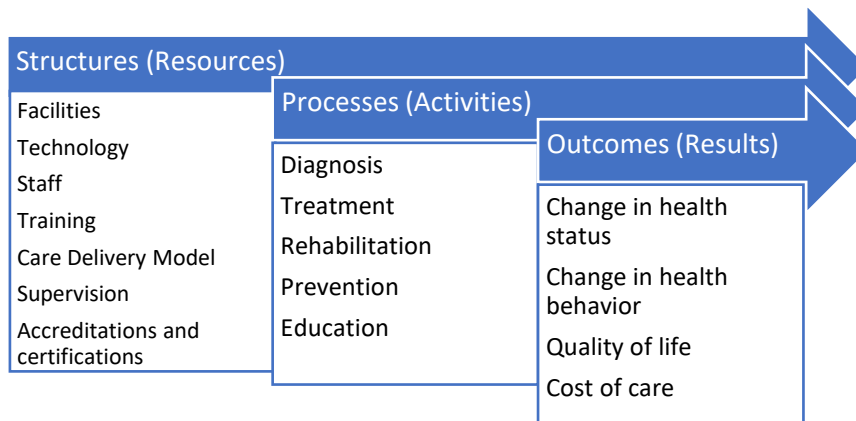## Providing quality assurance case review with documentation of review activity

Hour Requirements   20

Description and Role of Quality Assurance in an Organizational Quality Improvement Program

In the health care field the goal is to improve the health outcomes of patients. Over the years, three major areas have been identified that improve health outcomes – **quality of care** (access to care & effectiveness of care) **patient safety** (absence of diagnostic errors, treatment errors and medication errors) and **patient satisfaction** (positive patient experience with provider and clinic).

How do organizations improve patient health outcomes? Quality Improvement (QI) or Quality Management Programs are put in place by organizations to understand the organizations health care delivery system and key processes. Quality Improvement consists of three key components – structures, processes and outcomes. **Structures** refer to the setting in which care takes place including the organizational resources and characteristics. **Processes** refer to the actual activities that constitute the process of care. **Outcomes** refers to the end result of health care including favorable and/or adverse changes in health status that can be attributed to health services. The image below shows that structures and processes both affect outcomes. Information about health outcomes is used in a feedback loop to make changes to structures and processes. Quality Improvement Programs create plans to improve patient health outcomes and collect data to justify change in the organization's structures and processes. Feedback loops can be used on a large scale to evaluate the organization's performance or it may be focused on a smaller scale to measure health outcomes for one patient population like older adults or substance users, for example.

Structures (Resources)		
Facilities	**Processes (Activities)**	
Technology	Diagnosis	**Outcomes (Results)**
Staff	Treatment	Change in health status
Training	Rehabilitation	Change in health behavior
Care Delivery Model	Prevention	Quality of life
Supervision	Education	Cost of care
Accreditations and certifications		

Source: Donabedian (1980) Quality of Care Conceptual Model

Quality Assurance (QA) is one component of an organizations Quality Improvement program that focuses on improving the **processes** of health care delivery.

Review of patient records is the primary avenue used to evaluate organizational processes. It focuses on two areas:

- Clinical decision-making such as whether patients are diagnosed appropriately or whether the recommended treatment matches the severity of the patient's symptoms, or that practitioners only provide services within their scope of practice.
- Documentation and record-keeping that meet or exceed the standards required by accreditation boards such as the Commission on Accreditation of Rehabilitation Facilities (CARF) or the Joint Commission (JAHCO). Health care organizations also comply with the standards put in place by the Centers for Medicare & Medicaid Services (CMS) which has stringent policies for client care that if not adhered to results in large fines or denied claims for the organization.

QA case review can be conducted either one-on-one in clinical supervision or by a special quality review committee. Organizations create Quality Improvement programs to meet their own unique needs so every program is operated differently. BHAs will need to discuss with a clinical supervisor how QA is conducted in your organization and how you might learn about and participate in the QA process in your organization. Some questions that may be asked are:

- Does your organization have a case review form or checklist?
- Is there a method for random selection of files?
- Is case review completed regularly by a supervisor or a quality review committee?
- Are case deficiencies used to informs future training for practitioners?
- Is there a feedback loop in place for practitioners to correct errors in documentation?

Components of Quality Assurance

- Patient-centered goal of improved health outcomes through quality of care, patient safety and patient satisfaction.
- Part of a larger organization-wide plan to improve patient outcomes
- Focuses on evaluation and improvement of the process of care in a quality of care model
- Uses a continuous feedback loop and guidance to help practitioners correct and/or prevent errors in clinical decisions and record-keeping practices.

Examples of Quality Assurance Case Review Activities

- Completing a QA case review using an agency form.
  - Your agency may have a standard form, but if not, there are several examples in the resources section.
- Studying the contents of a QA case review form with a supervisor or quality assurance committee member.
- Reviewing QA forms, evaluating your own work, and incorporating suggestions or changes.
- Assisting with the development of a standard QA case review form for your organization.
- Compiling or analyzing data from QA case reviews to inform policy and procedure change or staff training needs.

Evidence-Based Practices and Resources

- Example: State of Alaska Clinical Record Evaluation Tool - Provider
  http://dhss.alaska.gov/dbh/Pages/Resources/Regulations.aspx
- Example: San Francisco Behavioral Health Services Chart Review Tool
  https://www.sfdph.org/dph/files/CBHSdocs/QM/Resources/01-BHS-Compliance-Audit-Tool-FY16-17.pdf
- Example: Beacon Chart Review Tool
  https://www.beaconhealthoptions.com/pdf/clinical/Standard_Treatment_Record_Review.pdf
- Example: Magellan Chart Review
  https://www.magellanprovider.com/media/11923/a_trr.pdf
- HRSA: Quality Improvement
  https://www.hrsa.gov/sites/default/files/quality/toolbox/508pdfs/qualityimprovement.pdf
- Example: Behavioral Health Practice Guidelines Manual
  https://www.sccgov.org/sites/bhd-p/QI/MH-QA/Documents/BHSD-Practice-Guidelines-Manual-032218.pdf