

Quality Assurance Plans



**IMPROVE PERFORMANCE AND REDUCE RISK
WITH
PREVENTION**

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What is a Quality Assurance Plan?



- Organized system to review
 - Documentation
 - Risk Management
 - Quality Indicators – UIP rate, Best Practices for BP, BMI, Pap/Mammography follow up, Diabetic care, Tobacco

Why do it??



- *The Quality Assurance and Improvement program at WH evaluates the **quality** of patient care in order to reduce the risk of patient injury. The goal is to maintain or **improve** the quality of care and to ensure that patient care is optimal using available resources.*
- Prevention of Injury
- Medical/Legal Issues
 - Incident Reports
 - Accessibility and Emergent Care

QA vs. QI

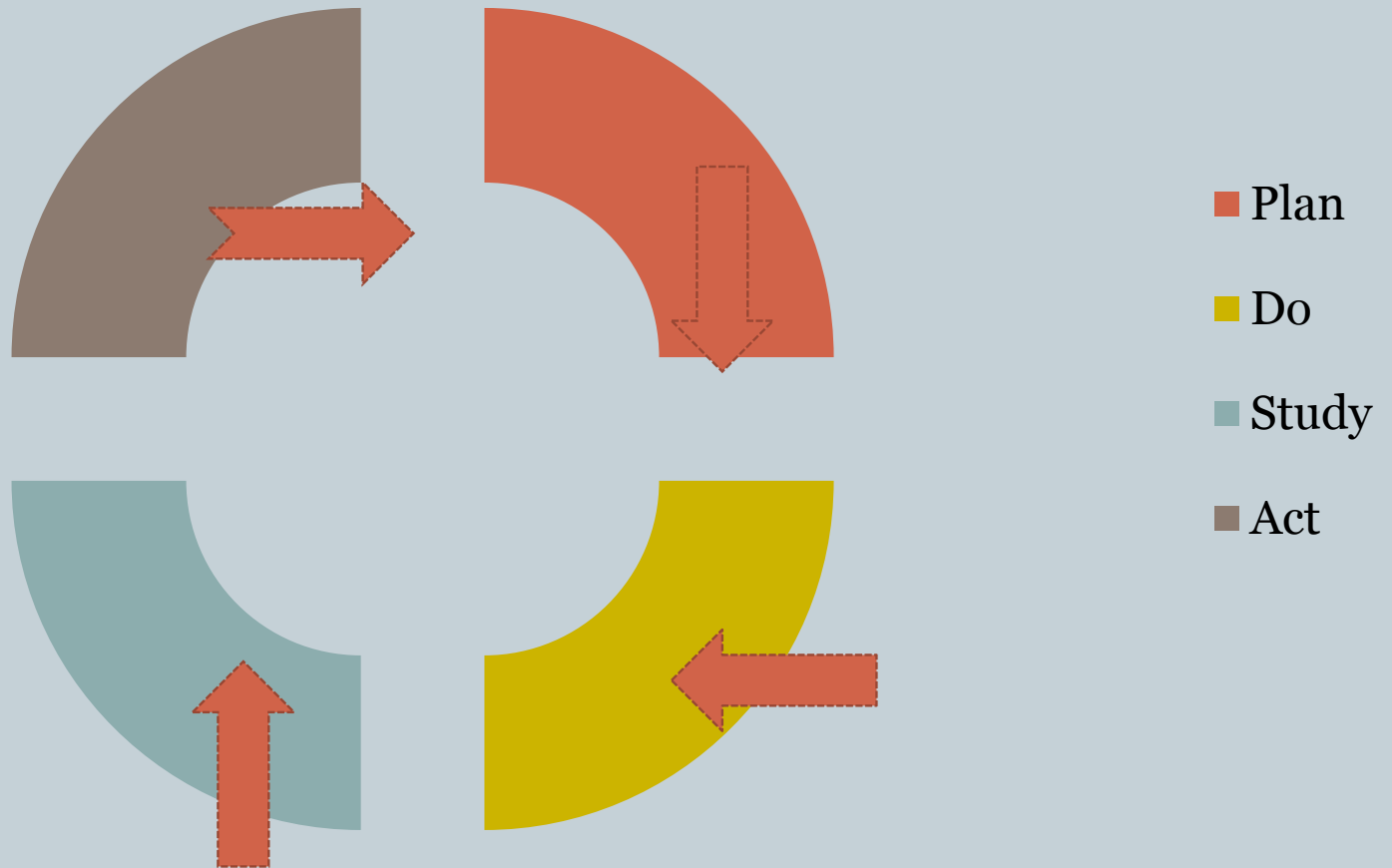


- QA – retrospective look back at occurrences, audits. Can point out areas where improvement is needed, or assure that systems working well. Punitive/policing? Is it a system issue, individual performance or line item issue.
- QI – prospective guided plan to improve systems and/or patient outcomes. AIM, Establish measures, Select change and test outcome.
- **PLAN – DO- STUDY - ACT**

Plan- Do- Study- Act



Testing Changes



PDSA



- What are we trying to accomplish?
Setting Aims – Improvement requires setting aims.
- How will we know that a change is an improvement?
Establishing objective measures
- What changes can we make that will result in improvement?
Identify the changes that are most likely to result in improvement

The QAI Committee



- **Who**

- Staff: Med Dir, Clinical Dir., CA, Lab, Clinic Mgr
 - ✦ Brainstorm solutions
- Board member, outside experts – increase rapport, reputation. Attorney/physicians/nurses. Local hospital rep.

- **Why**

- To get a broader perspective on your services, outside eyes, expertise, collaboration

Methodology



- **Retrospective:**
 - Chart audits – comprehensive patient visit of , clinical, lab, pharmacy vs. from department level
 - BVWHC – audit system revised and implemented in 2008
 - Assure complete, concise, consistent and clear documentation of medical care including non-medical information as well as completeness and flow of the medical visit

Comparison of Types of Audits

Typical patient visits and each portion of the chart

- Problem list
- Counseling sheet
- HIPPA/Demographic/Financial
- Consent Forms
- Exam Sheet
- Correct labs, SOAP
- Chart Log, Rx's

Specific Clinics or Tasks

- Teen Clinic
- MD Clinic
- Colposcopy Clinic
- Infection Control

- Tasks – HIV testing
BC consent, Education,

Medical Record Audit Methodology



- Twenty charts from the Family Planning clinics which include 5 from Longmont and 5 from Boulder Teen Clinic. Chart audit summaries are completed on a quarterly basis.
- Thirty six separate line items were assessed for completeness or marked incomplete. NA is marked if the information is not applicable to the visit. A explanation of NA's will be included on the audit for clarity to the committee members.

Expectations and Scoring



- Each of the 36 items was given credit for 2.8 points or the number of incompletes were divided by the number of items audited.
- The goal was to achieve a score of 90% or higher
- If the chart scored lower than 80% the Clinical Director should counsel the individuals involved.
- If category in all the charts scored below 80% then recommendations or changes should be considered by the staff and or the Board QAI committees.



Other Components of a Successful QAI Plan

Performance Standards

Credentials

Job Descriptions

Administrative
Compliance Standards

Patient Satisfaction
Surveys

- Documented monthly check – ins, no new information should be presented during the PE
- Performance Evaluations may include:
 - Quality of Work
 - Effective Team Member
 - Communication Skills
 - Reasoning and Judgment
 - Initiative
 - Work Habits
 - Training and Professional Growth

Performance Standards



- Credentialing, Background checks

Verify all professional credentials for licensed personnel upon hiring and once per year (Articulated Plan for Rx authority)

BVWHC requires professional staff to maintain current CPR certification

- Performance Evaluations
- Clear Job Descriptions – Major Job Duties

Clear Job Descriptions



- Listed in the Title X Nursing Guidelines
- Develop your own
- Major Job Duties:

Examples for APN – Nursing Practice

Clinical Skills

Critical Thinking

Charting and Documentation

Other: referrals, follow up

Methodology



- **Administrative Compliance Standards**
 - CLIA – Lab Audit
 - OSHA/ Infection Control
 - Pharmacy

CLIA/Lab Audit



- Goal is to review documentation of laboratory test ordered, accuracy of any test performed on site, results received, documentation in the lab book and equipment maintenance
 - ✦ Three main areas of the lab audit include:
 - The lab book
 - Physician lab book
 - Quality Controls

OSHA/Infection Control



- From CDC to reduce the transmission of infections from patients to health care personnel and from personnel to patients.

Elements which WH provides which are necessary to ensure the infection control goals of personnel and patients include:

- Coordination of non-clinical and clinical staff for infection control principles, or standards
- Medical evaluations if necessary for current illnesses
- Education of health and safety issues

Elements of Infection Control



- Management of job-related illnesses and infectious diseases, including policies of work restrictions for infected or exposed personnel
- Prevention Standards – Blood borne pathogens
- Control of Selected Infections – HBV, Hepatitis C and HIV
- Immunization of Health Care Personnel
- Personnel Health and Safety Education

Pharmacy



- Goal – To assure that all medications are prescribed appropriately, written correctly and if dispensed on site are dispensed accurately and that medications are available on site
- Goal to assure that low income and or uninsured patients have access to medications prescribed within the WH scope of practice.

Pharmacy



- Formulary –Stocks a variety of forms and methods of contraception, STI medications
- Inventory/Ordering and storage
inventory done on a monthly basis
- Writing prescriptions and dispensing medications
- Labeling
- Controlled substances
- Emergency medications
- Attestation forms to State Board of Nursing for Rx authority
- New pharmacy audit for EMR

Continuing Education



- Physicians – required to complete 15 category 1 CME year
- APN’s – NCC- maintenance has changed to Stage 1 or Stage 2- taking the continuing competency specialty assessment evaluation and 45 CEU’s in your specialty area, or 50 hours and an increased fee.
- RN’s - 8 CEU’s per year

Methodology



- **Patient Satisfaction Survey**
 - Regional Quality Improvement Program
 - Title X
 - Ask the hard questions.
 - Diverse representation of patients.
 - Review them and use to inform prospective quality improvement activities

Quality Improvement



- Prospective
 - Not necessarily responding to a problem
 - ✦ Describe system to be improved
 - ✦ Include numerical goals
 - ✦ Set stretch goals
 - ✦ Stay focused but flexible
 - QAI resolution tool
 - ✦ Responding to a problem area.
 - ✦ Staff education, solve system barriers, incentivize compliance, be consistent w/directions, limit changes, give 3 reminders

Today and Tomorrow



- EMR –
 - Streamline audit process
 - Reports from EMR
 - Comparing our practice to other practices (IPN)
 - Learning how to see patients all over again and charting within the EMR
 - Process of redeveloping our audits and seeing how our old audits fit into the Next Gen system
 - Deciding our AIMS
 - Patient Outcomes – Objective data used for reporting and applications for grants
 - IHI.org Improvement Methods
<http://www.ihl.org/IHI/Topics/Improvement/ImprovementMethods/>



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References



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