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**CERTIFIED PUBLIC MANAGER**  
**QUALITY ASSURANCE TREND PROJECT**

**BY**

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**AGENCY**

**SOUTH CAROLINA DEPARTMENT  
OF HEALTH AND HUMAN SERVICES**

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The purpose of my CPM Project is to seek research or resolve a problem. The method of problem solving will be utilizing the principles of the scientific method. In order to accomplish this, the writer first had to study the principles of research and its planning and design. This was accomplished through periodic classes with Hardy Merritt and the principles found in the book Practical Research: Planning and Design by Paul D. Leedy.

This book listed the Characteristics of Pure Research on p. 5 as follows:

1. Research originates with a question in the mind of the researcher.
2. Research cannot proceed without a clear articulation of a goal.
3. Research requires a specific plan of procedure.
4. Research usually considers the principal problem by dividing it into more manageable sub-areas or sub-problems.
5. Research seeks direction through appropriate hypotheses based upon obvious assumptions.
6. Research deals with facts and their meanings.
7. Research is circular.

The studying of this book and Business Research by Paul R. Timm and Rick C. Farr led me to revise my original Problem Statement from “What training needs are identified through researching Quality Assurance trends both regionally and statewide?” to “What trends or problem areas are identified through researching the Quality Assurance Tool results both regionally and statewide?”

The reason for this change was due to the fact that the researcher was assuming that training needs were responsible for the trend or problem areas in Quality Assurance results.

The problem statement was to identify Quality Assurance trends or problem areas regionally and statewide. The results may or may not show a need for training. I also learned in some of my CPM classes that training is not always the solution to a problem. All these factors led me to reword my problem statement. Thus, the first characteristic of pure research as described by Leedy was met. The researcher was now able to clearly state the question in her mind and also clearly make this the revised problem statement. Please see Appendix One for Original Research Proposal and Appendix Two for Revised Research Proposal.

The second characteristic of pure research, according to Leedy, was accomplished by articulating a clear goal. My goal was to identify the trends or problem areas found in the Quality Assurance data. This again relates to the problem statement. My goal also was to solve a problem for my agency, South Carolina Department of Health and Human Services, Bureau of Long Term Care Services in the Division of Senior Services located in the field offices of Community Long Term Care. HCFA, now known as CMS, cited our Quality Assurance program for not establishing trends and not performing a follow up

plan.

The third characteristic described by Leedy required a specific plan of procedure. My data collection plans used the Historical Methodology to collect data. My research time period was the past year from September 2000 to June 2001. The research project planning stage began in the Fall of the year 2001. To use data in regional and statewide offices, the three largest Community Long Term Care offices were chosen for this research. These included: Greenville, Columbia, and Conway. The locality of these three offices gave both regional and statewide coverage. The researcher visited these three large offices and reviewed the monthly Quality Assurance data for the past year.

The fourth characteristic as described by Leedy was to consider dividing the problem into sub-problems. As I studied this text book, I discovered that my sub-problems needed rewording. The sub-problems as stated by the Research Proposal did not directly relate to the revised problem statement, but rather made some assumptions. Again, please see Appendix Two.

The first sub-problem is restated as "How will I gather information regionally and statewide?" The second sub-problem is restated as "Will I be able to identify trends that will determine any problem areas both regionally and statewide?" The third sub-problem is restated as "Will these trends, if found, identify a need for follow-up?"

The fifth research characteristic, as described by Leedy, is to seek direction through appropriate hypotheses based upon obvious assumptions. The original hypotheses needed to be restated. The first hypothesis is restated as “The researcher will be able to visit three offices of Community Long Term Care to gather information. These three offices will represent both a regional and statewide sample.” The second hypothesis is restated as “Data collected will identify trends and problems areas in Quality Assurance data.” The third hypothesis is restated as “Will these trends or problem areas, if found, identify a need for follow-up.” These hypotheses now relate to the revised sub-problems giving the researcher direction. Hypotheses are assumptions that may or may not be proven after the research is completed. Please see the Revised Research Proposal labeled as Appendix Two.

The sixth research characteristic as described by Leedy states that research deals with facts and their meaning. This was the data collection, data analysis and data interpretation of the information gathered. Data collection was accomplished by visiting the Community Long Term Care area offices in Greenville, Columbia, and Conway. This included reviewing about 300-350 records per office or a total of over 950 records. The number of errors per question on the Quality Assurance form was calculated. This information was then recorded in bar graphs to identify any trends or commonality in the number of errors per question on the Quality

Assurance Tool. An error rate of twenty percent or above is cited by policy and procedure to need a corrective action by the employee and supervisor. Please see the enclosed bar graphs to view this data collection labeled as Appendices Nine through Fourteen B.

The data collection was adequate. The data goals and collection methods as previously described were appropriate and the researcher was able to collect the data as planned. The operational definitions were adequate. The supervisors have more than one employee reporting to them and the supervisors use the Quality Assurance Tool monthly. Please see the Quality Assurance Tools used monthly by supervisors labeled as Appendices Three, Four, Five, Six, and Seven. The Quarterly Summary Report for Quality Assurance Reviews of the Area Office is sent to Central Office. This is a summary of QA findings. This tool was found to be inadequate for demonstrating trends. Please see Appendix Eight.

When visiting the Community Long Term Care offices, the researcher also interviewed the supervisors. Opinions of the Quality Assurance System and Tools were sought to possibly identify or address any need to revise the tool. The analysis of these answers was that the supervisors desired a revised Quality Assurance Tool. This Appendix was given to a QA Committee who is working to improve all QA Tools. Please see Appendix Sixteen.

The data analysis was clearly demonstrated to the researcher by reviewing

the bar graphs and observing a very obvious trend in the number of errors for certain questions. These questions had an error rate of twenty percent or above. Please see the attached bar graphs labeled Appendices Nine, Ten, Eleven, Twelve B, Thirteen B, and Fourteen B.

There are two very distinct groups of professionals employed by Community Long Term Care. Registered Nurses and Social Workers are the two Professional groups. Each group has different Quality Assurance Tools. All of these tools were reviewed to collect data.

The Registered Nurses' Quality Assurance data analysis for the PASARR Tool demonstrated a statewide error trend in questions three and six. Question three involved the completeness and accuracy of the PASARR Tool and question six involved the correct data entry into our computer system. See Appendix Three.

The next Registered Nurses' Quality Assurance data analysis is for the pre-admission activities for client entering the elderly/disabled community program. The data analysis for this tool did not reveal a statewide error trend but revealed regional error rate trends in the Columbia office for questions three, four, eight and eleven. The Conway office had more than a twenty percent error rate in questions three, four, eight, nine, and eleven. The common error rate trend for these two offices are for questions three, four, eight and eleven. Question three involves keeping the demographic information current on pages one and two of

the Assessment Tool. Question four asks if the Assessment is complete and if the comment section is utilized appropriately. Question eight asks if all formal and informal supports serving our customers are listed. Question eleven asks if the narrative and narrative checklist have been accurately completed. The Greenville area office did not have any questions with a twenty percent or above error rate. See Appendix Four.

The next Quality Assurance Tool for Registered Nurses involves the pre-admission activities for entering our customer into the AIDS/HIV community program. The same Quality Assurance Tool is used for the AIDS/HIV and elderly/disabled programs. The Greenville office had a twenty percent or above error rate for questions three and eleven. The Columbia office did not have any errors in the twenty percent or above range. The Conway office had a twenty percent or above error rate in questions two, three, four, eight, nine, and eleven. Questions three and eleven demonstrate a common error rate trend for two regional offices. These questions were described above. See Appendix Five.

The last Quality Assurance Review for Nurses is the tool for reviewing Nursing Home Certification. The Columbia office did not have an error rate at twenty percent or above. The Greenville office had such error rates for questions one and two. The Conway office had this error rate for questions four, eight and nine. There was no commonality in the error rates for these regions. See



## Appendix Six.

The data interpretation for this Registered Nurses' research section is that there is a statewide error trend for completeness and accuracy of records. This was demonstrated in all four of the nurses' tools. Now that this is demonstrated or recognized, this interpretation may well merit another research project to seek the data to explain this finding. The most obvious assumption would be for the supervisor to instruct the staff to review records for completeness and accuracy prior to filing these records.

The second group of professionals employed by Community Long Term Care is the Social Workers. Only one Quality Assurance Tool is used for this group. The tool is divided into two parts. The first part is labeled as "Initial Case Management Review" and the second part is labeled as "Ongoing Case Management Review." See Appendix Seven. There were no errors in the twenty percent or above range in any of the area offices for the "Initial Case Management Review." The second part did reveal errors in the twenty percent or above range. The Greenville office had this error rate in questions one, two, three, four, five, eight, nine, ten, eleven, twelve, fourteen, fifteen, sixteen, seventeen, eighteen, twenty, twenty-one, twenty-two, twenty-three, twenty-four, twenty-five, and twenty-nine. The Columbia office had this error rate in questions one, three, four, five, nine, twelve, fifteen, sixteen, twenty, twenty-one, twenty-four and twenty-

five. The Conway office had this error rate in questions three, four, five, fifteen, sixteen, seventeen, eighteen, and twenty-four. Statewide error trends rates were revealed for questions three, four, five, sixteen, and twenty-four. Question three involves the Client's Choice of Provider Form for the completeness of a signature and date. Question four involves the Client's Rights Statement for signature and date. Question five involves the Service Plan Agreement for signature and date. Question sixteen asks if the problems, goals, and interventions for each identified problem listed in the Service Plan is appropriately stated and correlated. Question twenty-four asks if the demographic information on pages one and two of the Assessment is current. See Appendices Twelve B, Thirteen B, and Fourteen B.

Two regional offices demonstrated high error rate trends in questions one, nine, twelve, fifteen, seventeen, eighteen, twenty, twenty-one and twenty-five. Question one asks if the social worker or case manager consulted with the client, responsible party, and others in the use of the most current Provider List when seeking a provider for client service and documented this in the narrative. Question nine asks if the social worker contacted the Service Providers as appropriate to discuss the client's condition and the Service Plan. Question twelve asks if the Assessment information located in the 1718 form and the narrative provides comprehensive information regarding physical, psycho-social, service needs, support system and home environment for the completion of a detailed

Service Plan. Question fifteen asks if the client problems identified in the Assessment are listed as problem statements in the Service Plan. Question seventeen asks if the Service Plan accurately documents and specifies all the formal and informal services received including the type, amount, and frequency. Question eighteen asks if the interventions for the problems listed in the Service Plan include the use of other formal and informal Community Resources. Question twenty asks if the strengths of the client identified in the Assessment are listed in the comments section of the Service Plan. Question twenty-one involves the yearly evaluation and creation of a new Service Plan for the next year. It is a question involving completeness and accuracy. Question twenty-five asks if service coordination has been completed and documented. Interpreting this data leads to the problem of completeness and accuracy of records in many of the questions. Some questions, however, are related to Clients' Rights, Clients' Agreement with the Service Plan, the Clients' Choice of Provider, the Coordination of Service by the social worker, the identification of clients' problems and the listing of these problems in the Service Plan with appropriate interventions for service. Again, see Appendices Twelve B, Thirteen B, and Fourteen B. These are the areas of greatest concern for this researcher. These areas are clearly listed in the waiver statement with HCFA or CMS. These areas are the center of the services for the clients. This area of data interpretation

needed rapid identification and action. This was recognized by the Central Office of Community Long Term Care prior to the completion of this CPM project. Both regionally and statewide this was a common problem. A computer tool was added to assist in correcting this problem. This tool was added after seventy-five percent of the year studied had passed. During the last quarter of the researched year no improvement was seen. This is, however, too short a period to conduct a conclusive study of the before and after results after the application of the tool. The tool is called the Service Plan Wizard. The computer reads the problem areas identified in the Assessment and then lists what problems should be addressed in the Service Plan. It would be interesting to have a follow-up study for one year after the introduction of this tool. This computer tool is a potential solution to the problems related to clients' service needs. The other problems related to completeness and accuracy need to be addressed by the social work supervisor in each regional office. There could be many factors leading to these problems. Another study could be done to research factors leading to these problems. Most of the social workers are paid per case. Many carry over eighty cases. Is this a factor? That issue could be another problem to be researched by our agency.

The seventh characteristic described by Leedy was that research is cyclical. This addresses all prior characteristics. See Appendix Fifteenth regarding this characteristic. This Appendix is interesting and illustrates that research comes

about full circle.

The findings of the research did support the first hypothesis. The researcher was able to visit the three area offices of Community Long Term Care and the agency supported the travel that was necessary to complete this task. The second hypothesis was supported as the research did identify trends or problems areas using the Quality Assurance tool and many of these problems had a commonality among the regions and statewide offices. The third hypothesis was supported in the fact that a need for follow-up was identified. The error trends identified by the Quality Assurance tools needs to be identified at least semi-annually for follow-up and the problem areas identified need to be addressed semiannually. Follow-up with the computer tool called the Service Plan Wizard is needed. The assumption would be that the number of errors would drop with the use of this tool. A follow-up study should be repeated to seek the effect of the use of the Service Plan Wizard. Perhaps a student in the next CPM class will choose to perform this follow-up.

This research project was most interesting. It was certainly a learning process. My agency will be able to show identified trends in the Quality Assurance Program and the need for follow-up. An interesting aspect in the study was that once the research process was more fully understood by the researcher, the problem, sub-problems, and hypotheses had to be restated. The Leedy book

was most helpful in allowing the research to have direction to complete this project. The classes with Hardy Merritt certainly gave direction to the researcher. This research project was both beneficial and interesting both to the researcher and the agency. The meaning of true research as described by Leedy in the listing of seven characteristics for true research led to revisions in the Problem Statement by the researcher. Relating each of these characteristics to the steps of the research gave true direction and understanding to the researcher.

## Bibliography

Timm, Paul R. and Farr, Rick C. Business Research: An Informal Guide. Menlo Park: Crisp Learning, 1994.

Leedy, Paul D. Practical Research: Planning and Design. Fourth Edition. New York: Macmillan, 1989.

## **LIST OF APPENDICES**

Appendix One - Original Research Proposal

Appendix Two – Revised Research Proposal

Appendix Three – PASARR Quality Assurance Tool for Nurses

Appendix Four – Elderly/Disabled Quality Assurance Tool for Nurses

Appendix Five – HIV/AIDS Quality Assurance Tool for Nurses

Appendix Six – Nursing Home Certification Quality Assurance Tool for  
Nurses

Appendix Seven – Elderly/Disabled and HIV/AIDS Quality Assurance Tool  
For Case Managers or Social Workers

Appendix Eight – Quarterly Report for Quality Assurance Reviews

Appendix Nine – Greenville Yearly Summary Report for Quality Assurance  
- Nurses Bar Graph

Appendix Ten – Columbia Yearly Summary Report for Quality Assurance  
- Nurses Bar Graph

Appendix Eleven – Conway Yearly Summary Report for Quality Assurance  
- Nurses Bar Graph

Appendix Twelve A – Greenville Yearly Summary for Quality Assurance  
- Case Managers, Initial Case Management Review

Appendix Twelve B – Greenville Yearly Summary for Quality Assurance  
- Case Managers, On-Going Case Management  
Review



Appendix Thirteen A – Columbia Yearly Summary Graph for Quality Assurance – Case Managers, Initial Case Management Review

Appendix Thirteen B – Columbia Yearly Summary Graph for Quality Assurance – Case Managers, On-Going Case Management Review

Appendix Fourteen A – Conway Yearly Summary Graph for Quality Assurance – Case Managers, Initial Case Management Review

Appendix Fourteen B – Conway Yearly Summary Graph for Quality Assurance – Case Managers, On-Going Case Management Review.

Appendix Fifteen – The Research Process Is Cyclical Diagram by Leedy

Appendix Sixteen – Supervisors' or Lead Teams' Questions and Responses

**ORIGINAL RESEARCH PROPOSAL  
CERTIFIED PUBLIC MANAGER PROGRAM**

NAME: Rosalynn L. Radloff CLASS: 2002 DATE: 11/01/01

ORGANIZATION: South Carolina Department of Health and Human Services

PROPOSED TITLE OF YOUR PROJECT: What training needs are identified through QA trends both regionally and statewide.

What is the problem you wish to investigate? To identify QA trends, regionally and statewide, and identify any training needs.

WHY is this a problem? HCFA/CMS cited SCDHHS for not establishing trends and performing follow-up.

What sub-problems do you need to pursue and what do you hypothesize about each?

Sub-problem	Hypothesis
1. Determine if current QA tool identifies areas of policy noncompliance.	75% of Lead Team will agree that the QA tool does identify policy noncompliance.
2. Determine if the QA tool is a method to evaluate training needs.	80% of area offices utilize QA results to determine training needs.
3. Determine if any changes will further enhance the QA tool.	Based on interviews with Lead Team, the QA process should be evaluated semiannually.

Statement of the problem in an affirmative sentence: The QA tool can be used to identify QA trends and training needs.

What information is necessary to test each hypothesis and where and how will this information be available?

Data Needed	Data Availability
1. Quarterly QA Area Office Reports.	Research QA reports in Central Office.
2. Area office monthly QA tool scores.	All area office QA Tool files.
3. Evaluate QA tool for possible needed changes.	Interview Lead Team staff.

What specific management concern does this project address?

The CLTC division of DHHS was cited by HCFA/CMS for not identifying trends, timelines, and the lack of follow-up with area offices for noncompliance or corrections of found errors. DHHS was also cited for not having a process in place to state what happens after statistics are gathered and was also cited for not sharing the gathered information with all area offices.

**REVISED RESEARCH PROPOSAL  
CERTIFIED PUBLIC MANAGER PROGRAM**

NAME: Rosalynn L. Radloff CLASS: 2002 DATE: 03/18/02

ORGANIZATION: South Carolina Department of Health and Human Services

PROPOSED TITLE OF YOUR PROJECT: What trends or problem areas are identified through researching Quality Assurance results both regionally and statewide?

What is the problem you wish to investigate? To identify QA trends, regionally and statewide, and identify any training needs.

WHY is this a problem? HCFA/CMS cited SCDHHS for not establishing trends and not performing follow-up.

What sub-problems do you need to pursue and what do you hypothesize about each?

Sub-problem	Hypothesis
1. How will I gather information regionally and statewide?	The researcher will be able to visit three area offices of CLTC to gather information. These three offices will represent both a regional and state-wide sample.
2. Will I be able to identify trends that will determine problem areas both regionally and statewide?	Data collected will identify trends and problem areas in Quality Assurance data.
3. Will these trends, if found, identify a need for follow-up?	Trends or problem areas found in the Quality Assurance data collection will identify a need for follow-up.

Statement of the problem in an affirmative sentence: Trends or problem areas will be identified through researching the Quality Assurance tool results both regionally and statewide.

What information is necessary to test each hypothesis and where and how will this information be available?

Data Needed	Data Availability
1. Quarterly QA Area Office Reports.	These QA reports are available in the CLTC Central Office.
2. A sample of area office monthly QA scores.	Three large CLTC area offices can be visited and monthly QA scores reviewed.
3. Comparison of gathered data from the three area offices.	Create bar graphs to compare the error rate in QA questions.

What specific management concern does this project address?

The CLTC division of DHHS was cited by HCFA/CMS for not identifying trends, timelines and the lack of follow-up with area offices for noncompliance or corrections of found errors. DHHS was also cited for not having a process in place to state what happens after statistics are gathered and was also cited for not sharing the gathered information with all area offices.

**APPENDIX 3**

**Community Long Term Care Quality Assurance Review  
For Nurse Consultants: PASARR Level I and II**

Nurse Consultant: \_\_\_\_\_

CLTC#: \_\_\_\_\_

Reviewer: \_\_\_\_\_

Date: \_\_\_\_\_

Code the response in the column: Y=Yes; N=No; I=Incomplete or N/A=Not Applicable **NOTE:** Column headings a-f correspond to sub-items in the statements. If N or I, indicate items in Comment Section.

Level I		a	b	c	d	e	f
1	Level I Screening, form (#234) is completed within 10 working days of referral to CLTC or its designee.						
2	A completed Consent form (#121) is in client record.						
3	Level I Screening form filled out (a) accurately and (b) completely using all available information.						
4	Mini-Mental State Exam (#233) is completed if dementia is diagnosed or suspected.						
5	Appropriateness of referral is indicated for Level II Evaluation -MR/MI.						
6	PASARR tracking data is correctly entered in case management system.						
7	Cases are closed according to current P&P						
Level II							
1	Advance Categorical Determination (ACD) is applied correctly.						
2	If ACD applied, Assessment form (1718) is completed.						
3	If ACD applied: appropriate forms (a) completed and/or (b) sent to appropriate party.						
4	Level II: (a) 1718 completed and (b) Level of Care determined.						
5	Level II: appropriate forms (a) completed and/or (b) sent to the appropriate State Authority.						
6	Copy of the (a) Evaluation and (b) Final Determination Report sent to (c) client and/or responsible party; (d) attending physician; (e) discharging hospital, and (f) admitting nursing facility.						
7	PASARR tracking data is correctly entered in case management system.						
8	Cases are closed according to current P&P.						

COMMENTS: \_\_\_\_\_

Score \_\_\_\_\_ Reviewer's Initials \_\_\_\_\_ Date \_\_\_\_\_ NC's Initials \_\_\_\_\_ Date \_\_\_\_\_  
CLTC QARNC Tool #3

Revised 5/11/00

**Community Long Term Care Quality Assurance Review Appendix 4**  
**For Nurse Consultants**  
**Pre-Admission for CCM Cases:  X  E/D   HIV/AIDS**

Nurse Consultant: \_\_\_\_\_

CLTC Client #: \_\_\_\_\_

Reviewer: \_\_\_\_\_

Date: \_\_\_\_\_

Code the response in the column: Y=Yes; N=No; I=Incomplete; N/A=Not Applicable **NOTE:** Column headings a-d correspond to sub-items in the statements. If N or I, indicate items in Comment Section.

		a	b	c	d
1	Intake criteria is applied appropriately.				
2	Records include (a) completed Consent form (#121) is in client record; (b) completed Client Service Choice form (#164) is in record; (c) Case Management Provider Choice form is in record.				
3	Current information updated on pages 1&2 of 1718.				
4	(a) Assessment is completed and (b) comment section utilized appropriately.				
5	Correct application of Level of Care Criteria is applied.				
6	Signature Sheet (page 14 of 1718) filled out (a) completely and (b) documented accurately.				
7	Record includes Client and/or RP (a) input; (b) coping skills; (c) strengths, and (d) weaknesses.				
8	Record includes Support Systems (a) formal and (b) informal presently serving the client.				
9	Record includes medical supplies and/or equipment (a) <i>in use</i> and/or (b) <i>needed</i> .				
10	Referral is made to appropriate agency when the Assessment information identifies immediate needs.				
11	(a) PAS Checklist and (b) Narrative completed according to current P&P.				
12	Record includes recommendation for "Emergency/Disaster Priority" status.				
13	Record includes recommendation for "At Risk for Missed PCA Visits" status.				
14	Medicaid eligibility verified prior to transfer to case management.				
15	Pre-admission for CCM is completed within 10 working days of case assignment date (15 working days for Senior Access).				
16	(a) 10 and (b) 60 day update completed on time (90 days for Senior Access).				
17	Case transferred according to current P&P.				



19	Annual Home Visit completed. Reviewer observes Nurse Consultant.				
	1. Demonstrates a positive attitude towards (a) client and/or (b) responsible party.				
	2. Demonstrates professional interviewing skills.				
	3. Demonstrates an understanding of current P&P as evidence by general explanation and/or review of program.				
20	Area or out-of-state transfers are handled according to current P&P.				
21	Cases are closed according to current P&P.				

COMMENTS:

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Score \_\_\_\_\_ Reviewer's Initials \_\_\_\_\_ Date \_\_\_\_\_ NC's Initials \_\_\_\_\_ Date \_\_\_\_\_  
 CLTC QARNC Tool #1

**Community Long Term Care Quality Assurance Review Appendix 5  
For Nurse Consultants**

**Pre-Admission for CCM Cases: \_\_\_ E/D \_\_\_ X HIV/AIDS**

Nurse Consultant: \_\_\_\_\_

CLTC Client #: \_\_\_\_\_

Reviewer: \_\_\_\_\_

Date: \_\_\_\_\_

Code the response in the column: Y=Yes; N=No; I=Incomplete; N/A=Not Applicable **NOTE:** Column headings a-d correspond to sub-items in the statements. If N or I, indicate items in Comment Section.

		a	b	c	d
1	Intake criteria is applied appropriately.				
2	Records include (a) completed Consent form (#121) is in client record; (b) completed Client Service Choice form (#164) is in record; (c) Case Management Provider Choice form is in record.				
3	Current information updated on pages 1&2 of 1718.				
4	(a) Assessment is completed and (b) comment section utilized appropriately.				
5	Correct application of Level of Care Criteria is applied.				
6	Signature Sheet (page 14 of 1718) filled out (a) completely and (b) documented accurately.				
7	Record includes Client and/or RP (a) input; (b) coping skills; (c) strengths, and (d) weaknesses.				
8	Record includes Support Systems (a) formal and (b) informal presently serving the client.				
9	Record includes medical supplies and/or equipment (a) <i>in use</i> and/or (b) <i>needed</i> .				
10	Referral is made to appropriate agency when the Assessment information identifies immediate needs.				
11	(a) PAS Checklist and (b) Narrative completed according to current P&P.				
12	Record includes recommendation for "Emergency/Disaster Priority" status.				
13	Record includes recommendation for "At Risk for Missed PCA Visits" status.				
14	Medicaid eligibility verified prior to transfer to case management.				
15	Pre-admission for CCM is completed within 10 working days of case assignment date (15 working days for Senior Access).				
16	(a) 10 and (b) 60 day update completed on time (90 days for Senior Access).				
17	Case transferred according to current P&P.				

19	Annual Home Visit completed. Reviewer observes Nurse Consultant.				
	1. Demonstrates a positive attitude towards (a) client and/or (b) responsible party.				
	2. Demonstrates professional interviewing skills.				
	3. Demonstrates an understanding of current P&P as evidence by general explanation and/or review of program.				
20	Area or out-of-state transfers are handled according to current P&P.				
21	Cases are closed according to current P&P.				

COMMENTS:

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Score \_\_\_\_\_ Reviewer's Initials \_\_\_\_\_ Date \_\_\_\_\_ NC's Initials \_\_\_\_\_ Date \_\_\_\_\_  
 CLTC QARNC Tool #1

**APPENDIX 6**

**Community Long Term Care Quality Assurance Review  
For Nurse Consultants: Nursing Facility Certification**

Nurse Consultant: \_\_\_\_\_

CLTC Client #: \_\_\_\_\_

Reviewer: \_\_\_\_\_

Date: \_\_\_\_\_

Code the response in the column: Y=Yes; N=No; I=Incomplete or N/A=Not Applicable **NOTE:** Column headings a-b correspond to sub-items in the statements. If N or I, indicate items in Comment Section.

		a	b
1	Intake criteria is applied appropriately.		
2	Nursing Facility Certification is completed within appropriate time-frame.		
3	A completed Consent form (#121) is in client record.		
4	(a) Assessment is completed and (b) comment section utilized appropriately.		
5	A completed Client Service Choice form (#164) is in record.		
6	Correct application of Level of Care criteria is applied.		
7	Signature Sheet is filled out (a) completely and (b) accurately.		
8	(a) Checklist and (b) Narrative are completed according to current P&P.		
9	Certification Letter (#185) is completed appropriately.		
10	Administrative Days: [hospital stay expected to be less than 14 days] tentative Level of Care is relayed to hospital on Notification form (#171).		
11	Administrative Days: [hospital stay expected to exceeds 14 days] (a) Certification Letter (#185) completed and (b) issued to hospital.		
12	Annual Home Visit completed. Reviewer observes Nurse Consultant.		
	1. Demonstrates a positive attitude towards (a) client and/or (b) responsible party.		
	2. Demonstrates professional interviewing skills.		
	3. Demonstrates an understanding of current P&P as evidence by general explanation and/or review of program.		
13	Area of out-of-state transfers are handled according to current P&P.		
14	Cases are closed according to current P&P.		

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Score \_\_\_\_\_ Reviewer's Initials \_\_\_\_\_ Date \_\_\_\_\_ NC's Initials \_\_\_\_\_ Date \_\_\_\_\_

**Community Long Term Care Quality Assurance Review**  
**For Case Managers:  E/D  HIV/AIDS**

Case Manager \_\_\_\_\_ CLTC Client # \_\_\_\_\_  
 Reviewer \_\_\_\_\_ Date \_\_\_\_\_

Code the response in the column (Y=Yes; N=No; I=Incomplete or N/A=Not Applicable) **NOTE:** Column headings a-e correspond to sub-items in the statements. If N or I, indicate items in Comment Section.

Quality Assurance Review for Case Management		a	b	c	d	e
1	Team conference is documented in (a) Narrative and on (b) Signature Sheet.					
2	Documentation in record indicates CCM date & initial S/P date are same.					
3	Problems identified in the (a) 1718 and (b) Narrative are problem statements in the S/P					
4	(a) Goals and (b) Interventions for each identified problem listed in S/P are appropriately stated and correlated.					
5	Service Plan specifies the following: (a) Formal and Informal services received; (b) type; (c) amount; (d) frequency of services; and (e) documented accurately.					
6	Interventions include use of other Community Resources, both (a) Formal and (b) Informal, received by the client.					
7	CM consults with (a) client; (b) RP; (c) others involved in the client's care for development of S/P.					
8	CM consults with (a)client; (b) RP; (c) others using most current Provider List and (d) documents in narrative.					
9	CM visits within the appropriate time frame of CCM date to finalize S/P.					
10	(a) Signed and (b) dated Client's Choice of Provider is in the client record.					
11	(a) Signed and (b) dated Client's Rights Statement is in the client record.					
12	Evaluation of "At Risk for Missed PCA Visits" status is in client record.					
13	Evaluation of "Emergency/Disaster Priority" status is in client record.					
14	CM contacts (a) client (b) RP within appropriate time period after initiation of services to (c) ensure S/P implementation and (d) review client/agency responsibilities.					
15	CM contacts Service Providers as appropriate to discuss the client's condition and the S/P.					
16	CM adheres to established waiver service authorization restrictions or has documentation to justify otherwise.					

**Comments:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Code the response in the column (Y=Yes; N=No; I=Incomplete or N/A=Not Applicable) **NOTE:** Column headings a-e correspond to sub-items in the statements. If N or I, indicate items in Comment Section.

Quality Assurance Review for Case Management Continued		E/D	HIV/AIDS	a	b	c	d	e
17	Case Manager correctly implements specific waived services.							
18	(a) Monthly Checklist and (b) Narrative completed according to current P&P.							
19	Documentation indicate that Provider Reports are (a) initialed, (b) followed up as needed & (c) filed.							
20	Re-evaluated/revised copy of S/P is sent to provider within 5 working days.							
21	Signature Sheet is dated each time S/P is sent to the provider.							
22	Team conference is documented on Signature Sheet at Re-evaluation.							
23	Using the Narrative Checklist, the following activities are handled and documented according to current P&P: (a) Initial Visit; (b) Monthly Contact; (c) Quarterly Visit, (d) Re-evaluation Visit.							
24	Assessment information (1718 & Narrative) provides comprehensive information regarding (a) physical; (b) psycho-social problems; (c) service needs; (d) support system and (e) home environment for completion of detailed S/P.							
25	Current information updated on page 1 & 2 of 1718.							
26	Service Coordination is completed & narrated.							
27	Medicaid eligibility is documented in record at (a) Quarterly Visits, and (b) Re-evaluation Visits.							
28	Assessment information [1718 & Narrative] supports LOC decision.							
29	Signature Sheet verifies that the LOC was done within the appropriate time frame.							
30	Annual Home Visit completed. Reviewer observes case manager:							
	1. Demonstrates a positive attitude towards (a) client and/or (b) responsible party.							
	2. Demonstrates professional interviewing skills.							
	3. Demonstrates an understanding of current P&P as evidence by general explanation and/or review of program.							
31	Area or out-of-state transfers are handled according to current P&P.							
32	Cases are closed according to current P&P.							

Comments: \_\_\_\_\_

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Total Coded "N" or "I" \_\_\_\_ divided by 0.64 = \_\_\_\_ (error percent)

Reviewer's Initials \_\_\_\_\_ Date \_\_\_\_\_ CM Initials \_\_\_\_\_ Date \_\_\_\_\_

CLTC QARCM Tool #1  
Revised 4/9/99

Quarterly Summary Report for Quality Assurance Reviews  
Area Office \_\_\_\_\_

For Quarter: \_\_\_\_\_ January - March \_\_\_\_\_ April - June \_\_\_\_\_ July - September \_\_\_\_\_ October - December

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**For Case Management**

Number of cases reviewed \_\_\_\_\_

Number of cases with errors \_\_\_\_\_

Average QA error rate \_\_\_\_\_

Identify major or recurring problems:

Identify corrective action:

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**For Nurse Consultants**

Number of cases reviewed \_\_\_\_\_

Number of cases with errors \_\_\_\_\_

Average QA error rate \_\_\_\_\_

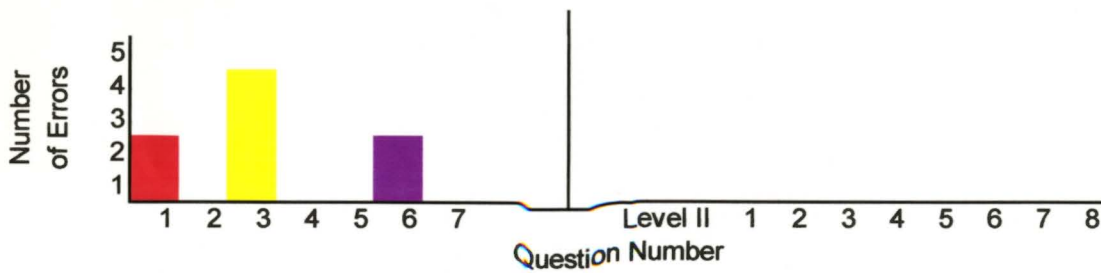
Identify major or recurring problems:

Identify corrective action:

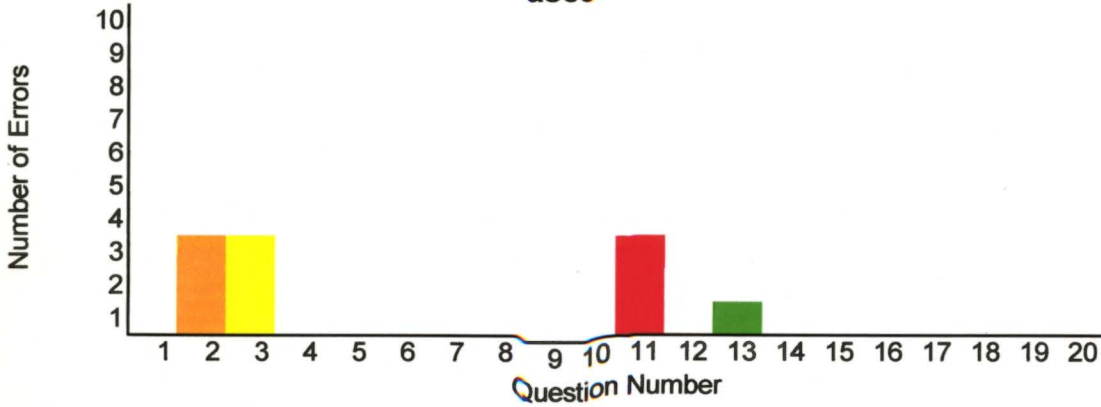


# Greenville Yearly Summary Report of Quality Assurance - Nurses

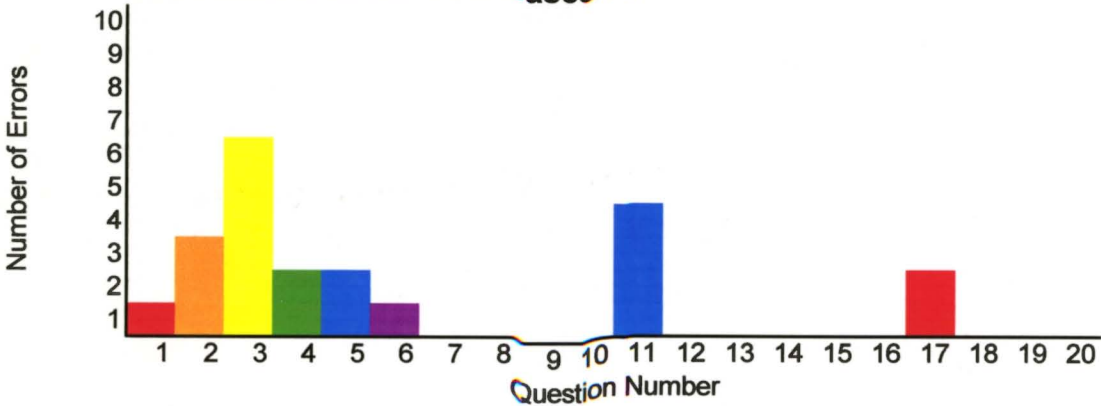
## PASARR Level I & II



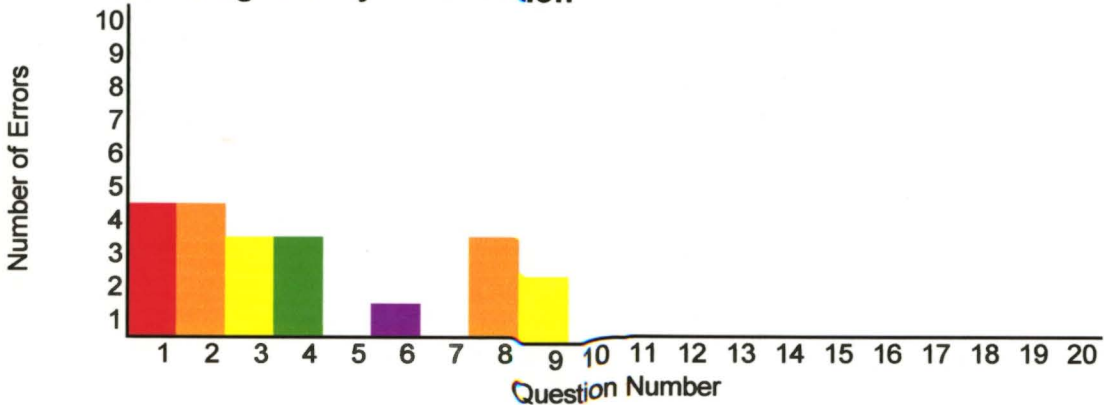
## Pre-Admission for CCM Cases E/D



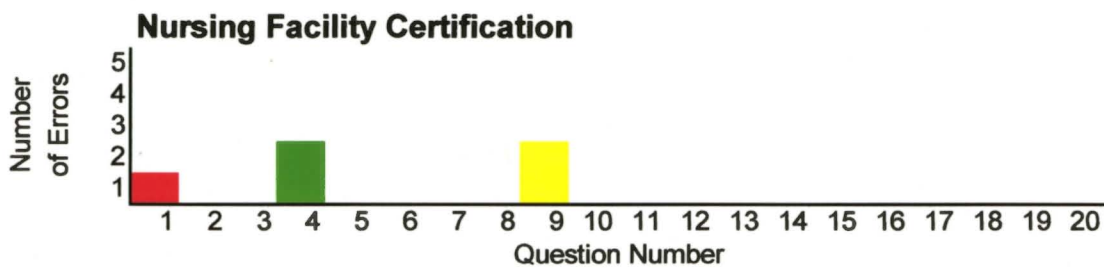
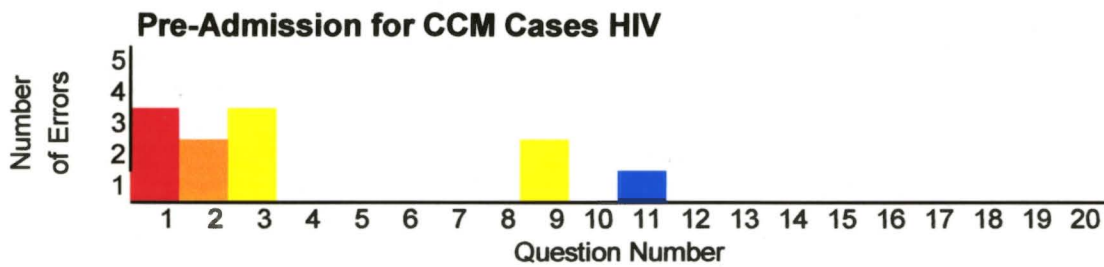
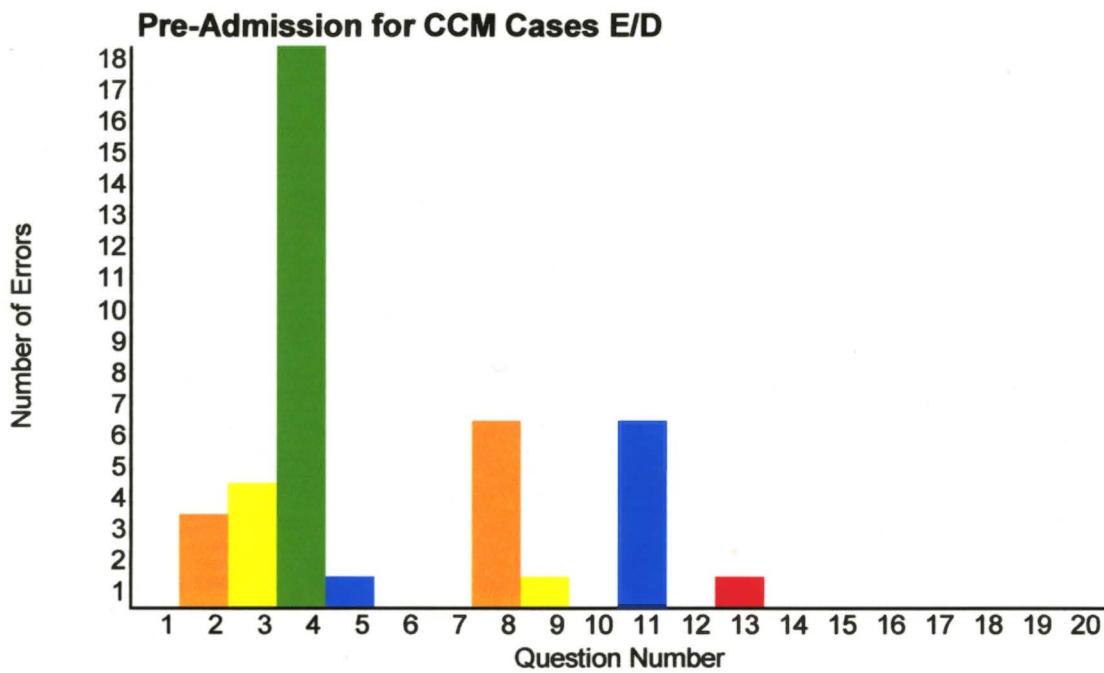
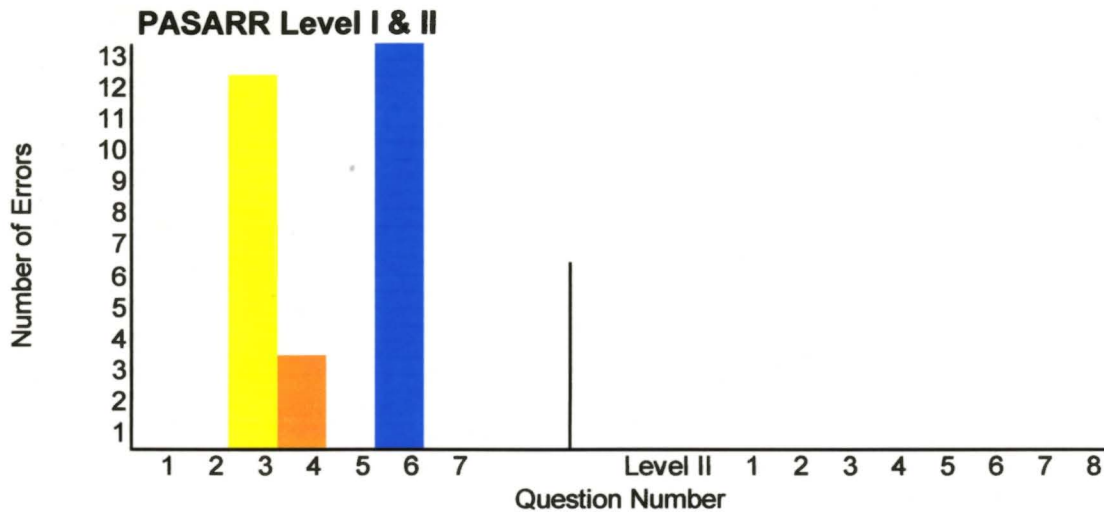
## Pre-Admission for CCM Cases HIV



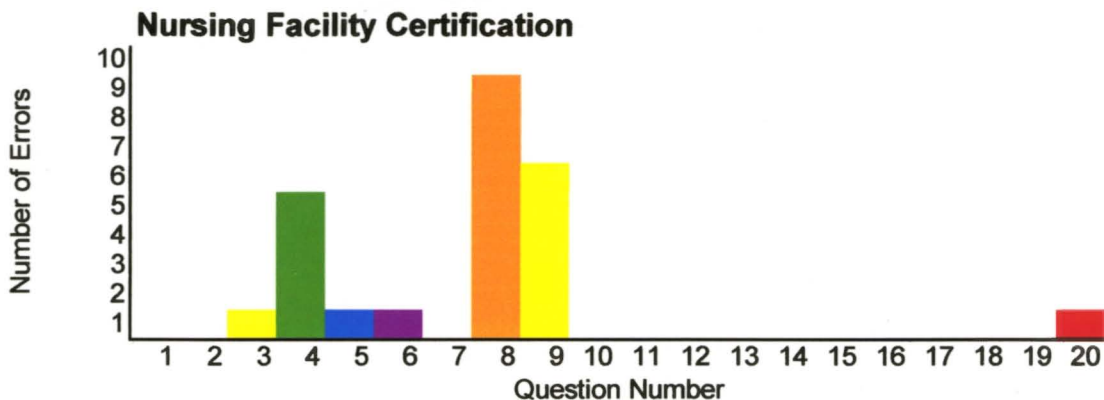
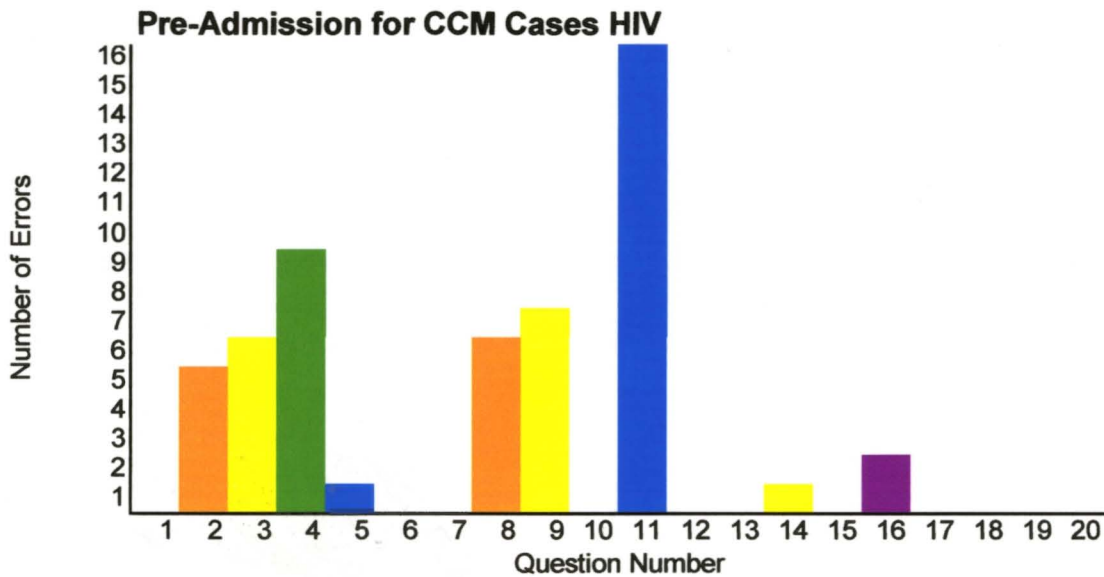
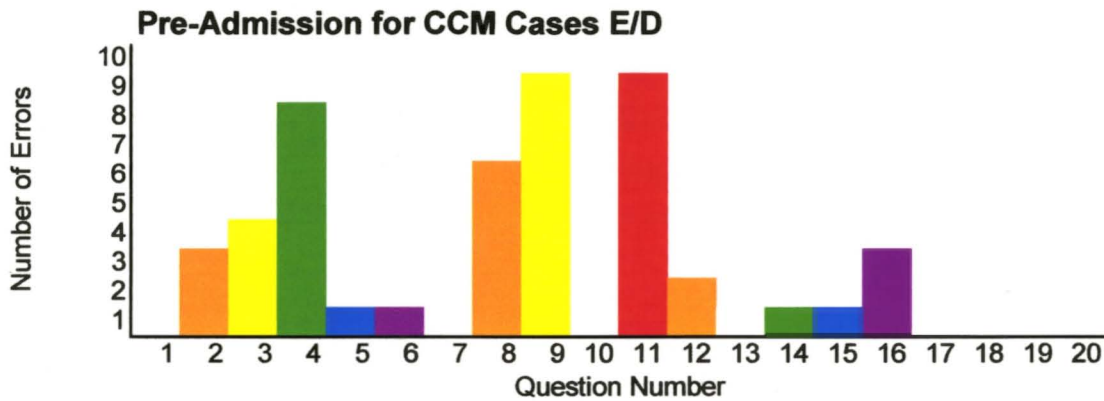
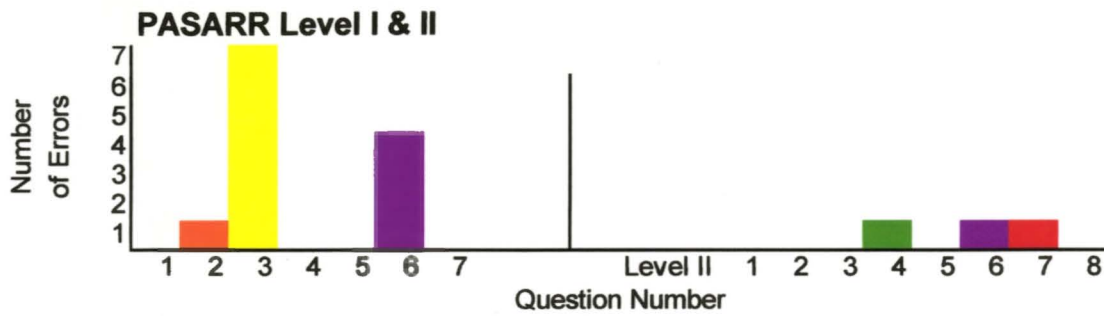
## Nursing Facility Certification



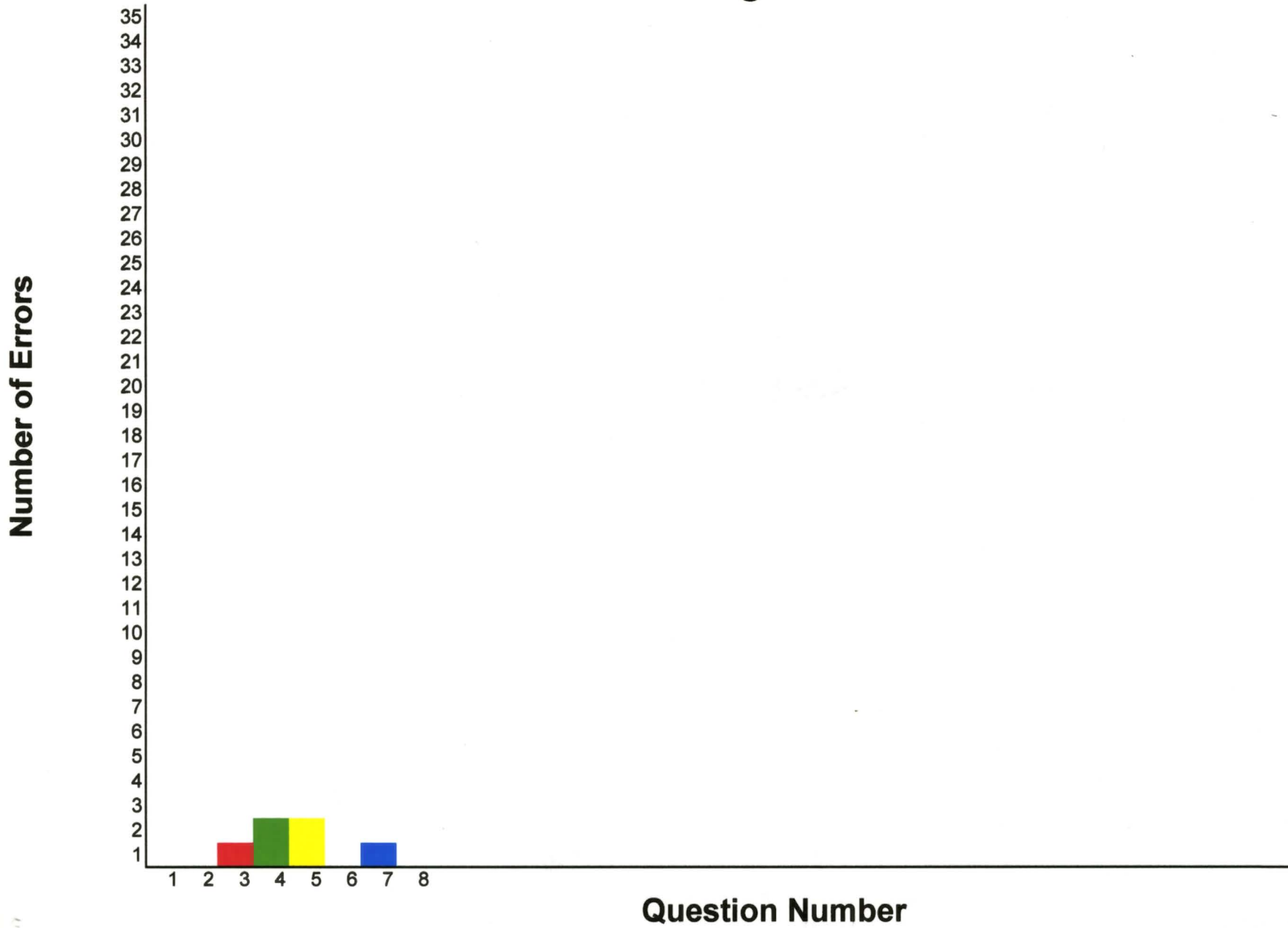
# Columbia Yearly Summary Report of Quality Assurance - Nurses



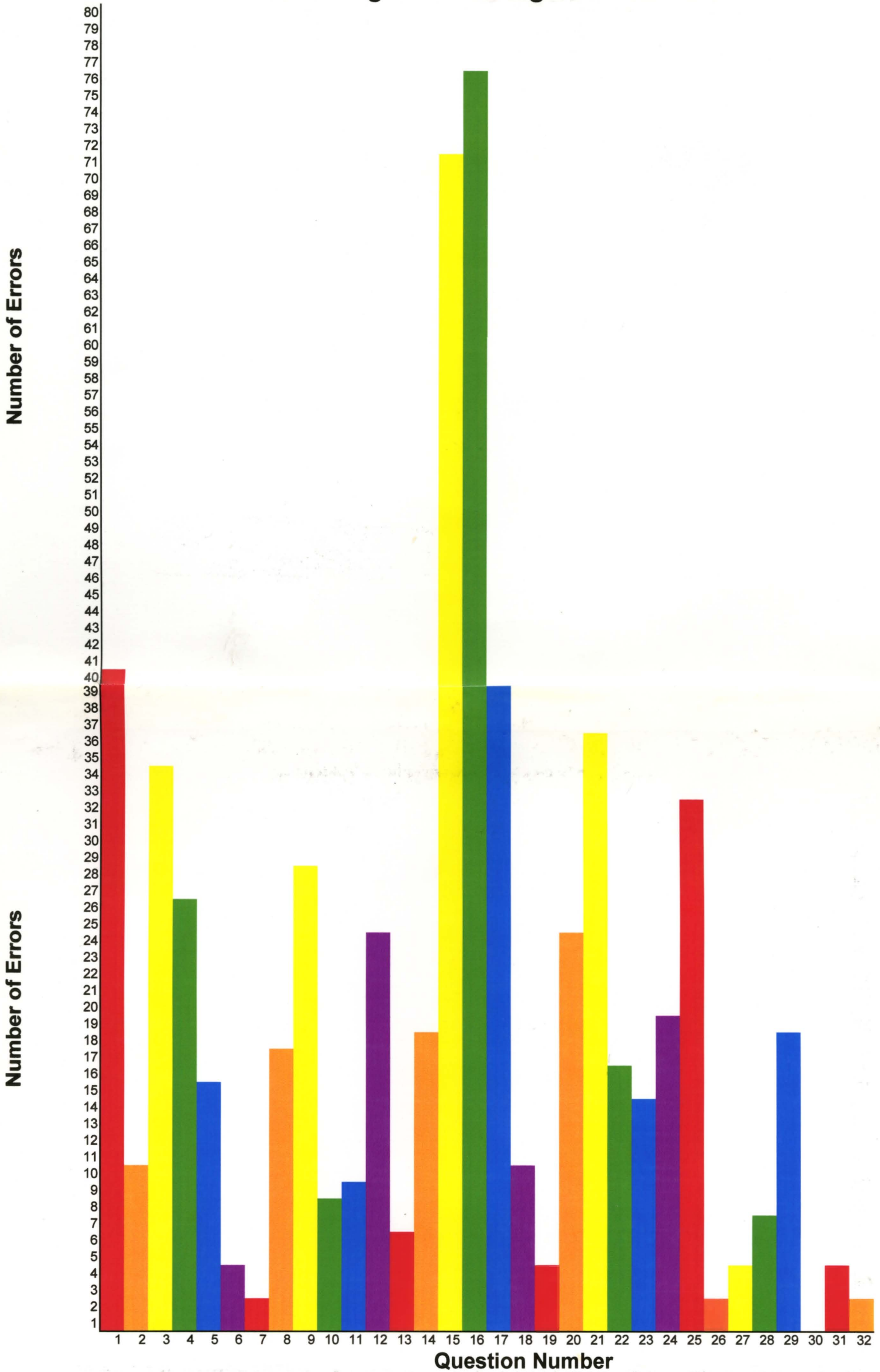
# Conway Yearly Summary Report of Quality Assurance - Nurses



# Greenville Yearly Summary Graph for Quality Assurance - Case Managers Initial Case Management Review

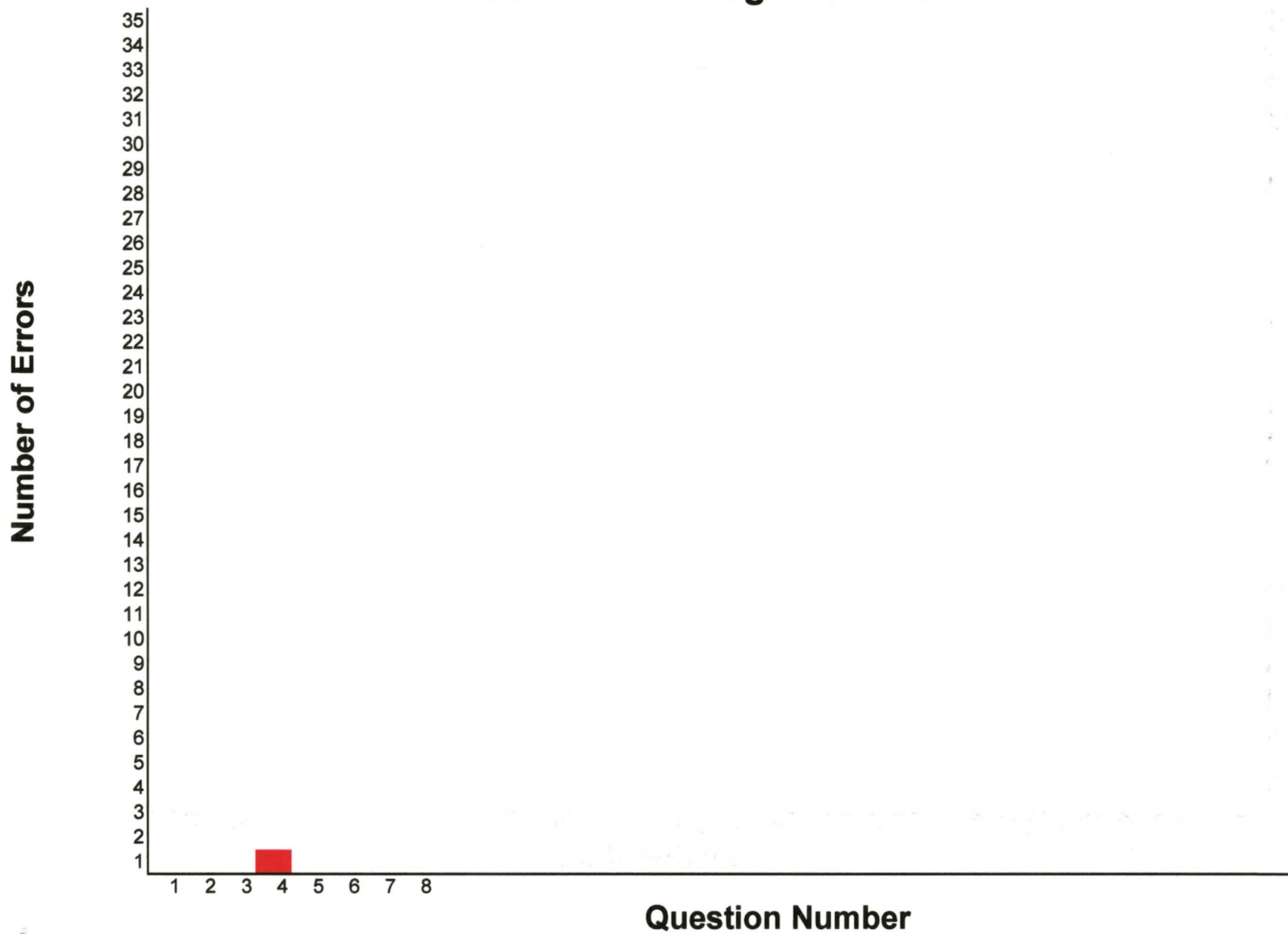


# Greenville Yearly Summary Graph for Quality Assurance - Case Managers On-Going Case Management Review

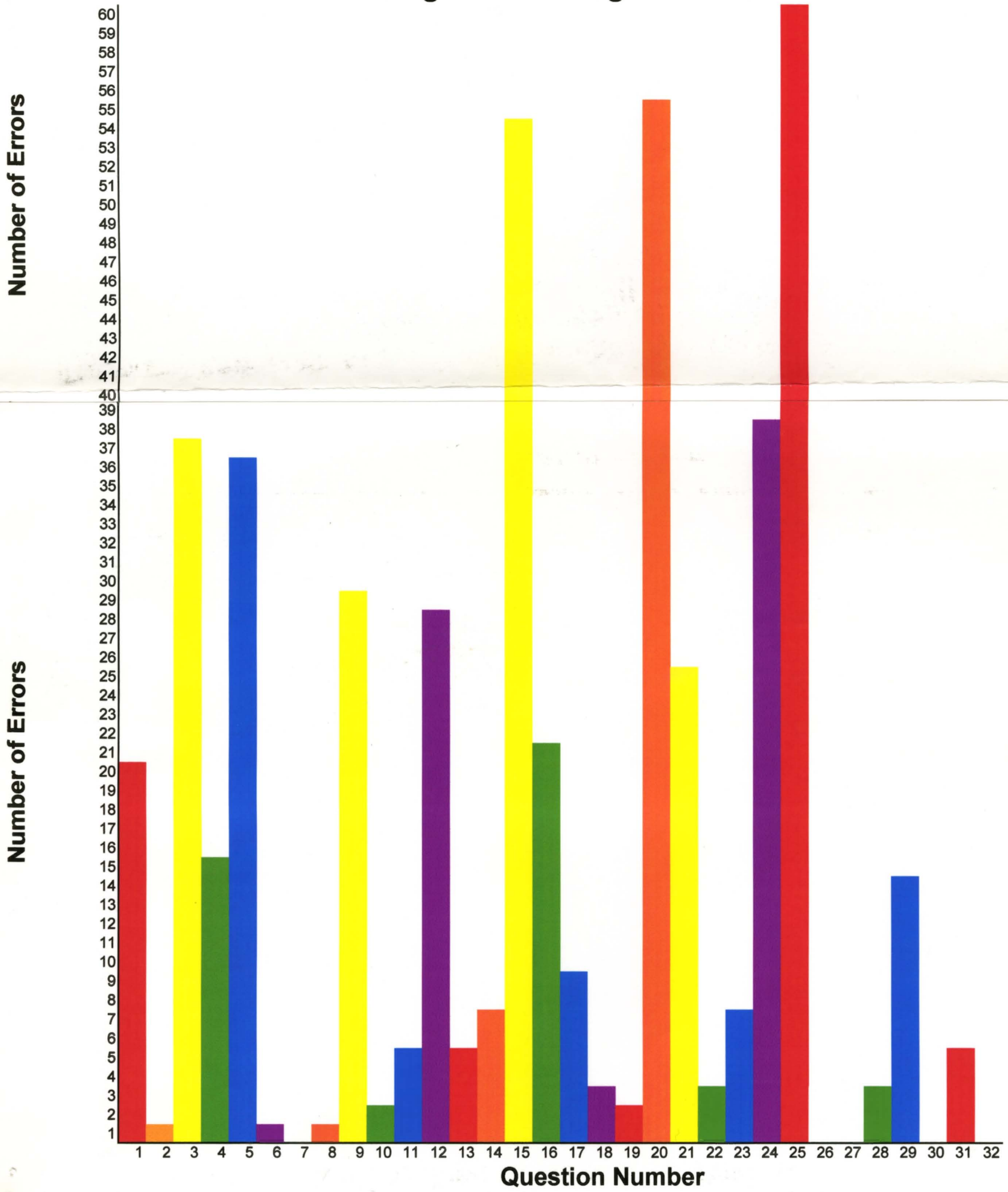




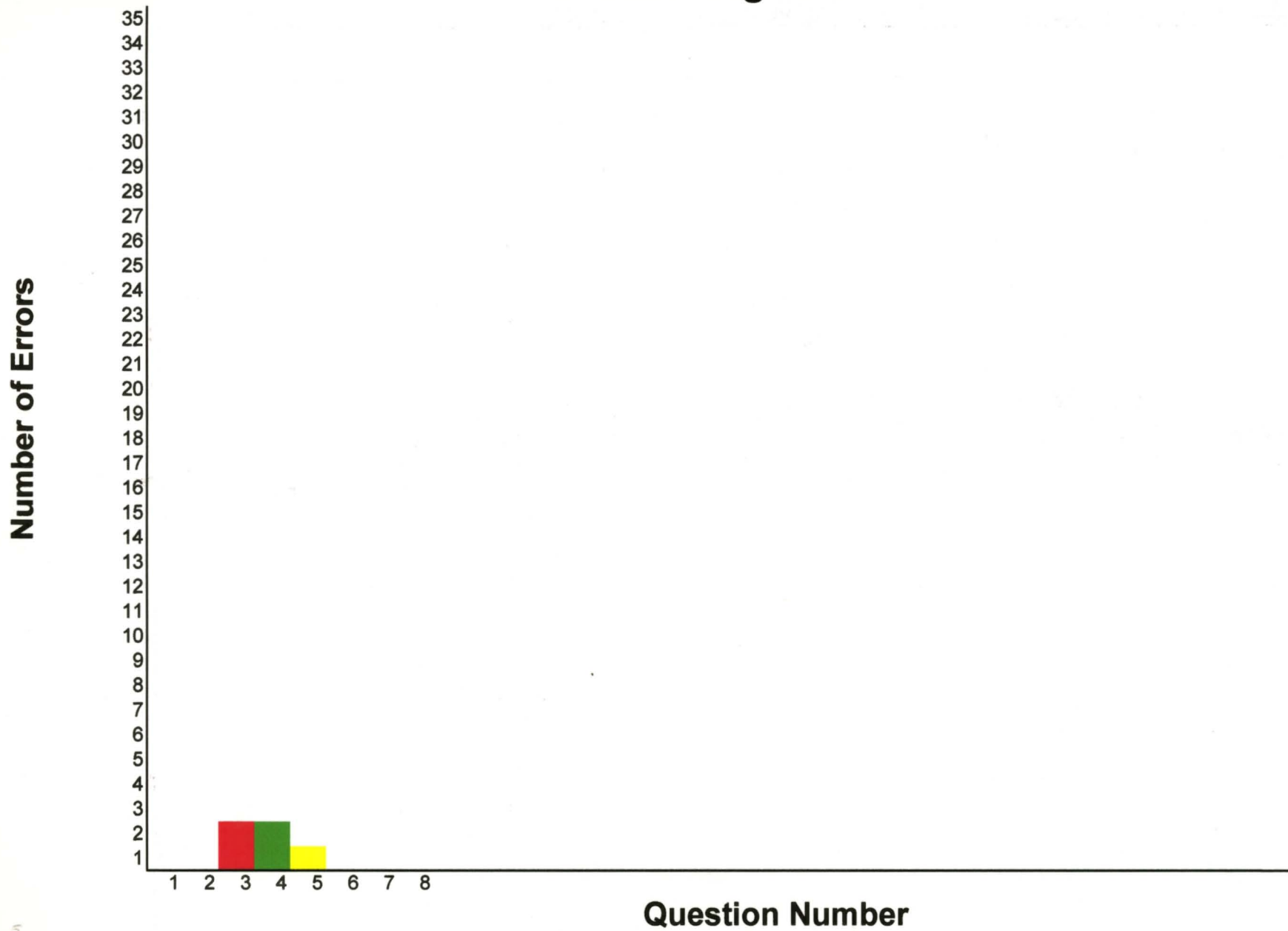
# Columbia Yearly Summary Graph for Quality Assurance - Case Managers Initial Case Management Review



# Columbia Yearly Summary Graph for Quality Assurance - Case Managers On-Going Case Management Review

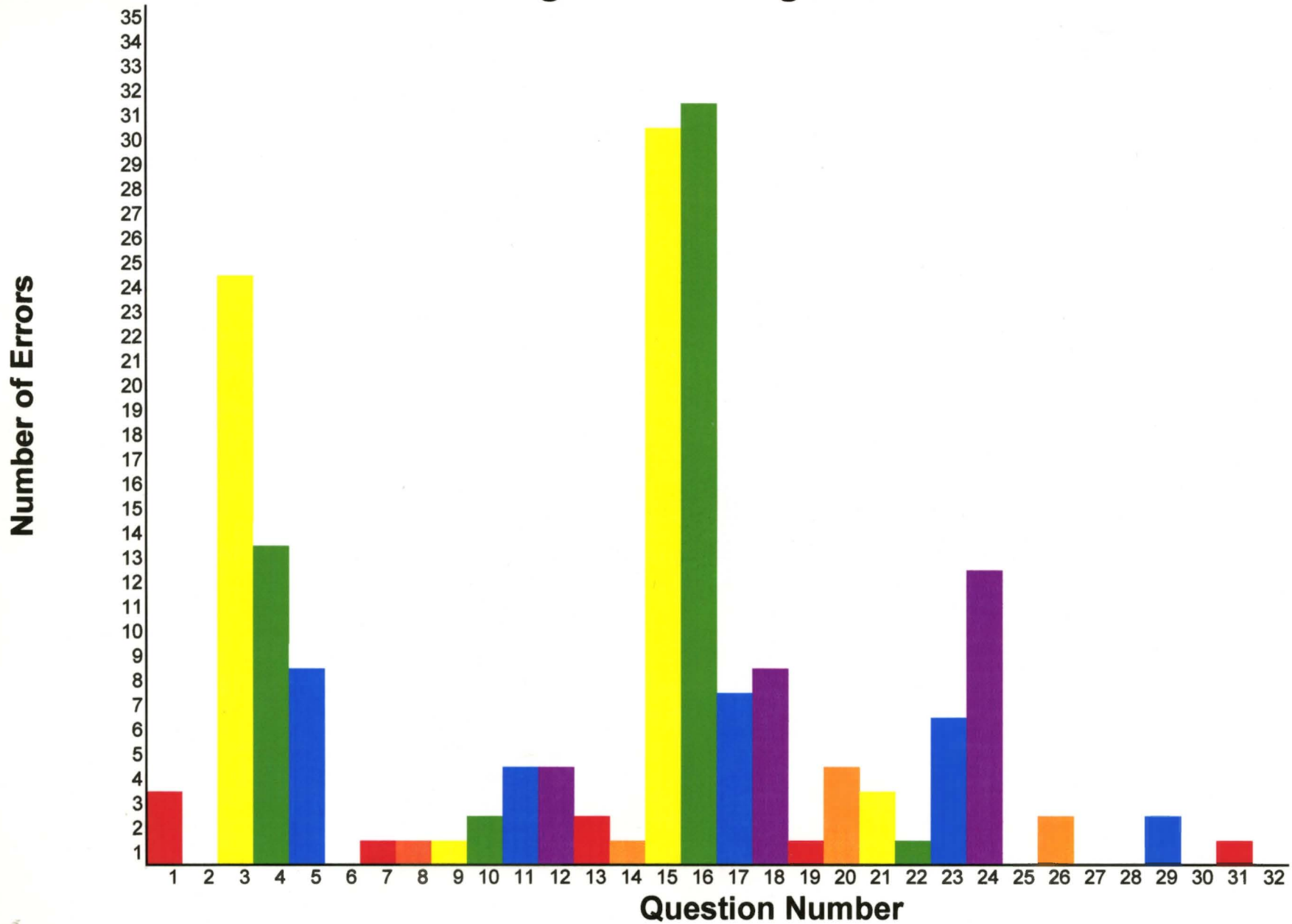


# Conway Yearly Summary Graph for Quality Assurance - Case Managers Initial Case Management Review

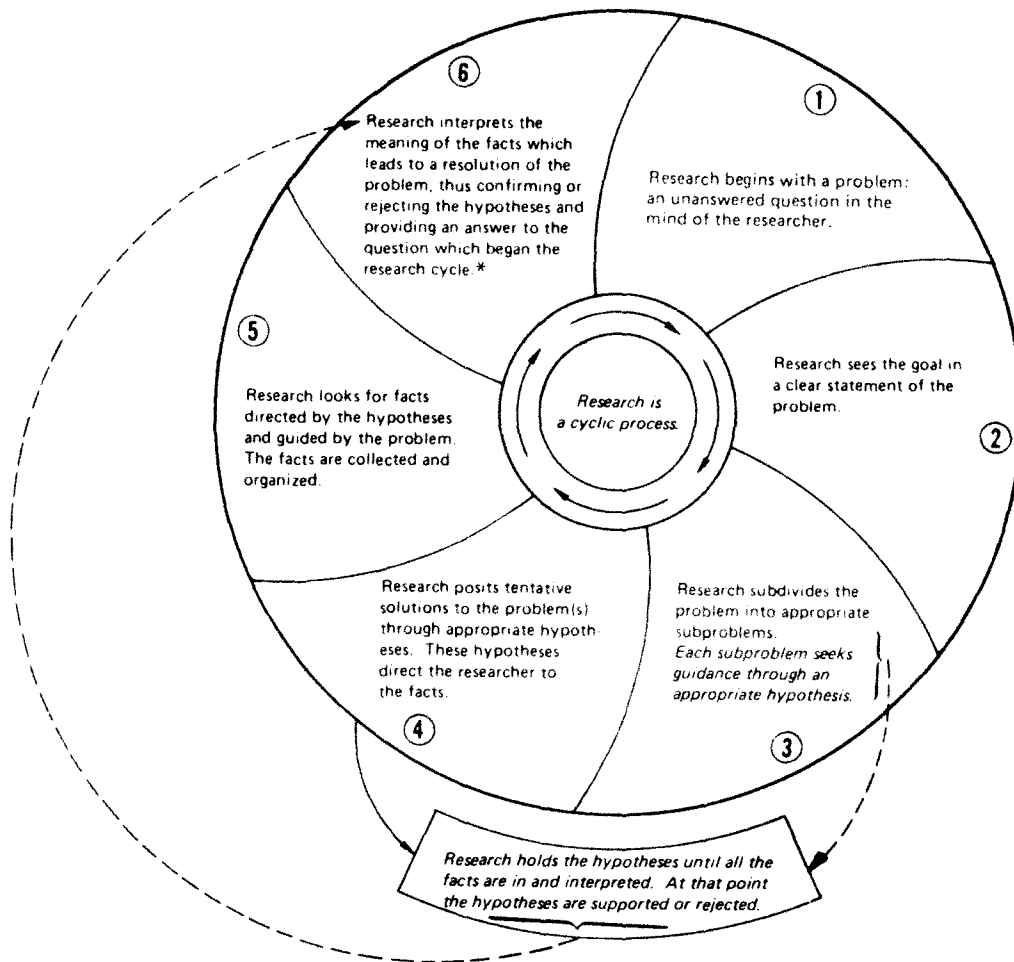




# Conway Yearly Summary Graph for Quality Assurance - Case Managers On-Going Case Management Review



## THE RESEARCH PROCESS IS CYCLICAL



\*Frequently the resolution of one research problem gives rise to new questions and further research problems that, for their resolution, demand a repeat of the research cycle. This makes a *helical* concept of the research process perhaps more realistic than a cyclical one.

## Interview Questions for Supervisors

### 1. What is your opinion of the current QA process?

**Greenville comments:** Needs to be improved in areas covered. Likes the format. QA tool does identify policy non-compliance. Tool can be used to identify training needs. Agrees that the QA process needs to be evaluated every six months to reflect policy changes.

**Columbia comments:** CM feels that the tool has to be either quality or quantity. Feels that there are too many reviews. Tool does identify policy non-compliance. Tool can be used to determine training needs. Agrees that QA process needs to be evaluated every six months. She does not like the format but had no suggestion for a change. She felt that there needed to be room for comments at each question.

**Conway comments:** The tool needs revision. The PASSARR Tool needs a breakdown into more sections. The questions are too vast, needs to be broken into more questions. The scoring is unfair.

### 2. How do you feel about the scoring process in the QA tool?

**Greenville and Columbia comments:** The scoring weight of the questions should relate to the importance of the question as related to P&P. The weight of the question should be reviewed. A signature is not as important as having all the casework completed.

**Conway comments:** The scoring is inadequate. There should be a partial point error scoring for an error in multiple part questions. Now, any error in a multiple part question is scored as a whole error. The "Incomplete" error should have less weight.

### 3. What is your opinion of the frequency of the QA reviews?

**Greenville:** No problem with the frequency.

**Columbia comments:** Should only do QA on the employees showing problems. Would like to continue with the Quick Reviews. Would like to see the group divided and rotate employees reviewed. Three people should review – the 2 CMII 's and the CMS support.

**Conway:** The frequency is fine for good performing employees, but not frequent enough for poor performing employees.

**4. Any other issues that you wish to discuss?**

**Greenville comments: CM would like to see a more detailed QA form.**

**Columbia comments: There has been a problem with fraud. Visits were not done but documented. Chart reviews could show repetitive wording and characteristics. Columbia supervisors would like to see peer review return. They feel that this gives a wider perspective. Emphasizes that you must know P&P and can also show the reviewer a different way of performing job task. You are held accountable for errors made by the person previously assigned to the case.**

**Conway comments: Nurse would like a system to track the number of cases RN cases. If the RN is working on an open CCM, there is no way to know that. CM would peer review to return.**

**5. Would you be interested in a table in Excel to track QA?**

**All offices stated, "yes."**