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CHAPTER 5. SPINAL CORD INJURY (SCI) QUALITY IMPROVEMENT (QI) PROGRAM

5.01 PURPOSE

a. SCI Service is committed to ensuring high quality patient care for its patient population to include those patients in acute care, sustaining care, and/or rehabilitation

b. SCI-QI representatives will actively review all problem areas associated with SCI veterans regardless of source, e.g., the SCI Service or other services that support SCI. SCI will participate in the resolution of these problems through appropriate action and periodically review the status of previously identified and solved problems. The QI Program shall be closely interrelated with continuing SCI staff education with particular attention to "lessons learned."

5.02 POLICY

a. All SCI centers, SCI outpatient support clinics, and SCI home care activities will plan and implement an effective interdisciplinary SCI-specific QI Program to monitor and improve the quality and appropriateness of services provided.

b. Each SCI Center is to utilize existing QI initiatives and guidance. Within the context of existing facility QI activities, SCI-specific outcome criteria and SCI-specific occurrence screens shall be established.

c. Input into the QI process shall include results from surveys conducted by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and other appropriate organizations as well as from within the medical center, i.e., The Department of Veterans Affairs (VA) patient satisfaction surveys, systematic medical record reviews, drug utilization reviews, and input from the SCI Patient Contact Representative.

5.03 INSTRUCTIONS

The SCI treatment QI plan is provided to assist in the development of a workable quality assurance plan encompassing all of the essential elements necessary to meet applicable JCAHO standards and VA policies. Designed to monitor the quality and appropriateness of SCI care, it may be expanded as long as the QI elements cited here are included.

NOTE: To facilitate coordination and integration of quality improvement elements with those of the medical center's "QI" Program, a copy of the QI plan should be made available to the facility's QI office. Because the QI process contains privileged information, only one copy of the minutes shall be

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made for transmission to the VA medical center's QI Coordinator. The original shall be kept under lock and key by the SCI-QI Coordinator.

a. An interdisciplinary treatment team approach will be employed to monitor and evaluate the quality and appropriateness of care through an SCI-QI Committee. This approach is based on the ten-step monitoring and evaluation process promulgated by JCAHO. These ten steps are:

(1) Assign responsibility;

(2) Delineate scope of care;

(3) Identify important aspects of care;

(4) Identify indicators related to these aspects of care;

(5) Establish thresholds for evaluation related to the indicators;

(6) Collect and organize data;

(7) Evaluate care when thresholds are breached as thresholds can be minimum or maximum;

(8) Take actions to improve care;

(9) Assess and document the effectiveness of the actions; and,

(10) Communicate relevant information to the medical center's quality assurance program staff.

b. The monitoring and evaluation of the quality and appropriateness of patient care for spinal cord injury patients should include the identification of the most important aspects of care:

(1) Clinical indicators and appropriate outcome criteria;

(2) Levels or thresholds for evaluating indicators;

(3) Collection and analysis of information in order to identify opportunities for improving care;

(4) Taking appropriate actions; and

(5) Communicating information to essential individuals regarding the quality of care.

c. The SCI QI Program is designed as a management tool. The information that is generated by the program will assist in problem identification, decision-making and planning. The program specifically will:

(1) Monitor quality and appropriateness of all major aspects of care for SCI veterans;

(2) Identify and correct problems or potential problems which may adversely affect patient care;

(3) Document excellence in patient care;

(4) Assist in optimal utilization of resources;

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(5) Guide in the planning of staff training and development; and

(6) Assist in credentialing and privileging of appropriate staff members.

d. The following individuals and/or the SCI-QI Committee are responsible for implementing the SCI quality improvement activities:

(1) Chief, SCI Service. The Chief, SCI Service, has the ultimate responsibility for the SCI QI Program. However, the responsibility for coordination of the program may be delegated to any member of the SCI treatment team. Other responsibilities will include:

(a) Designate in writing the SCI Quality Improvement Coordinator.

(b) Designate in writing the SCI Patient Contact Representative and ensure that this appointment is publicized within the medical center, SCI Service, and among patients and service organizations.

(c) Designate in writing the SCI Coordinator and QI Committee members in consultation with the nurse manager and other key SCI staff.

(d) Endorse the QI plan developed by the SCI-QI Committee. This will include approval of major aspects of care, outcome criteria, and occurrence screens.

(2) SCI-QI Coordinator. The individual appointed may be any member of the SCI treatment team. The responsibilities include to:

(a) Collect staff input on patient care issues in the form of suggestions, problems, and comments.

(b) Review and summarize incident reports.

(c) Collect and summarize results of SCI-QI monitors.

(d) Develop a tracking system for detection of problems in order to identify trends.

(e) Identify all sources of data to ensure that they are presented to the SCI-QI Committee in a timely manner.

(f) Review minutes of the facility level QI meetings, such as utilization review, Infection Control Committee minutes; staff meeting minutes, etc., and other patient-care related committees.

(g) Provide feedback to SCI staff from QI Committee's deliberations.

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(h) Report and forward minutes from SCI-QI Committee to the medical center's QI Program representatives.

(3) Patient Contact Representative. The Patient Contact Representative will be designated in writing by the SCI Chief, and will be identified to patients, staff, and service organization by picture, name tag, phone number, personal visits on day of admission, newsletters and bulletins. The responsibilities the Patient Contact Representative include:

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(a) Collecting from patients, families, and service organizations input in areas such as: complaints, comments, and patient satisfaction surveys.

(b) Maintaining a log reflecting the input and action or disposition taken on areas listed in Item 1.

(c) Forwarding reports and information to the SCI-QI Coordinator.

(d) Attending SCI-QI Committee meetings to present reports, trends, and actions taken.

(e) Providing feedback to patients, families and service organizations on actions of the SCI-QI Committee.

(4) SCI-QI Committee

(a) This Committee will consist of representatives of all disciplines involved in SCI veteran care such as, medicine, nursing, psychology, social work, and SCI Home Care, etc. The SCI-QI Coordinator and Patient Contact Representative will be ex-officio members. The SCI-QI Committee Chairperson will be designated by the SCI Chief.

(b) Functions of the SCI-QI Committee will include:

1. Development of an SCI-QI Plan and its principal goals. The plan should include all components/programs within the SCI Service (both outpatient and inpatient). If the service renders care to outpatients as well as inpatients, the plan should apply the same standards of quality to both outpatients and inpatients. It should describe the:

a. Patient population (inpatient and/or outpatient),

b. Diagnoses and conditions treated,

c. Treatments or activities performed,

d. Types of practitioners providing care,

e. Sites where care is delivered, and

f. Times when care is provided.

2. Definition of major or important aspects of care with outcome indicators and thresholds for monitoring parameters of care.

3. Analysis of data from monitors, from Patient Contact Representatives and the SCI-QI Coordinator, JCAHO, Systematic External Review Program (SERP), surveys of service organizations, and other pertinent reports.

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4. Formulation of corrective actions for identified problems which will indicate specific action plans to include the following:

a. What is to be done,

b. Who is tasked to do it,

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c. Deadline date (by when), and

d. Mechanism for follow-up of results.

5. Follow-up of actions planned, and tracking the outcomes of the SCI-QI Program.

6. Recommending awards and special recognition for staff contributions for improvement of care.

7. Ensuring integration of SCI-QI process into the respective service's (Nursing, Social Work, etc.) and VA medical center's QI Programs.

8. Evaluating annually the effectiveness and outcome of the SCI-QI Program.

(c) The SCI-QI Committee shall meet monthly. For emergency reasons, the Chairperson may call additional meetings at the request of any member of the staff or SCI treatment team. The minutes of the proceedings of the QI Committee shall be prepared by (to be determined by the Chief, SCI Service) and submitted no later than (to be determined by the Chief, SCI Service) days after the meeting for approval to the SCI-QI Committee Chairperson.

5.04 EVALUATION

Results and achievements of the SCI-QI Program will be documented and will be evaluated annually by the SCI-QI Committee. If necessary, the structure of the plan will be revised in order to achieve desired outcomes in consultations with and the concurrence of the facility's QI Committee/Board, etc.

5.05 EDUCATION AND STAFF DEVELOPMENT

QI findings will be used to assess SCI staff educational needs and in planning for the orientation, inservice training, and continuing education activities. Staff development activities for the SCI staff will include training in the QI process.