

General Instructions		Support Materials:				
<p><b>Before the Visit</b></p> <p>* Prior to visiting the Center determine the date of the most recent release of P&amp;P's from Corporate. Release date information can be found XXXXXXXX – Clinical Operations – Policies and Procedures.</p> <p>* Review the results of the last internal survey/s.</p> <p>Send email to ED requesting the following documents to be available on arrival:</p> <ol style="list-style-type: none"> <li>1. 6 months of QI/QM report</li> <li>2. 12 months of PI minutes</li> <li>3. Action Plans</li> </ol> <p>During the Visit</p> <ol style="list-style-type: none"> <li>1. Interview the ED and DNS prior to reviewing the minutes.</li> <li>2. Review previous 12 months of PI minutes.</li> <li>3. Interview appropriate staff.</li> </ol>		<p><b>"Sample" Applicable Policies and Procedures</b></p> <ul style="list-style-type: none"> <li>· POL XXX – Performance Improvement</li> <li>· POL XXX – Root Cause Analysis</li> <li>· POL XXX – Event Reporting</li> <li>· PRO XXX – Quality Review of Resident Care</li> <li>· PRO XXX – Event Reporting</li> <li>· PRO XXX – Root Cause Analysis</li> </ul>				
SECTION	CRITERIA	Score Value	MET	NOT MET	N/A	SPECIFIC INSTRUCTIONS
CQR 1	<p><b>Minutes for last 12 months available</b></p> <p><i>To assess this area:</i></p> <p>Answer "met" if 12 months of minutes are available for review.</p>	10				Request PI minutes from ED or DNS. Met if 12 months of PI minutes available. There should be some type of PI meeting with minutes for each month. The full committee may only meet quarterly, and if so, there should be minutes of sub-committees or work teams for the months when the full committee doesn't meet.
CQR 2	<p><b>Minutes reflect actions taken, follow-up and or resolution to identified opportunities for improvement.</b></p> <p><i>To assess this area:</i></p> <p>Prior to review of the minutes interview the ED and DNS to elicit which processes and /or systems were identified as action items and how it was determined that the items were actionable. Answer "met" if identified action items are followed through to co</p>	10				<ol style="list-style-type: none"> <li>1. Interview the ED and DNS to determine areas that have been identified as needing improvement. Determine how the area was identified as needing action (e.g., Internal Survey results, State survey findings, QI/QMs, medical record audits, observation, etc.).</li> <li>2. Review the minutes and determine if minutes reflect action plans for identified issues, responsible person, time frame for completion.</li> <li>3. Determine if interventions or revised processes are communicated to staff (i.e. in-services, etc.)</li> <li>4. Determine if the area was re-evaluated for effectiveness and the action plan revised if needed or if documentation indicates that improvement is noted.</li> </ol>
CQR 3	<p><b>Appropriate membership in attendance</b></p> <p><i>To assess this area:</i></p> <p>Answer "met" if you can validate quarterly ED, DNS, a designated physician and 3 other staff members' attendance at PI meetings. (I,O,D)</p>	10				Must be able to validate quarterly attendance of the ED, DNS, designated physician and 3 staff members in the minutes. Note -XXX's policy requires monthly meeting. Regulation requires quarterly PI meetings.
CQR 4	<p><b>PI Committee minutes reflect approval of latest release of Policy and Procedures.</b></p> <p><i>To assess this area:</i></p> <p>Answer "met" if approval of P&amp;P's annually can be found in the PI minutes.</p>	10				Determine the date of the last policy and procedure release and check minutes for evidence of approval.
CQR 5	<p><b>Evidence that the PI minutes reflect identification and evaluation of the prevalent resident care processes for improvement.</b></p> <p><i>To assess this area:</i></p> <p>Answer "met" if PI minutes during the previous 12 months include documentation of monitoring of these items:</p> <ol style="list-style-type: none"> <li>5a) QI/QM review</li> <li>5b) Internal Survey</li> <li>5c) State Survey Results</li> <li>5d) Event Reports</li> <li>5e) Weights, Falls, etc. (I,D)</li> </ol>	10				PRO XXX - The "Quality Review of Resident Care" procedure identifies data that should be reviewed, and provides guidance for evaluating the data. Use this procedure to evaluate if the Center is correctly identifying data for review, and appropriately evaluating the data. Note - all data elements may not be reviewed every month.

<b>CQR 6</b>	<b>Evidence that the PI minutes reflect identification and evaluation of the prevalent operational process for improvement.</b>	10				If the minutes over the past 12 months do not include any mention of operational type items, score the item as "Not Met." Recommend that operational type issues go through the PI committee just like quality clinical issues.
	<i>To assess this area:</i> Answer "met" if PI minutes during the previous 12 months include documentation of monitoring of these items: 6a) MDS Review Findings or Issues 6b) Internal Operational Reviews (i.e. HR issues, Resident/Family Complaints, etc.)					
<b>CQR 7</b>	<b>PI Teams are commissioned based on findings or trends identified through PI PRO XXXX.</b>	10				PRO XXX –Internal Quality Issue Response should be reviewed and used as a guide to determine if the center is commissioning teams based on the data gathered to resolve the issues identified.
	<i>To assess this area:</i> Answer "met" if minutes reflect that teams were established based on the findings/trends/patterns identified through data review, State Surveys, etc.					There should be documentation of a PI Team being commissioned, including the purpose, team members, objectives, etc. This information be attached as a PIT Work Sheet.
<b>CQR 8</b>	<b>ED and Key Center staff have knowledge of PI initiatives.</b>	10				1) Review minutes and identify current initiatives 2) Interview 3 Staff (include ED if available): 2a) ED - does he/she have knowledge of PI action plan/goals? 2b) Interview key center staff (i.e. DNS, Dept Heads, Unit Mgrs) - does the staff have knowledge of PI goals, can they describe their role in PI?
	<i>To assess this area:</i> Answer "met" if center level staff indicate active involvement in action plan development. Through interview and/or observation, it is evident that center staff have knowledge of center specific PI action plans/goals. (D,I)					
<b>CQR 9</b>	<b>The center's action plans focus on areas consistent with resident care processes indicated for improvement.</b>	5				Center must have a written action plan based on the trends in the center. For example, do action plans correspond with latest Internal &/or State survey findings, or problematic data trends?  Review the pertinent 6 months of the QI/QM report as compared to the Center's action plan. The QI/QM report is run from the MDS system.
	<i>To assess this area:</i> Do areas identified correspond with latest Internal Survey findings, State Survey results, clinical data trends, and QIs at 90% or greater? Answer "met" if statements are found to be true. (D,I)					
<b>CQR 10</b>	<b>The center's action plans focus on areas consistent with operational areas and processes indicated for improvement.</b>	5				Center must have a written action plan based on the operational trends in the center. For example, do action plans correspond with the latest MDS review findings, or problematic trends in operational data (i.e. resident complaints, customer satisfaction surveys).
	<i>To assess this area:</i> Do areas identified correspond with identified MDS review findings, satisfaction survey results, or trends in the complaint/grievance data?					
<b>CQR 11</b>	<b>Root Cause Analysis is completed per policy</b>	5				The center selects performance measures for processes that are known to jeopardize the safety of the residents. When the center detects undesirable performance or variation, it initiates intense analysis to determine where best to focus changes for improvement.
	<i>To assess this area:</i> Answer "met" if PI minutes reflect that RCA was completed when: 10a) Levels of performance, patterns, or trends, vary significantly and undesirably from those expected 10b) Performance varies significantly and undesirably from that of other centers. 10 c) A significant or sentinel event has occurred.					
<b>CQR 12</b>	<b>Evidence of ongoing PI plan evaluation and modification</b>	5				This item refers to the "overall" PI Process in the center. Interview the ED and DNS to determine how they evaluate the PI process and make changes. Answer met if there is evidence of appropriate changes of the plan based on discussion, root cause analysis and indicators that goals are met/changed.
	<i>To assess this area:</i> Interview ED and DNS to determine how they evaluate the PI Process and make changes. Answer "met" if there is evidence of appropriate changes of plan based on discussions, root cause analysis, indicators that goals are met/changed, etc. (I,O,D)					
Met Score						
Unmet Score						
	Total Points possible for this Center	100				