

Quality Assessment and Assurance

Guidance Training
(F520) §483.75(o)



Today's Agenda

- Regulation
- Interpretive Guidelines
- Investigative Protocol
- Determination of Compliance
- Deficiency Categorization

Training Objectives

After today's session, you should be able to:

- Describe the intent of the quality assurance and assessment regulation
- Identify triggers leading to an investigation of F520
- Describe and utilize the components of the investigative protocol
- Identify compliance with the regulation
- Appropriately categorize the severity of noncompliance



Regulatory Language

42 CFR §483.75(o) Quality Assessment and Assurance

- (1) A facility must maintain a quality assessment and assurance committee consisting of
 - (i) The director of nursing services;
 - (ii) A physician designated by the facility; and
 - (iii) At least 3 other members of the facility's staff.

Regulatory Language

42 CFR §483.75(o) Quality Assessment and Assurance (cont.)

- (2) The quality assessment and assurance committee-
- (i) Meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and
 - (ii) Develops and implements appropriate plans of action to correct identified quality deficiencies.

Regulatory Language

42 CFR §483.75(o) Quality Assessment and Assurance (cont.)

- (3) A State or the Secretary may not require disclosure of the records of such committee except in so far as such as disclosure is related to the compliance of such committee with the requirement of this section.
- (4) Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions.

Quality Assessment and Assurance

Interpretive Guidelines



Interpretive Guidelines

Components

- Intent
- Definitions
- Overview
- Quality Assessment and Assurance (QAA)
 - Committee Composition and Frequency of Meetings
 - Identification of Quality Deficiencies
 - Development of Action Plans
 - Implementation of Action Plans and corrections



Interpretive Guidelines

Intent

- Facility has a QAA committee
- The committee:
 - Has key members
 - Meets at least quarterly

AND

 - Identifies quality deficiencies
 - Develops and implements plans of action

Interpretive Guidelines

Definitions

- Quality Assessment
- Quality Assurance
- Quality Deficiencies
- Quality Improvement

Interpretive Guidelines

Overview

- QAA is a management process that is ongoing, multi-level, and facility-wide.
- Encompasses all managerial, administrative, clinical, and environmental services, as well as the performance of outside (contracted) providers and suppliers of care and services.

Interpretive Guidelines

Overview (cont.)

- QAA's purpose is continuous evaluation of facility systems with the objectives of:
 - Keeping systems functioning satisfactorily,
 - Preventing deviation from care processes,
 - Discerning issues and concerns,
 - Correcting inappropriate care processes.

Interpretive Guidelines

Overview (cont.)

- QAA committees provide points of accountability for ensuring quality of care and quality of life in nursing homes.
- QAA committees allow nursing homes opportunities to deal with quality deficiencies in a confidential manner.

Interpretive Guidelines

QAA Committee Functions

- Key aspects of QAA requirements:
 1. Facility must have a QAA committee
 2. Committee includes certain staff
 3. Committee must meet quarterly
 4. Responsible for identifying quality deficiencies
 5. Responsible for developing plans of action

Interpretive Guidelines

QAA Committee Composition

- The QAA committee must include the director of nursing services, a physician, and three other staff.
- Additional members may include:
 - The administrator or assistant administrator,
 - The medical director,
 - Other staff with responsibility for direct resident care and services, and/ or
 - Staff with responsibility for the physical plant.

Interpretive Guidelines

QAA Composition

One key element is communication:

Consideration should be given as to how committee information is provided to consultants who may not be members of the committee but whose responsibilities include oversight of departments or services.



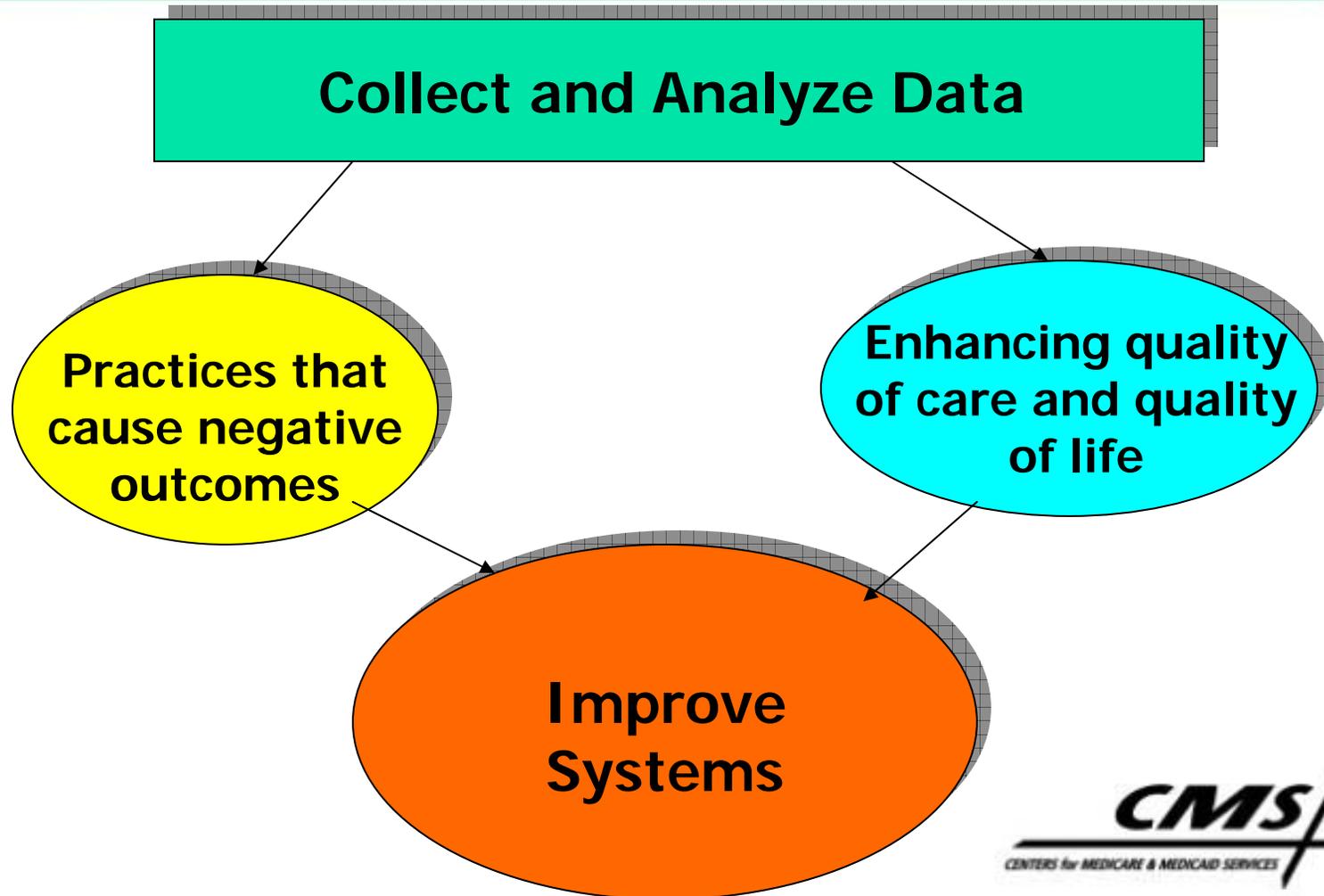
Interpretive Guidelines

Frequency of QAA Meetings

- Meetings of the QAA committee are held as often as the facility deems necessary to fulfill committee functions and operate effectively, **but must be held at least quarterly.**
- The Committee should maintain a record of the dates of all meetings and the names/titles of those attending each meeting.

Interpretive Guidelines

Identification of Quality Deficiencies



Interpretive Guidelines

Identification of Quality Deficiencies

- Records of the QAA committee meetings may **not** be reviewed by surveyors
- Reports that surveyors may review include:
 - Open and closed record audits
 - Facility logs and tracking forms
 - Consultants' reports
 - Other reports as part of the QAA function
 - At the discretion of the facility, this evidence could include or be a record of accident and incident reports

Interpretive Guidelines

Development of Action Plans

Action plans may include:

- Development/revision of clinical protocols
- Revisions of policies and procedures
- Development of training for staff
- Plans to purchase or repair equipment/improve physical plant
- Development of standards for evaluating staff performance

Interpretive Guidelines

Implementation

- The facility implements action plans to address quality deficiencies
- Action plans may be implemented in a variety of ways:
 - Staff training and deployment of changes to procedures
 - Monitoring and feedback mechanisms
 - Processes to revise plans



Quality Assessment and Assurance

Investigative Protocol

Investigative Protocol

Components

- Objectives
- Use
- Procedures

Investigative Protocol

Objectives

- To determine if the facility has a QAA committee consisting of the director of nursing, a physician designated by the facility, and at least three other staff members; and
- To determine if the QAA committee:
 - Meets at least quarterly (or more often, as necessary);
 - Identifies quality deficiencies;
 - Develops and implements appropriate plans of actions to address identified quality deficiencies; and
 - Monitors the effect of plans of actions and makes needed revisions.



Investigative Protocol

Use protocol for...

- All initial surveys
- All standard surveys
- And use as necessary on
 - revisits and,
 - abbreviated standard surveys (complaint investigations)

Investigative Protocol Procedures

- Preparing for the survey. Sources include:
 - Quality Measure/Quality Indicator Reports
 - The OSCAR 3 Report
 - Information from the State ombudsman

Investigative Protocol

Procedures: Use of QAA Records

- Facility is not required to release meeting records.
- Facility may choose to disclose if it is the only means of showing the composition and functioning of the committee.
- It is recommended that surveyors not review records until after they complete their investigations.



Investigative Protocol Procedures

- If QAA committee records reveal that the committee is making good faith efforts to identify quality deficiencies and to develop action plans to correct quality deficiencies, this requirement (F520) **should not be cited.**

Investigative Protocol

Procedures

Interview responsible QAA person to determine:

- How the committee identifies current and ongoing issues for committee action
- The methods the committee uses to develop action plans
- How current action plans are being implemented

Investigative Protocol Procedures

The assigned surveyor should also interview staff in various departments to determine if they know how to bring an issue to the attention of the QAA committee.

Investigative Protocol Procedures

If noncompliance is identified, the surveyor should interview the designated person for QAA to determine:

- If the committee knew or should have known the issues
- If the committee had considered the quality deficiency
- If they determined that an action plan was needed
- If the committee developed and implemented any action plans to address concerns
- If the staff are providing care according to the directives of these action plans



Quality Assessment and Assurance

Determination of Compliance



Determination of Compliance

- Synopsis of Regulation
- Criteria for compliance
- Examples of noncompliance for F520

Determination of Compliance

Synopsis of the Regulation

This requirement has two aspects:

- The facility must have a committee composed of certain key members that meets at least quarterly (or more, as necessary);
- and the committee functions to identify and address quality deficiencies.

Determination of Compliance

Criteria for Compliance

The facility is in compliance if:

They have a functioning QAA committee consisting of the director of nursing, a physician, and at least three other members, that meets at least quarterly (more often as necessary); and

The committee:

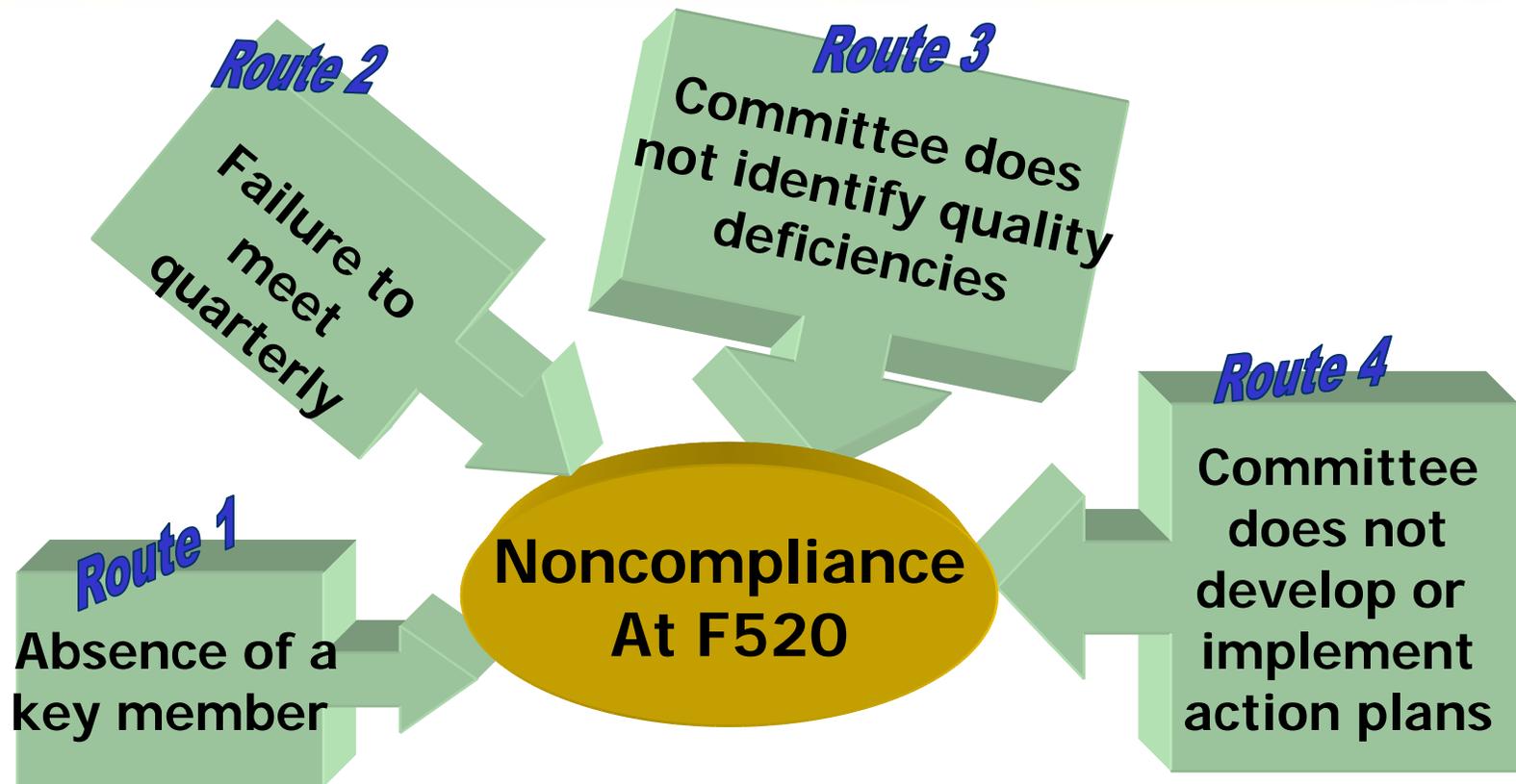
- Identifies quality deficiencies; and
- Develops and implements appropriate plans of action to address these concerns.

If not, cite F520.



Determination of Compliance

Routes to Noncompliance



Determination of Compliance

Clarification Point

- The surveyor must be able to identify the **relationship** between the facility's noncompliance cited at other regulatory tags and the failure of the QAA Committee to function effectively.

Quality Assessment and Assurance

Deficiency Categorization

Deficiency Categorization

- Severity determination
- Deficiency categorizations
 - Levels 1 through 4

Deficiency Categorization

Severity Determination

The key elements for severity determination are:

- Presence of harm or potential for negative outcomes
- Degree of harm or potential harm related to noncompliance
- Immediacy of correction required

Deficiency Categorization

Severity Determination Levels

- **Level 4:** Immediate Jeopardy to resident health or safety
- **Level 3:** Actual harm that is not immediate jeopardy
- **Level 2:** No actual harm with potential for more than minimal harm that is not immediate jeopardy
- **Level 1:** No actual harm with potential for minimal harm

Deficiency Categorization

Severity Level 4: Immediate Jeopardy

In order to select Level 4, both must be present:

- Noncompliance cited at Immediate Jeopardy at another F-Tag ***and***
- Failure of the QAA Committee to function effectively. For instance:
 - *Facility does not have a QAA committee or*
 - *QAA committee failed to develop and implement plans of action to correct deficiencies*

Deficiency Categorization

Severity Level 3 & 2: Actual Harm and Potential for Harm

In order to select Levels 2 or 3, the following must be present:

- Noncompliance cited at another F-Tag at the respective level; and
- No functional QAA committee that should have identified recurrent or persistent systemic facility quality deficiencies.

Deficiency Categorization

Severity Level 1: Potential for minimal harm

In order to select level 1:

- The facility **does not have a QAA committee** and there have been **no other deficiencies** cited above Severity Level 1; or
- The facility has a QAA committee that has failed to meet the regulatory specifications for the **composition of the committee and/or the frequency** of committee meetings, and there have been no deficiencies cited above Severity Level 1; or

Deficiency Categorization

Severity Level 1: Potential for minimal harm

In order to select level 1:

- The facility's QAA committee meets regulatory specifications for committee membership and frequency of meetings, and **deficiencies have been cited at Severity Level 1 in other tags.**
- In order to select Severity Level 1 in this case, the surveyor must be able to **identify the relationship** between the facility's noncompliance cited at Severity level 1 at other tags and the failure of the QAA committee to function effectively.