

CAH Periodic Program Evaluation

STATE OPERATIONS MANUAL
APPENDIX W
TAGS C0331-C0335

Evaluation Layout

The CAH Periodic Program Evaluation (a.k.a. Annual Program Review) is a requirement from the State Operations Manual Appendix W(tags C0331-C0335).

There are five (5) main parts to the CAH Periodic Program Evaluation

- 1. Introduction*
- 2. Utilization of Services*
- 3. Clinical Records Sample*
- 4. Health Care Policies*
- 5. Assessment*

Required information is in red font. Hyperlinks are in underlined italic font

**Contact MT DPHHS Quality Assurance Division
for specific questions and clarifications at 406.444.2037**

Let's Get Started!

*Before you begin your Annual Program Review,
take a look at the prior year and review ...*

- 1. The prior year's goals that were established*
- 2. The measures related to those goals*
- 3. Benchmarks for those goals*
- 4. Ask yourself...*

*Did we meet the goals that were set? If yes, should we continue work?
If no – why not and should we continue work?*

Introduction

Facility/Organization Description

This is not required. However, if you choose to include and there were changes from the previous year, note those changes here. The facility plan for providing services is a good source for this information.

- Include:
 - Mission or Aims Statement
 - What is your facility about?
 - Organizational Chart
 - search “organization chart” in Microsoft Office Templates: <http://office.microsoft.com/en-us/templates/>
 - Community and demographics
 - Have you had a Community Health Services Development (CHSD) assessment completed recently?

- Some facilities have a policy manual that is sorted by tags. This manual includes the facility/organization description so it is not repeated in evaluation.

Introduction

Evaluation Process (C0331)

- Describe the organization's program evaluation process
- Include date last completed (must be done in 12 month time frame) – entire process
- ALL departments and services affecting patient care, health and safety.
 - Even departments that are not direct patient care affect the above items.
 - Hospital foundations are included if they are considered a department of the hospital and not a separate entity.

Also Include:

- Summary of how goals are met by each department and the departmental quality plan. What services have been added, decreased, or eliminated?
- Year to year stats – with charts and why volumes have gone up or down
- Overall summary of statistics
- Include letter from CEO, Chief of Staff, Dept. Managers with of overview of the year

Introduction

Suggested Annual Program Review Information Sources

- Department Managers
 - One on one appointments – go over the year's information
 - Department Managers develop rough draft
 - Make determinations and recommendations for next year and relate their goals
- PIN Regular Benchmarking
- Clinical Benchmarking – raw data
 - Volume indicators
 - Demonstrate participations
- Facility monthly dashboard (internal)
- Stats plus narrative for departments

Introduction

Ways to Conduct the Annual Program Review

Many facilities do their review on an on-going basis.

- CEO gathers data and pulls together. Taken to board meeting to discuss then to the medical staff meeting.
- Use with annual community report.
- Departments submit and are responsible to QIC to put together their data and their piece of the evaluation. It then goes to PI committee and governing board/CEO.
- C-Suite/Docs/Board reviews and then goes to board for approval.
- Monthly meeting with QA, Medical Staff, Board, Department heads, CEO. Facility is small enough that everyone is involved and minutes are kept.
- Quarterly report that mirrors much of the Annual Eval. Bring to exec committee quarterly. Allows mechanism to take to medical staff for input and ties back to survey readiness.
 - Assign a function for each quarter (1Q – HR, 2Q Compliance). Reference each quarterly presentation.

Introduction

Who is responsible for conducting the Annual Program Review.

- Participants should include **(C0331)**
 - CEO/Administrator
 - Physician
 - Mid-Level Provider
 - Nurse Leadership
 - Quality Management
- **Board approval is necessary!**

Utilization of Services

MUST include (**C0332**)

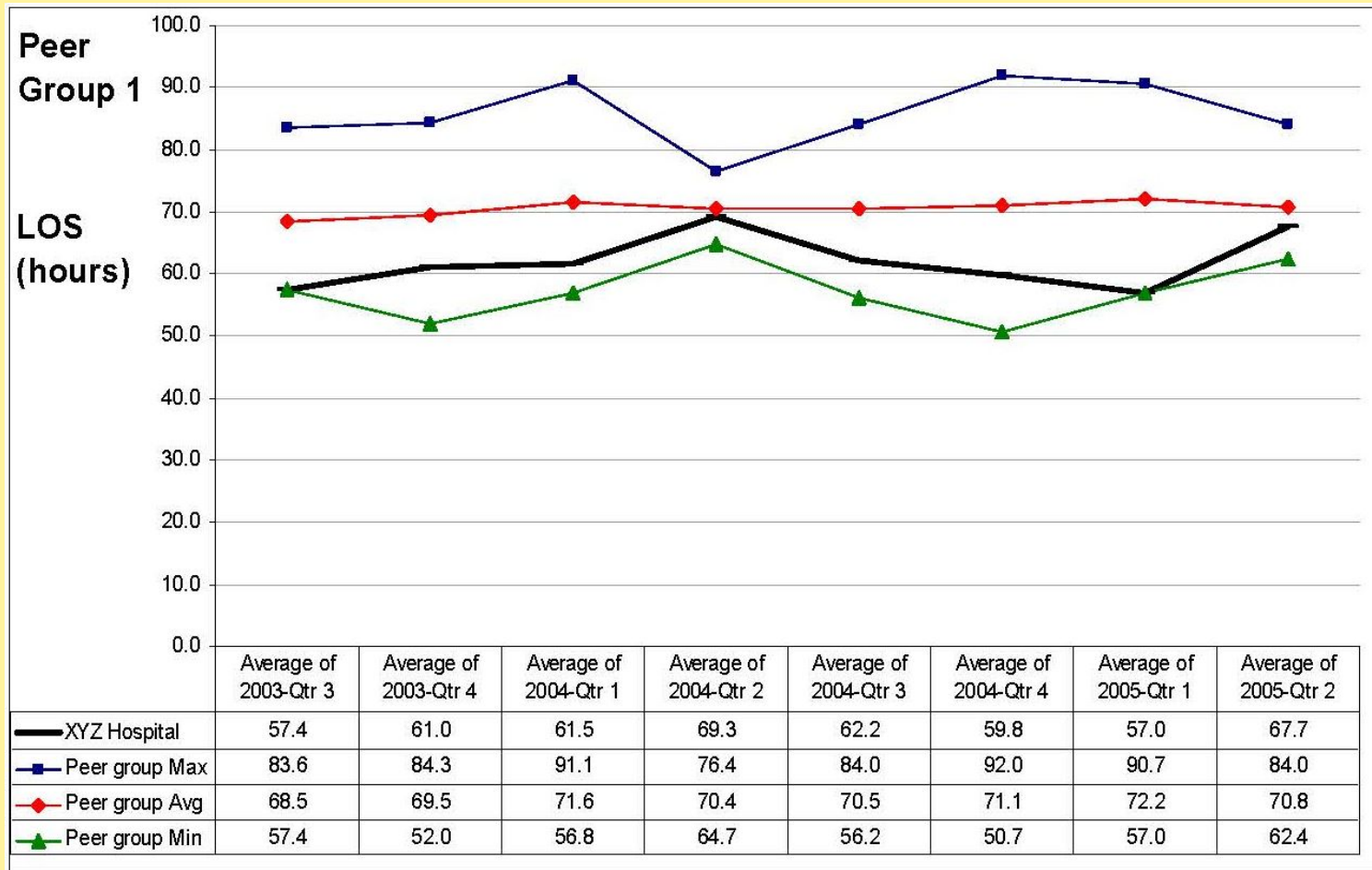
- Number of patients served
- Volume of each service
- All departments

Ways to present:

- Narrative
- Mix of Narrative and graphs
- Using Run Charts – 2013 QI Showcase Presentation, Kitty Strowbridge, St. Luke Community Hospital: http://www.mtpin.org/download_file.php?file_id=896

Utilization of Services

Sample graph



Utilization of Services

Do you provide historical data?

- Compare to previous year
- Last 3 years
- Current year, previous year, peer group comparison
 - Peer group is determined by average of inpt, outpt, and ER

Is it useful? *Yes!*

- show trends
- justification to build services
- important for the newer generation of data driven board members to understand trends and where data is coming from
- helps with bigger community picture
- justification to spend money is specific departments

Utilization of Services

How to use benchmarking data to complete.

- state-wide comparison
- peer group comparison
- service lines and movement to one type or another
- younger board members are data driven

Utilization of Services

All departments & services affecting patient care, health & safety should be included. No service should be excluded.

To ensure evaluation of all services, try these suggestions:

- *Department managers*
- *Monthly meeting (managers divided up) and report to committee. QIC summarizes and moves to other committees*
- *Each department has quarterly and annual QI reports*
- *Hard copy/emailed handout – lists Utilization, staffing, goals, CoP regulations of what and why they need to include. Provide deadline and present to board*
- *Sit down with department managers (especially depts. like maintenance who don't think about this type of thing) and walk through the process*
- *Safety committee and corporate compliance annual reports*
- *IT Staff are typically task oriented so ongoing nurturing of helping staff understand everyone does patient care.*
- *Approach staff from the viewpoint of if you aren't doing something for the patient, why are you here? Frame the how their work impacts the patient.*

Utilization of Services

Resources

- *IHI: <http://www.ihl.org/Pages/default.aspx>*
- *Rural Health Resource Center: <http://www.ruralcenter.org/>*
- *Networking with Peers (PIN List Serv)*
- *[Quality Net \(benchmarking section\)](#)*
- *MT Tech – Health Informatics department: mtech.edu*
 - *great focus on how IT is involved in healthcare*
- *Public Health data for community health*
- *CHSD through MORH: <http://healthinfo.montana.edu/chsd.html>*
- *Using Run Charts – 2013 QI Showcase Presentation, Kitty Strowbridge, St. Luke Community Hospital: http://www.mtpin.org/download_file.php?file_id=896*

Records Sample

Definition:

active record: patient actively being treated in the facility

closed record: patient has been discharged or expired

Records Sample must include **(C0333)**

- At least 10% active and closed physician records for EACH service line provided.
 - includes CRNA
- At least 25% active and closed Nurse Practitioner records for EACH service line provided.
- 100% active and closed PA records for EACH service line provided.
 - *Example: If you provide Emergency, IP and OP patient you will need provide a representative sample of 10% active & 10% closed for each Emergency, IP and OP.*
 - *Note: ED patient records are considered OP*
- Number of records reviewed can be determined by hospital bylaws as well.

Records Sample

Peer Review

- include review of all patient care services and other services affecting patient health and safety **(C0337)**
- include specific review of nosocomial infections and medication therapy **(C0338)**
- include a review of the quality and appropriateness of diagnosis and treatment (peer review) provided by mid-levels **(C0339)**
- include a review of the quality and appropriateness of diagnosis and treatment (peer review) provided by physicians **(C0340)**

Records Sample

The Surveyor MAY ask:

How are records selected and reviewed for evaluation?

- Participation in CMS Inpatient/Outpatient core measures.
- Nursing/QI Measures.
- Use records that are used for other reporting. Make the most of records already pulled.
- EMR does make it difficult in looking for information as location is not consistent.
- Medical records pull every 10th chart.
- Medical Director pulls complex and mid-level cases to review monthly.
- Random selection for all providers
- Peer review criteria
- Complexity
- Facility dictated (example: facility might dictate that 100% AMIs are reviewed).
- Records serving dual purpose
- Indicators set for from committee

How does this process ensure that the sample is representative of the services provided?

What criteria are used in the review of both active and closed records?

Records Sample

The Surveyor MAY ask:

- **NOTE: “Medical Staff and Board of Trustees are ultimately responsible and have established criteria for record review.”**
- Who is responsible for review of both active and closed records?
 - Provider exchange between provider level
 - DoN
 - Medical Director
 - Concurrent review
 - Trauma and Region/State trauma
 - Transfers
 - UR
 - Infection control
 - Risk Management
 - Surgery
 - Blood Review
 - Mortality review
 - External Peer Review
 - Virtual Peer Review
 - Anything uploaded to CART
 - One day stays
 - observations

Records Sample

Commonly cited items in record review

- Time of entry- assessments
- Documentation of verbal med orders
- Date/Time
 - on medical record
 - transfer documents
 - discharge documents
 - Consent for treatment
 - dictation
- Signature:
 - Consent for treatment
 - Transfer consent
 - Informed consent witness
- Medical record
 - Physician authentication of entries
 - Date/time of effect of pre-printed orders

Records Sample

Don't forget!

Keep copies of contracts with outside services.

Evaluation of contracts with outside services must be seen by PI and the board and this review documented.

Any easy way to track the review of contracts is to provide a consent agenda to be approved by board where each individual department evaluates their own contracts.

Records Sample

Resources

- Hospital Compare: <http://www.medicare.gov/hospitalcompare/>
- CDC-NHSN: <http://www.cdc.gov/nhsn/>
- HEN: <http://hret-hen.org/>
- Flex/PIN: www.mtpin.org
 - Carol Bischoff: carol@mtha.org
 - Kathy Wilcox: kathy@mtha.org
 - Jennifer Wagner: jennifer@mtha.org
- Trauma committee: <http://www.dphhs.mt.gov/ems/>
- QIO: www.mpqhf.org

Health Care Policies

CAH Health Care Policies (review and revision as needed) **(C0334)**

- *health care policies*: policies related to direct patient care services. Other policies, like emergency preparedness, life safety, finance, etc. can be reviewed once every three years.
- Policies should include all patient assessment, treatment and documentation policies or procedures regardless of the provider of those services.

What needs to be addressed:

- What evidence demonstrates that the health care policies of the CAH are evaluated, reviewed and/or revised as part of the periodic program evaluation?
- Is there evidence that the most current evaluation is included in the CAH's health care policies?
- Have all the CAH's health care policies been reviewed and revised as needed within the past 12 months?

Assessment

(C0335) The purpose of the evaluation is to determine whether the utilization of services was appropriate, the established policies were followed, and any changes are needed.

- **Whatever is listed on Utilization of Services needs to be addressed.**
 - See pages 9-14
- **Do the findings include:**
 - a statement, supported by hard data, that indicates whether or not the utilization of the CAH's services in the past 12 months was appropriate, and if not, what action will be taken to correct this.
 - a statement, supported by hard data, that indicates whether or not established policies were followed, and if not, what action will be taken to correct this.
 - a statement, supported by hard data, of any changes that are needed.
 - a statement related to each proposed change indicating how the impact of proposed changes will be monitored and evaluated during the next 12 month period.

Assessment

(C0335) The purpose of the evaluation is to determine whether the utilization of services was appropriate, the established policies were followed, and any changes are needed.

Surveyors will pick and read policies and then look at records to see if stated policies have been followed. Rather than review and tracking of separate policies for each procedure, etc the facility may have a policy that states staff will follow a specific reference material for current standard of practice.

- **How does the CAH use results of the Annual Program Review?**
 - Board reporting
 - Justification of service lines
 - Updating protocols and best practices/care policies “Revised “x” because...”
 - Use to educate staff (policies brought to light, etc)

Assessment

(C0335) The purpose of the evaluation is to determine whether the utilization of services was appropriate, the established policies were followed, and any changes are needed.

Are appropriate policies followed and revisions (as addressed in prior evals) done as need?

Were policies, procedures and/or practices added/deleted/revise as a result of the evaluation?

Maximize Your Work

How to use and maximize your Annual Program Review.

- Conduct CAH periodic program evaluation as a part of the facilities' larger annual performance improvement program evaluation.
- Conduct all evaluations at the same time if facility provides other services such as LTC, HH, hospice, assisted living and other non-hospital setting services.
- Schedule 2-3 months before the facility budget cycle begins. Resources identified as being needed then can be requested in the next budget.
- Use evaluation to develop a strategic vision. Incorporate objectives from strategic plan into the evaluation.