

PERFORMANCE IMPROVEMENT MONITORING AND EVALUATION PLAN

Department: Home Healthcare
 Date: 01/13/2014

Scope: Provide skilled services to patients requiring care and treatment of their disease processes, including instruction, monitoring, assessment and evaluation of their response to treatment modalities, in their place of residence.
 Responsibility: Case Manager, Nurse Clinician, Nurse Executive, Clinical Supervisors, PI Committee.

Priority Focus Area	Performance Measures/Outcomes	Related Functions	Benchmark Goal	Data Collection (Methodology)	Integration and Collaboration
Communication	<ul style="list-style-type: none"> - All verbal/telephone orders and critical test results are read back for verification by the person taking the order; verification is documented - All home care staff and physicians use only the Agency approved list of abbreviations, acronyms and symbols when documenting 	Leadership Management of Information Provision of Care, Treatment and Service	100%	Weekly review of in office patient records by a PI designee/Case Manager/Clinical Supervisor. Data will be aggregated, reviewed and reported on a monthly basis to the organization's PI Committee, Director of Patient Care Services/Management Committee. Aggregate reports will be submitted to the Administrator and Professional Advisory Committee on a quarterly basis and summarized annually.	All Clinical Staff (Employees and Contract) and Managers Risk Management Referring Physician
	<ul style="list-style-type: none"> - Plans of treatment and verbal/telephone orders are reduced to writing and submitted to the physician within five (5) days of the start of care/receipt of the verbal/telephone order - Plans of treatment and verbal/telephone orders are returned to the office within thirty (30) days of the start of care date/receipt of the verbal/telephone order and contain the ordering physician's original signature 	Leadership Management of Information Provision of Care, Treatment and Service	100%	Data is collected from all in-office patient records by the Medical Records staff on a weekly basis and submitted to the Director of Patient Care Services/Management/PI Committee on a monthly basis. Data will be aggregated, reviewed and reported to the Administrator and Professional Advisory Committee on a quarterly basis and summarized annually.	Medical Records Department Data Entry Department Billing Department All Clinical Staff (Employees and Contract) and Managers Risk Management

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Priority Focus Area	Performance Measures/Outcomes	Related Functions	Benchmark Goal	Data Collection (Methodology)	Integration and Collaboration
Infection Control	<ul style="list-style-type: none"> - CDC hand hygiene guidelines will be adhered to by all staff - All clinical staff will have alcohol-based hand-washing solution available during each patient visit - Personal protective equipment will be used appropriately by all staff - Standard Precautions will be adhered to by all home care staff 	<p>Leadership Provision of Care, Treatment and Service</p> <p>Surveillance, Prevention and Control of Infection</p>	100%	Data will be collected from patient and staff infection reports and unusual occurrence reports by the Risk Manager, and from direct observation during patient visits by the Case Manager/Clinical Supervisor on a monthly basis. Data will be aggregated, reviewed and reported to the Management Committee on a quarterly basis.	All Clinical Staff (Employee and Contract) and Managers Risk Management Referring Physician
Management of Information	<ul style="list-style-type: none"> - Personal health information is protected during home visits - Home chart information is returned to the Agency office upon patient discharge and destroyed appropriately - Every entry into the patient record is dated and signed with the staff member's full name and professional designation - Computers are turned off when not in use 	<p>Ethics, Rights and Responsibilities</p> <p>Leadership</p> <p>Management of Information</p> <p>Provision of Care, Treatment and Service</p>	100%	Data is collected by direct observation during home visits on a monthly basis and from in office patient records on an ongoing basis by the Case Manager/Clinical Supervisor. Data will be aggregated, reviewed and reported to the Director of Patient Care Services/Management/PI Committee on a monthly basis.	All Clinical Staff (Employees and Contract) and Managers

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Priority Focus Area	Performance Measures/Outcomes	Related Functions	Benchmark Goal	Data Collection (Methodology)	Integration and Collaboration
Orientation and Training	<ul style="list-style-type: none"> - All home care staff complete a structured orientation program prior to providing care, treatment and/or services - Competency evaluations are completed for all home care staff at time of hire, within 90 days of hire and annually - Staff training is provided and competency assessed whenever job responsibilities/duties change 	Leadership Management of Human Resources	100%	Data will be collected from personnel records on an ongoing basis by a member of the Human Resources Department. Data will be aggregated, reviewed and reported to the Director of Patient Care Services/Management Committee on a monthly basis.	Human Resources Clinical Staff and Managers Contractors
	<ul style="list-style-type: none"> - Annual education plan includes at least the following topics: <ul style="list-style-type: none"> • Fire Safety • Infection Control Measures • Ethics • Performance improvement • Body Mechanics and Transfer Safety • Basic Home Safety Measures • Patient Safety 	Environmental Safety and Equipment Management Leadership Management of Human Resources Provision of Care, Treatment and Service	90%	Data will be collected from Personnel/Education Records by a member of the PI Department/Committee every six (6) months. Data will be aggregated, reviewed and reported to the Director of Patient Care Services/Management Committee biannually.	All Clinical Staff (Employees and Contract) and Managers Contractors

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Department/Committee: Minerva Home Healthcare

Date: 01/06/2014

*PFA = Priority Focus Area

Performance Measures/Outcomes	Interdepartmental Collaboration	Benchmark Goal	Function	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
PFA: Assessment and Care/Service Management of Patient with MS.	Nursing Staff (Employee and Contract) and Nursing Mgrs. Referring Physician		IM, PC	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
- Assessment of physical, cognitive, sensory, and bowel and bladder function as evidenced by documentation on each nursing visit	As above		As above	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
- Assessment of response to medications by documented monitoring and managing MS patients for medication-related side effects and communication with physician	As above		As above	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
- Adequate education and counseling patients on medication benefits and adverse effects.	As above		As above	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
- Documented patient/caregiver/significant other understanding of MS teaching (signs/symptoms to report)	As above		As above	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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<p>PFA: Assessment and Care/Service (continued)</p> <p><u>Management of Patient with MS (continued)</u></p> <ul style="list-style-type: none"> - Discharge instructions provided to patient/caregiver/significant other address all of the following: • Impaired mobility • Visual and hearing impairment • Medications • Dysphagia • Cognitive dysfunction • Signs and symptoms to report • Sexual dysfunctions and reproductive issues • Mood Dysfunction 	<p>Nursing Staff (Employee and Contract) and Nursing Mgrs. Referring Physician</p>		IM, PC	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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<ul style="list-style-type: none"> Sensory symptoms, Fatigue Follow-up appointments 				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
<p>PFA: Assessment and Care/Service (continued) Pain Management</p>	Clinical Staff (SN) and Managers Referring Physician Risk Management		IM, MM, PC, RI	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
<ul style="list-style-type: none"> All patients are assessed for the presence of pain on admission to the organization according to an objective pain scale 	As above		As above	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
<ul style="list-style-type: none"> All patients with diagnoses that have the potential for causing pain will have their pain level assessed and documented according to an objective pain scale during each skilled visit 	As above		As above	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
<ul style="list-style-type: none"> Effectiveness of pain medication, if used by the patient, will be assessed and documented during each skilled visit 	As above		As above	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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Performance Measures/Outcomes	Interdepartmental Collaboration	Benchmark Goal	Function	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
- Effectiveness of pain management techniques will be assessed and documented during each skilled visit	As above		As above	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
PFA: Assessment and Care/Service (continued) <u>Pain Management (continued)</u>			IM, MM, PC, RI	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
- Documented communication with patient's physician and other team members providing care/service when change in patient's pain level/response to medications/other pain management techniques	Clinical Staff (SN) and Managers Referring Physician Risk Management			100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
<u>Management of Patients with Open Wounds</u>	Nursing Staff (Employees and Contract) and Nursing Mgmt. Referring Physician		IC, IM, MM, PC	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
- Open wounds are assessed and measured during admission and weekly subsequent skilled nursing visits	As above		As above	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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- Open wounds are documented on with each skilled nursing visits	As above		As above	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
- Wound care management coincides with physician orders	As above		As above	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
PFA: Assessment and Care/Service (continued) Management of Patients with Open Wounds (continued)	Nursing Staff (Employees and Contract) and Nursing Mgmt. Referring Physician		IC, IM, MM, PC	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
- Aseptic/clean technique/ Standard Precautions followed during wound care procedure	As above		As above	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
- Documented patient/caregiver/significant understanding of wound care management	As above		As above	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
PFA: Assessment and Care/Service (continued) - Patient/caregiver/significant other education needs and level of understanding are assessed and documented at each skilled visit	All Clinical Staff (SN) and Managers		LD, PC, RI	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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- Education materials appropriate to the level of understanding and language are provided and reviewed with the patient/caregiver/significant other	As above		As above	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
PFA: Patient Safety - Basic home safety assessment is conducted and documented at the time of the initial visit	Clinical Personnel (Employee and Contract SN) and Managers Risk Management		EC, IM, MM, PC	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
- Fall assessment is conducted and documented on every patient during each skilled visit	As above		As above	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
- Documented patient/caregiver/significant other level of understanding of fall prevention precautions	As above		As above	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
- Patients are identified using two (2) identifiers before all procedures, medications and treatments	All Clinical Personnel, i.e., SN (employees and contractors) and Managers Risk Management Billing Department		IM, PC	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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Performance Measures/Outcomes	Interdepartmental Collaboration	Benchmark Goal	Function	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
- On admission the patient's name, spelling and home address or SS number is visually confirmed with information on hand or by the health insurance card	As above		As above	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
PFA: Patient Safety (continued) - Upon arrival at the patient's place of residence, staff members address the patient by his/her first and last names	All Clinical Personnel, i.e., SN (employees and contractors) and Managers Risk Management Billing Department		IM, PC	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
- During admission and all subsequent visits each staff member confirms with the patient and documents the correct site(s) for treatment, i.e., wounds, IV/phlebotomy sites, mastectomy sites, shunts, treatment of any extremity	As above		As above	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
PFA: Communication - All verbal/telephone orders and critical test results are read back for verification by the person taking the order; verification is documented	All Clinical Staff (Employee and Contract) and Managers Risk Management Referring Physician		LD, IM, PC	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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Performance Measures/Outcomes	Interdepartmental Collaboration	Benchmark Goal	Function	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
- All home care staff and physicians use only the Agency approved list of abbreviations, acronyms and symbols when documenting	As above		As above	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
PFA: Communication (continued) - Plans of treatment and verbal/telephone orders are reduced to writing and submitted to the physician within five (5) days of the start of care/receipt of the verbal/telephone order	Medical Records Department Data Entry Department Billing Department All Clinical Staff (Employees and Contract) and Managers Risk Management		IM, LD, PC	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
- Plans of treatment and verbal/telephone orders are returned to the office within thirty (30) days of the start of care date/receipt of the verbal/telephone order and contain the ordering physician's original signature	As above		As above	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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PFA: Infection Control - CDC hand hygiene guidelines will be adhered to by all staff	All Clinical Staff (Employee and Contract) and Managers Risk Management Referring Physician		IC, LD, PC	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
- All clinical staff will have alcohol-based handwashing solution and antimicrobial soap available during each patient visit	As above		As above	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
- Personal protective equipment will be used appropriately by all staff	As above		As above	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
- Standard Precautions will be adhered to by all home care staff	As above		As above	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
PFA: Management of Information - Personal health information is protected during home visits - Home chart information is returned to the Agency office upon patient discharge and destroyed appropriately	All Clinical Staff (Employees and Contract) and Managers		IM, LD, PC, RI	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
- Every entry into the patient record is dated and signed with the staff member's full name and professional designation				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
- Computers are turned off when not in use				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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Performance Measures/Outcomes	Interdepartmental Collaboration	Benchmark Goal	Function	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
PFA: Orientation and Training - All home care staff complete a structured orientation program prior to providing care, treatment and/or services	Human Resources Clinical Staff and Managers Contractors		HR, LD	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
- Competency evaluations are completed for all home care staff at time of hire, within 90 days of hire and annually	As above		As above	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
- Staff training is provided and competency assessed whenever job responsibilities/ duties change	As above		As above	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
- Annual education plan includes at least the following topics:	All Clinical Staff (Employees and Contract) and Managers Contractors		EC, HR, LD, PC	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
• Fire Safety				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
• Infection Control Measures				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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• Ethics				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
• Performance improvement				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
• Body Mechanics and Transfer Safety				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
• Basic Home Safety Measures				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
• Patient Safety				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Agency Representative Name

Signature

- HR- Human Resource
- LD- Leadership
- EC- Environmental Safety & Equipment Management
- PC- Provision of Care
- IM- Information Management
- MM- Medication Management
- RI- Ethics, Rights & Responsibilities

Reference #5009 Home Healthcare

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IC- Infection Control

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Responsibility: Case Manager, Nurse Clinician, Nurse Executive, Clinical Supervisors, PI Committee

Priority Focus Area	Performance Measures/Outcomes	Related Functions	Benchmark Goal	Data Collection (Methodology)	Integration and Collaboration
Assessment and Care/Service	<u>Management of Patient with MS:</u> - Assessment of physical, cognitive, sensory, and bowel and bladder function as evidenced by documentation on each nursing visit - Assessment of response to medications by documented monitoring and managing MS patients for medication-related side effects and communication with physician - Adequate education and counseling patients on medication benefits and adverse effects.	Management of Information Provision of Care, Treatment and Service	90%	Data will be collected from the office patient record on a monthly basis by a member of the PI Department/Committee/Case Manager/Clinical Supervisor. Data will be aggregated, reviewed and reported on a quarterly basis to the organization's PI Committee, the Nurse Administrator/Director of Patient Care Services/Management Committee. Aggregate reports will be submitted to the Administrator and Professional Advisory Committee on a quarterly basis and summarized annually.	Nursing Staff (Employee and Contract) and Nursing Managers Referring Physician

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Priority Focus Area	Performance Measures/Outcomes	Related Functions	Benchmark Goal	Data Collection (Methodology)	Integration and Collaboration
Assessment and Care/Service (continued)	<p><u>Management of Patient with MS (continued):</u></p> <ul style="list-style-type: none"> - Documented patient/caregiver/significant other understanding of MS teaching (signs/symptoms to report) - Discharge instructions provided to patient/caregiver/significant other address all of the following: <ul style="list-style-type: none"> • Impaired mobility • Visual and hearing impairment • Medications • Dysphagia • Cognitive dysfunction • Signs and symptoms to report • Sexual dysfunctions and reproductive issues • Mood Dysfunction • Sensory symptoms, Fatigue • Follow-up appointments 	<p>Management of Information</p> <p>Provision of Care, Treatment and Service</p>	90%	Data will be collected from the office patient record on a monthly basis by a member of the PI Department/Committee/Case Manager/Clinical Supervisor. Data will be aggregated, reviewed and reported on a quarterly basis to the organization's PI Committee, the Nurse Administrator/Director of Patient Care Services/Management Committee. Aggregate r-reports will be submitted to the Administrator and Professional Advisory Committee on a quarterly basis and summarized annually.	<p>Nursing Staff (Employee and Contract) and Nursing Managers</p> <p>Referring Physician</p>

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 Responsibility: Case Manager, Nurse Clinician, Nurse Executive, Clinical Supervisors, PI Committee

Priority Focus Area	Performance Measures/Outcomes	Related Functions	Benchmark Goal	Data Collection (Methodology)	Integration and Collaboration
Assessment and Care/Service (continued)	<p><u>Pain Management:</u></p> <ul style="list-style-type: none"> - All patients are assessed for the presence of pain on admission to the organization according to an objective pain scale - All patients with diagnoses that have the potential for causing pain will have their pain level assessed and documented according to an objective pain scale during each skilled visit - Effectiveness of pain medication, if used by the patient, will be assessed and documented during each skilled visit - Effectiveness of pain management techniques will be assessed and documented during each skilled visit - Documented communication with patient's physician and other team members providing care/service when change in patient's pain level/response to medications/other pain management techniques 	<p>Ethics, Rights and Responsibilities</p> <p>Provision of Care, Treatment and Service</p> <p>Medication Management</p> <p>Management of Information</p>	100%	Data will be collected from the office patient record within five (5) days of the Start of Care visit by the Case Manager/Clinical Supervisor and on a weekly basis thereafter while the patient remains on service by a member of the PI Department/Committee/Case Manager/Clinical Supervisor. Data will be aggregated, reviewed and reported on a monthly basis to the organization's PI Committee, Nurse Administrator/Director of Patient Care Services/Management Committee. Aggregate reports will be submitted to the Administrator and Professional Advisory Committee on a quarterly basis and summarized annually.	<p>Clinical Staff (SN) and Managers</p> <p>Referring Physician</p> <p>Risk Management</p>

PERFORMANCE IMPROVEMENT MONITORING AND EVALUATION PLAN

Department: Home Healthcare

Scope: Provide skilled services to patients requiring care and treatment of their disease processes, including instruction, monitoring, assessment and evaluation of their response to treatment modalities, in their place of residence.

Date: 01/17/2015

Responsibility: Case Manager, Nurse Clinician, Nurse Executive, Clinical Supervisors, PI Committee

Priority Focus Area	Performance Measures/Outcomes	Related Functions	Benchmark Goal	Data Collection (Methodology)	Integration and Collaboration
Assessment and Care/Service (continued)	<p><u>Management of Patients with Open Wounds</u></p> <ul style="list-style-type: none"> - Open wounds are assessed and measured during admission and each subsequent skilled nursing visit - Open wounds are photographed one time weekly - Wound care management coincides with physician orders - Aseptic/clean technique/ Standard Precautions followed during wound care procedure - Documented patient/caregiver/ significant understanding of wound care management 	<p>Provision of Care, Treatment and Service</p> <p>Management of Information</p> <p>Medication Management</p> <p>Surveillance, Prevention and Control of Infection</p>	100%	<p>Data will be collected from in-office patient charts upon receipt of Start of Care information and weekly thereafter and from direct observation during supervisory visits by the Case Manager/Clinical Supervisor. Data will be reviewed and reported to the Director of Patient Care Services/ Management/PI Committee on a monthly basis. Quarterly reports and annual summaries of the aggregated data will be submitted to the Administrator and Professional Advisory Committee.</p>	<p>Nursing Staff (Employees and Contract) and Nursing Management</p> <p>Medical Director</p> <p>Referring Physician</p>

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PERFORMANCE IMPROVEMENT MONITORING AND EVALUATION PLAN

Department: Home Healthcare

Scope: Provide skilled services to patients requiring care and treatment of their disease processes, including instruction, monitoring, assessment and evaluation of their response to treatment modalities, in their place of residence.

Date: 01/17/2015

Responsibility: Case Manager, Nurse Clinician, Nurse Executive, Clinical Supervisors, PI Committee

Priority Focus Area	Performance Measures/Outcomes	Related Functions	Benchmark Goal	Data Collection (Methodology)	Integration and Collaboration
Assessment and Care/Service (continued)	<ul style="list-style-type: none"> - Patient/caregiver/significant other education needs and level of understanding are assessed and documented at each skilled visit - Education materials appropriate to the level of understanding and language are provided and reviewed with the patient/caregiver/significant other 	<p>Ethics, Rights and Responsibilities</p> <p>Provision of Care, Treatment and Service</p> <p>Leadership</p>	90%	<p>Data will be collected from the office patient record on a weekly basis by a member of the PI Department/Committee/Case Manager/Clinical Supervisor.</p> <p>Data will be collected by direct observation and by review of the home chart during supervisory visits to the patient's place of residence by the Clinical Supervisor on a monthly basis.</p> <p>Data will be aggregated, reviewed and reported monthly to the Director of Professional Staff/Management/PI Committee.</p>	All Clinical Staff (SN) and Managers

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PERFORMANCE IMPROVEMENT MONITORING AND EVALUATION PLAN

Department: Home Healthcare

Scope: Provide skilled services to patients requiring care and treatment of their disease processes, including instruction, monitoring, assessment and evaluation of their response to treatment modalities, in their place of residence.

Date: 01/17/2015

Responsibility: Case Manager, Nurse Clinician, Nurse Executive, Clinical Supervisors, PI Committee

Priority Focus Area	Performance Measures/Outcomes	Related Functions	Benchmark Goal	Data Collection (Methodology)	Integration and Collaboration
<p>Patient Safety</p> <ul style="list-style-type: none"> - Basic home safety assessment is conducted and documented at the time of the initial visit - Fall assessment is conducted and documented on every patient during each skilled visit - Documented patient/caregiver/ significant other level of understanding of fall prevention precautions 	<ul style="list-style-type: none"> Environmental Safety and Equipment Management Management of Information Medication Management Provision of Care, Treatment and Service 	100%	<p>Data will be collected from the in-office patient record and direct observation by the Risk Manager/ Clinical Supervisor on a monthly basis. Data will be aggregated, reviewed and reported to the Administrator/Director of Patient Care Services/Management Committee on a monthly basis and to the Administrator and Professional Advisory Committee on a quarterly basis and summarized annually.</p>	<p>Clinical Personnel (Employee and Contract SN) and Managers</p> <p>Risk Management</p>	

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PERFORMANCE IMPROVEMENT MONITORING AND EVALUATION PLAN

Department: Home Healthcare

Scope: Provide skilled services to patients requiring care and treatment of their disease processes, including instruction, monitoring, assessment and evaluation of their response to treatment modalities, in their place of residence.

Date: 01/17/2015

Responsibility: Case Manager, Nurse Clinician, Nurse Executive, Clinical Supervisors, PI Committee

Priority Focus Area	Performance Measures/Outcomes	Related Functions	Benchmark Goal	Data Collection (Methodology)	Integration and Collaboration
<p>Patient Safety (continued)</p> <ul style="list-style-type: none"> - Patients are identified using two (2) identifiers before all procedures, medications and treatments - On admission the patient's name, spelling and number is visually confirmed with information on the health insurance card 	<ul style="list-style-type: none"> - Management of Information - Provision of Care, Treatment and Service 	<p>100%</p>	<p>Data will be collected from the office patient chart on a weekly basis by a PI member designee. Data will be aggregated, reviewed and reported on a monthly basis to the organization's PI and Management Committee.</p>	<p>All Clinical Personnel, i.e., SN, (employees and contractors) and Managers</p> <p>Risk Management</p> <p>Billing Department</p>	
<ul style="list-style-type: none"> - Upon arrival at the patient's place of residence, staff members address the patient by his/her first and last names - During admission and all subsequent visits each staff member confirms with the patient and documents the correct site(s) for treatment, i.e., wounds, IV/phlebotomy sites, mastectomy sites, shunts, treatment of any extremity 	<p>As above</p>	<p>As above</p>	<p>Data will be collected by direct observation by the Case Manager/Clinical Supervisor on a quarterly basis, and aggregated and reported monthly to the Administrator/Director of Patient Care Services.</p>	<p>As above</p>	

PERFORMANCE IMPROVEMENT MONITORING AND EVALUATION PLAN

Department: Home Healthcare

Scope: Provide skilled services to patients requiring care and treatment of their disease processes, including instruction, monitoring, assessment and evaluation of their response to treatment modalities, in their place of residence.

Date: 01/17/2015

Responsibility: Case Manager, Nurse Clinician, Nurse Executive, Clinical Supervisors, PI Committee

Priority Focus Area	Performance Measures/Outcomes	Related Functions	Benchmark Goal	Data Collection (Methodology)	Integration and Collaboration
Communication	<ul style="list-style-type: none"> - All verbal/telephone orders and critical test results are read back for verification by the person taking the order; verification is documented - All home care staff and physicians use only the Agency approved list of abbreviations, acronyms and symbols when documenting 	<p>Leadership Management of Information Provision of Care, Treatment and Service</p>	100%	Weekly review of in office patient records by a PI designee/Case Manager/Clinical Supervisor. Data will be aggregated, reviewed and reported on a monthly basis to the organization's PI Committee, Director of Patient Care Services/Management Committee. Aggregate reports will be submitted to the Administrator and Professional Advisory Committee on a quarterly basis and summarized annually.	<p>All Clinical Staff (Employees and Contract) and Managers Risk Management Referring Physician</p>
	<ul style="list-style-type: none"> - Plans of treatment and verbal/telephone orders are reduced to writing and submitted to the physician within five (5) days of the start of care/receipt of the verbal/telephone order - Plans of treatment and verbal/telephone orders are returned to the office within thirty (30) days of the start of care date/receipt of the verbal/telephone order and contain the ordering physician's original signature 	<p>Leadership Management of Information Provision of Care, Treatment and Service</p>	100%	Data is collected from all in-office patient records by the Medical Records staff on a weekly basis and submitted to the Director of Patient Care Services/Management PI Committee on a monthly basis. Data will be aggregated, reviewed and reported to the Administrator and Professional Advisory Committee on a quarterly basis and summarized annually.	<p>Medical Records Department Data Entry Department Billing Department All Clinical Staff (Employees and Contract) and Managers Risk Management</p>

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PERFORMANCE IMPROVEMENT MONITORING AND EVALUATION PLAN

Department: Home Healthcare

Scope: Provide skilled services to patients requiring care and treatment of their disease processes, including instruction, monitoring, assessment and evaluation of their response to treatment modalities, in their place of residence.

Date: 01/17/2015

Responsibility: Case Manager, Nurse Clinician, Nurse Executive, Clinical Supervisors, PI Committee

Priority Focus Area	Performance Measures/Outcomes	Related Functions	Benchmark Goal	Data Collection (Methodology)	Integration and Collaboration
Infection Control	<ul style="list-style-type: none"> - CDC hand hygiene guidelines will be adhered to by all staff - All clinical staff will have alcohol-based hand-washing solution available during each patient visit - Personal protective equipment will be used appropriately by all staff - Standard Precautions will be adhered to by all home care staff 	<p>Leadership Provision of Care, Treatment and Service</p> <p>Surveillance, Prevention and Control of Infection</p>	100%	Data will be collected from patient and staff infection reports and unusual occurrence reports by the Risk Manager, and from direct observation during patient visits by the Case Manager/Clinical Supervisor on a monthly basis. Data will be aggregated, reviewed and reported to the Management Committee on a quarterly basis.	All Clinical Staff (Employee and Contract) and Managers Risk Management Referring Physician
Management of Information	<ul style="list-style-type: none"> - Personal health information is protected during home visits - Home chart information is returned to the Agency office upon patient discharge and destroyed appropriately - Every entry into the patient record is dated and signed with the staff member's full name and professional designation - Computers are turned off when not in use 	<p>Ethics, Rights and Responsibilities</p> <p>Leadership</p> <p>Management of Information</p> <p>Provision of Care, Treatment and Service</p>	100%	Data is collected by direct observation during home visits on a monthly basis and from in office patient records on an ongoing basis by the Case Manager/Clinical Supervisor. Data will be aggregated, reviewed and reported to the Director of Patient Care Services/Management/PI Committee on a monthly basis.	All Clinical Staff (Employee and Contract) and Managers

PERFORMANCE IMPROVEMENT MONITORING AND EVALUATION PLAN

Department: Home Healthcare

Scope: Provide skilled services to patients requiring care and treatment of their disease processes, including instruction, monitoring, assessment and evaluation of their response to treatment modalities, in their place of residence.

Date: 01/17/2015

Responsibility: Case Manager, Nurse Clinician, Nurse Executive, Clinical Supervisors, PI Committee

Priority Focus Area	Performance Measures/Outcomes	Related Functions	Benchmark Goal	Data Collection (Methodology)	Integration and Collaboration
Orientation and Training	<ul style="list-style-type: none"> - All home care staff complete a structured orientation program prior to providing care, treatment and/or services - Competency evaluations are completed for all home care staff at time of hire, within 90 days of hire and annually - Staff training is provided and competency assessed whenever job responsibilities/duties change 	Leadership Management of Human Resources	100%	Data will be collected from personnel records on an ongoing basis by a member of the Human Resources Department. Data will be aggregated, reviewed and reported to the Director of Patient Care Services/Management Committee on a monthly basis.	Human Resources Clinical Staff and Managers Contractors
	<ul style="list-style-type: none"> - Annual education plan includes at least the following topics: <ul style="list-style-type: none"> • Fire Safety • Infection Control Measures • Ethics • Performance improvement • Body Mechanics and Transfer Safety • Basic Home Safety Measures • Patient Safety 	Environmental Safety and Equipment Management Leadership Management of Human Resources Provision of Care, Treatment and Service	90%	Data will be collected from Personnel/Education Records by a member of the PI Department/Committee every six (6) months. Data will be aggregated, reviewed and reported to the Director of Patient Care Services/Management Committee biannually.	All Clinical Staff (Employees and Contract) and Managers Contractors

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PERFORMANCE IMPROVEMENT TRENDING SHEET

Department/Committee: Minerva Home Healthcare

Date: 01/01/2015

*PFA = Priority Focus Area

Performance Measures/Outcomes	Interdepartmental Collaboration	Benchmark Goal	Function	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
PFA: Assessment and Care/Service <u>Management of Patient with MS.</u>	Nursing Staff (Employee and Contract) and Nursing Mgrs. Referring Physician		IM, PC	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
- Assessment of physical, cognitive, sensory, and bowel and bladder function as evidenced by documentation on each nursing visit	As above		As above	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
- Assessment of response to medications by documented monitoring and managing MS patients for medication-related side effects and communication with physician	As above		As above	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
- Adequate education and counseling patients on medication benefits and adverse effects.	As above		As above	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
- Documented patient/caregiver/significant other understanding of MS teaching (signs/symptoms to report)	As above		As above	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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PERFORMANCE IMPROVEMENT TRENDING SHEET

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Date: 01/01/2015

*PFA = Priority Focus Area

Performance Measures/Outcomes	Interdepartmental Collaboration	Benchmark Goal	Function	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
PFA: Assessment and Care/Service (continued) <u>Management of Patient with MS (continued)</u> <ul style="list-style-type: none"> Discharge instructions provided to patient/caregiver/significant other address all of the following: 	Nursing Staff (Employee and Contract) and Nursing Mgrs. Referring Physician		IM, PC	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
<ul style="list-style-type: none"> Impaired mobility 				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
<ul style="list-style-type: none"> Visual and hearing impairment 				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
<ul style="list-style-type: none"> Medications 				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
<ul style="list-style-type: none"> Dysphagia 				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
<ul style="list-style-type: none"> Cognitive dysfunction 				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
<ul style="list-style-type: none"> Signs and symptoms to report 				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
<ul style="list-style-type: none"> Sexual dysfunctions and reproductive issues 				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
<ul style="list-style-type: none"> Mood Dysfunction 				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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Performance Measures/Outcomes	Interdepartmental Collaboration	Benchmark Goal	Function	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<ul style="list-style-type: none"> Sensory symptoms, Fatigue Follow-up appointments 				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
<p>PFA: Assessment and Care/Service (continued)</p> <p><u>Pain Management:</u></p>	Clinical Staff (SN) and Managers Referring Physician Risk Management		IM, MM, PC, RI	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
<ul style="list-style-type: none"> All patients are assessed for the presence of pain on admission to the organization according to an objective pain scale 	As above		As above	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
<ul style="list-style-type: none"> All patients with diagnoses that have the potential for causing pain will have their pain level assessed and documented according to an objective pain scale during each skilled visit 	As above		As above	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
<ul style="list-style-type: none"> Effectiveness of pain medication, if used by the patient, will be assessed and documented during each skilled visit 	As above		As above	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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Performance Measures/Outcomes	Interdepartmental Collaboration	Benchmark Goal	Function	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
- Effectiveness of pain management techniques will be assessed and documented during each skilled visit	As above		As above	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
PFA: Assessment and Care/Service (continued) <u>Pain Management (continued)</u>			IM, MM, PC, RI	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
- Documented communication with patient's physician and other team members providing care/service when change in patient's pain level/response to medications/other pain management techniques	Clinical Staff (SN) and Managers Referring Physician Risk Management			100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
<u>Management of Patients with Open Wounds</u>	Nursing Staff (Employees and Contract) and Nursing Mgmt. Referring Physician		IC, IM, MM, PC	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
- Open wounds are assessed and measured during admission and weekly subsequent skilled nursing visits	As above		As above	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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Performance Measures/Outcomes	Interdepartmental Collaboration	Benchmark Goal	Function	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
- Open wounds are documented on with each skilled nursing visits	As above		As above	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
- Wound care management coincides with physician orders	As above		As above	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
PFA: Assessment and Care/Service (continued) Management of Patients with <u>Open Wounds (continued)</u>	Nursing Staff (Employees and Contract) and Nursing Mgmt. Referring Physician		IC, IM, MM, PC	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
- Aseptic/clean technique/ Standard Precautions followed during wound care procedure	As above		As above	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
- Documented patient/caregiver/significant understanding of wound care management	As above		As above	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
PFA: Assessment and Care/Service (continued) - Patient/caregiver/significant other education needs and level of understanding are assessed and documented at each skilled visit	All Clinical Staff (SN) and Managers		LD, PC, RI	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

PERFORMANCE IMPROVEMENT TRENDING SHEET

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Performance Measures/Outcomes	Interdepartmental Collaboration	Benchmark Goal	Function	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
- Education materials appropriate to the level of understanding and language are provided and reviewed with the patient/caregiver/significant other	As above		As above	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
PFA: - Basic home safety assessment is conducted and documented at the time of the initial visit	Clinical Personnel (Employee and Contract SN) and Managers Risk Management		EC, IM, MM, PC	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
- Fall assessment is conducted and documented on every patient during each skilled visit	As above		As above	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
- Documented patient/caregiver/significant other level of understanding of fall prevention precautions	As above		As above	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
- Patients are identified before all procedures, medications and treatments	All Clinical Personnel, i.e., SN (employees and contractors) and Managers Risk Management Billing Department		IM, PC	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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Date: 01/01/2015

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Performance Measures/Outcomes	Interdepartmental Collaboration	Benchmark Goal	Function	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
- On admission the patient's name, spelling and home address or SS number is visually confirmed with information on hand or by the health insurance card	As above		As above	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
PFA: Patient Safety (continued) - Upon arrival at the patient's place of residence, staff members address the patient by his/her first and last names	All Clinical Personnel, i.e., SN (employees and contractors) and Managers Risk Management Billing Department		IM, PC	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
- During admission and all subsequent visits each staff member confirms with the patient and documents the correct site(s) for treatment, i.e., wounds, IV/phlebotomy sites, mastectomy sites, shunts, treatment of any extremity	As above		As above	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
PFA: Communication - All verbal/telephone orders and critical test results are read back for verification by the person taking the order; verification is documented	All Clinical Staff (Employees and Contract) and Managers Risk Management Referring Physician		LD, IM, PC	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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Performance Measures/Outcomes	Interdepartmental Collaboration	Benchmark Goal	Function	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
- All home care staff and physicians use only the Agency approved list of abbreviations, acronyms and symbols when documenting	As above		As above	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
PFA: Communication (continued) - Plans of treatment and verbal/telephone orders are reduced to writing and submitted to the physician within five (5) days of the start of care/receipt of the verbal/telephone order	Medical Records Department Data Entry Department Billing Department All Clinical Staff (Employees and Contract) and Managers Risk Management		IM, LD, PC	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
- Plans of treatment and verbal/telephone orders are returned to the office within thirty (30) days of the start of care date/receipt of the verbal/telephone order and contain the ordering physician's original signature	As above		As above	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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Department/Committee: Minerva Home Healthcare

Date: 01/01/2015

*PFA = Priority Focus Area

Performance Measures/Outcomes	Interdepartmental Collaboration	Benchmark Goal	Function	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
PFA: Infection Control - CDC hand hygiene guidelines will be adhered to by all staff	All Clinical Staff (Employee and Contract) and Managers Risk Management Referring Physician		IC, LD, PC	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
- All clinical staff will have alcohol-based handwashing solution and antimicrobial soap available during each patient visit	As above		As above	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
- Personal protective equipment will be used appropriately by all staff	As above		As above	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
- Standard Precautions will be adhered to by all home care staff	As above		As above	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

PERFORMANCE IMPROVEMENT TRENDING SHEET

Department/Committee: Minerva Home Healthcare

Date: 01/01/2015

*PFA = Priority Focus Area

Performance Measures/Outcomes	Interdepartmental Collaboration	Benchmark Goal	Function	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
PFA: Management of Information - Personal health information is protected during home visits - Home chart information is returned to the Agency office upon patient discharge and destroyed appropriately	All Clinical Staff (Employees and Contract) and Managers		IM, LD, PC, RI	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
- Every entry into the patient record is dated and signed with the staff member's full name and professional designation				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
- Computers are turned off when not in use				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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*PFA = Priority Focus Area

Performance Measures/Outcomes	Interdepartmental Collaboration	Benchmark Goal	Function	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
PFA: Orientation and Training - All home care staff complete a structured orientation program prior to providing care, treatment and/or services	Human Resources Clinical Staff and Managers Contractors		HR, LD	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
- Competency evaluations are completed for all home care staff at time of hire, within 90 days of hire and annually	As above		As above	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
- Staff training is provided and competency assessed whenever job responsibilities/ duties change	As above		As above	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
- Annual education plan includes at least the following topics:	All Clinical Staff (Employees and Contract) and Managers Contractors		EC, HR, LD, PC	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
• Fire Safety				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
• Infection Control Measures				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

PERFORMANCE IMPROVEMENT TRENDING SHEET

Department/Committee: Minerva Home Healthcare **Date:** 01/01/2015

*PFA = Priority Focus Area

Performance Measures/Outcomes	Interdepartmental Collaboration	Benchmark Goal	Function	Date													
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		
• Ethics				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
• Performance improvement				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
• Body Mechanics and Transfer Safety				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
• Basic Home Safety Measures				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
• Patient Safety				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Agency Representative Name

Signature

- HR- Human Resource
- LD- Leadership
- EC- Environmental Safety & Equipment Management
- PC- Provision of Care
- IM- Information Management
- MM- Medication Management
- RI- Ethics, Rights & Responsibilities

Reference #5009 Home Healthcare

(Signature)

PERFORMANCE IMPROVEMENT TRENDING SHEET

Department/Committee:

*PFA = Priority Focus Area
IC- Infection Control

Minerva Home Healthcare

Date: 01/01/2015

PERFORMANCE IMPROVEMENT MONITORING AND EVALUATION PLAN

Department: Home Healthcare

Scope: Provide skilled services to patients requiring care and treatment of their disease processes, including instruction, monitoring, assessment and evaluation of their response to treatment modalities, in their place of residence.

Date: 01/11/2016

Responsibility: Case Manager, Nurse Clinician, Nurse Executive, Clinical Supervisors, PI Committee

Priority Focus Area	Performance Measures/Outcomes	Related Functions	Benchmark Goal	Data Collection (Methodology)	Integration and Collaboration
Assessment and Care/Service	<p><u>Management of Patient with MS:</u></p> <ul style="list-style-type: none"> - Assessment of physical, cognitive, sensory, and bowel and bladder function as evidenced by documentation on each nursing visit - Assessment of response to medications by documented monitoring and managing MS patients for medication-related side effects and communication with physician - Adequate education and counseling patients on medication benefits and adverse effects. 	<p>Management of Information</p> <p>Provision of Care, Treatment and Service</p>	90%	Data will be collected from the office patient record on a monthly basis by a member of the PI Department/ Committee/Case Manager/Clinical Supervisor. Data will be aggregated, reviewed and reported on a quarterly basis to the organization's PI Committee, the Nurse Administrator/ Director of Patient Care Services/ Management Committee. Aggregate reports will be submitted to the Administrator and Professional Advisory Committee on a quarterly basis and summarized annually.	<p>Nursing Staff (Employee and Contract) and Nursing Managers</p> <p>Referring Physician</p>

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PERFORMANCE IMPROVEMENT MONITORING AND EVALUATION PLAN

Department: Home Healthcare

Scope: Provide skilled services to patients requiring care and treatment of their disease processes, including instruction, monitoring, assessment and evaluation of their response to treatment modalities, in their place of residence.

Date: 01/11/2016

Responsibility: Case Manager, Nurse Clinician, Nurse Executive, Clinical Supervisors, PI Committee

Priority Focus Area	Performance Measures/Outcomes	Related Functions	Benchmark Goal	Data Collection (Methodology)	Integration and Collaboration
Assessment and Care/Service (continued)	<p><u>Management of Patient with MS (continued):</u></p> <ul style="list-style-type: none"> - Documented patient/caregiver/significant other understanding of MS teaching (signs/symptoms to report) - Discharge instructions provided to patient/caregiver/significant other address all of the following: <ul style="list-style-type: none"> • Impaired mobility • Visual and hearing impairment • Medications • Dysphagia • Cognitive dysfunction • Signs and symptoms to report • Sexual dysfunctions and reproductive issues • Mood Dysfunction • Sensory symptoms, Fatigue • Follow-up appointments 	<p>Management of Information</p> <p>Provision of Care, Treatment and Service</p>	90%	Data will be collected from the office patient record on a monthly basis by a member of the PI Department/Committee/Case Manager/Clinical Supervisor. Data will be aggregated, reviewed and reported on a quarterly basis to the organization's PI Committee, the Nurse Administrator/Director of Patient Care Services/Management Committee. Aggregate reports will be submitted to the Administrator and Professional Advisory Committee on a quarterly basis and summarized annually.	<p>Nursing Staff (Employee and Contract) and Nursing Managers</p> <p>Referring Physician</p>

PERFORMANCE IMPROVEMENT MONITORING AND EVALUATION PLAN

Department: Home Healthcare

Scope: Provide skilled services to patients requiring care and treatment of their disease processes, including instruction, monitoring, assessment and evaluation of their response to treatment modalities, in their place of residence.

Date: 01/11/2016

Responsibility: Case Manager, Nurse Clinician, Nurse Executive, Clinical Supervisors, PI Committee

Priority Focus Area	Performance Measures/Outcomes	Related Functions	Benchmark Goal	Data Collection (Methodology)	Integration and Collaboration
Assessment and Care/Service (continued)	<p><u>Pain Management:</u></p> <ul style="list-style-type: none"> - All patients are assessed for the presence of pain on admission to the organization according to an objective pain scale - All patients with diagnoses that have the potential for causing pain will have their pain level assessed and documented according to an objective pain scale during each skilled visit - Effectiveness of pain medication, if used by the patient, will be assessed and documented during each skilled visit - Effectiveness of pain management techniques will be assessed and documented during each skilled visit - Documented communication with patient's physician and other team members providing care/service when change in patient's pain level/response to medications/other pain management techniques 	<p>Ethics, Rights and Responsibilities</p> <p>Provision of Care, Treatment and Service</p> <p>Medication Management</p> <p>Management of Information</p>	100%	Data will be collected from the office patient record within five (5) days of the Start of Care visit by the Case Manager/Clinical Supervisor and on a weekly basis thereafter while the patient remains on service by a member of the PI Department/Committee/Case Manager/Clinical Supervisor. Data will be aggregated, reviewed and reported on a monthly basis to the organization's PI Committee, Nurse Administrator/ Director of Patient Care Services/ Management Committee. Aggregate reports will be submitted to the Administrator and Professional Advisory Committee on a quarterly basis and summarized annually.	<p>Clinical Staff (SN) and Managers</p> <p>Referring Physician</p> <p>Risk Management</p>

PERFORMANCE IMPROVEMENT MONITORING AND EVALUATION PLAN

Department: Home Healthcare Scope: Provide skilled services to patients requiring care and treatment of their disease processes, including instruction, monitoring, assessment and evaluation of their response to treatment modalities, in their place of residence.

Date: 01/11/2016 Responsibility: Case Manager, Nurse Clinician, Nurse Executive, Clinical Supervisors, PI Committee

Priority Focus Area	Performance Measures/Outcomes	Related Functions	Benchmark Goal	Data Collection (Methodology)	Integration and Collaboration
Assessment and Care/Service (continued)	<p><u>Management of Patients with Open Wounds</u></p> <ul style="list-style-type: none"> - Open wounds are assessed and measured during admission and each subsequent skilled nursing visit - Open wounds are photographed one time weekly - Wound care management coincides with physician orders - Aseptic/clean technique/ Standard Precautions followed during wound care procedure - Documented patient/caregiver/ significant understanding of wound care management 	<p>Provision of Care, Treatment and Service</p> <p>Management of Information</p> <p>Medication Management</p> <p>Surveillance, Prevention and Control of Infection</p>	100%	Data will be collected from in-office patient charts upon receipt of Start of Care information and weekly thereafter and from direct observation during supervisory visits by the Case Manager/Clinical Supervisor. Data will be reviewed and reported to the Director of Patient Care Services/ Management/PI Committee on a monthly basis. Quarterly reports and annual summaries of the aggregated data will be submitted to the Administrator and Professional Advisory Committee.	<p>Nursing Staff (Employees and Contract) and Nursing Management</p> <p>Medical Director</p> <p>Referring Physician</p>

PERFORMANCE IMPROVEMENT MONITORING AND EVALUATION PLAN

Department: Home Healthcare

Scope: Provide skilled services to patients requiring care and treatment of their disease processes, including instruction, monitoring, assessment and evaluation of their response to treatment modalities, in their place of residence.

Date: 01/11/2016

Responsibility: Case Manager, Nurse Clinician, Nurse Executive, Clinical Supervisors, PI Committee

Priority Focus Area	Performance Measures/Outcomes	Related Functions	Benchmark Goal	Data Collection (Methodology)	Integration and Collaboration
Assessment and Care/Service (continued)	<ul style="list-style-type: none"> - Patient/caregiver/significant other education needs and level of understanding are assessed and documented at each skilled visit - Education materials appropriate to the level of understanding and language are provided and reviewed with the patient/caregiver/significant other 	<p>Ethics, Rights and Responsibilities</p> <p>Provision of Care, Treatment and Service</p> <p>Leadership</p>	90%	<p>Data will be collected from the office patient record on a weekly basis by a member of the PI Department/Committee/Case Manager/Clinical Supervisor.</p> <p>Data will be collected by direct observation and by review of the home chart during supervisory visits to the patient's place of residence by the Clinical Supervisor on a monthly basis.</p> <p>Data will be aggregated, reviewed and reported monthly to the Director of Professional Staff/Management/PI Committee.</p>	All Clinical Staff (SN) and Managers

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PERFORMANCE IMPROVEMENT MONITORING AND EVALUATION PLAN

Department: Home Healthcare Scope: Provide skilled services to patients requiring care and treatment of their disease processes, including instruction, monitoring, assessment and evaluation of their response to treatment modalities, in their place of residence.

Date: 01/11/2016 Responsibility: Case Manager, Nurse Clinician, Nurse Executive, Clinical Supervisors, PI Committee

Priority Focus Area	Performance Measures/Outcomes	Related Functions	Benchmark Goal	Data Collection (Methodology)	Integration and Collaboration
Patient Safety	<ul style="list-style-type: none"> - Basic home safety assessment is conducted and documented at the time of the initial visit - Fall assessment is conducted and documented on every patient during each skilled visit. - Documented patient/caregiver/ significant other level of understanding of fall prevention precautions 	<p>Environmental Safety and Equipment Management</p> <p>Management of Information</p> <p>Medication Management</p> <p>Provision of Care, Treatment and Service</p>	100%	Data will be collected from the in-office patient record and direct observation by the Risk Manager/ Clinical Supervisor on a monthly basis. Data will be aggregated, reviewed and reported to the Administrator/Director of Patient Care Services/Management Committee on a monthly basis and to the Administrator and Professional Advisory Committee on a quarterly basis and summarized annually.	<p>Clinical Personnel (Employee and Contract SN) and Managers</p> <p>Risk Management</p>

PERFORMANCE IMPROVEMENT MONITORING AND EVALUATION PLAN

Department: Home Healthcare

Scope: Provide skilled services to patients requiring care and treatment of their disease processes, including instruction, monitoring, assessment and evaluation of their response to treatment modalities, in their place of residence.

Date: 01/11/2016

Responsibility: Case Manager, Nurse Clinician, Nurse Executive, Clinical Supervisors, PI Committee

Priority Focus Area	Performance Measures/Outcomes	Related Functions	Benchmark Goal	Data Collection (Methodology)	Integration and Collaboration
Patient Safety (continued)	<ul style="list-style-type: none"> - Patients are identified using two (2) identifiers before all procedures, medications and treatments - On admission the patient's name, spelling and number is visually confirmed with information on the health insurance card 	<p>Management of Information</p> <p>Provision of Care, Treatment and Service</p>	100%	Data will be collected from the office patient chart on a weekly basis by a PI member designee. Data will be aggregated, reviewed and reported on a monthly basis to the organization's PI and Management Committee.	<p>All Clinical Personnel, i.e., SN, (employees and contractors) and Managers</p> <p>Risk Management</p> <p>Billing Department</p>
	<ul style="list-style-type: none"> - Upon arrival at the patient's place of residence, staff members address the patient by his/her first and last names - During admission and all subsequent visits each staff member confirms with the patient and documents the correct site(s) for treatment, i.e., wounds, IV/phlebotomy sites, mastectomy sites, shunts, treatment of any extremity 	As above	As above	Data will be collected by direct observation by the Case Manager/ Clinical Supervisor on a quarterly basis, and aggregated and reported monthly to the Administrator/Director of Patient Care Services.	As above

PERFORMANCE IMPROVEMENT MONITORING AND EVALUATION PLAN

Department: Home Healthcare Scope: Provide skilled services to patients requiring care and treatment of their disease processes, including instruction, monitoring, assessment and evaluation of their response to treatment modalities, in their place of residence.

Date: 01/11/2016 Responsibility: Case Manager, Nurse Clinician, Nurse Executive, Clinical Supervisors, PI Committee

Priority Focus Area	Performance Measures/Outcomes	Related Functions	Benchmark Goal	Data Collection (Methodology)	Integration and Collaboration
Communication	<ul style="list-style-type: none"> - All verbal/telephone orders and critical test results are read back for verification by the person taking the order; verification is documented - All home care staff and physicians use only the Agency approved list of abbreviations, acronyms and symbols when documenting 	<p>Leadership Management of Information Provision of Care, Treatment and Service</p>	100%	Weekly review of in office patient records by a PI designee/Case Manager/Clinical Supervisor. Data will be aggregated, reviewed and reported on a monthly basis to the organization's PI Committee. Director of Patient Care Services/Management Committee. Aggregate reports will be submitted to the Administrator and Professional Advisory Committee on a quarterly basis and summarized annually.	<p>All Clinical Staff (Employees and Contract) and Managers Risk Management Referring Physician</p>
	<ul style="list-style-type: none"> - Plans of treatment and verbal/telephone orders are reduced to writing and submitted to the physician within five (5) days of the start of care/receipt of the verbal/telephone order - Plans of treatment and verbal/telephone orders are returned to the office within thirty (30) days of the start of care date/receipt of the verbal/telephone order and contain the ordering physician's original signature 	<p>Leadership Management of Information Provision of Care, Treatment and Service</p>	100%	Data is collected from all in-office patient records by the Medical Records staff on a weekly basis and submitted to the Director of Patient Care Services/Management/PI Committee on a monthly basis. Data will be aggregated, reviewed and reported to the Administrator and Professional Advisory Committee on a quarterly basis and summarized annually.	<p>Medical Records Department Data Entry Department Billing Department All Clinical Staff (Employees and Contract) and Managers Risk Management</p>

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PERFORMANCE IMPROVEMENT MONITORING AND EVALUATION PLAN

Department: Home Healthcare

Scope: Provide skilled services to patients requiring care and treatment of their disease processes, including instruction, monitoring, assessment and evaluation of their response to treatment modalities, in their place of residence.

Date: 01/11/2016

Responsibility: Case Manager, Nurse Clinician, Nurse Executive, Clinical Supervisors, PI Committee

Priority Focus Area	Performance Measures/Outcomes	Related Functions	Benchmark Goal	Data Collection (Methodology)	Integration and Collaboration
Infection Control	<ul style="list-style-type: none"> - CDC hand hygiene guidelines will be adhered to by all staff - All clinical staff will have alcohol-based hand-washing solution available during each patient visit - Personal protective equipment will be used appropriately by all staff - Standard Precautions will be adhered to by all home care staff 	<p>Leadership Provision of Care, Treatment and Service Surveillance, Prevention and Control of Infection</p>	100%	Data will be collected from patient and staff infection reports and unusual occurrence reports by the Risk Manager, and from direct observation during patient visits by the Case Manager/Clinical Supervisor on a monthly basis. Data will be aggregated, reviewed and reported to the Management Committee on a quarterly basis.	All Clinical Staff (Employee and Contract) and Managers Risk Management Referring Physician
Management of Information	<ul style="list-style-type: none"> - Personal health information is protected during home visits - Home chart information is returned to the Agency office upon patient discharge and destroyed appropriately - Every entry into the patient record is dated and signed with the staff member's full name and professional designation - Computers are turned off when not in use 	<p>Ethics, Rights and Responsibilities Leadership Management of Information Provision of Care, Treatment and Service</p>	100%	Data is collected by direct observation during home visits on a monthly basis and from in office patient records on an ongoing basis by the Case Manager/Clinical Supervisor. Data will be aggregated, reviewed and reported to the Director of Patient Care Services/Management/PI Committee on a monthly basis.	All Clinical Staff (Employee and Contract) and Managers

PERFORMANCE IMPROVEMENT MONITORING AND EVALUATION PLAN

Department: Home Healthcare

Scope: Provide skilled services to patients requiring care and treatment of their disease processes, including instruction; monitoring, assessment and evaluation of their response to treatment modalities, in their place of residence.

Date: 01/11/2016

Responsibility: Case Manager, Nurse Clinician, Nurse Executive, Clinical Supervisors, PI Committee

Priority Focus Area	Performance Measures/Outcomes	Related Functions	Benchmark Goal	Data Collection (Methodology)	Integration and Collaboration
Orientation and Training	<ul style="list-style-type: none"> - All home care staff complete a structured orientation program prior to providing care, treatment and/or services - Competency evaluations are completed for all home care staff at time of hire, within 90 days of hire and annually - Staff training is provided and competency assessed whenever job responsibilities/duties change 	Leadership Management of Human Resources	100%	Data will be collected from personnel records on an ongoing basis by a member of the Human Resources Department. Data will be aggregated, reviewed and reported to the Director of Patient Care Services/Management Committee on a monthly basis.	Human Resources Clinical Staff and Managers Contractors
	<ul style="list-style-type: none"> - Annual education plan includes at least the following topics: <ul style="list-style-type: none"> • Fire Safety • Infection Control Measures • Ethics • Performance improvement • Body Mechanics and Transfer Safety • Basic Home Safety Measures • Patient Safety 	Environmental Safety and Equipment Management Leadership Management of Human Resources Provision of Care, Treatment and Service	90%	Data will be collected from Personnel/Education Records by a member of the PI Department/Committee every six (6) months. Data will be aggregated, reviewed and reported to the Director of Patient Care Services/Management Committee biannually.	All Clinical Staff (Employees and Contract) and Managers Contractors

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PERFORMANCE IMPROVEMENT TRENDING SHEET

Department/Committee: Minerva Home Healthcare

Date: 01/06/2016

*PFA = Priority Focus Area

Performance Measures/Outcomes	Interdepartmental Collaboration	Benchmark Goal	Function	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
PFA: Assessment and Care/Service Management of Patient with MS:	Nursing Staff (Employee and Contract) and Nursing Mgrs. Referring Physician		IM, PC	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
- Assessment of physical, cognitive, sensory, and bowel and bladder function as evidenced by documentation on each nursing visit	As above		As above	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
- Assessment of response to medications by documented monitoring and managing MS patients for medication-related side effects and communication with physician	As above		As above	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
- Adequate education and counseling patients on medication benefits and adverse effects.	As above		As above	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
- Documented patient/caregiver/significant other understanding of MS teaching (signs/symptoms to report)	As above		As above	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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PERFORMANCE IMPROVEMENT TRENDING SHEET

Department/Committee: Minerva Home Healthcare

*PFA = Priority Focus Area

Date: 01/06/2016

Performance Measures/Outcomes	Interdepartmental Collaboration	Benchmark Goal	Function	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
PFA: Assessment and Care/Service (continued) <u>Management of Patient with MS (continued)</u> - Discharge instructions provided to patient/caregiver/significant other address all of the following:	Nursing Staff (Employee and Contract) and Nursing Mgrs. Referring Physician		IM, PC	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
• Impaired mobility				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
• Visual and hearing impairment				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
• Medications				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
• Dysphagia				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
• Cognitive dysfunction				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
• Signs and symptoms to report				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
• Sexual dysfunctions and reproductive issues				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
• Mood Dysfunction				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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PERFORMANCE IMPROVEMENT TRENDING SHEET

Department/Committee: Minerva Home Healthcare

Date: 01/06/2016

*PFA = Priority Focus Area

Performance Measures/Outcomes	Interdepartmental Collaboration	Benchmark Goal	Function	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
<ul style="list-style-type: none"> Sensory symptoms, Fatigue Follow-up appointments 				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
<p>PFA: Assessment and Care/Service (continued)</p> <p><u>Pain Management:</u></p>	Clinical Staff (SN) and Managers Referring Physician Risk Management		IM, MM, PC, RI	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
- All patients are assessed for the presence of pain on admission to the organization according to an objective pain scale	As above		As above	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
- All patients with diagnoses that have the potential for causing pain will have their pain level assessed and documented according to an objective pain scale during each skilled visit	As above		As above	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
- Effectiveness of pain medication, if used by the patient, will be assessed and documented during each skilled visit	As above		As above	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

PERFORMANCE IMPROVEMENT TRENDING SHEET

Department/Committee: Minerva Home Healthcare

*PFA = Priority Focus Area

Date: 01/06/2016

Performance Measures/Outcomes	Interdepartmental Collaboration	Benchmark Goal	Function	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
- Effectiveness of pain management techniques will be assessed and documented during each skilled visit	As above		As above	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
PFA: <u>Assessment and Care/Service (continued)</u> <u>Pain Management (continued)</u>			IM, MM, PC, RI	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
- Documented communication with patient's physician and other team members providing care/service when change in patient's pain level/response to medications/other pain management techniques	Clinical Staff (SN) and Managers Referring Physician Risk Management			100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
<u>Management of Patients with Open Wounds</u>	Nursing Staff (Employees and Contract) and Nursing Mgmt. Referring Physician		IC, IM, MM, PC	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
- Open wounds are assessed and measured during admission and weekly subsequent skilled nursing visits	As above		As above	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

PERFORMANCE IMPROVEMENT TRENDING SHEET

Department/Committee: Minerva Home Healthcare

Date: 01/06/2016

*PFA = Priority Focus Area

Performance Measures/Outcomes	Interdepartmental Collaboration	Benchmark Goal	Function	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
- Open wounds are documented on with each skilled nursing visits	As above		As above	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
- Wound care management coincides with physician orders	As above		As above	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
PFA: Assessment and Care/Service (continued) Management of Patients with Open Wounds (continued)	Nursing Staff (Employees and Contract) and Nursing Mgmt. Referring Physician		IC, IM, MM, PC	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
- Aseptic/clean technique/Standard Precautions followed during wound care procedure	As above		As above	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
- Documented patient/caregiver/significant understanding of wound care management	As above		As above	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
PFA: Assessment and Care/Service (continued) - Patient/caregiver/significant other education needs and level of understanding are assessed and documented at each skilled visit	All Clinical Staff (SN) and Managers		LD, PC, RI	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

PERFORMANCE IMPROVEMENT TRENDING SHEET

Department/Committee: Minerva Home Healthcare

Date: 01/06/2016

*PFA = Priority Focus Area

Performance Measures/Outcomes	Interdepartmental Collaboration	Benchmark Goal	Function	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
- Education materials appropriate to the level of understanding and language are provided and reviewed with the patient/caregiver/significant other	As above		As above	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
PFA: - Patient Safety Basic home safety assessment is conducted and documented at the time of the initial visit	Clinical Personnel (Employee and Contract SN) and Managers Risk Management		EC, IM, MM, PC	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
- Fall assessment is conducted and documented on every patient during each skilled visit	As above		As above	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
- Documented patient/caregiver/significant other level of understanding of fall prevention precautions	As above		As above	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
- Patients are identified using two (2) identifiers before all procedures, medications and treatments	All Clinical Personnel, i.e., SN (employees and contractors) and Managers Risk Management Billing Department		IM, PC	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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PERFORMANCE IMPROVEMENT TRENDING SHEET

Department/Committee: Minerva Home Healthcare

Date: 01/06/2016

*PFA = Priority Focus Area

Performance Measures/Outcomes	Interdepartmental Collaboration	Benchmark Goal	Function	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
- On admission the patient's name, spelling and home address or SS number is visually confirmed with information on hand or by the health insurance card	As above		As above	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
PFA: Patient Safety (continued) - Upon arrival at the patient's place of residence, staff members address the patient by his/her first and last names	All Clinical Personnel, i.e., SN (employees and contractors) and Managers Risk Management Billing Department		IM, PC	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
- During admission and all subsequent visits each staff member confirms with the patient and documents the correct site(s) for treatment, i.e., wounds, IV/phlebotomy sites, mastectomy sites, shunts, treatment of any extremity	As above		As above	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
PFA: Communication - All verbal/telephone orders and critical test results are read back for verification by the person taking the order; verification is documented	All Clinical Staff (Employees and Contract) and Managers Risk Management Referring Physician		LD, IM, PC	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

PERFORMANCE IMPROVEMENT TRENDING SHEET

Department/Committee: Minerva Home Healthcare

Date: 01/06/2016

*PFA = Priority Focus Area

Performance Measures/Outcomes	Interdepartmental Collaboration	Benchmark Goal	Function	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
- All home care staff and physicians use only the Agency approved list of abbreviations, acronyms and symbols when documenting	As above		As above	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
PFA: Communication (continued) - Plans of treatment and verbal/telephone orders are reduced to writing and submitted to the physician within five (5) days of the start of care/receipt of the verbal/telephone order	Medical Records Department Data Entry Department Billing Department All Clinical Staff (Employees and Contract) and Managers Risk Management		IM, LD, PC	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
- Plans of treatment and verbal/telephone orders are returned to the office within thirty (30) days of the start of care date/receipt of the verbal/telephone order and contain the ordering physician's original signature	As above		As above	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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PERFORMANCE IMPROVEMENT TRENDING SHEET

Department/Committee: Minerva Home Healthcare

Date: 01/06/2016

*PFA = Priority Focus Area

Performance Measures/Outcomes	Interdepartmental Collaboration	Benchmark Goal	Function	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
PFA: Infection Control - CDC hand hygiene guidelines will be adhered to by all staff	All Clinical Staff (Employee and Contract) and Managers Risk Management Referring Physician		IC, LD, PC	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
- All clinical staff will have alcohol-based handwashing solution and antimicrobial soap available during each patient visit	As above		As above	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
- Personal protective equipment will be used appropriately by all staff	As above		As above	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
- Standard Precautions will be adhered to by all home care staff	As above		As above	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

PERFORMANCE IMPROVEMENT TRENDING SHEET

Department/Committee: Minerva Home Healthcare

Date: 01/06/2016

*PFA = Priority Focus Area

Performance Measures/Outcomes	Interdepartmental Collaboration	Benchmark Goal	Function	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
PFA: Management of Information - Personal health information is protected during home visits	All Clinical Staff (Employees and Contract) and Managers		IM, LD, PC, RI	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
- Home chart information is returned to the Agency office upon patient discharge and destroyed appropriately				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
- Every entry into the patient record is dated and signed with the staff member's full name and professional designation				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
- Computers are turned off when not in use				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

PERFORMANCE IMPROVEMENT TRENDING SHEET

Department/Committee: Minerva Home Healthcare

Date: 01/06/2016

*PFA = Priority Focus Area

Performance Measures/Outcomes	Interdepartmental Collaboration	Benchmark Goal	Function	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
PFA: Orientation and Training - All home care staff complete a structured orientation program prior to providing care, treatment and/or services	Human Resources Clinical Staff and Managers Contractors		HR, LD	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
- Competency evaluations are completed for all home care staff at time of hire, within 90 days of hire and annually	As above		As above	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
- Staff training is provided and competency assessed whenever job responsibilities/ duties change	As above		As above	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
- Annual education plan includes at least the following topics:	All Clinical Staff (Employees and Contract) and Managers Contractors		EC, HR, LD, PC	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
• Fire Safety				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
• Infection Control Measures				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

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PERFORMANCE IMPROVEMENT TRENDING SHEET

Department/Committee: Minerva Home Healthcare **Date:** 01/06/2016

*PFA = Priority Focus Area

Performance Measures/Outcomes	Interdepartmental Collaboration	Benchmark Goal	Function	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
• Ethics				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
• Performance improvement				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
• Body Mechanics and Transfer Safety				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
• Basic Home Safety Measures				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
• Patient Safety				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Agency Representative Name

Signature

- HR- Human Resource
- LD- Leadership
- EC- Environmental Safety & Equipment Management
- PC- Provision of Care
- IM- Information Management
- MM- Medication Management
- RI- Ethics, Rights & Responsibilities

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PERFORMANCE IMPROVEMENT TRENDING SHEET

Department/Committee:

Minerva Home Healthcare

Date: 01/06/2016

*PFA = Priority Focus Area

IC- Infection Control

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PERFORMANCE IMPROVEMENT MONITORING AND EVALUATION PLAN

Department: Home Healthcare

Scope: Provide skilled services to patients requiring care and treatment of their disease processes, including instruction, monitoring, assessment and evaluation of their response to treatment modalities, in their place of residence.

Date: 01/20/2017

Responsibility: Case Manager, Nurse Clinician, Nurse Executive, Clinical Supervisors, PI Committee

Priority Focus Area	Performance Measures/Outcomes	Related Functions	Benchmark Goal	Data Collection (Methodology)	Integration and Collaboration
Assessment and Care/Service	<p><u>Management of Patient with MS:</u></p> <ul style="list-style-type: none"> - Assessment of physical, cognitive, sensory, and bowel and bladder function as evidenced by documentation on each nursing visit - Assessment of response to medications by documented monitoring and managing MS patients for medication-related side effects and communication with physician - Adequate education and counseling patients on medication benefits and adverse effects. 	<p>Management of Information</p> <p>Provision of Care, Treatment and Service</p>	90%	<p>Data will be collected from the office patient record on a monthly basis by a member of the PI Department/Committee/Case Manager/Clinical Supervisor. Data will be aggregated, reviewed and reported on a quarterly basis to the organization's PI Committee, the Nurse Administrator/ Director of Patient Care Services/ Management Committee. Aggregate reports will be submitted to the Administrator and Professional Advisory Committee on a quarterly basis and summarized annually.</p>	<p>Nursing Staff (Employee and Contract) and Nursing Managers</p> <p>Referring Physician</p>

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PERFORMANCE IMPROVEMENT MONITORING AND EVALUATION PLAN

Department: Home Healthcare Scope: Provide skilled services to patients requiring care and treatment of their disease processes, including instruction, monitoring, assessment and evaluation of their response to treatment modalities, in their place of residence.

Date: 01/20/2017 Responsibility: Case Manager, Nurse Clinician, Nurse Executive, Clinical Supervisors, PI Committee

Priority Focus Area	Performance Measures/Outcomes	Related Functions	Benchmark Goal	Data Collection (Methodology)	Integration and Collaboration
Assessment and Care/Service (continued)	<p><u>Management of Patient with MS (continued):</u></p> <ul style="list-style-type: none"> - Documented patient/caregiver/significant other understanding of MS teaching (signs/symptoms to report) - Discharge instructions provided to patient/caregiver/significant other address all of the following: <ul style="list-style-type: none"> • Impaired mobility • Visual and hearing impairment • Medications • Dysphagia • Cognitive dysfunction • Signs and symptoms to report • Sexual dysfunctions and reproductive issues • Mood Dysfunction • Sensory symptoms, Fatigue • Follow-up appointments 	<p>Management of Information</p> <p>Provision of Care, Treatment and Service</p>	90%	Data will be collected from the office patient record on a monthly basis by a member of the PI Department/Committee/Case Manager/Clinical Supervisor. Data will be aggregated, reviewed and reported on a quarterly basis to the organization's PI Committee, the Nurse Administrator/Director of Patient Care Services/Management Committee. Aggregate reports will be submitted to the Administrator and Professional Advisory Committee on a quarterly basis and summarized annually.	<p>Nursing Staff (Employee and Contract) and Nursing Managers</p> <p>Referring Physician</p>

PERFORMANCE IMPROVEMENT MONITORING AND EVALUATION PLAN

Department: Home Healthcare

Scope: Provide skilled services to patients requiring care and treatment of their disease processes, including instruction, monitoring, assessment and evaluation of their response to treatment modalities, in their place of residence.

Date: 01/20/2017

Responsibility: Case Manager, Nurse Clinician, Nurse Executive, Clinical Supervisors, PI Committee

Priority Focus Area	Performance Measures/Outcomes	Related Functions	Benchmark Goal	Data Collection (Methodology)	Integration and Collaboration
Assessment and Care/Service (continued)	<p><u>Pain Management:</u></p> <ul style="list-style-type: none"> - All patients are assessed for the presence of pain on admission to the organization according to an objective pain scale - All patients with diagnoses that have the potential for causing pain will have their pain level assessed and documented according to an objective pain scale during each skilled visit - Effectiveness of pain medication, if used by the patient, will be assessed and documented during each skilled visit - Effectiveness of pain management techniques will be assessed and documented during each skilled visit - Documented communication with patient's physician and other team members providing care/service when change in patient's pain level/response to medications/other pain management techniques 	<p>Ethics, Rights and Responsibilities</p> <p>Provision of Care, Treatment and Service</p> <p>Medication Management</p> <p>Management of Information</p>	100%	<p>Data will be collected from the office patient record within five (5) days of the Start of Care visit by the Case Manager/Clinical Supervisor and on a weekly basis thereafter while the patient remains on service by a member of the PI Department/Committee/Case Manager/Clinical Supervisor. Data will be aggregated, reviewed and reported on a monthly basis to the organization's PI Committee, Nurse Administrator/ Director of Patient Care Services/ Management Committee. Aggregate reports will be submitted to the Administrator and Professional Advisory Committee on a quarterly basis and summarized annually.</p>	<p>Clinical Staff (SN) and Managers</p> <p>Referring Physician</p> <p>Risk Management</p>

PERFORMANCE IMPROVEMENT MONITORING AND EVALUATION PLAN

Department: Home Healthcare
 Date: 01/20/2017

Scope: Provide skilled services to patients requiring care and treatment of their disease processes, including instruction, monitoring, assessment and evaluation of their response to treatment modalities, in their place of residence.
 Responsibility: Case Manager, Nurse Clinician, Nurse Executive, Clinical Supervisors, PI Committee

Priority Focus Area	Performance Measures/Outcomes	Related Functions	Benchmark Goal	Data Collection (Methodology)	Integration and Collaboration
Assessment and Care/Service (continued)	<p><u>Management of Patients with Open Wounds</u></p> <ul style="list-style-type: none"> - Open wounds are assessed and measured during admission and each subsequent skilled nursing visit - Open wounds are photographed one time weekly - Wound care management coincides with physician orders - Aseptic/clean technique/ Standard Precautions followed during wound care procedure - Documented patient/caregiver/ significant understanding of wound care management 	<p>Provision of Care, Treatment and Service</p> <p>Management of Information</p> <p>Medication Management</p> <p>Surveillance, Prevention and Control of Infection</p>	100%	<p>Data will be collected from in-office patient charts upon receipt of Start of Care information and weekly thereafter and from direct observation during supervisory visits by the Case Manager/Clinical Supervisor. Data will be reviewed and reported to the Director of Patient Care Services/ Management/PI Committee on a monthly basis. Quarterly reports and annual summaries of the aggregated data will be submitted to the Administrator and Professional Advisory Committee.</p>	<p>Nursing Staff (Employees and Contract) and Nursing Management</p> <p>Medical Director</p> <p>Referring Physician</p>

PERFORMANCE IMPROVEMENT MONITORING AND EVALUATION PLAN

Department: Home Healthcare Scope: Provide skilled services to patients requiring care and treatment of their disease processes, including instruction, monitoring, assessment and evaluation of their response to treatment modalities, in their place of residence.

Date: 01/20/2017 Responsibility: Case Manager, Nurse Clinician, Nurse Executive, Clinical Supervisors, PI Committee

Priority Focus Area	Performance Measures/Outcomes	Related Functions	Benchmark Goal	Data Collection (Methodology)	Integration and Collaboration
Assessment and Care/Service (continued)	<ul style="list-style-type: none"> - Patient/caregiver/significant other education needs and level of understanding are assessed and documented at each skilled visit - Education materials appropriate to the level of understanding and language are provided and reviewed with the patient/caregiver/significant other 	<p>Ethics, Rights and Responsibilities</p> <p>Provision of Care, Treatment and Service</p> <p>Leadership</p>	90%	<p>Data will be collected from the office patient record on a weekly basis by a member of the PI Department/Committee/Case Manager/Clinical Supervisor.</p> <p>Data will be collected by direct observation and by review of the home chart during supervisory visits to the patient's place of residence by the Clinical Supervisor on a monthly basis.</p> <p>Data will be aggregated, reviewed and reported monthly to the Director of Professional Staff/Management/PI Committee.</p>	All Clinical Staff (SN) and Managers

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PERFORMANCE IMPROVEMENT MONITORING AND EVALUATION PLAN

Department: Home Healthcare

Scope: Provide skilled services to patients requiring care and treatment of their disease processes, including instruction, monitoring, assessment and evaluation of their response to treatment modalities, in their place of residence.

Date: 01/20/2017

Responsibility: Case Manager, Nurse Clinician, Nurse Executive, Clinical Supervisors, PI Committee

Priority Focus Area	Performance Measures/Outcomes	Related Functions	Benchmark Goal	Data Collection (Methodology)	Integration and Collaboration
Patient Safety	<ul style="list-style-type: none"> - Basic home safety assessment is conducted and documented at the time of the initial visit - Fall assessment is conducted and documented on every patient during each skilled visit - Documented patient/caregiver/ significant other level of understanding of fall prevention precautions 	<p>Environmental Safety and Equipment Management</p> <p>Management of Information</p> <p>Medication Management</p> <p>Provision of Care, Treatment and Service</p>	100%	Data will be collected from the in-office patient record and direct observation by the Risk Manager/ Clinical Supervisor on a monthly basis. Data will be aggregated, reviewed and reported to the Administrator/Director of Patient Care Services/Management Committee on a monthly basis and to the Administrator and Professional Advisory Committee on a quarterly basis and summarized annually.	<p>Clinical Personnel (Employee and Contract SN) and Managers</p> <p>Risk Management</p>

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PERFORMANCE IMPROVEMENT MONITORING AND EVALUATION PLAN

Department: Home Healthcare

Scope: Provide skilled services to patients requiring care and treatment of their disease processes, including instruction, monitoring, assessment and evaluation of their response to treatment modalities, in their place of residence.

Date: 01/20/2017

Responsibility: Case Manager, Nurse Clinician, Nurse Executive, Clinical Supervisors, PI Committee

Priority Focus Area	Performance Measures/Outcomes	Related Functions	Benchmark Goal	Data Collection (Methodology)	Integration and Collaboration
Patient Safety (continued)	<ul style="list-style-type: none"> - Patients are identified using two (2) identifiers before all procedures, medications and treatments - On admission the patient's name, spelling and number is visually confirmed with information on the health insurance card 	<p>Management of Information</p> <p>Provision of Care, Treatment and Service</p>	100%	Data will be collected from the office patient chart on a weekly basis by a PI member designee. Data will be aggregated, reviewed and reported on a monthly basis to the organization's PI and Management Committee.	<p>All Clinical Personnel, i.e., SN, (employees and contractors) and Managers</p> <p>Risk Management</p> <p>Billing Department</p>
	<ul style="list-style-type: none"> - Upon arrival at the patient's place of residence, staff members address the patient by his/her first and last names - During admission and all subsequent visits each staff member confirms with the patient and documents the correct site(s) for treatment, i.e., wounds, IV/phlebotomy sites, mastectomy sites, shunts, treatment of any extremity 	As above	As above	Data will be collected by direct observation by the Case Manager/Clinical Supervisor on a quarterly basis, and aggregated and reported monthly to the Administrator/Director of Patient Care Services.	As above

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PERFORMANCE IMPROVEMENT MONITORING AND EVALUATION PLAN

Department: Home Healthcare

Scope: Provide skilled services to patients requiring care and treatment of their disease processes, including instruction, monitoring, assessment and evaluation of their response to treatment modalities, in their place of residence.

Date: 01/20/2017

Responsibility: Case Manager, Nurse Clinician, Nurse Executive, Clinical Supervisors, PI Committee

Priority Focus Area	Performance Measures/Outcomes	Related Functions	Benchmark Goal	Data Collection (Methodology)	Integration and Collaboration
Communication	<ul style="list-style-type: none"> - All verbal/telephone orders and critical test results are read back for verification by the person taking the order, verification is documented - All home care staff and physicians use only the Agency approved list of abbreviations, acronyms and symbols when documenting 	<p>Leadership Management of Information Provision of Care, Treatment and Service</p>	100%	Weekly review of in office patient records by a PI designee/Case Manager/Clinical Supervisor. Data will be aggregated, reviewed and reported on a monthly basis to the organization's PI Committee, Director of Patient Care Services/Management Committee. Aggregate reports will be submitted to the Administrator and Professional Advisory Committee on a quarterly basis and summarized annually.	<p>All Clinical Staff (Employees and Contract) and Managers Risk Management Referring Physician</p>
	<ul style="list-style-type: none"> - Plans of treatment and verbal/telephone orders are reduced to writing and submitted to the physician within five (5) days of the start of care/receipt of the verbal/telephone order - Plans of treatment and verbal/telephone orders are returned to the office within thirty (30) days of the start of care date/receipt of the verbal/telephone order and contain the ordering physician's original signature 	<p>Leadership Management of Information Provision of Care, Treatment and Service</p>	100%	Data is collected from all in-office patient records by the Medical Records staff on a weekly basis and submitted to the Director of Patient Care Services/Management PI Committee on a monthly basis. Data will be aggregated, reviewed and reported to the Administrator and Professional Advisory Committee on a quarterly basis and summarized annually.	<p>Medical Records Department Data Entry Department Billing Department All Clinical Staff (Employees and Contract) and Managers Risk Management</p>

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PERFORMANCE IMPROVEMENT MONITORING AND EVALUATION PLAN

Department: Home Healthcare

Scope: Provide skilled services to patients requiring care and treatment of their disease processes, including instruction, monitoring, assessment and evaluation of their response to treatment modalities, in their place of residence.

Date: 01/20/2017

Responsibility: Case Manager, Nurse Clinician, Nurse Executive, Clinical Supervisors, PI Committee

Priority Focus Area	Performance Measures/Outcomes	Related Functions	Benchmark Goal	Data Collection (Methodology)	Integration and Collaboration
Infection Control	<ul style="list-style-type: none"> - CDC hand hygiene guidelines will be adhered to by all staff - All clinical staff will have alcohol-based hand-washing solution available during each patient visit - Personal protective equipment will be used appropriately by all staff - Standard Precautions will be adhered to by all home care staff 	<p>Leadership Provision of Care, Treatment and Service</p> <p>Surveillance, Prevention and Control of Infection</p>	100%	Data will be collected from patient and staff infection reports and unusual occurrence reports by the Risk Manager, and from direct observation during patient visits by the Case Manager/Clinical Supervisor on a monthly basis. Data will be aggregated, reviewed and reported to the Management Committee on a quarterly basis.	All Clinical Staff (Employee and Contract) and Managers Risk Management Referring Physician
Management of Information	<ul style="list-style-type: none"> - Personal health information is protected during home visits - Home chart information is returned to the Agency office upon patient discharge and destroyed appropriately - Every entry into the patient record is dated and signed with the staff member's full name and professional designation - Computers are turned off when not in use 	<p>Ethics, Rights and Responsibilities</p> <p>Leadership</p> <p>Management of Information</p> <p>Provision of Care, Treatment and Service</p>	100%	Data is collected by direct observation during home visits on a monthly basis and from in office patient records on an ongoing basis by the Case Manager/Clinical Supervisor. Data will be aggregated, reviewed and reported to the Director of Patient Care Services/Management/PI Committee on a monthly basis.	All Clinical Staff (Employees and Contract) and Managers

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PERFORMANCE IMPROVEMENT MONITORING AND EVALUATION PLAN

Department: Home Healthcare

Scope: Provide skilled services to patients requiring care and treatment of their disease processes, including instruction, monitoring, assessment and evaluation of their response to treatment modalities, in their place of residence.

Date: 01/20/2017

Responsibility: Case Manager, Nurse Clinician, Nurse Executive, Clinical Supervisors, PI Committee

Priority Focus Area	Performance Measures/Outcomes	Related Functions	Benchmark Goal	Data Collection (Methodology)	Integration and Collaboration
Orientation and Training	<ul style="list-style-type: none"> - All home care staff complete a structured orientation program prior to providing care, treatment and/or services - Competency evaluations are completed for all home care staff at time of hire, within 90 days of hire and annually - Staff training is provided and competency assessed whenever job responsibilities/duties change 	Leadership Management of Human Resources	100%	Data will be collected from personnel records on an ongoing basis by a member of the Human Resources Department. Data will be aggregated, reviewed and reported to the Director of Patient Care Services/Management Committee on a monthly basis.	Human Resources Clinical Staff and Managers Contractors
	<ul style="list-style-type: none"> - Annual education plan includes at least the following topics: <ul style="list-style-type: none"> • Fire Safety • Infection Control Measures • Ethics • Performance improvement • Body Mechanics and Transfer Safety • Basic Home Safety Measures • Patient Safety 	Environmental Safety and Equipment Management Leadership Management of Human Resources Provision of Care, Treatment and Service	90%	Data will be collected from Personnel/Education Records by a member of the PI Department/Committee every six (6) months. Data will be aggregated, reviewed and reported to the Director of Patient Care Services/Management Committee biannually.	All Clinical Staff (Employees and Contract) and Managers Contractors

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