PROFESSIONAL CASE MANAGEMENT OF NV

Quality and Patient Safety Plan

2023

Located in Las Vegas, NV

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Quality and Patient Safety Overview

PCM of Nevada (NV) has an established, on-going Quality, Process Improvement, and Patient Safety Program to ensure an adequate and effective operation that extends to all functions and services. This program's scope includes accreditation, infection control, incident reporting, quality performance reports, training, and client satisfaction.

All Agency personnel, providers, and other affiliates are responsible and accountable for delivering quality service according to Agency standards and the program's guidelines. Activities conducted as part of the Quality, Process Improvement, and Patient Safety Program are documented quarterly by the Administrator and Business Operations Manager, then reviewed annually by the Professional Advisory Board and the Governing Body.

Quarterly meetings are held to discuss the quality and patient safety reports, which include information about falls, medication errors (including near misses), infection rates, best practices, and upcoming process improvements. This information is then further discussed as needed to monthly staff meetings.

Professional Case Management
Helping People Live at Home

2023 Quality and Patient Safety Plan

The annual Quality and Patient Safety Plan covers a variety of key metrics for the successful and safe delivery of patient care. Each metric has acceptable thresholds, detailed information about data collection, and remediation information if needed.

Standard	Description of Monitoring Activities	Method of Measurement	Frequency of Measurement	Method of Data Collection	Who Collects Data	Who Analyzes Data	Where Data Lives Long-term	Acceptable Threshold	Performance Improvement Activity or Ongoing Remediation?
HC6-2D & HC7-1B Clinical Care	Client infections are reported by clinical staff	Infection report	Quarterly	Infection report when client has symptoms of infection	Clinical staff	Business Operations Manager	Quarterly Quality Report	Infections per 100 clients does not increase more than 4% in single quarter.	Yes PIA for 2023 are being developed
HC6-2F Administrative function -	Employees are assigned training based on state regulations and job description	Completed Classes Report	Annual	Workday Learning Management System	Director of Clinical Operations or designee	Business Operations Manager	Workday LMS and Smartsheet Dashboard	At least 95% completed	Ongoing Action and Remediation
HC6-2F Administrative function	Audit newly hired personnel files for completeness	All hiring components based on state regulation are present	Bi-annually	Using state HR audit tool in smartsheet	Human Resource Manager or designee	Human Resource Manager	Quarterly Quality Report	95% compliance across all files	Ongoing Action and Remediation
HC6-2G Client satisfaction survey	Client satisfaction survey	External vendor – Amplitude Research	Annually	Mail survey to active clients	Amplitude Research	Amplitude Research	Full survey available upon request from COO, portions also reside in Quarterly Quality Report	At least 90% of clients give a score of "Excellent or Nearly Excellent" Service.	No PIA or remediation at this time
HC6-2G Employee satisfaction survey	Office Health Survey	Survey to all employees by job description	Bi-annually	Email survey	Chief Operating Officer's Executive Assistant	Chief Operating Officer's Executive Assistant	Full survey available upon request from COO, portions also reside in Quarterly Quality Report	Combined scores of 3,4, and 5 is equal 90% of respondents.	No PIA or remediation at this time
HC6-2H Client chart review	Each regional office audits closed and active charts, hospital visits, ETC	Region specific audit tool	Quarterly	Electronic audit tools	Regional Director or designee	Business Operations Manager	Quarterly Quality Report	90% Compliance	Ongoing Action and Remediation
HC6-2I Client feedback (complaint)	Client feedback is reported by Regional Directors, investigated, and resolved	Client feedback is recorded in CareLink database	Quarterly	CareLink-Feedback Report	Regional Directors and Nurse Administrators enter data in CareLink	Chief Operating Officer	Quarterly Quality Report	No more than a 10% increase in a single quarter	No PIA or remediation at this time

Standard	Description of Monitoring Activities	Method of Measurement	Frequency of Measurement	Method of Data Collection	Who Collects Data	Who Analyzes Data	Where Data Lives Long-term	Acceptable Threshold	Performance Improvement Activity in 2020
HC6-4A & HC7-7A Client incidents	Client Incident are reported by clinical staff to the regional director to evaluate and resolve	Incident Report	Quarterly	Incident report when issue occurs	Clinical Staff	Business Operations Manager	Quarterly Quality Report	Incidents per 100 clients does not increase more than 4% in single quarter.	Yes PIA - Frequent Falls program review
HC7-3A Emergency Preparedness	The Agency has, at a minimum, an annual practice drill to evaluate the adequacy of its plan	Annual drill/event tracker	Yearly	Tracker used by Clinical Staff to report on drills/events	Business Operations Manager	Business Operations Manager	Quarterly Quality Report	100% compliance	Yes PIA – Emergency Preparedness Plan improvements
HC6-2E Clinical care-	Documentation average Soapier Score of nursing staff	New nurses are audited 30 days after first shift and annually if score is 70% or higher	Quarterly	Soapier documentation audit tool	Quality Auditor	Business Operations Manager	Quarterly Quality Report	Average score is at least 70%	Ongoing Action and Remediation
HC6-2E Clinical Care	Documentation Improvement after Remediation 1	Nurses under 70% are audited after taking Remediation I class	Quarterly	Soapier documentation audit tool	Quality Auditor	Business Operations Manager	Quarterly Quality Report	Score improves to at least 70	Ongoing Action and Remediation
HC6-2E Clinical Care	Documentation Improvement after Remediation 2	Nurses under 70% are audited after taking Remediation 2 course	Quarterly	Soapier documentation audit tool	Quality Auditor	Business Operations Manager	Quarterly Quality Report	Score improves to at least 70	Ongoing Action and Remediation
HC6-2E Clinical Care	Documentation Improvement after Remediation 3	Nurses under 70% are audited after taking Remediation 3 one on one	Quarterly	Soapier documentation audit tool	Quality Auditor	Business Operations Manager	Quarterly Quality Report	Score improves to at least 70	Ongoing Action and Remediation
HC7-1E	Employee Infection Rates	OSHA Log	Annually	Employees report qualifying events to HR	HR Manager or designee	Business Operations Manager	Quarterly Quality Report	Threshold to be set in 2022.	No PIA or remediation at this time
HC7-7A	Employee Incident Rates	OSHA Log	Annually	Employees report qualifying events to HR	HR Manager or designee	Business Operations Manager	Quarterly Quality Report	Threshold to be set in 2022.	No PIA or remediation at this time

Client Chart Audits

A standardized chart audit process is overseen by the corporate office, which plans out the audit schedule for the year, provides the audit tools, and picks the clients to be audited. Every quarter, PCM of NV does an audit of client charts for completeness and accuracy following corporate's program. The Administrator then take the top deficiencies and develops remediation plans. If any audit shows less than 90% of items as compliant, the audit frequency increase to a monthly schedule until compliance levels raise to the minimum threshold again.

2023 Employee Education Plan

The following is Professional Case Management's annual education plan for clinical staff. It follows state and ACHC regulations, and is designed to enhance clinical outcomes and patient safety.

Annual Education:
All clinical staff members providing direct or non-direct client care will participate in in-service/continuing education programs annually.

- Direct care personnel (Nurses, Aides and Attendants) will have a minimum of 12 hours of in-service/continuing education per year.
- Non-direct personnel (Companion Sitters) will have a minimum of 8 hours of in-service/continuing education per year.

Topics will include, but are not limited to:

- Emergency/disaster training
- How to handle complaints/grievances
- Infection control training
- Cultural diversity
- Communication barriers
- Ethics training
- Performance Improvement and safety (OSHA)
- Client/Patient Rights and Responsibilities statement
- Compliance program
- Elder abuse, neglect & exploitation
- Alzheimer's disease and behavioral management
- COVID-19

Training is delivered through PCM's Learning Management System as well as in-person.

Course completion will be recorded in PCM's HRIS (Human Resource Information System). In addition to the ACHC required in-service topics above, PCM will develop additional educational content as needed. For example, education may be created due to industry changes, grievances/complaints, and/or updated state-mandated training requirements.

2023 Health Risk Assessment

Research was conducted using CDC and other expert guidelines to determine if a change to policy was necessary based on state and federal health regulations and with consideration to the on-going pandemic and current events.

PCM did not find any state or federal recommendations that would warrant a change to it's policies and/or procedures; however, as new variants of COVID continue to emerge, PCM engages in frequent communication with staff to remind them of policies, the importance of wearing face masks, practicing standard precautions and social distancing with all interactions and symptoms that would warrant testing for COVID-19.

Respiratory Infection Reduction Program

Reducing infections, particular respiratory infections, is an ongoing process improvement goal. A process improvement team was created in early 2022 to create new solutions to this issue. The team created the Respiratory Stoplight Tool, which aids clients and their caregivers in communicating infection symptoms and interventions. The tool was put into use in late 2022, so ongoing monitoring of the tool's success is still underway. Infections are reported via incident reports to the Administrator, and this is analyzed and included in quarterly quality reports. Further improvements of the tool may be created based on this information.

Flu Vaccine

Each year, PCM sends out information to employees encouraging them to get the flu vaccine. Case Managers also educate clients on the importance of flu vaccines. This is a program intended to protect clients, employees, and the wider community.

Infection Control and Hand Hygiene

PCM of Nevada has a comprehensive program to educate clients and employees about hand hygiene and infection protection, track infection rates, and develop process improvement plans as needed. This includes annual training for employees, handouts, verbal education of clients, and quarterly reports of infection rates.

PCM is seeking to match an internal infection-rate benchmark, based on PCM's long-term

trends. The benchmark is to have a rate of 6.00 respiratory infections per 100 clients, and an overall rate of 13.00 for ALL infections.

Professional Case Management (PCM) recognizes the impact that communicable disease has on health care workers and the community served. To ensure that all PCM caregivers are aware of and practice appropriate infection control and emergency management procedures they were enrolled in annual training courses that included these topics. These training courses are reviewed and updated annually to ensure that encompass current processes, procedures, and events.

PCM continues to have a sufficient supply of personal protective equipment on hand with processes in place for contact tracing and notifications when an employee or client has tested positive for COVID.

Feedback/Complaint Process:

Client feedback/complaints are processed using the following system. The Initial complaint is entered by the Administrator or designee into Carelink (an administration tool built on the Salesforce platform). The Administrator then begins the investigation and findings are updated in the Carelink record. The status is changed to “Resolved” when all required activities are completed. The COO will review the complaint for completeness, ensuring resolution has been obtained and client has been notified of the resolution – the COO will then mark the complaint as “Closed”. PCM of NV had only one complaint in 2022.