

Guidelines for Developing a Quality Management System (QMS) For Long Term Care Providers

An effective QMS focuses on systematically developing and communicating a customer-focused mission, strategies and action plans; listening and responding to the customers' needs and expectations; empowering employees to continuously improve and increase their satisfaction with their work processes and environment; and gathering and analyzing key performance indicators to improve organizational and process results.

The key criteria for a Quality Management System that are identified in these guidelines are based on nationally recognized concepts applied in health care and other industries, including the principles and standards of ISO 9001, Malcolm Baldrige Criteria for Performance Excellence, Six-Sigma, Balanced Scorecard, and the teachings of Dr. W. Edwards Deming and Dr. Joseph Juran.

Adopting a common definition of the key criteria in a quality management system provides a foundation to move the profession toward higher rates of customer satisfaction, continued improvement in compliance with regulations, higher financial integrity, improvement in clinical outcomes, and a more stable staff.

An effective quality management system will reduce waste and rework while providing more consistent outcomes. A QMS will also help the facility focus on prevention activities rather than the inspection or failure activities often driven by the regulatory process.

These guidelines for a QMS are designed to:

1. Identify the key criteria and related procedures, actions, and tools which are necessary to assess whether a facility has a quality management system (QMS), and
2. Provide a means for state affiliates of AHCA/NCAL to promote the implementation of a QMS at their member facilities.

An effective QMS provides the foundation for providers to achieve performance excellence and for the long-term care profession as a whole to achieve the core principles and outcomes set forth in "Quality First: A Covenant for Health, Affordable and Ethical Long Term Care," which was adopted in July 2002 by the American Health Care Association (AHCA), American Association of Homes and Services for the Aged (AAHSA), and the Alliance for Quality Nursing Home Care.

The key criteria of the quality management system criteria adopted by AHCA/NCAL apply to all types of facilities. Member facilities that commit to developing a quality management system gain the ability to systematically meet or exceed the expectations of their customers (residents and family members) and other stakeholders (persons, organizations, and agencies that have a vested interest in the facility's performance).

These criteria are also aligned with the AHCA/NCAL Quality Award program.

Overview of the Key Criteria of a Quality Management System (QMS):

An effective QMS focuses on systematically developing customer-focused strategies and action plans, listening and responding to the customer, empowering employees to continuously improve their work processes, and gathering and analyzing key performance indicators.

A facility addressing the key criteria of a QMS is systematically:

- Communicating a quality-focused mission statement;
- Conducting customer (resident/family) satisfaction surveys;
- Conducting employee satisfaction surveys;
- Gathering and analyzing performance data and information;
- Recording and acting on customer concerns;
- Continuously improving its processes and outcomes;

Recommended and Baseline Performance for Each QMS Criterion:

To be effective, a facility's QMS should have a documented approach that is consistently applied for each criterion of the QMS. We are providing both recommended and baseline performance procedures, actions, and tools for each criterion. The baseline performance is in italics at the end of each section. The QMS baseline performance procedures, actions, and tools enable state affiliates to create a simple self-reporting process to identify members who have implemented a quality management system.

Mission Statement

Member facilities practice visionary leadership starting with a clear mission statement that is focused on customer satisfaction as well as other stakeholder interests. Effective mission statements incorporate a facility's purpose (its reason for being) and core values (guiding principles that describe expected behavior at all times). Whereas business strategies and markets will constantly change, the purpose and core values do not. The vision described in the mission statement challenges a facility to boldly embrace progress while always adhering to core values.

Member facilities identify their mission statement and describe how they systematically communicate it to their employees and constituents, including direct care staff and nursing assistants as a guide for decision-making.

The message is simple and communicated in multiple forums, such as large and small meetings, memos, newsletters, informal discussions, and printed material. The key is to embed the mission firmly into the facility's culture.

The baseline performance of this criterion is: (1) the existence of a quality-focused mission statement, and (2) a description of the facility's process for systematically communicating the mission to staff, residents, family, and other stakeholders.

Customer (Resident/Family) Satisfaction Surveys

Residents and family members, to the extent they are capable, judge the facility's performance based on their expectations. The voice of the customer should drive change in the facility practices. Surveys and resident/family councils are two primary means of hearing the voice of the customer. Resident or family focus groups can also be used to identify specific ways to improve satisfaction ratings.

The recommended process for conducting customer satisfaction surveys includes:

- Sending the customer satisfaction survey to the resident if able, and/or to the family member most knowledgeable and able to respond regarding the resident care.
- Selecting all capable and interested families/residents for an annual or bi-annual survey, or randomly for ongoing, periodic surveys.
- Providing a cover letter and postage paid return envelope.
- Permitting respondents to remain anonymous.

- Having someone (either external or internal) other than facility management compile the survey results.
- Having an appropriate facility leader investigate and personally respond to the customer when a signed survey includes a low rating or a concern.
- Establishing a protocol for identifying performance improvement opportunities from the survey and documenting the actions taken.
- Reporting survey results and planned actions to the residents, families, and staff members in a timely way.

Resident and family councils are additional methods of obtaining feedback regarding the quality of care and services. Key staff should discuss the outcomes of the resident and family council meetings and develop appropriate action plans to address the issues as soon as possible.

The baseline performance for this criterion is: (1) the existence of the customer (resident/family) satisfaction survey tool(s), and (2) a description of the process for conducting and analyzing the satisfaction survey, including a frequency of at least annually.

Employee Satisfaction Surveys

Achieving performance excellence includes attending to the needs and wants of employees. Facilities should have formal and informal processes to measure and improve employee satisfaction with their work and environment. Employee satisfaction surveys and employee councils are two primary methods of listening to employees and understanding their concerns. Employee focus groups can be effective in identifying specific ways to improve satisfaction ratings.

The recommended process for conducting an employee satisfaction survey includes:

- Encouraging all employees to respond to the survey.
- Permitting respondents to remain anonymous.
- Returning surveys to someone or a team (internal or external) other than the facility management.
- Having an appropriate facility leader investigate and personally respond to the employee when a signed survey includes a low rating or written concern.
- Establishing a protocol for identifying performance improvement opportunities from the survey and documenting the actions taken.
- Promptly reporting survey results and planned actions to employees.

An employee advisory council provides facility management with an additional opportunity for obtaining feedback regarding staff satisfaction and for generating ideas for improvement related to key staff issues. Management should develop appropriate action plans in response to key issues and recommendations generated by the employee advisory council.

The baseline performance of this criterion is: (1) the existence of the employee satisfaction survey, and (2) a description of the process for conducting the satisfaction survey, including a frequency of not less than every two years.

Gathering and Analyzing Performance Data and Information

Many types of data and information are needed for performance management. An organization's performance measurements need to focus on key results. Results should be used to create and balance value for the facility's key stakeholders – residents, their families, staff, physicians, health care service providers, the community, suppliers, trustees, investors, and others having a vested interest in the performance of the facility. The use of a balanced composite of leading and lagging performance measures offers an effective means to communicate short- and longer-term priorities, monitor actual performance, and provide a clear basis for improving results.

Facilities should develop an information management system that ensures the quality and availability of data and information for staff, suppliers/partners, and residents/customers. The analysis of this data and information refers to extracting larger meaning to support evaluation, decision-making, and operational improvements. Analysis entails using data to determine trends, projections, and cause and effect that might not otherwise be evident.

The measures or indicators a facility selects should best represent the factors that lead to improved outcomes in care; improved customer, operational, and financial performance; and objective data to support claims of quality.

The proper gathering and analysis of data and information may include:

- Receiving early warning of problems or conditions that could lead to serious errors.
- Verifying the effectiveness of corrective action.
- Identifying within the facility areas of excellence, exemplary performance and best practices.
- Comparing facility performance with that of peer facilities using the same measures within the same system.
- Helping to identify issues that require priority attention.
- Focusing improvement activities on areas within the facility that represent the greatest potential opportunities for improvement.
- Understanding the relationships between standards and outcomes.
- Designing new services.
- Measuring resident outcomes.
- Experimenting with new ways of carrying out a function.

The baseline performance for this criterion is: (1) the existence of a clearly defined list of the facility's key process and organizational performance measures, and (2) a description of how this data and information is systematically gathered, analyzed, and distributed to support quality improvement.

Recording and Responding to Customer Concerns

A facility's procedure for handling customers' concerns is regularly communicated to residents, families, employees, and other stakeholders. The information reported is recorded, investigated, and responded to in a timely and confidential manner.

The facility's procedure for handling customers' concerns should include:

- A clearly defined process for documenting customer concerns that is communicated to and supported by all staff.
- A process provided to all customers regarding how to pursue resolution of a concern and a timeframe as to when customers can expect a response.
- A process for assisting residents who need help preparing a written complaint.
- The names, job titles and telephone numbers of the employees responsible for implementing the process to resolve concerns.
- The address and toll-free numbers of the ombudsman and the state health care agency for reporting issues and concerns that are unresolved.
- A follow-up process that verifies the concern has been resolved to the customer's satisfaction.
- A means to periodically aggregate and analyze the data to identify common issues and areas of concern.
- Maintenance of all records relating to customer concerns.
- Quarterly reporting to the facility's Quality Assessment & Assurance Committee, including the total number of concerns handled, categories of concerns, and their final disposition.

The baseline performance for this criterion is the existence of the facility's procedure for handling concerns that addresses all of the items listed above.

Continuously Improving the Processes and Outcomes

Having a QMS includes a commitment by facility leaders to continuous improvement of processes and organizational performance. The commitment will translate into organizational structure and methodology for continuous quality improvement (CQI) that include:

- Clearly defining the quality improvement roles and responsibilities of facility leaders and support personnel.
- Identifying key process and organizational performance standards based on the requirements of customers and other stakeholders, including regulatory authorities. These standards should be measurable.
- Systematically measuring and monitoring key processes and outcomes, including use of quality assurance tools, like a checklist, to assess key customer and organizational functions.
- Promptly identifying outcomes that do not meet performance standards.
- Providing a well-known methodology for using data and information to find the root cause of the process problem and developing a solution.
- Implementing the process change with appropriate training and procedures that hold the gains.

Ideally, the facility's CQI process will include using cross-functional teams of employees (representatives from various departments or shifts) who are: (a) affected by the process, and (b) trained in the facility's CQI methodology and able to use appropriate tools (brainstorming, consensus building, flowcharting, etc.) to improve the process. Empowering employees to actively participate in improving their processes is important to staff satisfaction and retention. Employee empowerment includes providing them with clear expectations, adequate resources, and opportunities to learn and improve their skills.

The facility's quality improvement methodology should include using checklists or other quality assurance and improvement tools. Attachment 1 is the "Self Assessment Checklist" developed by the Florida Health Care Association's Quality Credentialing Foundation to be used by its nursing home members as an internal quality assurance tool. The checklist was developed by a senior clinicians workgroup representing multi-facility providers. It is specific to Florida nursing home regulations as well as the Federal regulations. Parts of it are not applicable to assisted living facilities or facilities that serve the developmentally disabled. We include it as a potential model that can be adapted by facilities that do not have a process and tool to systematically review their key operating systems. This criterion is not prescriptive. You may meet this criterion by providing any tool and process that is effective and used systematically. A facility may already be using an effective quality assurance tool utilizing another format and approach that is just as effective in monitoring the performance of key functions and/or performance indicators.

As part of the commitment to CQI, we also recommend that facilities routinely assess and adjust for the potential impact on service quality and resources of key events such as:

- Change in key leadership positions;
- Shifts in resident characteristics that will affect care levels;
- Staffing levels and/or need for temporary agency staff; and
- Increase in frequency of formal and informal resident concerns.

The baseline performance for this criterion is: (1) a description of the facility's Continuous Quality Improvement structure and methodology covering all of the elements identified at the beginning of this section, and (2) the existence of the self-assessment tool used to monitor key functions and/or quality indicators and measures.

Attachment 1

FLORIDA HEALTHCARE ASSOCIATION – Tallahassee, Florida
FHCA Quality Credentialing Program
Self-Assessment Checklist

Organization-Focused Functions	Met	Not met	Comments
Improving Organization Performance			
1) Quality Assessment and Assurance Program in place; reviewed/approved annually			
2) Quality Assessment and Assurance Program includes structured process by which all key indicators are periodically assessed, analyzed and responded to			
3) Quality Assessment and Assurance Committee established, meets monthly, includes all key disciplines including Administrator, DON, Medical Director and other disciplines			
4) Quality Assessment and Assurance monitoring in place to address problems identified through survey, customer and staff input			
5) Quality Assessment and Assurance Committee oversees program development, policy/procedure development/revision			
6) Quality Assessment and Assurance/Risk Management Committee Meeting Minutes maintained, accurately reflect proceedings, include clear evidence of clinical and operational trends of significance as well as how the Center responds to the issues, timelines for resolution and individuals responsible, and progress Resident satisfaction is measured through:			
a) Incident/Grievance/Concern Process: appropriate follow-up documented			
b) Resident Council: appropriate follow-up to issues identified and documented			
c) Planned resident satisfaction surveys: interpretation, analysis and utilization of findings			
d) Issues and trends identified by residents/families/responsible parties documented and addressed where possible			
Organization Ethics Ethical behavior of the organization regarding:			
1) Documented corporate compliance program and ethics committees (optional)			
2) Relationships with residents/families: marketing, admissions, care, transfer, discharge, and billing			
3) Relationships with staff, contracting agencies, other health care providers, educational institutions, payers			
4) Integrity of clinical decision-making despite actual/potential financial implications			
Leadership			
1) Administration: licensure; compliance with federal, state and local laws and professional standards; governing body			

Organization-Focused Functions	Met	Not met	Comments
Management of the Environment of Care Tour of Center: Internal: sanitation, safety, maintenance, call lights, noise levels, odors, temperature, ventilation, lighting, space, privacy, signage, homelike			
1) External: building integrity, building security, parking, lighting, landscaping, storage, signage			
2) Work Place Safety Program: current, consistent with regulations, accessible			
3) Safety Committee: addresses compliance with Safety Program; proceedings documented			
4) Preventive Maintenance Plan: implemented			
5) Durable Medical Equipment Management: implemented to assure equipment safety and functional ability/accuracy			
6) Disaster Preparedness Plan: current and accessible; drills at least annually; contract for transfer of residents current			
7) Fire Safety Plan: current and accessible; drills conducted per regulation; posting of building map			
8) Hazardous Materials and Wastes: plan current and accessible; implemented			
9) Accident Prevention and Safety: side rails measurement, call lights, caution signs, exit alarms, chemical storage, equipment storage, water temperature, electrical safety, emergency power plan and equipment, walkways/stairways			
10) Utilities Management: electricity, gas, water, communications			
11) Interim Life Safety Plans: established with construction, renovation, repair, etc.			
Management of Human Resources			
1) Recruitment Plan			
2) Background Screening, References, Licensure/Certification			
3) Retention/Turnover monitoring (Exit interviews – optional)			
4) Credentialing: Medical Directors and licensed independent practitioners (optional)			
5) Orientation: general and department-specific; based on position description			
6) Annual Training Requirements			
7) Competency Assessment: Initial and Ongoing			
8) Performance Appraisal Process: Based on position description, timeliness			
9) Nursing Staffing: sufficient staff, compliance with minimum requirements; RN requirements; Exit Interviews			

Organization-Focused Functions	Met	Not met	Comments
10) Exit interviews (optional)			
Management of Information			
1) Integrity of the medical record maintained			
2) Record order is established and maintained			
3) Professionals qualified to document in the record identified and adhered to			
4) Authentication of physician orders (signing/dating) in accordance with regulation			
5) Confidentiality and release of records			
6) Records closed per regulation; records retained per regulation			
Infection Control: Surveillance, Prevention and Control			
1) Coordinated process to reduce risks of nosocomial infections in place and implemented. Actions are taken to prevent or reduce the risk of nosocomial infections in residents, employees and visitors.			
2) Employee health program in place and implemented; employees with communicable diseases prohibited from contact with residents or their food			
3) Hand washing measures observed			
4) Oversight of the infection control process appropriate			
5) Surveillance and monitoring of infections conducted and documented; program is designed to lower the risks and improve the trends and rates of infections			
6) Program to ensure flu and pneumonia immunizations for residents and staff, as appropriate.			
7) Findings reported routinely to Quality Assessment and Assurance Committee for review and follow-up			
8) Infections are reported to public health agencies as required			
9) Annual infection control in-service programs provided and attended by all staff			
10) Laundry: soiled linens handled appropriately from bedside to laundry, including measures relating to handling, storage, processing and transporting of linens			
11) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior			

Resident-Focused Functions	Met	Not Met	Comments
Resident Rights			
1) Review of Rights/Responsibilities: On admission; posted			
2) Abuse/Neglect (mental, physical, sexual, verbal)			
3) Prevention; staff training; decision tree for management of possible abuse/neglect			
4) Confidentiality			
5) Grievance/Concern Process			
6) Resident Council			
7) Advance Directives/DNR; Self-determination; End-of-life/palliative care			
8) Citizenship Privileges: Voting			
9) Visitors, Telephones: Accessibility, privacy			
10) Restraints			
11) Spiritual, Social, Community Activities			
12) Personal Possessions			
13) Environment: Preserves dignity and positive self-image of residents			
14) Resident Funds: Integrity of			
15) Access to Transportation Services			
Continuum of Care			
1) Preadmission process, including transfer of appropriate medical records.			
2) Admission criteria, appropriateness of admissions, ability to meet residents' needs			
3) Continuity of care maintained throughout			
4) Coordination of care between disciplines, departments, providers			
5) Communication with resident and family/responsible party regarding resident's care, plan of care, progress, significant condition changes			
6) Appropriateness of emergency medical/psychiatric transfers, integrity of the process			
7) Appropriateness of discharge to another facility/home; notification of transfers/discharges; bed-hold policy			
8) Preparation for discharge/transfer			

Resident-Focused Functions	Met	Not Met	Comments
9) Communication of information with subsequent providers			
Assessment of Residents			
1) Preadmission Screening: MI/MR			
2) Assessment Process: clearly delineated; each discipline's scope of assessment defined; timeliness of process; accuracy and completeness of the process			
3) Assessment includes physical, functional, psychosocial, and nutritional status			
4) Reassessment: quarterly and with significant changes			
5) MDS: Timeliness, completeness, accuracy			
6) Consistency between Assessments, MDS, RAPs, Care Plans			
7) Diagnostic Services: contracts maintained; 24 hour/7 day availability; quality and appropriateness of services provided; timeliness of services; waived testing: extent of testing defined, CLIA current, quality control checks completed and documented.			
Plan of Care			
1) Comprehensive, consistent with resident goals.			
2) Known to staff.			
3) Resident and family involved in the development.			
4) Implemented and evaluated periodically, based upon resident assessment.			
Care and Treatment of Residents			
1) Care Plan is implemented: attain and maintain highest practicable level of physical functioning; assistance with bathing, dressing, eating, elimination, mobility			
2) Activities/Recreation Services: needs and interests assessed; adequate number of activities are offered daily to meet needs; type of activities offered meets needs of population served, adapted to meet each participant's highest functioning within the group; individual activities sufficient to meet needs of room-bound residents; adequate activity supplies and writing materials available; activity areas sufficient to meet needs of residents			
3) Hydration: needs continually addressed; potential for dehydration appropriately care-planned, and measures to prevent implemented; intake/output accurately documented when necessary			
4) Incontinence Care: bowel/bladder assessment conducted upon admission and when needed; programming provided to meet individual needs, with promotion of normalization			

Resident-Focused Functions	Met	Not Met	Comments
whenever possible; supplies provided appropriate to needs of customer; dignity considerations observed; fecal impaction: measures to prevent documented and implemented; catheter management			
5) Medical/Physician Services: choice of physician; physician supervision; compliance with regulations re: initial assessment, frequency of visits, documentation; availability of physician; appropriate utilization of non-physician independent practitioners			
6) Medication Management: service consultation; medical Dx for each medication, medication effectiveness, monitoring for adverse/side effects, use of drugs with high potential for severe adverse outcome (Beers list); ;minimize dosage to achieve therapeutic result; appropriate utilization of psychoactive medications; drug regimen review; multiple medications –9 medication indicator; general medication administration and services (5 rights), security of medications; narcotic diversion: measures to prevent, management of; labeling and storage of drugs; systematic measures to prevent and manage medication errors.			
7) Nutrition Management:			
a) Assessment of problems/needs, including ethnic/cultural preferences, individualized needs/preferences honored as practical; enteral therapy/tube feeding: care of tube/equipment, protocol for feeding, intake/output; weight loss: measures to prevent, protocol for addressing, accuracy/timeliness of weight measurement, nutrition assessment and follow-up to recommendations, monitoring, care-planning, family/physician notification; adequacy of staffing to assist with feeding.			
b) Food Preparation and Distribution: menus and recipes followed; alternatives available; consistency-modified foods correctly prepared and delivered; food not placed in steam table more than 30 minutes before tray line; temperatures taken and recorded; food protected during transport			
c) Food Services Practices: MSDS for each chemical used; range hoods and filters; fire extinguisher and range hood extinguishers; eye wash system; personal protective equipment available; storage of chemicals; pest/rodent infestation; cold storage units; temperatures monitored and recorded; food storage and labeling; leftovers; condition of dishes, utensils, food preparation equipment; dishwasher maintenance, sanitation; work surfaces clean and sanitized; dress code of staff in kitchen; overall sanitation			
d) Meal Service: resident preferences are honored; meals served in accordance with facility time schedule, not exceeding/undercutting time frames between meals required; trays identified by meal cards/tickets;			

Resident-Focused Functions	Met	Not Met	Comments
normalization in dining process promoted (e.g. residents' placement at tables appropriate relative to height/distance from table, transfer from wheelchairs to dining room chairs when possible, etc.); food covered during transport; residents served in sequence; assistance with meals observes customer dignity, infection control considerations, individualized needs/preference (e.g. utilization of individual adaptive equipment)			
8) Pain Management: pain assessed upon admission and when indicated by resident's condition; pharmaceutical and alternative measures to address discomfort included in treatment plan; measures to address discomfort are monitored for efficacy using a discomfort scale			
9) Parenteral Therapy: appropriate staff training provided and documented; infection control and safety measures strictly adhered to; provided in accordance with physician's orders and standards of practice; parenteral intake recorded			
10) Pressure Ulcer: measures to prevent documented and implemented; ulcers appropriately treated, do not worsen when avoidable			
11) Rehabilitative Services Program: availability of qualified physical, speech-language and occupational therapists; need for Rehab. Services identified; physician's order provided; services provided to prevent/maintain functional abilities			
12) Restorative Nursing: staff appropriately trained; services available and provided to establish or maintain functional abilities improved through Rehab. Services; services available daily; appropriate documentation maintained			
13) Risk Management Program: addresses falls, weight-loss and pressure ulcer risks, self-injurious behavior/suicide risks, wandering risks, other potential, serious occurrences			
14) Social Work Services: psychosocial needs assessed and interventions to meet needs documented; evidence that professional recommendations noted and followed			
15) Transfer and Discharge Services: discharge planning and services available; residents receive appropriate transfer services			
16) Vision and Hearing, Dental, Podiatry: assessed; services available and timely; glasses, hearing and dental devices obtained in timely fashion; appropriate dental and podiatric care provided.			
17) Behavioral Health Services: <ul style="list-style-type: none"> • Development of programs to attain and maintain each resident highest level of mental and psychosocial well being. • Education of staff, including primary and dementia psychiatric related diseases. • Appropriate medical management. 			
18) End of Life Care: <ul style="list-style-type: none"> • Evaluate and management of resident/family choices in, end of life care including resident comfort, spiritual and 			

Resident-Focused Functions	Met	Not Met	Comments
bereavement support, palliative care and advance care planning.			
19) Other specialty programs, if applicable, such as: <ul style="list-style-type: none"> • Dementia, Eden alternative, Hospice, Ventilator, Dialysis, community programs. Evaluate using above-mentioned criteria. 			

Signature of Administrator: _____

Completion Date: _____