get reported?
 - Helpline
 - Fax
 - Email
 - Audits
 - Also might be developed during the course of a Compliance Investigation
3. Priority Codes: Urgent, routine, inquiry
4. Examples of issues that could initiate a CQAR:
 - *Inappropriate medication and frequency of medication management appointments* — Psychiatrists are concerned with appropriate medication management and report having sufficient time to complete medication checks. Their documents might be incomplete or illegible.
 - *Level of care is not appropriate for the needs of the individual* — Too high or too low, no process to determine appropriate LOC based on medical necessity
 - *Coordination of care between providers is not evident* — such as with PCP, teachers, psychiatrist, therapist and case manager especially when individual has a co-morbid medical condition)
 - *Type of treatment modality applied is inappropriate* — for example, cognitive therapy for a child with autism
 - *Documents are not clinically focused and relevant to service* —treatment plan doesn't link to the diagnosis and referral issue logically, documents events that are not therapeutically relevant.
5. The goal is to make processes more efficient, to protect programs, staff, and consumers from harm, and to integrate with programs and Service Lines to provide the best quality of care possible...not designed to be punitive but to be collaborative

Case Study: Pandora's Box

Pandora's Box is a residential program comprised of multiple apartments in a an apartment complex. Some living arrangements are classified as "Supported Independent Living" and others as "Community Residential Rehabilitation – Moderate or Maximum Care".

This winter a call came through the Compliance Department Helpline with a complaint from a family member that a resident in one of our supported independent living apartments had not been receiving her medication as prescribed. The caller reported that her sibling had not received the proper medication in several days due to the site "running out" and she was concerned because her sister had been hospitalized for several weeks the year previously due to medication alterations. After review, the case review team at that time contacted program management for response and follow up to ensure the individual received her medication and was monitored for stability. Just last week, the same caller contacted the Helpline indicating her concern again that her sister had not received her medication over the holiday weekend as the site "ran out". As a result, the individual who did not receive her medication had medical complications and had to be taken to the local emergency room. Upon notification to the Helpline, the management team determined that an immediate clinical compliance assessment and review be commenced.

During the previous year there had been three deaths at this particular program which houses approximately 35 residents. This is a non-therapeutic program; however, all residents have a major mental health diagnosis and many receive medication administration services and psychiatric services from our organization. At this location there had been significant shifts in staffing; particularly following the deaths of the residents in the preceding year. Additionally, given the difficulty in staffing this program, temp staff were often utilized from a local contracting agency.

During the course of the investigation the team reviewed the storage facilities for the medication, medical records of residents, medication administration reports (MARs), and program policy and procedure manuals. The team also interviewed the site Director, the individual responsible for administering medication during the week, and the case manager of the individual who was hospitalized. The medication storage review found poorly labeled bins for individuals' medication, expired medication, and an unlocked lockbox containing controlled substances. Medical records were found to be lacking complete documentation, including missing required treatment plans, assessments, and progress notes. Additionally, the records were found to contain vital information on post-it notes and were lacking physical integrity. The MAR's were incomplete and mislabeled according to form instructions and often did not correspond to information contained in the individuals medical record. It was discovered that several individuals had not received their proper medication over the past year as a result of the site failing to refill individual's prescriptions in a timely manner. Moreover, individual scripts were not being followed or monitored as written. For example, individuals in this population are at high risk for Type 2 Diabetes and had orders for regular monitoring of blood glucose per the MAR. However, there were no records of this occurring over the preceding year in either the medical record or MAR. Finally, the policy and procedure manuals described auditing procedures to ensure documentation completeness in the records yet evidence of audits was not able to be located.