Document Name:	ANS Quality & Performance Improvement Patient Safety Plan		
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Purpose:

ANS's Quality Management Program & Patient Safety Plan is designed to ensure that the ANS environment and work practices reflect relevant regulatory requirements, current pharmacy and nursing (home refill, home infusion, care coordination and) standard practices, and innovative processes, thus resulting in an environment of excellence in quality output of medications and services.

To assess the safety and quality of patient care provided by establishing a baseline to monitor trends within the company, to use findings to improve care, and to prevent complications. A risk assessment of the population service is considered in setting standards.

Combined efforts within this plan strive to systematically monitor and evaluate the quality and appropriateness of patient care, pursue opportunities to improve patient care, to resolve identified problems. This includes identifying indicators, data collection, analysis, plan of action and reporting.

The Quality Management program is also designed to incorporate the continuous Performance Improvement plan. Advanced Nursing Solutions continually monitors performance to improve services provided to customers, with the ultimate goal of improving clinical outcomes in the population served.

To ensure that a quality and performance improvement processes are established, implemented, and documented for an ongoing quality management program.

ANS's Quality and Performance Improvement Program directly aligns with the organization's mission, vision, and values:

Our Mission

We are driven to improve the everyday lives of patients and providers, in ways big and small. By doing what's right, not just what's expected -every time – we set higher quality standards for targeted drug delivery and infusion care, and enable a higher quality of life for all.

Our Vision

To be the leader in targeted drug delivery and infusion care solutions, empowering transformative impact across the care continuum.

Our Core Values

Innovation: Go above and beyond
We strive to do more for patients and providers, continually creating and improving processes that lead to higher quality and safety.

Stewardship: Do what's right
We are committed to making life easier for patients and providers and treating everyone fairly, truthfully and with integrity.

Unity: Advance everything together
When every person, every process and every protocol is focused on excellence and quality, we know we can transform lives.

Scope: The scope of this Quality & Patient Safety Plan includes but is not limited to: Patient/Visitor safety and employee safety.

Definitions:
ACCS – Advanced Care Coordination Solutions
AIS – Advanced Infusion Solutions
ANS – Advanced Nursing Solutions
CEO – Chief Nursing Officer
CNO – Chief Nursing Officer
COO – Chief Compliance Officer
IS – Information Systems
IT - Intrathecal
JIRA – Quality Management System
N/A – Not Applicable
PDCA – Plan, Do, Check, and Act
PIC – Pharmacist in Charge
QPI – Quality and Performance Improvement
QRE – Quality Related Event
RCA – Root Cause Analysis
SECC - Senior Executive Compliance Committee
VP – Vice President
Administrator – Operations and quality lead for agency
CCO – Chief Compliance Officer

Defined Terms:

1. **Training and Competency:** refers to the initial (new employee), ongoing (annual), and corrective action specific trainings related to tasks or skills which potentially affect the quality of our service or medication.

2. **Environmental Monitoring:** refers to environmental monitoring related to the office environment (pest control)

3. **Disease Monitoring:** refers to tracking of infectious and communicable disease tracking, monitoring and reporting for patients and employees. Plan of action includes mechanism to prevent infectious diseases and education to patients and staff members.

4. **Medication Error:** refers to variation from a prescription or drug order not authorized by the prescriber, but may also include errors related to administration.

5. **Quality Assurance and Documentation:** refers to all quality checks, reviews, and consultations.

6. **Process Analysis and Risk Management Tools:** refers to investigations, RCA, RCA tools, risk assessments, and audits (both internal and external).

7. **Preventative Actions:** refers to corrective actions, improvements, or innovations that impact or affect processes. Proactive Pest Control for all facilities is also included in this category.

8. **Continuous Performance Improvement:** refers to special projects, regulatory initiatives, or change management processes.

9. **PDCA Process:** refers to the simple Continuous Performance Improvement model that cycles through the Plan, Do, Check, and Act steps.

10. **Customer Service:** refers to complaints, documentation of those complaints, and corrective actions, if necessary.

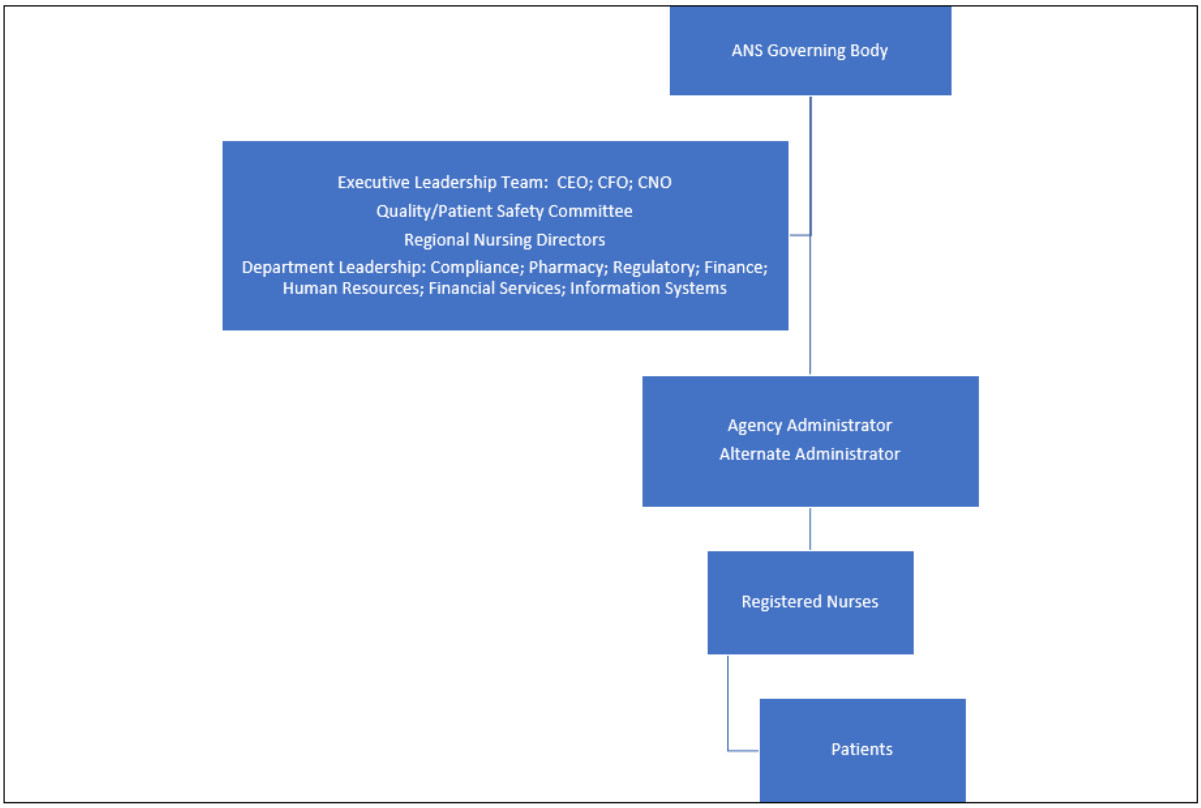
11. **Safety:** refers to basic safety guidelines as required by OSHA, ACHC, and other regulating and accrediting agencies.

12. **Adverse Event Monitoring:** refers to monitoring, data collections, reporting and plan of action for all reported adverse events.

Roles & Responsibilities:

According to NRS 439.875, ANS shall establish a Patient Safety Committee (PSC). The PSC should ensure that the Quality and Patient Safety Plan is promoted and executed successfully.

The Patient Safety Committee Organization:



Based on NAC 439.920, a medical facility that has fewer than 25 employees and contractors must establish a patient safety committee comprised of:

- The patient safety officer of the medical facility;
- At least two providers of healthcare who treat patients at the medical facility, including but without limitation, one member of the medical staff and one member of the nursing staff of the medical facility; and
- The Chief Executive Officer (CEO) or Chief Financial Officer (CFO) of the medical facility.

The roles and responsibilities are defined below (based on NRS 439.875 and NRS 439.877):

- Monitor and document the effectiveness of the patient identification policy.
- Receive reports from the patient safety officer.
- Evaluate actions of the patient safety officer in connection with all reports of sentinel events alleged to have occurred.
- Review and evaluate the quality of measures carried out by the facility to improve the safety of patients who receive treatment.
- Review and evaluate the quality of measures carried out by the facility to prevent and control infections.

- Make recommendations to the executive or governing body of the medical facility to reduce the number and severity of sentinel events and infections that occur.
- At least once each calendar quarter report to the executive or governing body of the facility regarding:
    (1) The number of sentinel events that occurred at the medical facility during the preceding calendar quarter;
    (2) The number and severity of infections that occurred at the facility during the preceding calendar quarter; and
    (3) Any recommendations to reduce the number and severity of sentinel events and infections that occur at the medical facility.
- Adopt patient safety checklists and patient safety policies. Review the checklists and policies annually and revise the checklists and policies as the patient safety committee determines necessary.

ANS Procedure:

Quality Management and Performance Improvement programs identify potential areas of improvement by:

- Reviewing current outcome and patient perception data and discussing results
- Reviewing all serious adverse events, medication errors, and errors related to nursing care
- Reviewing all patient/customer grievances; Reviewing infectious and contagious disease management issues and reports
- Reviewing Risk Reports
- Encouraging staff members to brainstorm improvement opportunities
- Assessing employee or staff (both professional and nonprofessional) learning needs
- Adjusting staffing levels and workflow
- Performing review of safety and efficiency in nursing and pharmacy practices.

Document improvement strategies taken by:

- Producing data to verify improvement
- Improved scores and findings during internal and external audits
- Showing changes in processes by Flow Diagrams and/or procedures
- Reporting and verifying noticeable changes in outcomes.

Evaluate the effectiveness of improvements over time by:

- Reporting improvements in customer satisfaction
- Demonstrating reduction in reported deviations
- Demonstrating reduction in risk.

Each of the above actions and strategies is monitored not only through the Quality Management/Patient Safety committee, but by an intimate teamwork process involving all departments, guided by Senior Management. AIS HealthCare/Advanced Nursing Solutions

recognizes that each employee is ultimately responsible for providing Quality Excellence in IT/Infusion medications and Advanced Nursing Solutions services provided to our customers.

The Quality Management/Patient Safety team communicates with Senior Management regularly and works daily within all departments and subsystems, conferring with departmental leadership regarding insight into decisions regarding appropriate nursing practices and administration of medications dispensed to our customers.

Responsibility for this program, including patient complaints, reportable issues, and adverse events, lies with all stakeholders, including Board of Directors, Governing Body, Senior Leadership, Quality/Patient Safety team which includes:

- CEO
- CNO
- COO
- PIC
- Quality/Patient Safety team
- ANS agency administrators and other specified employees and/or company departments

The nursing quality program is based on indicators including:

- Incidents
- Patient Services
- Infection Control
- Adverse Events
- Medication Errors
- Quarterly Reports - specific to IT nursing, infusion nursing, ACCS, and Outpatient Treatment Licenses*

An integral part of this program is the collection and analysis of data to maintain outcome tracking and benchmarking mechanisms. The QPI Committee meets monthly to review reports on practices and improvements relevant to the subsystems listed above. The QPI Committee then reports to the SECC monthly with a dashboard and specifics, as needed. SECC and the CEO then report quarterly to the Board of Directors. In addition, the Nursing QPI is reported quarterly to the Governing Board.

Records generated as components of this program are maintained specifically for this program as peer review documents and are not subject to subpoena or discovery in an arbitration or civil proceeding. Some states have specific Quality requirements that are jointly evaluated by Compliance, Quality, and Senior Management prior to inclusion within the Quality Management Program. These requirements are evaluated at least annually to determine potential impact on the program.

Specific policies and procedures may be found within the department or service where tasks are performed. Deviation, external complaints, and events requiring investigation or RCA are documented and managed though:

- QREs/Incident Reports
- RCAs
- PDCA Plan and Report – Performance Improvement initiatives (either small or large) will use the PDCA Plan and Report form, report to the QPI Committee, and document in JIRA accordingly. Consult Quality, the PIC, the VP of Operations, or the VP of IS for assistance and oversight with Performance Improvement initiatives.

ANS Nurses are trained upon hire and annually that all incidents are to be reported:

- Immediately to direct supervisor/manage
- Documented on company incident report. The report is sent to supervisor/manager
- Quality monitoring of nursing quality, such as documentation, fall risk, patient satisfaction, infectious diseases, is the responsibility of quality nurse liaison personnel. This role is staffed by an independent department
- Actions for improvement and correction are launched immediately upon notification to nursing leadership
- Results are reviewed monthly by nursing leadership and shared in monthly quality report and meeting, with the Governing Board quarterly and the Board of Directors quarterly.

Nursing Quality Program

1. The agency Administrators and CNO are responsible for implementing and coordinating the Quality Monitoring and Performance Improvement Plan.

2. Responsibility for the daily coordination and implementation of the Performance Improvement Program shall rest with the designated administrators, managers and CNO, in conjunction with the CCO and CEO.

3. The Quality and Compliance Committee serves as an oversight body for all Performance Improvement activities within the company that either directly or indirectly affect patient care. The administrator is an active member of the committee. The Quality Monitoring and Performance Improvement Plan should be evaluated on a quarterly basis to assure that it meets the Performance Improvement needs of AIS HealthCare/Advanced Nursing Solutions nursing division

4. The plan should be reviewed quarterly by the Governing Body and revised as necessary. Quarterly reviews will be documented in the committee minutes.

5. The quality management program must be ongoing, focused on client outcomes that are measurable, and have a written plan of implementation.

6. The Committee uses the quality measures in the care planning and coordination of services and events.

7. Quality measures will include:
    - Negative client care outcomes
    - Complaints and incidents of unprofessional conduct by licensed staff
    - Infection control activities
    - Medication administration and errors
    - Effectiveness and safety of all services provided
    - Complaint resolution process and delivery
    - Plan of care is followed for the patient services and care
    - Patient satisfaction

8. The Governing Body performs a quarterly evaluation of the total operation of the agency. Any identified corrective actions will addressed, monitored, and resolved utilizing the PDCA system. This is collaboratively managed by the Administrator and nursing leadership.

Intrathecal Care Solutions, LLC dba Advanced Nursing Solutions (ANS)
Quality Indicators 2022

Satisfaction:		
Quality Indicator	**Quality Metrics Detail**	**Quality Goal**
Patient Satisfaction	▪ 100% of patient's surveyed 1 month after admission	≥ 95% patient satisfaction rate
Patient/Customer Complaints	▪ All Patient/Customer complaints reported via QRE ▪ Patient/Customer complaints organized by state and reconciled via compliance SOP	< 2% of active patient census with complaint(s)
Facilities:		
Quality Indicator	**Quality Metrics Detail**	**Quality Goal**
Fire Extinguisher(s)	Annual Requirements: ▪ Expiration date(s) checked ▪ Verified in working order per extinguisher gauge (needle/arrow within green zone) ▪ If applicable, validated by the state	100% compliance for all ANS facilities
Smoke Detector(s)	Annual Requirements: ▪ Verified in working order by testing smoke detector(s) ▪ Batteries replaced in device(s)	100% compliance for all ANS facilities
Fire Drill & Disaster Drill	Annual Requirements: ▪ Unannounced facility fire and disaster drills completed annually for each ANS facility/location ▪ Facility drills documented per company provided forms	100% compliance for all ANS facilities
Patient Safety:		
Quality Indicator	**Quality Metrics Detail**	**Quality Goal**
Quality Nursing Chart Audits	Detailed patient chart audits are conducted to ensure clinical accuracy and timely completion of all required nursing documentation. Audited nursing documentation includes, but is not limited to: ▪ Plan of Treatment ▪ Patient Visit Assessment ▪ Medication Reconciliation ▪ Pre- and Post-Visit Calls ▪ Fall Risk Assessment	10% of charts audited quarterly (Ig & TDD)
Patient Infectious/Communicable Disease Monitoring, Reporting, & Trending	▪ Patient infection/communicable disease details sent by nurse to quality infectious disease reporting email group. ▪ Each reported patient infectious disease tracked by patient, patient state, type of infection, treatment, and whether company or community acquired. ▪ State-specific communicable/infectious disease reports logged by month. ▪ Quarterly quality report including number and details of reported cases and resolution(s)	100% of each state's patient infection/communicable disease data obtained and tracked monthly. MD/Provider notified of 100% of reported patient infections.
Adverse Events (AEs) and Quality Related Events (QREs)	▪ All reported AEs and QREs tracked by nursing division (Ig/TDD) and state. ▪ AEs & QREs reported via designated QRE form – Root Cause Analysis (RCA) as required.	100% of AEs and QREs analyzed by the quality leadership team

		100% of each AE and/or QRE managed and tracked per company procedures. RCAs are conducted for high risk QRE or increase in QRE trending type.
Regulatory: (Licensing & Accreditation)		
Quality Indicator	**Quality Metrics Detail**	**Quality Goal**
Home Health Agency Licensure & Accreditation Processes	▪ Licensure & Accreditation survey results with minimal to no plan of correction ▪ All licensure & accreditation processes tracked quarterly by the quality nurse manager.	≥ 97% of all ANS licensure & accreditation processes completed with no plan of correction required.

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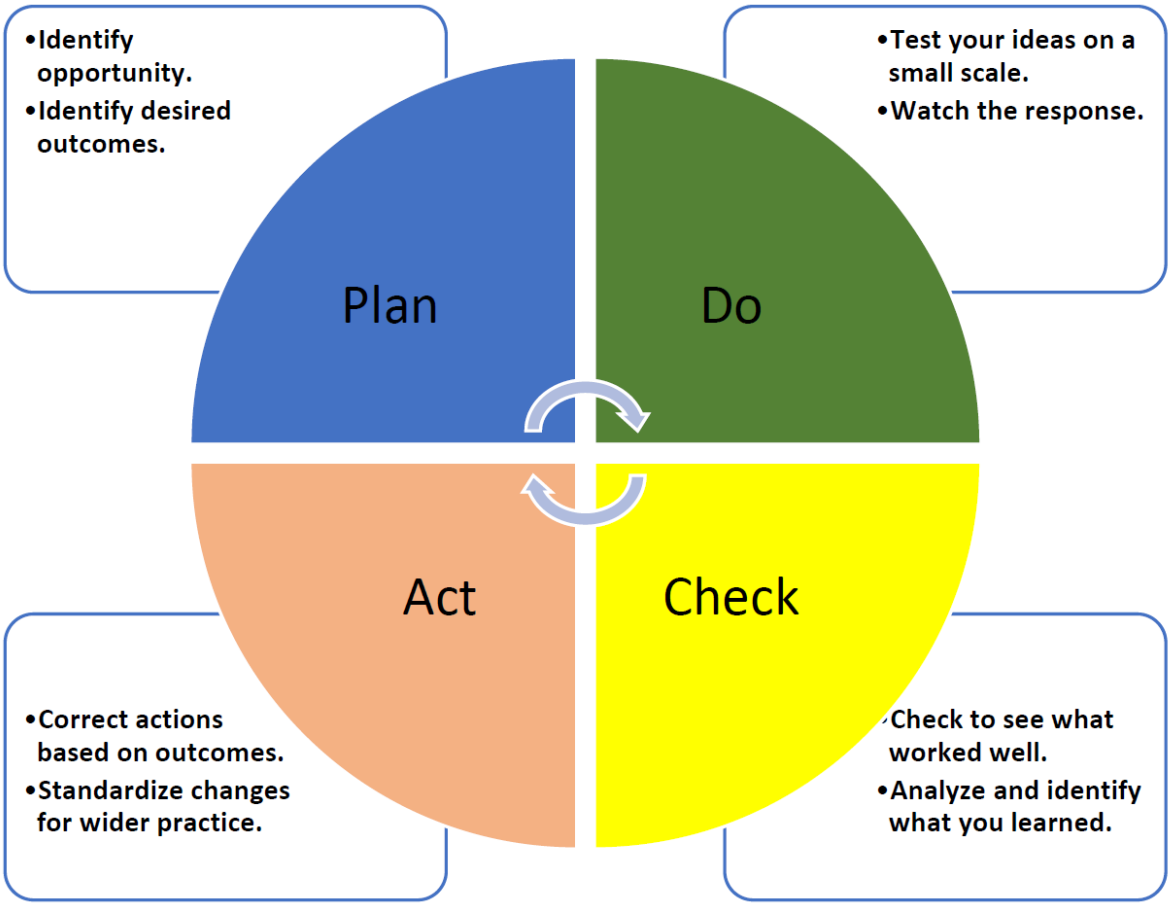
Performance Improvement

Process and Report Form



Project Name	
Sponsor and participants	
Date Began	

Reported to QPI Dates	Quarterly regularly scheduled CQPI Committee meetings, Quarterly via regularly scheduled Governing Board meetings; Quarterly during Board of Director's meetings; unless otherwise discovered.
Plan	Identify Opportunity:
	Identify Desired Outcomes
Do	How will you test?
	Report what happens:
Check	Identify what worked as desired.
	Analyze why or why not things worked.
	What did you learn?
Act	What corrective actions/technology/other are required prior to moving ahead?
	What actions will you take now?
New Policies/Procedures or revisions needed?	
Further Development Required:	

References:

Nevada Chapter 439 – Administration of Public Health
Nevada - NRS 439.800-439.890
Advanced Nursing Solutions Standard Operating Procedures
AIS-QPI-926
AIS-QPI-927

Revision History:

Date	Section(s)	Revision
March 2023	All	Development/Review of Nevada Patient Safety Plan