

Annual Report on Quality Management and Performance Measurement/Improvement
Calendar Year 2015

Introduction:

Life Alliance is committed to providing quality services to our consumers. We also understand that this goes beyond direct care. Our approach to quality assurance and continuous improvement is to learn from best practice and utilize tools from area programs and other government agencies. We set standards for management, supervisory, staff, and consumer service quality that strive to meet or exceed the industry standard.

The Life Alliance Quality Management Committee meets on a quarterly basis. Members of the Leadership Team and the Quality Assurance Director have standing seats on the committee. The committee performs, at a minimum, the following tasks:

- Reviews 40% of all consumer and employee charts annually
- Review and formulate a plan to address all formal complaints/grievances
- Review and formulate a plan to address all MCO Plans of Correction
- Set and review performance management, measurement, & improvement goals, results, etc
- Review the results of consumer satisfaction surveys
- Review credentialing status
- Review the results of all internal/external audits

Performance Measurement, Management, and Improvement System:

Our Director of Quality Assurance streamlined and revamped the system in 2015 as evidenced in Policy and Procedure #8001, which also serves as the Life Alliance Quality Management Plan and Continuous Quality Improvement Project. Each year we adhere to the following process:

- Gather data from internal and external sources
- Draft annual planning objectives
- Gather data from internal and external sources
- Develop indicators and outcomes measurements to ensure objectives are met
- Gather data from internal and external sources
- Track progress quarterly
- Gather data from internal and external sources
- Draft annual analyses outlining results, improvements made, and improvements needed

Internal data may include: annual employee, consumer, and stakeholder satisfaction surveys, targeted satisfaction surveys, service grids, progress notes, performance evaluations, incident reports, complaint log, internal committee meetings

External data may include: MCO trainings and forums, MCO-required outcomes, provider collaboratives, industry trainings and forums, advocacy group meetings, external committee meetings, workshops, seminars, industry best practice

At its discretion and as necessary, the Life Alliance Leadership Team and/or Director of Quality Assurance may develop issue-specific Quality Improvement Projects or Performance Improvement Projects. These projects would have their own objectives, indicators, and outcomes within the overall PMMI system.

Annual Quality Management Goals:

Employee charts reviewed

Goal- 40%

Result- 20%

Extenuating Factors: Due to multiple audits Quality Assurance Director reviewed all remaining charts prior to the final QM meeting of the year skewing his number on this goal higher and the committee's lower.

Consumer charts reviewed

Goal- 40%

Result- 20%

Extenuating Factors- See Above

Plans of Correction (From MCO)

Goal- 3 or less

Result- 1

Extenuating Factors: N/A

Number satisfaction survey line items under 90%

Goal- 0

Results- 2

Extenuating Factors- See summary of committee activities

Complaints/Grievances Filed

Goal- 1 or less

Results- 8

Extenuating Factors- See summary of committee activities

Evaluate QM system

Goal- 1

Results- 1

Extenuating Factors- N/A

Satisfaction of overall operations by consumers, stakeholders, employees

Goal- 90%

Results- 97.5%

Extenuating Factors- N/A

Annual Quality Assurance Director Goals:

Employee charts reviewed

Goal- 60%

Result- 80%

Extenuating Factors- See QM chart review goals

Consumer charts reviewed

Goal- 60%

Result- 80%

Extenuating factors- See QM chart review goals

Contacts with CARF Specialist

Goal- 6

Result- 6

Extenuating Factors- N/A

CARF Trainings Attended

Goal- 1

Result- 1

Extenuating Factors: N/A

MCO Meetings/Trainings Attended

Goal- 4

Result- 12

Extenuating Factors: Goal should be revised upward in future years.

Med Documentation Reviews (Not Counting RN Reviews)

Goal- 4

Result- 4

Extenuating Factors: N/A

Other Committee Activities:

1 – Alternative Family Living: This was discussed last year due to the extensive monitoring requirements. While the routine monitoring tool has been greatly reduced, CMS now requires AFLs to comply with North Carolina's Home and Community Based Services Final Rule. This rule encourages residential support settings to focus on individual choice, autonomy, community inclusion, and community integration.

Life Alliance Quality Assurance Director completed HCBS assessments for all of our AFL facilities. Some have already been accepted as fully compliant while others remain under review. The review process is expected to be complete by January 20, 2016.

Leadership Team amended the Residential Supports section of the Life Alliance training package to include HCBS requirements. Quality Assurance Director developed documentation tools for AFL contractors and Life Alliance QPs to ensure compliance.

2 – Two line items on our satisfaction surveys came back under 90%.

a – Frequency of Pay: This has been below 90% for the past two years. However changing the frequency of pay from twice monthly to weekly would not be feasible. Neither our internal documentation system nor external billing systems are set up for weekly payroll. This line item has been removed from future surveys for this reason.

b – Efficient Replacement of Worker Who Leaves: This has also been below 90% for two straight years. To address it, Life Alliance has hired salaried, permanent fill-in workers trained on multiple cases. These individuals can be utilized during times of employee transition and for general back-up staffing.

3 – In 2016 there will no longer be separate sections for Quality Management Team goals and Quality Assurance Director goals. All QM objectives and indicators will be in a single section of the PMMI tool. Objectives specific to the Director will be identifiable as such within the indicator.

4 – Our complaint numbers were up this year due to the way complaints are now handled. In previous years supervisors have been given the discretion to differentiate between what should be documented as a formal complaint and followed up as directed by policy and what should simply be noted in supervision and followed-up as needed.

We saw how this could lead to confusion and frustration. Informal complaints are difficult to track and may not get the attention that a formal complaint would. Therefore all supervisors and office staff were instructed to treat any complaint that cannot be immediately resolved as a formal complaint.

Formal complaints are completed by the supervisor or Quality Assurance Director, tracked and updated by Quality Assurance Director, and reviewed by the full QM Team. All deadlines as set in policy and procedure are followed (10 day investigation, 10 day response, 10 day appeals).

This led to an obvious increase in documented complaints, but also provided a valuable and more accurate source of input to be used for quality improvement purposes.

