Quality Assurance and Process Improvement a.k.a. QAPI

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Objectives

- Share how Centra PACE monitors its QAPI plan

- Share how Centra PACE has determined projects and developed the goals to determine success

- Share how Centra PACE documents their success

Centra PACE

Who are you?

A. Clinic

B. Home Care

C. Social Work

D. Quality

QAPI Plan

- Team Approach

- 42 CFR § 460.132

- Commitment to our Organizational Pillars of Success: People, Efficiency, Service, Quality, Finance

- Commitment to our Organizational Operational Code of Ethics to prevent Fraud, Waste, and Abuse
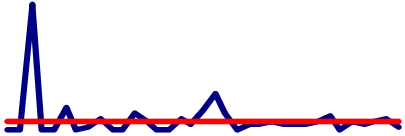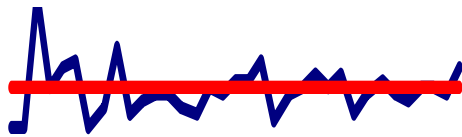
Monitor It

PACE Federal Street Key Quality Indicator Report
Quarter 4, 2011

Census Growth

Census Growth	Target	Q411	YTD	
Total Participants:	125	87	87	Total Participant Trend Feb'09 to Dec'11
No. of Referrals (Eligible and Ineligible)	10	82	240	
Enrollments:	5	12	42	
Disenrollments:	0	3	11	
Prospective Enrollees that declined:	0	1	2	
Permanent LTC Placement	1	6	9	Participant Enroll.Budgeted to Acutal Feb'09 to Dec'11
Percentage LTC Placement	<1%	6.9%	10.3%	
Permanent ALF Placement	5	2	8	
Percentage ALF Placement	< 4%	2.3%	9.2%	
Deaths:	N/A	4	14	
Participant Days	N/A	7850	27,908	Partipants w/ End of Life Decisions Feb'09 to Dec'11

End of Life

End of Life	Target	Q411	YTD
Participants w/ DNR	N/A	69%	69%
include DNR, Wishes, AD)	100%	100%	100%

Grievances

Grievances	Target	Q411	YTD	
Number of Grievances	N/A	5	39	Grievance Rate Trend Feb'09 to Dec'11
Grievance Rate per 1000 Part. Days	2.50	0.64	1.40	
No. Grievances Resolved	N/A	5	39	
Grievances Resolved w/in seven days	≥ 95%	100%	95%	Resolution Trend Feb'09 to Dec'11
Leading Grievance Type:				
Responsive to needs	N/A	3	12	

Appeals

Appeals	Target	Q411	YTD	
Number of Appeals	N/A	0	1	Appeal Rate Trend Feb'09 to Nov'11
Appeal Rate per 1000 Participant Days	1.00	0.00	0.04	

Participant Satisfaction (Quality of Life)

	Target	Q311	YTD	
Overall Satisfaction Rate of Excellent or Good Responses	≥ 95%	90%	90%	Satifaction Rate of Excellent or Good Responses Q109 to Q311
Opportunities: Clinic Experience		81%	86%	
Overall Satisfaction with Respite Rate of Excellent or Good Responses (YTD)	≥ 95%	92%	92%	
Opportunities: Facility meeting Participant's needs		86%	86%	

Functional Status (Tinetti Score)

	Target	Q411	YTD	
Percent of appropriate participants w/ increase from init. assessment to dx.	TBD	92%	97%	Percent w/o Tinetti Score Decline Sep'09 to Dec'11
Percent w/o decline of 3+ pts at 3mo	TBD	100%	96%	

Effectiveness Contract Services

	Target	Sep'11	YTD	
Percentage of attendance by contract personal care assistants	≥ 95%	99%	98%	Contract Services Jun'09 to Sepf'11

Nutrition

	Reference	Q411	YTD	
Percentage of participants weight >5% change at 30 days	5%	0%	2%	Weight change Mar'09 to Dec'11
Percentage of participants weight >7.5% change at 90 days	5%	1%	3%	
Percentage of participants weight >10% change at 180 days	5%	1%	2%	

Vaccination Rates (Physiological & Clinical Well-Being)

	Target	Q411	YTD	
Pneumococcal				Percent PN Vax Feb'09 to Dec'11
Enrollees Vaccinated in Month	N/A	11	38	
Percent Vaccinated(min 80%)	≥ 95%	92%	90%	
Influenza				Percent FLU Vax Oct'11 to Mar'12
Enrollees Vaccinated in Q411&Q 112	N/A	83	83	Four refusals
Percent Vaccinated (min 80%)	≥ 95%	95%	95%	
Tetanus				Tetanus Vax Feb'09 to Dec'11
Enrollees Vaccinated in Month	N/A	12	39	
Percentage Vaccinated	≥ 95%	100%	93%	

Falls

Falls	Target	Q411	YTD	
Number of falls	<1	52	198	Falls (Days) Rate Trend Feb'09 to Dec'11
Falls Rate per 1000 Participant Days	≤ 6.85	6.62	7.09	
Falls Rate per 100 Participant Months (Target: DataPACE2 Q409 Peer Avg)	≤ 11.52	20.31	21.59	Falls (Months) Rate Trend Feb'09 to Dec'11
Falls with Injury	0	21	61	
Falls with Injury Rate per 1000 Participant Days	≤ 1.47	2.68	2.19	
Fall at Home	0	32	100	Falls w/ Injury Feb'09 to Dec'11
Fall at Day Health Center	0	1	14	
Fall getting into Van	0	0	4	
Fall at Nursing Home	0	7	16	
Fall at Assisted Living	0	12	60	

Medication Errors

Medication Errors	Target	Q411	YTD	
Number of Errors	<1	29	84	Med Error Rate Trend Feb'09 to Dec'11
Med. Errors per 1000 Participant Days	≤ 5.0	3.69	3.01	

Pressure Ulcers

Pressure Ulcers	Target	Q411	Prev.	
Number of Participants w/ Acquired Pressure Ulcers	0	3	3	Acquired Pressure Ulcer Rate Trend Feb'09 to Dec'11
Percentage of Participants w/ Acquired Pressure Ulcers	<1%	3%	3%	

Unusual Incidents/Level 2 Events

	Target	Q411	YTD	
Number of Unusual Incidents	0	2	11	Unusual Incident Rate Trend Feb'09 to Oct'11
Unusual events per 1000 Part. Days	<1.0	0.25	0.39	
Fall with major injury	N/A	1	9	

Restraint

Restraint	Target	Q411	YTD	
No. of Participants restrained	1	2	2	Restraint Prev Feb'09 to Dec'11
Percentage of Participants restrained	1%	2%	2%	

Cognitive Ability

Cognitive Ability	Target	Q411	YTD	
Percentage of participant's mini-mental exam done semi-annual reassessment	100%	100%	98%	6 mo. MMSE Jul'09 to Dec'11
Percentage of participants w/o a decline of > 5 pt in MMSE at semi-annual	Ref.85%	87%	88%	No Decline in MMSE Oct'09 to Dec'11
Number of Particpants Reassessed	N/A	38	126	

Social/Behavioral Functions

	Reference	Q411	YTD	
Percentage of Recreation Therapy Goals either Met or On Going	70%	89%	89%	Percent Meeting Therapy at 6mo Reassess Jul'11 to Dec'11

Alternative Care

Alternative Care	Target	Q411	YTD	
No. of Hospitalizations	0	12	41	Percent Hospital Feb 09 to Dec'11
No. of Readmissions within 30 Days	0	2	6	
No. Hospital Days	0	37	118	
Hospital Days as Percent of Part. Days	0.5%	0.5%	0.5%	
No. of Psych Hospitalizations	0	0	2	Percent Psych Feb'09 to Dec'11
No. Psych Hospital Days	6	6	17	
Psych Days as Percent of Part. Days	0.1%	0.1%	0.06%	
No. of SNF Admissions	0	5	17	Percent SNF Feb 09 to Dec'11
No.SNF Days	0	61	305	
No. SNF Days as Percent of Participant Days	0.6%	0.8%	1.1%	
No. of NF Admissions (Med Respite)	0	3	17	Percent NF Feb 09 to Dec'11
No.NF Days (Med. Respite + Res.)	0	407	1173	
No. NF Days as Percent of Participant Days	1.3%	5.2%	4.2%	
No. of ALF Admissions (Med Respite)	0	1	16	Percent ALF Feb 09 to Dec' 11
Total No.ALF Days (Med Respite +Res)	0	841	3208	
No. ALF Days as Percent of Participant Days	3.2%	10.7%	11.5%	
No. Emergency Visits	0	24	76	ED Visits Feb'09 to Dec'11
Emergency Visits per 1000 Part. Days	2.79	3.06	2.72	
No. Unscheduled Care Visits (OPD)	0	0	7	Unscheduled Visits Feb'09 to Dec'11
Unscheduled Care Visits Per 1000 Participant Day	0.74	0.00	0.25	

Infection Control

Infection Control	Target	Nov11	YTD	
Wound Infections	0	0	0	Infection Rate Feb'09 to Nov'11
Infections per 1000 participant days	0.24	0.00	0.00	
UTI	0	0	5	Infection Rate Feb'09 to Nov'11
Infections per 1000 participant days	0.43	0.00	0.20	
Bronchitis/Pneumonia/Respiratory	0	1	14	Infection Rate Feb'09 to Nov'11
Infections per 1000 participant days	0.39	0.13	0.56	
Other (Pink eye,lice, scabies, etc)	0	1	4	Infection Rate Feb'09 to Nov'11
Infections per 1000 participant days	0.05	0.39	0.16	

Emotional/ Mental Health Status

	Target	Q411	YTD	
Depress. Scale Completed at 6 mo. Asseess	100%	100%	100%	Depress Scale Jan'10 to Dec'11
Number of Participants Eligible	N/A	33	116	
Depress. Scale Completed at Initial Asseess	100%	67%	81%	
Number of Participants Eligible	N/A	11	37	
Number of Participants w/ Score >5	N/A	6	17	Depression Addressed Jan'10 to Dec'11
Percentage of Participants w / Score >5 with Depression Addressed	100%	100%	100%	

Promptness of Service Delivery

	Target	Q411	YTD	
Percentage of Approved Participant/Family Requests Documented in chart	100%	71%	76%	Service Delivery Dec'10 to Dec'11

Determine Projects: Hospitalization

- April 2009 – no process in place
- Quality Tool: Root Cause analysis helped us focus on ED and Family
- Targets set in 2011 based on previous year's data
- Completed in December, 2011 (Special Causes)

Alternative Care	Target	Dec'11	YTD	Percent Hospital Feb 09 to Dec'11
No. of Hospitalizations	0	4	41	
No. of Readmissions within 30 Days	0	0	6	
No. Hospital Days	0	7	118	
Hospital Days as Percent of Part. Days	0.5%	0.3%	0.5%	

	Target	Dec'11	YTD	ED Visits Feb'09 to Dec'11
No. Emergency Visits	0	11	76	
Emergency Visits per 1000 Part. Days	2.79	4.08	2.72	

Project Documentation

Hospitalization Process Improvement

DEFINE
Using a RCA, analyze and develop a hospitalization process that identifies PACE participant to reduce duplication of services.

MEASURE
○ Percentage of Participants identified as PACE by Admission Staff: Q1=63% or 5/8 participants

○ Percentage of Participants identified as PACE in ED documentation. Q1=25% or 2/8 participants

○ Percentage of Participants identified as PACE in H&P or Progress Notes w/in 48 hours of admission Q1=75% or 3/4 participants

ANALYZE
PACE Partici

PACE Participant Hospitalization Root Cause Analysis : 10/18/09 Participant Admission

IMPROVE
○ Educate Participants and Families to Call PACE before calling EMS for non-emergent conditions.

○ Educate Admission Staff on PACE

○ Educate ED Staff on PACE

○ "Stop Light" reference tool for participant and family

○ Indepth analysis for ED Admissions

○ ED Admissions Rate reported at Monthly Participant Council Meeting

CONTROL
ED Visits Feb'09 to Dec'11

Determine Projects: End of Life/ Hospice

- January 2010– no standardized process in place
- Quality Tool: SIPOC Diagram
- Targets set to optimize participant care
- Completed in December, 2011

End of Life	Target	Dec'11	YTD	Partipants w/ End of Life Decisions Feb'09 to Dec'11
Participants w/ DNR	N/A	69%	69%	
Participants w/ end of life decisions	**100%**	100%	100%	

Project Documentation

Hospice Care Team

DEFINE

Centra PACE is committed to honor the participant's end of life wishes and that the participant's death is with dignity.

Centra PACE Hospice Care is defined as a participant and/or participant family who have chosen care focusing on end of life.

● SIPOC Diagram Attached

MEASURE

Hospice / Comfort Care Orders Written
Do Not Resuscitate (DNR) CODE Status
PACE RN Visitation
Spiritual Care and Support Plan
Education on end of life including symptoms of Dying
PACE Social Work Interaction
Care Giver Support and Preparedness
Funeral and Burial Arrangements

IMPROVE

● Staff Education for end of life issues: Care, Pain, Spiritual Needs, and from a Physician's perspective.

● Develop screening tool

● Develop Policy

CONTROL

● Review measures as part of Death Review

● End of Life Decisions

Feb'09 to Dec'11

ANALYZE

● Participants with Advance Directives

● Participants identified as Hospice

● Recurrent hospitalizations w/in 30 days w/o significant improvement in status.

Determine Projects: Request for Services

- November 2010– CMS Presentation
- Great at getting requests to table; not so good at getting them documented w/in one week. Biggest Challenge is documenting specialty visits.
- On going 2012

Promptness of Service Delivery	Target	Jan'11	YTD	Service Delivery Dec'10 to Jan'12
Percentage of Approved Participant/Family Requests Documented in chart	100%	70%	70%	

Project Documentation

Request for Services

DEFINE
Assure that participant or designated representative are resolved in a timely manner:

● Requests determined to be Emergent are resolved as soon as possible.

● Non-emergent requests are brought to the team and resolved within 72 hours.
○ This time frame may be extended if additional information is needed by the participant, representative, or IDT team.

●If a request is granted, the participant will be notified and it will be implemented expeditiously

●If a request is not granted, the participant will be notified and informed of their right to appeal in writing.

MEASURE
Nov'10 Requests:62 per 100 participants
YTD Requests: 70 per 100 participants
Jan'10 to Nov'10

ANALYZE
Jan'10 to Nov'10:
● 62% of requests were from participants or designated representatives.
● 69% of participant/designated representatives were approved.
● 66% of participant/designated representatives requests were DME, medical (including dental appointments), and home care.
● One appeal resulted from denial and it was upheld by independent reviewer.

● No statistics for emergent
● No statistics for requests completed within 72 hours
● No statistics for requests extended 5 days
● Documentation of implementation not tracked.

IMPROVE
● Policy updated to include compromise.

● Team is focusing on improving documentation with weekly updates.

● Assure Documentation of informing participants of Specialty Provider Visits to be done by newly hired Administrative Secretary

● RAD Sheet Implemented

● Team Strategic Goal

CONTROL
● Rate of requests from participants or designated representatives per 100 participants (reported weekly at morning meeting)

● Percentage of approved requests from participants or designated representatives (reported weekly at morning meeting).

● Percentage of approved requests with documented implementation (Key Quality Indicator Report)
Service Delivery Dec'10 to Dec'11

Project Selection: Data Driven

Medication Errors	Target	Jan'12	YTD	Med Error Rate Trend Jul'09 to Jan'12
Number of Errors	<1	3	3	
Med. Errors per 1000 Participant Days	≤ 5.0	1.18	1.18	

Med Error Rate Trend Jul'09 to Jan'12

Falls	Target	Jan'12	YTD	
Number of falls	<1	20	20	Falls (Days) Rate Trend Jul '09 to Jan'12
Falls Rate per 1000 Participant Days	≤ 6.85	7.87	7.87	
Falls Rate per 100 Participant Months (Target: DataPACE2 Q409 Peer Avg)	≤ 11.52	24.39	24.39	Falls (Months) Rate Trend Jul'09 to Jan'12
Falls with Injury	0	11	11	
Falls with Injury Rate per 1000 Participant Days	≤ 1.47	4.33	4.33	
Fall at Home	0	15	15	Falls w / Injury Jul'09 to Jan'12
Fall at Day Health Center	0	0	0	
Fall getting into Van	0	1	1	
Fall at Nursing Home	0	2	2	
Fall at Assisted Living	0	1	1	

Falls (Days) Rate Trend Jul '09 to Jan'12

Falls (Months) Rate Trend Jul'09 to Jan'12

Falls w / Injury Jul'09 to Jan'12

Determine Projects: Improve Clinic Flow

- Listening to your participants
- Quality Tools: Affinity Diagram, 5S, Time Study
- On going 2012

Participant Satisfaction (Quality of Life)		Target	Q411	YTD	Satifaction Rate of Excellent or Good Responses Q109 to Q411
	Overall Satisfaction Rate of Excellent or Good Responses	≥ 95%	89%	90%	
	Opportunities: Clinic Experience		85%	86%	
	Overall Satisfaction with Respite Rate of Excellent or Good Responses (YTD)	≥ 95%	n=0	n=0	
	Opportunities: Facility meeting Participant's needs				

Project Documentation

Improving Clinic Flow

Define:
The PACE Clinic Team, including the Physician, Nurses, and Medical Assistant will improve the clinic flow as evidenced by improved staff and participant satisfaction by December 2012.

Analyze:

Barriers to Clinic Flow

CMS Audits-Preparation for State/Fed Audits
Dr. slow-Poor typist
Billing and Coding
Ck in meds and MAR review
Hard Sticks (Blood)
Hard to judge time needed for each patient
Priority changes per patient
Supplies/medication not available-missing qtips,bandaids or correct wound care in another room
Interruptions-telephone, staff, other patients.
Extremely busy-too many participants coming at one time
Schedule not always complete-walk-ins
Distractions-telephone, staff, other patients
Too many phone calls that are sent to the clinic that should not go to the clinic
Medicine administrating interrupts schedule
Demanding hypocondriac patients
Unannounced family showing up/calls from family members
Revolving door participants wandering in unannounced
Paperwork needed in Respite
Greensheet done in clinic for Home health coordinator
Home health nursing and clinic team –is there a duplication of services?
Stream line who does what; who follows through? Seeing patients that could be triaged.
Meeting in middle of day (staff meetings/educational programs) need to be worked into schedule
IDT Meetings 2 hours x 2
Do we need more recognition and praise?
Sometimes it feels like the clinic works in a silo-so busy / don't see the light of day
Feel too much load to participate with celebrations
Lack of consistency
Just bringing participant in without confirming with nurse
New staff and staffing need (absorbing duties)
Task oriented/nurse
1st of the month-new patient codes, new medication orders
Outgrown old processes
Scheduling/changing outside appointments
Clerical work as well as clinical work for RN
Need defined roles-who will do what and when/who will check off that it has been completed (missed/duplicated)
Prepwork Last Minute-Information not available/over 50% of patients have cognitive impairment/many not reliable
Unplanned visits/emergent visits/i.e. post falls,ED,hospitalization. Last minute assesments for new enrollees
Onset illness visit (i.e. Leffel)
Electronic Medical Record is not user friendly/wasn't designed for PACE
2 computer systems HAC and McKesson Portal (documents in 2 systems)
Computer Challenges-Takes time to learn system
Floor plan in the clinic a problem? Doesn't feel right / no privacy
Same in/out-space designated for drive thru-(pts ub w/c) lab nebs opens up workspace
Size of clinic-physically land locked/distraction of Johnson Health OB/Peds
Materials-right ones
Goals/Documentation-Too much documentation-Documentation (regulatory)
Patient Arrival/Departure Bus Times-some have small window/patient not available
Regulatory visit/Needed or Scheduled Assessments/frail elderly patients need more time

Measure:
YTD Participant Satisfaction with Clinic Experience: 86%
(Satisfied defined as "Good/Excellent")

2011 Clinic Staff Separation Rate: 11%
(Includes Voluntary & Involuntary as defined by NDNQI)

YTD Percentage of Specialist Provider Appointments Made w/in 1 week: 67%
(Appointments requested by Participants/Family and approved by the team have documentation in the participant chart within 1 week of PACE Team approval.)

Top Five Barriers Agreed On / Identified in Achieving a Good Flow in the Clinic
Physical Layout (floor plan) not conducive to flow
Too many interruptions
Documentation-2 system
Unplanned visits-last minute needs
Patient not available

Improve:
Administrative secretary will schedule specialty provider appointments; team member started December 5.

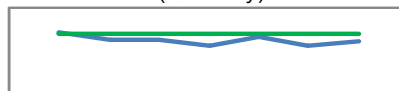Project Specialist will be educated to enter codes for billing.

LPN position request changed to Medical Assistant; team member starts December 19.

Medication Technician position will replace C.N.A. to assist in medication administration while maintaining budgeted FTE's and maintaining required participant to staff ratio.
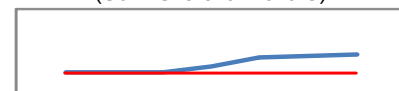
Telephone screening tool to reduce interruptions and assist in returning calls during designated periods
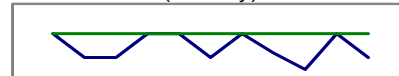
Control:
Participant Satisfaction Goal: 95%
(Quarterly)

Separation Rate Goal: 0%
(Sum Chart: 6 months)

Specialist Provider Appt Goal: 100%
(Monthly)

Project Documentation

Improving Clinic Flow

Define:
The PACE Clinic Team, including the Physician, Nurses, and Medical Assistant will improve the clinic flow as evidenced by improved staff and participant satisfaction by December 2012.

Analyze:

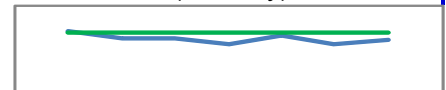| Sum of Minutes	
Activity	Total
Computer	2:41
Exam Room	2:14
Lunch	2:10
Office	2:10
Out	1:45
Nursing	1:27
Interuption	1:16
Med Admin	1:14
Administrative	0:46
Vitals	0:39
Duty - Lunch	0:30
Board	0:29
Paperwork	0:28
Blood Draw	0:26
Telephone	0:23
Gloucom	0:22
Transport	0:21
Self Serve	0:21
Physician	0:20
Specimen	0:09
Clean	0:07
Set up	0:05
Complaints	0:04
Share	0:01
Grand Total	20:28

Improve:
Accomplishments:
- Reoganization of cabinets
- Vital Signs machine repaired
- Kit for Ear
- Mirror
- Needle boxes moved
- Counter rearranged: dirty/clean
- Sanitizing between participants
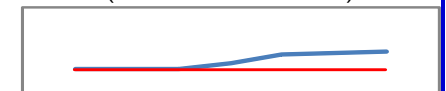- Roles defined

On order: COW, Trash cans, files

Action Item: Develop criteria for phone and email communications

Measure:
YTD Participant Satisfaction with Clinic Experience: 86%

(Satisfied defined as "Good/Excellent")

2011 Clinic Staff Separation Rate: 11% (Includes Voluntary & Involuntary as defined by NDNQI)

YTD Percentage of Specialist Provider Appointments Made w/in 1 week: 67% (Appointments requested by Participants/Family and approved by the team have documentation in the participant chart within 1 week of PACE Team approval.)

Control:
Participant Satisfaction Goal: 95% (Quarterly)

Separation Rate Goal: 0% (Sum Chart: 6 months)

Specialist Provider Appt Goal: 100% (Monthly)

Mini Project Selection/Level 2

- October 2011 – NPA Presentation
- Detailed analysis of all participants
- Clarified tracking to acquired/prevalence rates
- Level 2 Debriefing Question: Verification of Wound Checks

Pressure Ulcers	Target	Jan'12	Prevl.	Acquired Pressure Ulcer Rate Trend Jul'09 to Jan'12
Number of Participants w/ Acquired Pressure Ulcers	**0**	3	4	
Percentage of Participants w/ Acquired Pressure Ulcers	**<1%**	4%	5%	

Mini Project Selection/ Hot Topics

- National Quality Forum: National Priorities Partnership

- IHI: Starr Initiative

- Healthcare Reform Issues

- Readmissions within 30 Days

- Quality Tool: Beg, borrow, and steal

Corrective Actions Required: New Process

- Use of buckle guard
- Quality Tools: _____

Restraint	Target	Jan'12	YTD	Restraint Prev Jul'09 to Jan'12
No. of Participants restrained	1	2	2	
Percentage of Participants restrained	1%	2%	2%	

Document in Minutes/Fix in Chart

Chart reviews:

○ One of two six month transportation assessments does not identify participant as using a buckle guard

○ Neither chart had a transportation goal addressing restraint.

○ Neither chart had a physician goal addressing restraint.

○ Neither chart had regular documentation of successful use of restraints by transportation and that no injuries or interventions were needed.

Corrective Actions Required: Response to Situation

- Increase in clinic visits
- Quality Tools: _____
- Will probably put a trigger tool in place in October, 2012.

Infection Control	Target	Jan'11	YTD	Infection Rate Jul'09 to Jan'12
Wound Infections	0	0	0	
Infections per 1000 participant days	0.24	0.00	0.00	
UTI	0	1	1	Infection Rate Jul'09 to Jan'12
Infections per 1000 participant days	0.43	0.39	0.39	
Bronchitis/Pneumonia/Respiratory	0	16	16	Infection Rate Jul'09 to Jan'12
Infections per 1000 participant days	0.39	6.29	6.29	
Other (Pink eye,lice, scabies, etc)	0	1	1	Infection Rate Jul'09 to Jan'12
Infections per 1000 participant days	0.05	0.39	0.39	

Documented in Minutes

Please review the following plan of action to address the number of participants diagnosed with upper respiratory infections and pneumonia:

Participants:

1. Participants presenting with cough and flu like symptoms will be asked to wear a mask and will be seen in the clinic as quickly as possible.

2. A flu swab will be obtained and positive results will be reported to infection control.

3. A treatment plan will be developed which includes home care services (offered OUTSIDE of the day program). Participants should remain at home at least 24 hours after the symptoms have subsided.

4. Participants calling out with respiratory symptoms will be seen by the home health nurse as soon as possible and based on assessment will be brought into the clinic or treated at home, with additional PCA support if indicated.

5. Participants and families will be educated by clinic team to stay at home if they have a cold or increased congestion to prevent the spread of virus/bacteria to other participants.

Documented in the Minutes

Environment of Care:

1. Standard precautions with hand hygiene.
2. All tables in the dayroom, quiet room and garden room are cleaned with germicidal cleaner by staff during the day and housekeeping staff in the evening.
3. Seats in the buses will be wiped down with cavi-wipes weekly and prn if there is visible soiling.

Staff:

1. Will be ask to stay at home with PTO if they have an elevated temperature. They are ask not to return to work until 24 hours after their fever has returned to normal.
2. Will be ask to wear a mask and use exceptional hand hygiene when providing direct patient care (dayroom, clinic, therapy, and transport teams) if they are coughing and exhibit cold like symptoms.

Conclusion

- Centra PACE monitors its QAPI plan, using data presented in a dashboard format

- Projects are determined in response to lack of standardization, learning from others, Level 2 events, hot topics, new processes, and specific situations.

- Success is data driven and documented in project summary or minutes.