

**Illinois Migrant Council Quality Assurance Plan
(QAP)**

**ILLINOIS MIGRANT
QUALITY ASSURANCE PLAN
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The goal of the Illinois Migrant Council Nursing Assessment and Referral Network Quality Assurance Program is to provide an effective and efficient means of monitoring and managing the delivery of health services to assure consistency with established standards of clinical practice and the needs and expectations of the migrant community. The Quality Assurance Plan provides a set of procedures for performance assessment and corrective feedback at all levels including health project clients, clinicians, medical and clinical directors, administration, and the IMC Governing Board.

The Quality Assurance Plan is assessed and revised each year by the clinical and administrative staff to assure consistency with the unique character of the IMC nursing model of service delivery. The objectives of our Quality Assurance Program are as follows:

1. Identify and correct deficiencies in the client health record system.
2. Comply with DHHS primary care effectiveness clinical indicators.
3. Assess and improve the quality of care provided by IMC health care staff and referral physicians including compliance with a) standards of clinical management established in our Policies and Procedures Manual and b) the goals and objectives set forth in our Health Care Plan.

QUALITY ASSURANCE PERSONNEL AND RESPONSIBILITIES

1. The Quality Assurance Committee (QAC) consists of three (3) standing members; the Clinical Services Director, the Medical Director and one Central Office Representative (Director of Health Services or Health Resources Coordinator). In the case of dental quality assurance reviews, the Medical Director is replaced by the Dental Director. The Committee conducts annual Quality Assurance reviews at each Nursing Assessment Referral Network (NARN) site as per the procedures outlined below.
2. Regional Nursing Coordinators at each NARN site, with direction and review provided by the Clinical Services Director, are responsible for conducting client record audits for adherence to medical record standards and compliance with DHHS clinical indicators. They are also responsible for seeing that Client Satisfaction Surveys are completed at each site.

3. The Clinical Services Director will complete Random Health Record Audits for Quality Care and assist Regional Nursing Coordinators with other quality assurance activities during bi-weekly team visits so that the review can be completed each year by the end of July, leaving ample time to implement corrective action plans.

The procedures for quality assessment and corrective feedback for each of the four Quality Assurance objectives are outlined below.

QUALITY ASSESSMENT PROCEDURES

A. Random Health Record Review for Completeness

Responsibility: Regional Nursing Coordinator and Clinical Services Director

1. Randomly select and review 20% of each site's active client records annually by June 30.
2. Record data results and specific comments on client record deficiencies on the Client Record Review Worksheet and Summary Sheet.
3. Discuss client record review and corrective action plan with site health staff and submit Corrective Action Plan in writing to Quality Assurance Committee within five (5) working days.
4. The Quality Assurance Committee will review the Corrective Action Plan and approve/suggest changes within ten (10) working days.
5. If serious deficiencies are identified, the Quality Assurance Committee will conduct another Health Record Review within fifteen (15) days of their review of the Corrective Action Plan.
6. The results of the Health Record Review will be submitted to the IMC Health Committee and Governing Board for review, comment and approval at the next scheduled Board meeting.

B. Random Health Record Review for Compliance with BCRR Clinical Indicators

Responsibility: Regional Nursing Coordinator

1. Complete BCRR Table 5 Record Audit annually using DHHS/BHCDA guidelines by August 15.

2. Develop Corrective Action Plans where necessary; review with health staff and submit to the Quality Assurance Committee within five (5) working days.
3. The Quality Assurance Committee will review Corrective Action Plans and approve/suggest changes within ten (10) working days.
4. If serious deficiencies are identified, the Quality Assurance Committee will conduct a follow-up audit within fifteen (15) days of their review of the Corrective Action Plan.
5. The results of the BCRR Table 5 Audit will be submitted to the IMC Health Committee and Governing Board for review, comment and approval at the next scheduled Board meeting.

C. Client Satisfaction Survey

Responsibility: Regional Nursing Coordinator

1. Client Satisfaction Surveys will be completed by active clients and submitted to the Quality Assurance Committee by August 15.
2. Make Spanish-English Client Survey available to all clients at IMC offices and migrant camps. Provide drop boxes to assure anonymity.
3. Submit completed surveys to the Quality Assurance Committee for review by August 15. The QAC will respond with suggestions for change within ten (10) working days.
4. The results of the Client Satisfaction Surveys will be forwarded to the IMC Health Committee and Governing Board for review, comment and approval at the next scheduled Board meeting.

D. Random Health Record Audit for Quality of Care

Responsibility: Clinical Services Director and Medical Director

1. Select at random and review a minimum of twenty (20) records from each NARN site Clinical Services Director and Medical Director by July 15. Health records to be reviewed should include two (2) of each of the following conditions selected randomly from each category: 2 prenatal clients; 2 chronic condition clients and 2 charts from each age category: (0-4, ~~5-9~~, 10-14, 15-19, 20-34, 35-44, 45-64, 65+).

12-14 15-19 18-19 20-34 35-44 45-64

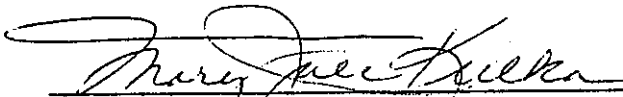
includes 2 chr cond.

5-11

2. For dental quality assessment reviews, twenty (20) dental records will be selected randomly for review.
3. Health records will be assessed for:
 - a) adherence to protocols, policies and procedures established in the NARN Manual;
 - b) standards of sound medical practice including appropriateness of diagnostic tests, treatment plans and follow-up; and
 - c) consistency with IMC Health Care Plan goals and objectives and individual health care plans where indicated. (See attached Review Forms for content and format).
4. The Quality Assurance Review will be conducted by the Clinical Services Director and Medical Director in consultation with each Regional Nursing Coordinator. The findings of the Quality Assurance Committee will be recorded on the Quality Assurance Review forms for each record audited.
5. Findings pertaining to the care given by the IMC nursing staff, including a Corrective Action Plan, will be forwarded in writing to each Regional Nursing Coordinator within five (5) working days. In addition, the Clinical Services Director will conduct a team meeting with each Regional Nursing Coordinator to discuss strengths and weaknesses identified in the Quality Assurance Review.
6. With respect to findings pertaining to the quality of care provided by IMC referral providers, a letter citing strengths and deficiencies and a Corrective Action Plan will be sent by the Medical Director to each contract physician reviewed within ten (10) days of the Quality Assurance Review. If serious deficiencies are identified, the Medical Director will meet with the physician in question to address deficiencies.
7. If serious deficiencies are identified in the quality of care provided by either IMC staff nurses or contracted physicians, a follow-up review will be conducted within fifteen (15) days by the Quality Assurance Committee.

8. The results of the Quality Assurance Review will be forwarded to the IMC Health Committee and Governing Board for review, comment and approval at the next scheduled Board meeting.

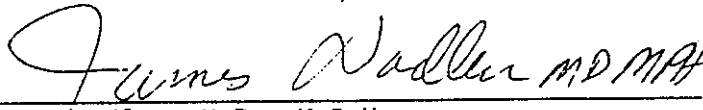
Quality Assurance Plan Revised and Approved October, 1990



Mary Jule Kulka, R.N., B.S.N. M.S.
Clinical Services Director

10/23/90

Date



James Nadler, M.D., M.P.H.
Medical Director

11/19/90

Date

ILLINOIS MIGRANT HEALTH PROJECT
Quality Assurance Review Sheet

Site _____ R.N. _____ Date of encounter _____
 B.D. _____ Sex _____ Age _____ Date of audit _____
 Presenting problem(s) being assessed _____

Nurse Care

Presenting nursing problem and/or diagnosis documented on referral and/or narrative

	YES	NO	N/A
Nursing assessment completed Comment: _____	_____	_____	_____
SOAP utilized Comment: _____	_____	_____	_____
Follow up appropriate Comment: _____	_____	_____	_____
Client education documented Comment: _____	_____	_____	_____
Client education consistent with Nsg protocol Comment: _____	_____	_____	_____
Appropriate log(s) used Comment: _____	_____	_____	_____
Minimum health maintenance schedule completed Comment: _____	_____	_____	_____
Individual client checklist utilized Comment: _____	_____	_____	_____
Individual care plan utilized for chr cond. Comment: _____	_____	_____	_____
Corrective Action Plan:			

ILLINOIS MIGRANT HEALTH PROJECT
Quality Assurance Review Sheet

Site _____ M.D. _____ Date of encounter _____

B.D. _____ Sex _____ Age _____ Date of audit _____

Presenting complaint(s) documented for episode
by _____ RN _____ MD _____ CHW(S)

Comment:

	YES	NO	N/A
Appropriate doctor's history & physicals documented (O)	_____	_____	_____

Comment:

Diagnosis justified by documentation (A)	_____	_____	_____
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Comment:

Treatment plan appropriate for condition (P)	_____	_____	_____
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Comment:

Follow up and/or adequate instructions documented (P)	_____	_____	_____
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Comment:

Corrective Action Plan:

Quality Assurance Committee Member

Revised 8/90

