

Performance Quality Improvement (PQI)



Commission on Accreditation for Home Care, Inc.
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Webinar Objectives

Overview of Performance Quality Improvement (PQI)

What is a Performance Quality Improvement Program?

The planned process of implementing quality standards and monitoring the attainment of measurable goals to ensure quality in an organization.

Glossary p. 102, CAHC Accreditation Manual, Version 7.0

What is the Performance Quality Improvement Standard?

Standard III, Intent 6
7.0 CAHC Accreditation Manual

6A. The provider will have a Performance Quality Improvement (PQI) Policy that includes:

- The *goals and objectives* of the PQI Program
- The *components* of the PQI Program
- The *person(s) responsible* for implementation
- The *time frame* for evaluation

What is the Performance Quality Improvement Standard?

Standard III, Intent 6
7.0 CAHC Accreditation Manual

6B. The following *components* of the PQI Program are required:

- *Client Record* reviews to monitor quality and appropriateness of care
- *Personnel Record* reviews to monitor qualifications and performance of personnel
- *Client Satisfaction Surveys*
- Monitoring of *CAHC contingencies*, if applicable
- *Risk Management Reports*
- At least 2 *indicators other than above*, chosen by the provider to monitor the quality and appropriateness of care

What is the Performance Quality Improvement Standard?

Standard III, Intent 6
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- 6C. The provider will implement a written plan of *corrective actions* for any identified problems.
- 6D. Based on the agency PQI policy indicating the time frame for specific components, the monitoring of PQI will be done quarterly at minimum. This will form the basis of the Annual PQI Evaluation Report.
- 6E. The provider will maintain appropriate documentation of the PQI monitoring results to support the conclusions of the Annual PQI Evaluation Report.
- 6F. If the provider offers both CPCA and CBSN services, there should be separate quarterly PQI monitoring process for each service and separate findings in the Annual PQI Evaluation Report.

Performance Quality Improvement

PQI Components

- Client Records
- Personnel Records
- Client Satisfaction Surveys
- Risk management Reports
- Monitoring of CAHC surveys
- 2 other indicators, chosen by provided to monitor quality and appropriateness of care

SAMPLE PQI Tracking Form

Date:

What is being measured?	Identify component being measured
Goals	State goal here
Percentage/Frequency	% to be monitored & how often (i.e. quarterly)
Who is responsible for data?	State who is responsible for auditing components
Outcomes/Identification of Problem	State the results of monitoring
Remedy/Correction Plan	State remedy or correction plan for any results that fall short of goals

What is being measured? Client Records Review	Intake & job order, HCP orders CBSN, HCP license verified CBSN Advance Directive, Client Bill of Rights signed Service Agreements Timely Initial & Reassessments 30-day telephone contact Orientation to the case Weekly activity records (CPCS)/Progress Notes every visit (CBSN) Case Monitoring every 60 days Discharge Planning
Goals	All client records meet requirements
Frequency/Percentage	Monitor 25% of clients quarterly
Who is responsible for data?	Director of Nursing or designee as determined in policy
Outcomes/Identification of Problem	10 client records reviewed 1 st quarter; 6/10 clients did not meet 30-day telephone call contact
Remedy/Correction Plan	Will review schedule of monitoring calls with Nursing Supervisor. Monitor 4 th quarter for 100% compliance

What is being measured? Personnel Records Review	Employment application Interview Form Work History verification Certificate/license copy and validation Health Requirements Agency Orientation Clinical Competency, prior to DOFC, annual Performance Evaluations, post-orientation, annual 12 hour in-service education Timely clinical supervision and skill check
Goals	All employees to have required components of personnel records complete
Frequency/Percentage	Monitor 25% of employees quarterly
Who is responsible for data?	Director of Nursing or designee as determined in policy
Outcomes/Identification of Problem	10 employee records reviewed 1 st quarter; 6/10 employees files reviewed have complete personnel files
Remedy/Correction Plan	Contact the remaining 4 employees to complete necessary information prior to 4 th quarter PQI review. Results to included in annual review.

What is being measured? Client Satisfaction Surveys	Client Satisfaction
Goals	To ensure client satisfaction with both agency and personnel
Frequency/Percentage	100% of clients respond to client survey* *If clients do not respond to survey requests, suggest completing survey during 30-day call.
Who is responsible for data?	Director of Nursing or designee as determined in policy
Outcomes/Identification of Problem	All clients expressed satisfaction with care as provided by assigned personnel but several client's families expressed concern regarding use of PPE and cleanliness of personnel in light of ongoing COVID concerns
Remedy/Correction Plan	Had personnel review infection control policy and proper use of PPE. Will re-address client/family concerns on 30-day call or 60 day visit

What is being measured? Risk Management Reports	Early identification and management of risks and occurrences
Goals	To prevent a serious adverse event
Frequency/Percentage	Any incident reported from client or employee
Who is responsible for data?	Director of Nursing or designee as per policy
Outcomes/Identification of Problem	2 clients' families reported the CHHA's assigned to their family member's care were leaving the client unattended to do errands. Fortunately, there were no negative outcomes to the clients.
Remedy/Correction Plan	Both CHHA's were counseled to do errands only when someone from the family or their designee was present.

What is being measured? Indicator #1	Falls
Goals	To prevent falls with injury
Frequency/Percentage	All falls are to be reported immediately to the agency as they occur. Review all falls at time of occurrence, quarterly, and in annual review.
Who is responsible for data?	Director of Nursing or designee as per policy
Outcomes/Identification of Problem	There were 2 falls in the 1 st quarter, 2 falls in the 3 rd quarter. All were different clients. No injuries occurred. Falls occurred during the night when no agency employees were assigned or present.
Remedy/Correction Plan	Continue to monitor all falls, review current care plans for appropriate interventions and include review of environment on 60 day visit.

What is being measured? Indicator #2	Infections
Goals	To prevent infections caused by dehydration
Frequency/Percentage	Every reported infection. Monitor reports quarterly and annual review.
Who is responsible for data?	Director of Nursing or designee as per policy
Outcomes/Identification of Problem	There were 3 reported infections, 2 were UTI's, 1 was due to non-healing wound.
Remedy/Correction Plan	All were correctly reported by CHHA's. Reviewed current care plan and updated the care plan and reviewed with both CHHA and family. Both were advised to monitor fluid intake and also observe the signs and symptoms of potential infection.

What is being measured? Additional Issues or Findings	Any other problem identified that is not included in the above criteria. Additional individual indicators can be added as needed.
Goals	To monitor all clients at time of 30 day calls, 60 day visits for appropriate plan of care and update as needed.
Frequency/Percentage	Ongoing
Who is responsible for data?	Director of Nursing or designee as per policy
Outcomes/Identification of Problem	To be constantly aware of any changes in a client's status.
Remedy/Correction Plan	To be determined.

Who is responsible for the PQI program?

- It should be a collaborative effort between the Administrator and DON

How to choose 2 additional indicators for PQI?

- Specific to an agency, based on:
 - Client Initial Assessment
 - Care Plan
 - Any changes that occur in client status

Questions about PQI?

- Ask your surveyor
- Refer to the CAHC Accreditation Manual
- Call the Director of Accreditation at the CAHC office



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Thank You!