POLICY
The purpose of the Quality Assurance Program is to insure that a comprehensive program of services is provided for residents and that these services are adequate and optimal for the available resources and consistent with those required by state licensure.

OBJECTIVES
The objectives of this program are to:

1. Establish, maintain, support and document evidence of an ongoing Quality Assurance Program that includes effective mechanisms for monitoring and evaluating utilization and delivery of resident services and for appropriate response to any negative findings.

2. To form a Quality Assurance Committee that is responsible for implementing and overseeing the program. To identify the lines of authority, responsibility and accountability within the committee to insure that adequate communication occurs among all departments and groups involved in the delivery of resident services, care and programs. The committee will identify resident services and programs that need improvement.

3. Assist individual departments with the identification, analysis and resolution of problems that affect the residents in the community.

4. Evaluate the results of corrective actions taken by individuals/departments. The program will maximize the use of resources available within the community and in the community at large, when appropriate, in order to resolve problems or improve resident services.

ORGANIZATION
The Administrator is responsible for coordinating the Quality Assurance Program. The Administrator will be the leader of the Quality Assurance Committee. A representative from each department will be chosen by the leader to participate in the Quality Assurance Committee.

AUTHORITY
The Administrator will be responsible for implementing the Quality Assurance Program and establishing the Quality Assurance Committee. The Administrator of the community shall assume
responsibility for assuring the Quality Assurance Program is in compliance with applicable state, federal, and local regulations.

SCOPE
Quality assurance activities will be integrated and coordinated among all departments within the community. The program will be designed to minimize duplication of efforts and will be cost-effective. A member of each department will be included in the committee.

PROGRAM
The Quality Assurance Committee will meet quarterly. Minutes of the Quality Assurance Committee meetings will be kept and filed in a Quality Assurance binder using the Quality Assurance Meeting Minutes form and maintained by the Quality Assurance Committee Leader. Decisions regarding corrective actions will be communicated to the staff by utilization of the 24 book “memos” area or scheduled meetings as needed.

Each Department will submit completed audit tools and reports to the committee, following the Quality Assurance Master Audit schedule, regarding identified service delivery problems. These reports will include suggested plans of correction and be outlined on the Quality Assurance Meeting Minutes form. Each quarter, along with discussing newly identified problems, the committee will review all areas of study to determine if there are any new service delivery problems and to determine if previous plans of correction have been adequate to solve the previously identified problems.

The committee will complete a quarterly self-assessment review using the Q/A audit tool and review prior to the Quality Assurance Committee Meeting to insure that the community’s monitoring, evaluation and problem resolution activities have been effective. The committee will review all resident and staff surveys.

AREAS OF STUDY

- Evaluation of personal services - dressing, bathing, laundry, hygiene. (Action Rounds Form)
- Evaluation to determine if meals meet residents’ needs and preferences. (Resident Survey)
- Evaluation of internal and external fire and life safety drills.
- Evaluation of the infection control program. (Action Rounds Form)
- Evaluation of nursing services.
- Evaluation of medication services
• Evaluation of care planning.
• Evaluation of resident counsel.
• Evaluation of discharge planning.
• Evaluation of activity program.
• Evaluation of housekeeping services. (Resident Survey)
• Evaluation of maintenance services. (Resident Survey)
• Evaluation of transportation services. (Resident Survey)
• Evaluation of basic reminder services. (Resident Survey)
• Evaluation of resident and staff accidents of injuries (incident reports).

When residents or staff members identify problems or concerns, they may submit these concerns to any Quality Assurance Committee member using the Grievance/Concerns form. The problem or concern will be addressed and discussed at the next committee meeting.

PROCESS
The Quality Assurance Committee Leader will authorize a designee to complete the required department audits. The Quality Assurance Committee Leader will review the Quality Assurance Audit Schedule monthly and assure all Audit Forms have been completed and returned timely to the Quality Assurance Leader with trending identified and plans for correction outlined. The Quality Assurance Leader will set a quarterly Quality Assurance Committee Meeting date and time for audits and improvement plans to be reviewed. The minutes of the meeting will be documented on the Quality Assurance Meeting Minutes form. Quality Assurance audit forms are internal Q/A documents only and are to be kept and filed in the Quality Assurance binder under the respective department tab per the Quality Assurance Binder Set up Protocol for 12 rolling months and maintained by the Quality Assurance Committee Leader. Quality assurance audit tools are not to be shared with any non-employee unless the leader receives written permission from the President or Vice President of Ageia Health Services.

FORMS
QA Meeting Minutes Form
QA Assurance Binder Set Up
QA Master Audit Schedule
QA Master Audit Spreadsheet