

Sample Quality Management Program

Note: This document is provided as a courtesy from the Arizona Department of Health Services.

Providers are NOT required to use this sample program; however, you are welcome to do so.

Assisted Living Rules

- These Rules went into effect on 1 October 2013.

Quality Management Program

- **R9-10-804. Quality Management**
- A manager shall ensure that:
 - 1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
 - a. A method to identify, document, and evaluate incidents;
 - b. A method to collect data to evaluate services provided to residents;
 - c. A method to evaluate the data collected to identify a concern about the delivery of services related to resident care;
 - d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to resident care; and
 - e. The frequency of submitting a documented report required in subsection (3) to the governing authority;

Quality Management Program

- **R9-10-804. Quality Management**
- A manager shall ensure that:
 - 2. A documented report is submitted to the governing authority that includes:
 - a. An identification of each concern about the delivery of services related to resident care, and
 - b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to resident care; and
 - 3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

R9-10-804.1.a: A method to identify, document, and evaluate incidents (*example*):

- *All employees must immediately make an oral or written report to the Manager or the Manager's Designee of any condition, situation, or incident which has, or has the potential to, adversely affect the health and/or safety of one or more residents.*
- *The Manager or Manager's Designee shall document the condition, situation, or incident on an incident report form. The Manager or Designee may delegate this documentation to one or more employees.*

R9-10-804.1.a (con't): A method to identify, document, and evaluate incidents (*example*):

- *Within 48 hours, the Manager or Designee shall evaluate the condition, situation, or incident to determine if actual harm has occurred or if there is potential for actual harm to occur.*
- *The findings of this evaluation will be documented on the incident report form or attached to the incident report form, as appropriate.*

R9-10-804.1.b: A method to collect data to evaluate services provided to residents

(example):

The Manager or Designee shall document monthly:

- *Number/type of incidents;*
 - *Patterns across residents;*
- *Number of residents experiencing falls;*
- *Number of residents experiencing weight loss;*
- *Number of residents with decubitus ulcers;*
- *Number of residents with possible HCAs;*
- *Number of residents reporting the loss of personal property/clothing;*
- *Number of errors in the documentation of medications (MARs), treatments, ADLs, etc. provided to residents*

R9-10-804.c. A method to evaluate the data collected to identify a concern about the delivery of services related to resident care (*example*):

- *Maintain a line graph for each of the above to identify trends from month to month.*
- *Monthly meetings between the Licensee or representative, the Manager, any designees, service plan nurse(s), caregivers, and others as needed, to discuss each month's findings and any identified trends.*

R9-10-804.1.d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to resident care (*example*):

- *For any residents for whom concerns are identified as per 804.1.b., either individually or as part of a trend:*
 - *The service plan must be reviewed and updated, if necessary, to reflect the services/actions/interventions needed to address the identified concerns.*
 - *Caregivers and others involved in providing services are notified of the changes to the service plan.*

R9-10-804.1.d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to resident care (cont.) (*example*):

- *For any trends identified as per 804.1.b:*
 - *Documentation of action(s) taken to address the identified trend(s).*
 - *Caregivers and others involved in providing services are notified of the action(s) taken and their specific role(s) in implementing these actions.*

R9-10-804. e. The frequency of submitting a documented report required in subsection (2) to the governing authority (*example*):

- *The reports generated as per 804.b and 804.c shall be submitted to the governing authority (licensee) on a monthly basis.*

HIPAA concerns

- Any information that specifically identifies a particular person or contains Protected Health Information must be kept confidential according to HIPAA regulations.
- There are no restrictions on the use or disclosure of de-identified health information, such as purely statistical data that cannot be used to identify individuals.
- Visit <http://www.hhs.gov/ocr/privacy/hipaa/understanding/summary/index.html> for information on what information is protected.

Sample documents

- Incident report
- Monthly report

Quality Management Program

Incident Report Form

Date of incident: _____ Time of incident: _____ AM/PM

Location of incident: _____

Resident(s) involved: _____

Staff members involved (including witnesses): _____

Describe the incident (who/what/when/where/how/why) : _____

Was there an Injury requiring physician/hospital visit? Yes _____ No _____

If yes, Name & address of physician/hospital: _____

_____ phone number: _____

Date/Time transported: _____ How transported? (Ambulance, taxi, POV, etc.): _____

If police are involved, officer name/badge number/report number: _____

Notifications: Rep./emerg.contact name: _____ Date/Time notified: _____

Primary care physician name: _____ Date/Time notified: _____

Other person(s) notified: _____ Date/Time notified: _____

Action taken immediately: _____

Action to prevent recurrence: _____

Printed name of person completing this report: _____

Signature: _____ Date: _____



Quality Management Program

Monthly Summary Report Form

(To be completed monthly by the manager or designee and provided to the Governing Authority of the facility.)

NOTE: This form is NOT to be used for, or to include, any information which can be used to identify individuals.

Number/type of incidents which did, or had the potential to, adversely affect the health and/or safety of one or more residents (for example: 4 falls, 3 medication errors, etc.): _____

Number of errors in the documentation of medications (MARs), treatments, ADLs, etc. provided to residents (as above): _____

Number of residents experiencing weight loss and amount (as above): _____

Residents with decubitus ulcers: stage 1: _____ stage 2: _____ stage 3: _____ stage 4: _____ unstageable: _____

Number of residents with infections (MRSA, C. Diff., etc.): _____

Incidents requiring the response of emergency services (fire department, paramedics, police, etc.): _____

Number of residents reporting the loss of personal property/money: _____

Other (identify type and number as above): _____

Are there any patterns in these incidents, either with multiple residents or a specific resident? If so, what are they? _____

Printed name of person completing this report: _____

Signature: _____ Date: _____



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