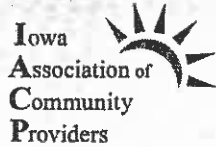


Technical Assistance: Service Documentation Discovery, Remediation and Quality Improvement



Spring 2014

Presenter: Lisa Schwanke

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Purpose

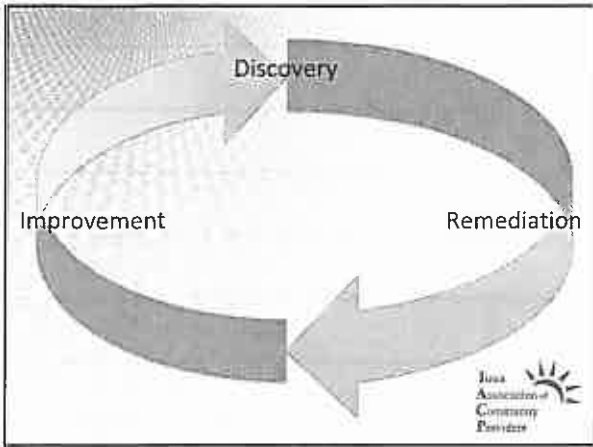
- Review **discovery, remediation and improvement** activities to assure quality documentation.
- Discuss how to satisfy and emphasize the need for demonstration and proof of process.



Quality Improvement


- **Discovery** – The actual process of “reviewing of documentation and gathering this data” is your discovery process.
- **Remediation** – Is what you do when your acceptable threshold is not met.
- **Improvement** – Is the process of determining if your remediation has been effective.






Developing The Plan

- Determine what to track.
- Develop your outcome.
- Determine your threshold.
- Determine your collection method.
- Determine your sample size.



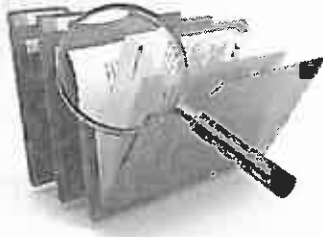
Why Review Documents?

- To track progress.
- Show the Interdisciplinary Team Plan is being implemented.
- Integrity - Are you doing what you said you would do as an agency?
- To track changes in health status.
- To avoid going to jail 😊 and/or recoupment!



What Has To Be Tracked?

- Compliance with documentation standards.



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The Basics - Rules

- Iowa Administrative Code (IAC) 79.3(2)c(3) states:
 1. Specific procedures or treatments performed.
 2. Complete date of service.
 3. Complete time of service.
 4. Location of service.
 5. Name, dosage, and route of administration of medications.
 6. Supplies dispensed.
 7. First and last name of person providing the service.
 8. Signature of person providing the service.
 9. Documentation of every shift for 24 hours care.

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The Basics – Rules/Policy Requirements

- The Basics:
 - Change in condition.
 - Incident Reports.
 - Progress/Implementation of service plan.
 - Completed within policy timeframes.
 - Followed process to assure documentation is in place for any units billed.

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What Else Could You Track?

- Does the documentation support person-centered services?
 - Interactions – Are they respectful and supportive?
 - Community/social networks?
 - Control of environment/social interactions?
- Does it demonstrate people are actively managing their own lives?

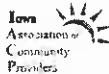


Developing The Outcome

- Once you have determined what you want to track, you will develop an Outcome/Indicator to summarize what you want to accomplish.

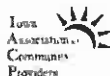
Example:

- Service documentation will meet applicable requirements. (This is required)
- Service documentation shows person-centered services were provided. (Could be used in other areas of QI plan)



Setting Your Threshold

- Due to recoupment – you are going to want this to be a very low error rate or a very high accuracy rate.
- Depending when you are reviewing logs (either prior to or after billing), may impact where your threshold is.
 - You want 100% accuracy if after billing.



Collection Method

- What forms/process will you use to review documentation?
 - Checklists
 - Incorporated into electronic data system
- How often – daily, weekly, monthly, prior or after billing?
- Who is doing the review?
 - QI personnel
 - Supervisory personnel
 - Shift leaders



Collection Method

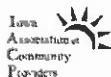
- Things to consider:
 - Does your collection method allow you to know if all areas are meeting standards?
 - How do you know start time/end times are accurate? (Example: Do you ask people receiving the services if staff were there as documented?)
 - How do you know people are not cutting and pasting?
 - Do you know that billed units are rounded/counted accurately?



Collection Method

Example:

- Each shift leader will check daily to assure documentation is completed for each shift.
- Weekly supervisors will review documentation for content using the documentation review guide.
- Monthly billing personnel will review billing to assure units were billed accurately.



Manager's Monthly QA Documentation Form

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Service Category	Number of Units with Errors	Total Units	Error Rate	Month													
				01	02	03	04	05	06	07	08	09	10	11	12		
JANUARY	31	100	3.1%	0	0	0	0	0	0	0	0	0	0	0	0	0	0
FEBRUARY	31	100	3.1%	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MARCH	31	100	3.1%	0	0	0	0	0	0	0	0	0	0	0	0	0	0
APRIL																	
MAY																	
JUNE																	
JULY																	
AUGUST																	
SEPTEMBER																	
OCTOBER																	
NOVEMBER																	
DECEMBER																	
TOTAL	304	1000	3.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Determine Sample Size

- 100% review
- X # for each service
- 100% for all new staff, trailing off as they meet proficiency standards.
- Each agency needs to determine this based on their assessment of risk and the resources they have to spend on these activities.

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Other Things To Consider

- Before or after billing? That is the question!
 - Before— It is easier to fix errors prior to billing and you know the units you are going to bill for have adequate documentation....however, you do not know if your billing process accurately calculated units.
 - After— You can determine if your billing process is accurate...however, you may find that your documentation does not contain required elements, which means you may potentially need to rebill.
- Consider a process that incorporates both prior to and after billing review.

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Plan Development - Summary

- What you are going to track?
 - Basics – Compliance
 - Quality Improvement items
- What is your threshold? Goal?
- How are you going to implement?
 - Frequency
 - Forms

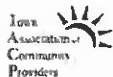


Example of Documentation QI Plan

Outcome/Indicator	Acceptable Threshold	Collection Method	Sample size
Service documentation will meet all applicable rules.	Error rate of less than 5% prior to billing.	Quality Assurance staff will review documentation each week using the QA doc. form. This information will be compiled monthly and sent to the QI director.	All logs
Service Documentation will show person centered services were delivered	95% of all documentation reviewed has evidence that person centered services were delivered	Site supervisors will review logs at their assigned sites monthly to assure documentation shows services were person centered.	10 logs written by staff people who work FT time at a site and 5 logs written by staff people who work PT monthly

Discovery – Implementing Process & Compiling/Analyzing Data

- Need process to assure that documentation is being reviewed as stated in the plan.
 - Example: By the 10th of each month each reviewer will send the report to a central location.
 - Reports compiled data in spread sheets.
 - Reports pulled from electronic data.
- Analyze Data: Did you meet your threshold, if not why, where, what?



Remediation

- You have not met your threshold – now what?
- Remediation is your plan to remedy this.



Remediation

Things to consider when developing a plan:

- What is your most frequent error?
- Are errors site-specific or agency-wide?
- Is it new or experienced staff making the errors?
- What is the most likely cause of the errors?
 - Lack of knowledge?
 - Lack of time?
 - Lack of skill?



Remediation

Plan could have layers:

- Agency – All staff will receive training on most frequent errors.
- Sites – Any sites with an error rate greater than X% for more than 1 consecutive month will receive additional training.
- Individual – Any staff person with more than X errors per month will complete training.



Remediation

- The plan should include goals and action steps to reach those goals.
 - Example: Goal – XYY agency will reduce its error rate 3% by June 20, 2015.
 - Action Step 1: All new employees will complete documentation training within their first week of employment.
 - Action Step 2: Staff who have more than 3 errors in a month will complete the documentation refresher course.



Improvement

This will include:

- The implementation of the remediation plan.
- The collection of the data measuring the results of the implementation of the plan.
- A summary of the outcomes of the action steps identified in the remediation plan indicating if the remediation plan was effective.



Improvement - Example

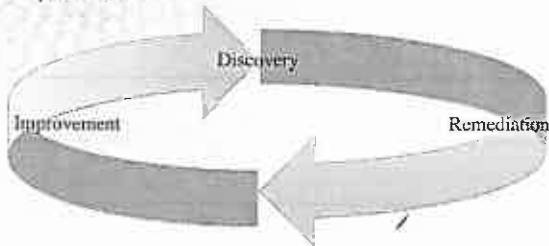


Action Steps Completed	Responsible Person	Completion Date	Summary of Outcome
All new employees will complete documentation training in their 1 st week of employment.	Site Supervisors	12/31/2013 – on-going part of orientation	The error rate for 2013 was 9.03% compared to 9.5% in 2012. This outcome was not met. A remediation plan will be implemented in 2014 that will include doing training additional training after 1 month and 3 months of employment for all new staff.

Improvement



- The summary needs to be completed at least annually and will restart your discovery process.

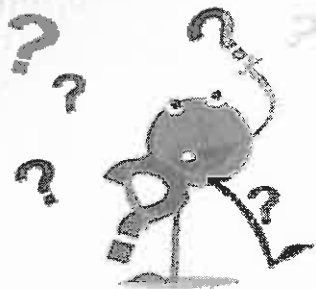


Source Documents

- It is important that you are able to prove the data you use in your Quality Improvement plan.
 - You will want to keep your source data to verify how you arrived at your conclusions.
 - Example: If you summarize your errors each month, keep those summaries.



Service Documentation Training



Need Technical Assistance?

Contact the IACP
Technical Assistance
Team at:

technicalassistance@iacp.org

or

515-270-9495



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