

# **POLICY AND PROCEDURE CONCERNING QUALITY ASSURANCE**

## **I. PURPOSE**

The purpose of the Quality Assurance Process is to identify a coordinated set of activities that will assure quality services are provided to all persons served by the agency. It is implemented to assure compliance with Regulations: Title 205 Chapter 4 009 through 009.04.

## **II. AUTHORITY**

This policy and procedure has been implemented with the approval of the Governing Board and/or its designee.

## **III. GOALS**

The goals of the Quality Assurance Process are:

- To provide a system of monitoring services within the agency.
- To assure that documentation of quality assurance activities will be provided which includes findings, recommendations, plan of action and follow-up if needed.
- To provide an annual review of quality assurance activities, with subsequent revision of the Quality Assurance Process as needed.

The Program Specialist will designate staff members to be responsible for the development and implementation of the agency's Quality Assurance Process.

## **IV. PROCEDURAL DIRECTIVE**

### **A. Annual Quality Assurance Review**

#### **1. Tools**

- a. Administration Checklist (Appendix A)
- b. Financial Checklist (Appendix B)
- c. Intake Checklist (Appendix C)
- d. Nurse and Medication Checklist (Appendix D)
- e. Personal Outcomes Checklist (Appendix E)
- f. Personnel Records Checklist (Appendix F)
- g. QA Human and Legal Form (Appendix G)
- h. Safety Checklist– Appendix (Appendix H)
- i. Skill Acquisition Checklist (Appendix I)
- j. Unit File Checklist (Appendix J)

## 2. Process

An Area Program will be scheduled for review during a designated month. This month may not be the same each year.

- a. The Program Specialist will conduct two Outcomes Measures Interviews with people served in the Area Program. The Area Program will choose the people to be interviewed. These people must agree to be interviewed. The interviewers will schedule and complete the Outcomes Conciliation process.
- b. The Program Specialist will complete the Skill Acquisition Checklist for an 18-month period. The services for two people chosen by the Area Program will be reviewed. (Typically these are the people chosen for the Outcomes Interviews.)
- c. The Director of Program Development will complete the Intake, Administration, Safety, Personnel and Unit File Checklists.
- d. The Director of Health Services will complete the Nurse and Medication Checklist and the QA Human and Legal Form.
- e. The Fiscal Analyst will complete the Financial Checklist on a significant number of files/records.
- f. All Exit Surveys will be reviewed.
- g. Other items may be reviewed, such as incident reports, meeting minutes content, etc.
- h. All reports will be made available to the Area Program orally at the time of the review or in draft form within a week of the review
- i. The Area Program will have 30 days to develop a plan of action. The plan will address corrections to the areas of concern and ways to preserve and build on areas of strength. The plan will include timelines for action and assign responsibility for implementation. The plan will be submitted in writing to the CEO and the Program Specialist. The action plan may be spot checked at any time by a member of the review team. The QA review the following year will include a review of the Action Plan for implementation and effectiveness. This review will be included in the Quality Assurance Report for the Area Program.

## B. On-going Quality Assurance Activity

1. All staff are responsible for assuring that the people served by the agency have clean, safe living and working environments. Issues of health, nutrition, abuse, neglect and people's rights must be constantly monitored. Any concerns noted by a staff member must be reported to his/her immediate supervisor.

The Area Director and Support Supervisors are responsible for on-going monitoring of services.

2. The Supervisor Assistants will complete a monthly review of the progress of each long-term goal and staff objective for each person receiving services. Twice a year, the Support Supervisor will complete a full file review for each person receiving services.

3. The Area Program Safety Committee will meet quarterly. See the *Procedure Concerning Safety and Sanitation* for additional information about the role and responsibilities of this committee.

Staff will complete a Property Check and Vehicle Safety Monthly Checklist on a monthly basis and a Safety Checklist bi-monthly.

4. The area program Nurse will conduct reviews, provide training and be available to address health-related issues. Quarterly, the nurse will complete the Health and Medication Administration Checklist.

5. The Area Program Due Process Committee and the agency's Human and Legal Rights Committee will review:

- a. All programs which use restrictive or aversive procedures to teach skills.
- b. All programs/intervention plans supporting psychotropic medications.
- c. Information concerning medication prescribed for behavior modification, mental illness and/or depression
- d. All allegations of abuse and neglect.
- e. Issues regarding a person's rights and/or rights restrictions.

6. Each area program's Due Process Committee will review Incident Reports concerning each individual on a quarterly basis and will identify possible concerns, patterns and trends.

7. Each quarter, critical incidents (as defined by the state), are compiled and analyzed.

8. Yearly, all employees of the agency will be given the opportunity to provide input regarding their work with the agency (see Appendix K - Annual Staff Input Questionnaire). Training will be evaluated and provided to reflect the needs of the employees.
9. The agency is monitored by the Nebraska Department of Health and Human Services, Nebraska State Fire Marshal, U.S. Department of Labor and an independent auditing firm.
10. Policies and Procedures will be available for the Director's Council to review and provide comments, prior to implementation. The CEO will present the policies and procedures to the Governing Board for an annual review. This review will be documented in the minutes of the board meeting. The policies and procedures will be up-dated as needed.
11. Approximately every two years, the Regional Advisory Committee will distribute and analyze a survey regarding satisfaction with services, to identify strengths and concerns.
12. The agency will solicit input from and provide information to individuals served in a variety of ways, including:
  - Participation in agency committees, such as Due Process Committee, Safety and Sanitation Committee, Human and Legal Rights Committee, Regional Advisory Committee, etc.
  - Participation in conferences/training, such as People First, agency training, etc.
  - Individual and joint meetings which may include formal or informal conversations and facility meetings; meeting minutes may be kept as desired
  - Group activities, such as computer classes, job clubs, exercise classes, etc.
  - Posting of agency or community events
  - Periodic surveys, such as Satisfaction Surveys, Quality of Life Surveys, etc.
  - Regional and/or area newsletters
  - Agency website at [www.northstarservices.net](http://www.northstarservices.net)
13. Area programs and individual staff are encouraged to investigate, implement and share information about best practices and emerging trends in the field of developmental disabilities.

#### C. Dissemination of Quality Assurance Findings

The findings from the Quality Assurance Process will be made available to the members of Area Program Management Team, the Regional Advisory Committee, the Governing Board and any other stakeholder who may request them.

D. Annual Review

The Quality Assurance Process will be reviewed annually by the CEO and all agency surveyors involved in the process.

7/98  
5/01  
5/03  
9/05