Does the QA process in your facility differ from the QA process in a SNF? If so, how?

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Quality assurance (QA) is best defined as a set of standards followed by healthcare facilities for the purpose of providing optimal care for the residents.

There are subtle differences in the QA process in skilled nursing facilities (SNFs) as compared to assisted living (AL) facilities. First and foremost is the fact that there are no national standards set by the federal government for AL facilities except for some basic concepts. It is up to the individual facility or chain to implement standards for their healthcare workers to adhere to. Quality assurance is one of them.

I have asked several of our AL facilities—both independents and chains—what they do for QA programs and how they are implemented. All of the responses put the responsibility for QA on the directors of nursing or nurse managers. These individuals then delegate or do what needs to be done themselves to ensure compliance. These tasks include weekly checks of the medication administration records (MARs) and treatment administration records (TARs) for missing initials, lack of documentation for prn medications, and "medication not available." Some facilities even have a check-off for medication that was ordered and not received. One facility has someone who checks the medication carts weekly to see if all refills have been ordered and if not, reorders them.

Another QA task involves those residents who self-medicate. Some facilities monitor such residents monthly and some monitor them quarterly. I have one facility that only monitors self-medication residents on admission.

New Jersey has recently promulgated a regulation that requires facilities to assess all pain medication, including central nervous system medications, each week.

The Alzheimer's Association has recommended that residents who have a diagnosis of dementia or Alzheimer's receive 3 specific areas of comprehensive assessment. These are (1) achieving adequate food and fluid consumption, (2) pain management, and (3) social engagement and involvement in meaningful activities.

As resident acuity increases in our AL facilities, it becomes more critical for QA programs to ensure positive outcomes for AL residents—no matter where they reside.

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Since I am a consultant to both the AL and SNF industries and focus my practice almost exclusively on quality, I approach this question from a more global perspective rather than an individual facility perspective.

Historically, SNFs focused their quality efforts by using the QA approach, which was for the most part, regulatory driven, using minimal prescriptive standards and narrow measures. However, the inflexible and retrospective approach of QA has proved to be an ineffective tool to improve quality. In the past 5 to 7 years, SNFs have moved away from the QA approach to a quality improvement (QI) model, driven by the Centers for Medicare and Medicaid Services (CMS) Nursing Home Quality Initiative; the work of state Quality Improvement Organizations (QIOs); the Quality Initiatives of the American Health Care Association (AHCA) and the American Association of Homes and Services for the Aging (AAHSA); and the growth of the Eden Alternative, WellSpring, and Pioneer Network movements.

The following table highlights some of the key differences between QA and QI.[1]

Quality Assurance (QA)	Quality Improvement (QI)
Is used by specific staff	Is used by all management
Involves only specific staff	Involves all staff (often as teams)
Studies individuals	Studies processes
Asks how processes are different than the norm	Asks how processes can be improved
Comparison to preformed standard	Comparison to objective
Is often limited to clinical activities	Is used to assess clinical and nonclinical activities
Outputs: judgmental reports	Outputs: flow charts
Provides output for use by managers	Provides output for use by teams

The AL industry has lagged in embracing the QI model as state regulations have often embraced the traditional QA approach. In some states, the regulatory language has changed from QA to QI, but the primary focus remains on retrospective tracking of certain quality indicators. In Rhode Island, the regulations pertaining to quality were revised to include QI language. The Rhode Island Assisted Living Association contracted with my company to conduct a series of 3 workshops for members on "Developing a Roadmap for Quality Improvement." Recently the National Commission for Quality Long-Term Care recommended in their final report that "the same quality measures that are mandated

Table 1.
Assessing Your Quality Improvement Initiatives

Leadership

1. Have you articulated clear quality values for your AL residence?
2. Do you reinforce these values by:
   - Talking about them often with staff?
   - Demonstrating these values through your personal interactions with residents, families, and staff?
3. Are managers personally involved in QA/QI initiatives? Are managers proactive in initiating QI?
4. Do you have a Quality Plan?
5. Do you expect the delivery of quality care/services by everyone?
   - Do you articulate these expectations in the interview process? In the orientation process?
   - Do you make daily rounds and talk to staff about the community's expectations for quality?
   - Is quality on the agenda of every management meeting?
   - Are managers held accountable for measurable QI in their departments and across departments?

Customer Focus and Satisfaction

6. Are systems in place to routinely measure resident and family satisfaction?
7. Do you have a system in place to solicit and respond to family complaints?
8. Do you use information from residents and families to make improvements?
9. Do you provide training for staff in customer service?
10. Do you seek information about your competitors?
11. Do you conduct loss prospect interviews?
12. Do you conduct discharge interviews with families?

Teamwork

13. What means are available for employees to contribute to QI in your AL residence?
14. Do you use teams to make improvements? Do these teams include line staff?
15. What do you do to promote the well-being of your employees?
16. Have you provided leadership development training for your managers?
17. Do you provide on-the-job training for your staff?
18. Do you act on the results of employee satisfaction surveys to make improvements to your workplace?
19. Do you measure staff turnover rates? Do you trend them over time?
20. Do you conduct exit interviews with staff?
21. Do you recognize staff for:
    - Outstanding service to residents/families?
    - Contributions to quality?
    - Teamwork?
    - Good attendance?

Improving Work Processes

22. Can you define the key processes in your AL residence?
23. Are you measuring key processes in your AL residence to assess performance?
24. Are you prioritizing the processes that need improvement?
25. Has your AL residence adopted a problem-solving model or approach to guide your teams and help them stay focused?
26. Are you improving key work processes? How do you know?

by CMS for SNFs, should apply to all care settings, that licensure or certification ensure acceptable performance, and that quality reports be disseminated through a government quality Web site that tracks quality, such as Nursing Home Compare."[2]

The AL companies and facilities that have been early QI adopters are those that have embraced Quality Initiatives (ie, Quality First); have been a part of the culture change movement or whose companies have adopted Quality Management as a way to achieve performance excellence.

The area in which AL has taken the lead in QI is in resident satisfaction (Table 1). Most AL facilities conduct resident and/or family satisfaction surveys, and in some states it is mandated via regulation. If these data are used to improve care and service (not just as a marketing strategy), they can lead to improved resident and family satisfaction. Paul R. Willging, PhD, in his *Assisted Living Consult* article in May/June 2006 (p. 14), summarized the opportunity for the industry, "Quality Management (or Improvement) is not a project. Rather, it is a process. That is to say, it never stops. It functions as a continuous loop. AL facilities and their leaders determine priorities based on customer satisfaction. They measure. They empower staff to stimulate improvement. They re-examine priorities. And they measure again. But they must begin the journey by returning to a system (a culture) that places people—the customers—first." ALC

References

1. Castle N, Zinn J, Brannon D, Mor V. Quality Improvement in Nursing Homes. Health Care Management: State of the Art Review. Philadelphia: Haney & Belfus; 1997.

2. Focus, January 2008. (A publication made available to members of the National Center for Assisted Living [NCAL]).