# Value & Ethics

# Compliance Program

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# Process Improvement Plan

# INTRODUCTION

Healthcare is being drawn into the “new economy”. It is increasingly becoming a consumer driven, market driven, competitive industry that has to focus as much attention on the “business” of healing, as it does on the “profession” of healing.

Healthcare is driven by the “Value Equation”, as defined by the customer’s perception of Value. The equation states that Value varies directly with quality and inversely with price. In order to be competitive, price must come down and quality must improve… forever.

Quality (as perceived by the customer) is the product of three components: the brand image or reputation of the organization (BI); the customer’s expectation of the product, service or treatment (CE); and the actual outcome(s) (O). If the outcome meets or exceeds the image and the expectation, the “state” of Quality is said to exist and customer loyalty is enhanced.



The Health Care Alternative Group (THA Group) believes that progress comes from constantly improving. We believe that most problems are process problems, not “people” problems. By and large, most problems can be prevented by open communication with a team approach, and an environment that considers quality as the foundation for all activities.

THA Group is “mission driven” as well as “value driven.” Ethical behavior is as critical as efficient and effective behavior. To that end, the Value and Ethics Program is designed.

It will include, but not be limited to:

* The development and distribution of written standards of conduct, as well as written Policies and Procedures that promote the agency’s commitment to providing Value and that assist it in remaining in compliance with the accepted legal and ethical standards for all health care professionals and entities.
* The designation of an individual charged with the responsibility of operating and monitoring the Value & Ethics Compliance Program.
* The creation and maintenance of a process to receive recommendations and complaints, and the adoption of procedures to assure confidentiality.
* The development of a system to respond to suggestions for improvement.
* The use of clinical reviews and/or other evaluation techniques to monitor value, outcomes and compliance, and assist in the continual process improvement; and
* The investigation and recommendation of identified systemic problems and the development of action plans addressing these problems.

#  Administrative Policy & Procedure: Value and Ethics Program

**Policy Statement**

It shall be the policy of THA Group to provide Value to its various customer segments by providing quality care at reasonable cost. All of this shall be in conformance with high legal and ethical standards.

**Purpose Of Policy**

1. THA Group seeks to deliver Value and the highest standards of integrity when interacting with our various customer segments (government entities, insurers, healthcare providers, healthcare recipients, employees, and suppliers). Integrity has been and continues to be essential to THA Group’s mission. THA implements the following Policies and Procedures (collectively the ***Value and Ethics Compliance Program***) to ensure our dedication to providing Value and to maintain high legal and ethical standards.
2. The Governance and CEO of THA Group has authorized the development of the ***Value and Ethics Program***. Adherence to this program will be an enduring goal of THA Group.

**Procedures**

1. The Director of Performance Excellence shall have overall responsibility for facilitating the ***Value and Ethics Compliance Program (V&E COMPLIANCE Program)*** and shall be a member of THA Group senior management, appointed by the CEO of THA Group.

The Director shall develop a mechanism by which operational and clinical processes can be improved, and by which ethical standards and procedures can be monitored. THA Group shall instruct its employees to communicate to their supervisors and the Director any and all suggestions regarding improvement of processes or potential violations of its Standards of Conduct and/or Policies and Procedures. To facilitate such disclosure, THA Group shall maintain the anonymity of the reporting employee and the confidentiality of the reports.

The AVP of PE in conjunction with the Vice President of Talent Management shall assume responsibility for directing the investigation of any violation of the ***V&E COMPLIANCE Program***. In this capacity, the AVP of PE through his or her designee(s), shall have complete authority to investigate alleged violations and make recommendations to the CEO and Coordinating Council for actions warranted under the circumstances.

B. Employee Disclosure

1. Applicants for Employment: In order to become employed by THA Group, an applicant for employment shall disclose in writing whether he or she previously has been convicted of felonies or misdemeanors. THA Group will evaluate such information in a manner consistent with the ***V&E COMPLIANCE Program’s*** goals and all applicable laws and regulations. Failure to make a complete and accurate disclosure shall disqualify the applicant from employment consideration. Background checks are conducted on all applications.

2. Current Employees: The CEO may request, in accordance with any applicable laws and/or regulations, that a background check be conducted of any current employee or contractor in connection with the investigation of any potential or alleged violation of THA Group Standards of Conduct and/or Policies and Procedures.

If a THA Group employee violates the ***V&E COMPLIANCE Program***, standards of conduct, or Policies and Procedures, appropriate disciplinary action shall be taken, including, but not limited to, modification of job responsibilities and discretionary authority, suspension or discharge.

3. Employee Departures: When an employee resigns voluntarily or is dismissed for a reason other than for violating the ***V&E COMPLIANCE Program***, Standards of Conduct and/or Policies and Procedures, THA Group’s Department of Talent Management shall offer an exit interview to determine whether the employee knows of any violation or whether the resignation or dismissal is related to any refusal by the employee to violate THA Group’s Standards of Conduct or to conceal a violation of such standards.

C. Employee Reporting: THA Group employees are expected to report any perceived or alleged violations of the ***V&E COMPLIANCE Program***, Standards of Conduct and/or Policies and Procedures. Any employee who acquires information that gives him or her reason to believe that another employee is engaged in or plans to engage in conduct prohibited by THA Group’s ***V&E COMPLIANCE Program***, Standards of Conduct and/or Policies and Procedures, shall promptly report such information to his/her supervisor and if no action is taken, to the CEO. Any employee also shall report any information indicating that any other person or firm associated with THA Group plans to violate THA Group’s ***V&E COMPLIANCE Program***, Standards of Conduct and/or Policies and Procedures.

Any employee who is instructed, directed, or requested to engage in conduct prohibited by THA Group’s ***V&E COMPLIANCE Program***, Standards of Conduct and/or Policies and Procedures shall promptly report such information to his/her supervisor and then the CEO or his/her designee.

D. Methods of Reporting and Investigating

1. All suggestions for improvement of operational or clinical policies, procedure and practices as well as concerns of violations of THA Group’s standards of conduct, policies or procedures should be brought to the attention of the employee’s supervisor, so that efforts to improve can be made. If the employee is not satisfied with the result of the complaint, it should be brought to the attention of the VPTM or his/her designee who will maintain the employee’s anonymity, and ensure appropriate follow-up.
2. Investigation: Upon receiving report of a known or suspected violation of THA Group’s ***V&E COMPLIANCE Program***, Standards of Conduct and/or Policies and Procedures, the AVP of PE, VP of TM, or through his or her designee(s), direct an investigation and request, as appropriate, a review of the matter.

 If, after investigation, the AVP PE determines that a provision of THA Group’s ***V&E COMPLIANCE Program***, Standards of Conduct and/or Policies and Procedures has been violated, the AVP PE shall recommend to the CEO and Senior Management any appropriate remedial or other action warranted under the circumstances, any necessary communications to employees, and any amendments to any policies and/or procedures of the ***V&E COMPLIANCE Program***. If it is decided that the ***V&E COMPLIANCE Program’s*** operational or clinical processes must be reviewed, it will be referred to the Coordinating Council.

1. AVP PE Reports: At the conclusion of the VP PE investigation, he or she shall issue a report, pursuant to consultation with legal counsel if necessary, to the CEO. The report shall reveal the substance of the allegations, the evidence uncovered by the investigation, the AVP PE findings, and the remedial and/or disciplinary measures recommended. In addition, the AVP PE shall give a summary report to the CEO of THA Group.

E. Implementation: The CEO is ultimately responsible for the ***V&E COMPLIANCE Program***’s implementation. All employees receive education regarding the *V&E COMPLIANCE Program* during orientation.

F. Modifying and Amending the Corporate ***V&E COMPLIANCE Program:*** The AVP PE shall review the ***V&E COMPLIANCE Program*** annually to determine whether it should be modified based on new legal requirements or THA Group’s past experiences with the ***V&E COMPLIANCE Program***. If necessary, THA Group shall modify or amend the ***V&E COMPLIANCE Program*** to increase the likelihood that it will achieve its objectives, and shall disseminate the modifications or amendments in writing.

If THA Group expands its business to provide additional products or services, the ***V&E COMPLIANCE Program*** shall be amended, if necessary, to govern the new business activity. The ***V&E COMPLIANCE Program*** shall include standards and procedures to provide Value and ensure the proper levels of practice and conduct in the new business activity. Any amendments shall be disseminated in writing.

Modifications and amendments to the ***V&E COMPLIANCE Program*** must be adopted by THA Group’s CEO and Coordinating Council

G. Audit and Monitoring Function: THA Group includes the annual evaluation & monitoring of the *V&E COMPLIANCE Program* as intrinsic to the Annual Agency Evaluation. On a continuous basis all organizational decisions are based on the value equation. The value equation is addressed during every council meeting.



# Standards of Conduct and Ethics

**Delivery of Home Health Care Services**

1. **Island Health Care (IHC) and Island Hospice (IH) Provide Only Appropriate Home Health and Hospice Services:** THA Group provides home health and hospice care to patients in accordance with certifications, and plans of treatment developed, monitored and evaluated by qualified health care professionals. THA Group expects that home health and hospice care will be rendered by nurses and other qualified health care professionals through the use of professional skills and judgment, and in accordance with customary and recognized standards of health care professionals.
2. **Compliance with Regulatory Requirements:** THA Group home health and hospice agencies and THA Group employees are subject to numerous federal and state regulatory requirements relating to the provision of and the reimbursement for home health and hospice services. THA Group employees are expected to be familiar with the applicable federal and state regulatory requirements and the penalties for failure to comply with such requirements. THA Group employees are also expected to act in such a manner as to ensure that the home health and hospice services provided by THA Group meet the applicable accreditation, licensing survey and other federal and state regulatory standards and requirements for home health and hospice care providers.

**Referrals**

1. **Island Health Care (IHC) and Island Hospice (IH) Do Not Pay for Referrals:** THA Group does not pay employees for referrals. Productivity incentives, quality reward and recognition programs are geared towards improving effectiveness and efficiency. Clinical decisions are always based on identified patient needs. Any payments to physicians, health care professionals or providers, or other individuals or entities that provide items or services in connection with the delivery of home health or hospice care services represents the fair market value of specific services rendered pursuant to a written contract that has been approved through the corporate approval process. When THA Group employees are in a position to make referrals, they shall make such referrals based solely on what is best for the individual seeking treatment.
2. **Island Health Care (IHC) and Island Hospice (IH) Do Not Pay for Patients:** Under appropriate circumstances, THA Group may provide appropriate financial accommodation to patients based on need. Any such arrangements are conducted in accordance with established accounting department procedures.

**Billing and Accounting**

1. **Cost Reports:** In addition to submitting claims for specific services, THA Group submits annual cost reports to government payors for reimbursement of administrative, overhead and other general costs. Cost reports must be accurate and complete.
2. **Billing:** THA Group bills only for medically necessary and appropriate home health and hospice services rendered. THA Group must comply with specific billing requirements for government programs and other third party payors. Any questions regarding billing requirements should be directed to the CFO. THA Group employees have an obligation to ensure that all bills submitted to patients, government programs, or other third party payors are accurate and complete.

All invoices, bills, claims, records, and reports submitted to patients, government programs, or other third party payors in connection with request for payment for health care services rendered should be clear and accurate, and should provide sufficient information and documentation to substantiate the particular health care services rendered and the costs for such services.

1. **Accounting:** THA Group must rely on employee truthfulness and integrity in accounting practice. THA Group's financial reporting system must contain accurate entries that reflect all THA Group financial transactions. THA Group employees must not engage in any arrangement that results in false, artificial, or misleading entries being made in any records.

**Conflicts of Interest**

Each THA Group employee has a duty of loyalty to THA Group. THA employees must avoid any actions that may involve, or may appear to involve, a conflict of interest with their obligations to the Company.

1. **Competitors:** THA Group employees and members of their immediate families (including spouses and children) should not own stock in, serve as a director or officer of, or provide consulting services to any other company that competes, directly or indirectly, with THA Group without written consent of the employee’s supervisor. However, THA Group employees and members of their immediate family may cumulatively own less than one percent of the outstanding shares of any class of equity security of a competitor or supplier listed on a national securities exchange or regularly trade in over-the-counter market.
2. **Suppliers:** THA Group employees who deal with suppliers must do so in a reputable, professional and legal manner. Discounts that are available to all THA Group employees and employees of other companies may be accepted. THA Group employees should decline any gifts of more than nominal value from present or prospective suppliers.
3. **Business Information:** THA Group employees may not use, for their personal benefit, any information about THA or information acquired as a result of the employee’s relationship with THA Group. Employees should disclose business information only as required in the performance of their job or as expressly authorized by THA Group.
4. **Disclosure of Possible Conflicts of Interest:** Employees should disclose possible conflicts of interest involving themselves or their immediate families (spouse, parents, brothers/sisters and children) to THA Group’s CEO who will investigate possible conflicts.

**Marketing**

1. **THA Group Will Market Its Services in an Ethical Manner:**  THA Group will not engage in any unethical, abusive or illegal marketing practices in connection with the offering or provision of home health care services. THA Group will not make any unethical or illegal payment to anyone to induce the use of THA Group services. All marketing materials will be approved by the Coordinating Council.
2. **All THA Group Advertising Must be Truthful and Not Misleading:** Specific claims about the quality of THA Group’s services must be supported by evidence to substantiate the claims made.
3. **THA Group’s Best Advertisement is THA Group Itself:** THA Group does not use advertisements or marketing programs which might cause confusion between our services and those of our competitors. THA Group does not disparage the services or business of a competitor through the use of false or misleading representations.

**Relations with Government, Suppliers and Competitors**

1. **THA Group Deals with Government Officials Fairly and Honestly:**  THA Group is honest in all of its dealings with government officials. THA Group does not make, and will not tolerate, payments of any kind to or on behalf of any government representative or employee. Should any refractions occur, they will be reported to the appropriate authorities. THA Group complies with all laws regarding political contributions and gifts to government officials.
2. **THA Group Negotiates Contracts Fairly:** THA Group does not make or receive payments from suppliers in exchange for entering into contracts or extending favorable rates. The solicitation of anything of value from current or potential suppliers of items or services is expressly prohibited.
3. **THA Group Does Not Enter into Agreements That Unlawfully Restrict Competition or Limit its Purchasing Decisions:** THA Group policy is to fully comply with federal and state antitrust laws. No THA Group employee may enter into any agreement or understanding with a competitor that unlawfully limits or restricts competition for the award of future contracts with a government entity or any other business opportunities. This policy applies not only to express formal and written agreements but to implied, informal, and oral ones as well. Likewise, when purchasing goods or services for THA Group, no employee may enter into an agreement or understanding that unlawfully limits or restricts THA Group’s purchasing decisions.

**Talent Management**

**Equal Employment Opportunities:** In determining suitability for employment, promotions, transfers, demotions, and wages, THA Group looks only at the individual’s ability to perform the job. IHC extends equal employment opportunities and freedom from harassment to all individuals, regardless of sex, race, age color, religious beliefs, marital status, sexual preference, citizenship status, national origin, or physical/mental disabilities.

THA Group expects everyone associated with THA Group to treat co-workers and patients with respect and courtesy. THA Group will not tolerate having its employees subject to discrimination or harassment based on any of the above factors, and will appropriately discipline those who violate this policy. Freedom from harassment specifically includes freedom from unwelcome sexual advances, requests for sexual favors, or other verbal, graphic, or physical conduct of a sexual nature.

**Government Investigations**

It is THA Group’s policy to comply with the law and cooperate with any reasonable demand in a government investigation. In doing so, however, it is essential that the legal rights of THA Group and of the personnel involved be protected. If any employee receives an inquiry, a subpoena or other legal document regarding THA Group business, whether at home or in the workplace, from any government agency, THA Group requests that the employee notify his or her supervisor. The law guarantees all of us have a right to be represented by legal counsel during any investigation or inquiry by any governmental agency. Because these investigations sometimes involve extremely technical issues, we feel that THA Group itself should be so represented that all of our employees should at least be made aware of the opportunity for such representation.

Sometimes, it is difficult to tell when a routine government inquiry, audit or review graduates into a more formal governmental investigation. THA Group relies on the common sense and alertness of its employees for making this important determination. In case of any doubt, employees should consult with their supervisor.

**Document Retention**

In order to ensure that THA Group keeps only those documents required by law and necessary to its operations, THA Group employees should adhere to the following guidelines on document retention:

1. **Requirements of Government Programs and Other Third Party Payors:** THA Group complies with the document retention requirements of any state or federal government health care programs or other third party payors with regard to records relating to the provision of home health and hospice care services to beneficiaries of such government programs or the health care reimbursement plans of such third party payors.
2. **Requirements of State and Federal Law:** THA Group complies with the document retention requirements under state and federal law and regulations with regard to all medical, financial and administrative records concerning health care services.

# Standards of Practice

Standards of Practice delineate the quality patient care which an individual and/or family should receive, whether these services are provided by a sole healthcare provider or in collaboration with other licensed or unlicensed providers. These Standards of Practice are based on the premise that the healthcare provider is responsible for and accountable to the individual and family for the quality of patient care rendered. The Standards of Practice apply to healthcare providers practicing in any setting and govern the practice of healthcare providers at all levels of competency.

# Standard I. Organization of Patient Care Services

A nurse with administrative knowledge and clinical experience plans, organizes, and directs Patient Care Services to meet the complex needs of individuals and families seeking care with THA Group.

Outcome criteria:

A. The organization is in compliance with all licensing and regulatory requirements.

B. The established performance improvement process is used to plan, revise, and improve services.

C. The chain of command is followed and utilized appropriately to resolve conflicts.

# Standard II. Theoretical Foundation for Patient Care Services

Theoretical concepts from multiple related health care disciplines are integrated into a foundation for practice and are utilized as a basis for decision making.

Outcome criteria:

A. Healthcare providers’ actions are derived from recognized scientific and social theories and established professional knowledge bases.

1. Evaluation of care is continuous, quality focused, and outcome based.

# Standard III. Data Collection

Patient care data is continuously collected and recorded in a systematic and organized manner to facilitate identification of patient care problems and to evaluate patient care.

Outcome criteria:

A. Information is synthesized and recorded in a standard and retrievable format.

B. The database is current, accurate, and completed in a timely manner.

1. The database is reflective of the individual’s and family's status.

# Standard IV. Problem Identification/Formulation of Clinical Impressions

Patient care data is used to identify individuals’ or families’ actual or potential problems and to formulate clinical impressions based on analysis of recorded data in collaboration with other healthcare providers as appropriate.

Outcome criteria:

A. Problems and clinical impressions are derived from patient care data and are recorded in a manner that facilitates the establishment of measurable goals/functional outcomes.

B. Clinical impressions are developed in collaboration with the health care team, individuals, and families as appropriate.

# Standard V. Planning/Establishment of a Plan of Care

A plan of care is derived from the clinical impressions and includes measurable goals/functional outcomes and prioritized actions that incorporate preventive, therapeutic, and rehabilitative strategies.

Outcome criteria:

A. The plan of care is initiated at the time of the individual’s or family’s entrance into THA Group.

B. The plan of care is recorded in concise, standardized, and retrievable format.

C. The plan of care is revised with additions or deletions of actions, as goals and/or outcomes are achieved or changed.

1. The healthcare team, individuals, and families participate in the planning process as appropriate.

# Standard VI. Implementation Of Interventions

Guided by the plan of care, the healthcare provider implements actions to assist the individual and/or family to improve, restore, and/or promote his/her/their health, to prevent complications, to employ rehabilitative techniques and to learn that which is necessary to promote recovery and intervenes to provide comfort and support during stressful periods or a terminal illness.

Outcome criteria:

A. There is measurable evidence of individual and/or family progress toward goal/outcomes achievement.

B. The individual and/or family demonstrate self care to the fullest extent.

C. The interventions are recorded in a systematic, retrievable format and in a timely manner.

D. There is documented evidence that interdisciplinary services are in accordance with the individual’s and/or family’s needs and capabilities.

1. The individual and/or family use resources appropriately.

# Standard VII. Evaluation

The individual’s and family’s response to interventions is continuously evaluated in order to determine his/her/their progress toward goal/outcomes achievement and to update the data base, modify clinical impressions, set new goals/outcomes, reorder priorities, and revise the plan of care.

Outcome criteria:

A. There is documented evidence that the database, clinical impressions, and plan of care are revised in accordance with ongoing evaluations.

B. There is documented evidence that, where appropriate, the individual and family participate in the evaluation and revision of the plan of care.

C. Evaluation of interventions is recorded in a systematic, organized format that contributes to the effectiveness of decision making, performance improvement, and research.

# Standard VIII. Continuity of Care

Discharge planning, case management, and coordination of community resources facilitate the individual’s and family’s appropriate and uninterrupted care along the healthcare continuum.

Outcome criteria:

A. There is a documented exchange of information between the individual/family and healthcare team.

B. There is documented evidence that appropriate, coordinated services are provided to the individual and/or family.

C. There is documented evidence of appropriate interdisciplinary communication and coordination of services.

D. There is documented evidence that the individual and/or family receive education and discharge instructions.

E. Community services are utilized in an appropriate and coordinated manner.

# Standard IX. Interdisciplinary Collaboration

The complex needs of individuals and families require an interdisciplinary approach to the delivery of services and coordinated participation of all appropriate healthcare providers in the individual’s/family’s plan of care to ensure high quality patient care services.

Outcome criteria:

A. There is documented evidence that interdisciplinary collaboration exists.

B. There is documented evidence of appropriate interdisciplinary collaboration and coordination including healthcare team conferences conducted at appropriate intervals.

# Standard X. Professional Development

# THA Group assists in professional development and professional growth.

Outcome criteria:

A. THA Group assists in the provision of educational requirements as appropriate.

B. The healthcare provider incorporates new information, methods, and techniques into practice in accordance with validated research, policies, and procedures.

# Standard XI. Research

Healthcare providers participate in research activities that contribute to the continuing development of professional knowledge and incorporate validated research findings into practice.

Outcome criteria:

A. Research activities occur within the practice settings of THA Group in accordance with THA Group’s “Experimental Research and Investigational Studies” policy.

B. There is evidence that the professional knowledge base of healthcare providers is continuously updated by the findings of relevant research studies.

C. There is evidence that healthcare providers have incorporated currently validated research findings into professional practice.

# Standards XII. Ethics

Healthcare administrators and clinical managers within THA Group strive to create an atmosphere where ethical behavior and practice can occur and conflicts can be resolved.

Outcome criteria:

A. Healthcare providers respect the dignity and rights of the individual and family regardless of socioeconomic status, personal attributes, or nature of health problems.

B. Healthcare is provided without discrimination on the basis of diagnosis, age, sex, race, creed, or color.

C. The individual’s right to privacy is safeguarded by the judicious protection of information of a confidential nature by all healthcare providers.

D. Healthcare providers respect and safeguard the property of individuals and families as well as property of THA Group.

E. Healthcare providers notify the appropriate party of any unprofessional conduct which may jeopardize individual or family safety.

1. Healthcare providers access the Coordinating Council for recommendations regarding unresolved clinical conflicts, and case consultations regarding in life supporting measures.
2. Coordinating Council constitutes the Ethical Review Group.



# Performance Excellence Plan

**I. Program Purpose**

The purpose of THA Group’s **Performance Excellence Plan** is to maintain an effective, on-going, comprehensive Performance Excellence Process that will continually improve both clinical and operational processes, and will identify, analyze, and resolve problem areas. By doing this, Value will always be provided to our various customer segments.

**II. Program Philosophy**

THA Group believes that clients, families, and communities should receive efficient and effective health care services that are consistent with pre-established standards of care and are provided by competent professionals. Value will be determined, and quality and compliance will be monitored by clinical reviews and outcomes measurement. Outcome data will provide the basis for examining both clinical and operational processes. In addition, traditional prospective, concurrent and retrospective monitoring and inspections will be conducted. Both methods will lead to clinical and operational process improvement activities.

**III. Program Objectives**

To effectively utilize a step-by-step **Performance Excellence Process** to monitor and evaluate client care/service, we will:

A. Conduct appropriate clinical monitoring to ensure compliance with the home health and hospice COP’s and standards; these will include, but not be limited to:

* Proper documentation
* Services provided as ordered
* Orders signed
* Appropriate billing of properly documented services
* Alterations in records noted and explained
* Accurate cost reports
* Appropriate contract development
* Policy and Procedure development, review and implementation

 B. Develop Hospice QAPI monitoring of clinical outcomes and processes to continually improve the quality of hospice care delivered.

C. Develop Objective Outcomes Based Measurement and Outcomes Based Quality Improvement Processes to measure and continually improve the quality of clinical care delivered.

1. Outcomes measurement is defined as a change in health status between two or more time points. The appropriate information will be recorded from patient assessment at the start of care and follow-up time points (every 60 days and discharge) during routine patient assessments.

2. The data will be risk or case mix adjusted, as appropriate.

3. The results of the outcomes measurements will be reported back to the staff as information to serve as a stimulus for improvement and also serve as a basis for determining best process practice patterns for standardization.

4. Continued monitoring of outcomes will lead to continual improvement.

1. This will include investigation in the following areas:
* Integumentary Status
* Respiratory Status
* Elimination and Nutritional Status
* Neuro/Emotional/Behavioral Status
* ADL/IADL
* Equipment Management
* Emergent Care
* Agency Transfer and Discharge
* Re-hospitalization

D. Identify and respond appropriately to all sentinel events occurring in the organization, or associated with services that the organization provides, or provides for. A sentinel event is defined as an unexpected occurrence involving death or serious physical or psychological injury or the risk thereof. Serious injury involves loss of life, limb or function as a result of: suicide, medication error, procedure complication, acquired infection, rape, treatment delay, assault, homicide, patient falls, etc. Each occurrence will be investigated to determine the root cause of the event, and an action plan will be developed to reduce the risk of a reoccurrence of the event.

**IV. Program Authority and Responsibility**

A. The governing body (CEO) who has the responsibility and authority for quality of care has delegated the implementation and maintenance of the Performance Excellence Program to the Assistant Vice President of Performance Excellence (AVP-PE).

B. The VP-PE with assistance of the Coordinating Council;

1. Establishes, supports, maintains, and provides the environment, the systems necessary for an effective Performance Excellence Program designed to enhance quality care/services.

2. Conducts appropriate monitoring to ensure compliance with quality standards.

3. Establishes and complies with optimal internal standards and utilizes external regulatory /professional standards [Federal and State Government, Community Health Accreditation Program (CHAP), National Association for Home Care (NAHC), American Nurse’s Association (ANA), the National League for Nursing, and CMS.

C. The important aspects of care and the real/potential problems of client care/services will be identified as high-risk, high volume, or problem-prone clinical areas. Data will be reviewed from:

1. Client segment surveys
2. Competency
3. Clinical Chart Review
4. Complaint File
5. Staff Incident/Occurrence Report
6. Adverse Event Report
7. OASIS Reporting

D. Performance Excellence will be documented, reported and communicated to the appropriate personnel and/or committees.

E. A plan of corrective action will be developed to resolve identified problems.

F. Follow-up on identified problem areas that impact on client care/services will be conducted to ensure problem resolution.

G. The Performance Excellence Program will be evaluated on an annual basis to assess its effectiveness in enhancing high-quality care/services.

**V. Program Organization**

The Performance Excellence Program encompasses all levels of the organization and other departments/councils involved in performance excellence. The Coordinating Council assures that all organizational activities are focused on quality. Specific performance excellence activities are generated and monitored by the Coordinating Council.

**VI. Program Scope and Integration**

The Performance Excellence Program focuses on the quality assessment, evaluation of care, outcomes of care, and services provided by Registered Nurses, Licensed Practical Nurses, Home Health Aides, Private Duty Live-ins, Sitters and Homemakers, Registered Physical Therapist and Assistants, Occupational Therapists and Assistants, Medical Social Services, and Speech Therapist to all clients receiving care. The Performance Excellence Program acts independently and is integrated and coordinated with all departments, committees, and the agency-wide performance excellence program.

**VII. Program Confidentiality**

All performance excellence documents and findings, including but not limited to data collection sheets, reports, minutes, and corrective action plans shall be handled and maintained in a confidential manner.



