

FYI – Updates -- June 2006



F-520 Quality Assurance – New Interpretive Guidelines effective 6/1/06

CHC engaged Mellette, P.C. to assist us in understanding the legal implications of the revised Interpretive Guidelines for Quality Assurance [F-520]. During this engagement, legal representatives for CHC had discussion with CMS representatives, and also considered the implications of the recent passage of The Patient Safety and Quality Improvement Act of 2005 (42 U.S.C. § 299b-21 *et seq.*) which is applicable to nursing facilities. The PSQIA will be covered in a subsequent FYI.

Points of Notice

- It is the policy of CMS that the facility is not required to show surveyors the minutes of particular QAA meetings. CMS insists that Tag F 520 is not intended to interfere with a QAA committee's ability to collect and identify quality issues in a nursing facility. When asked whether review of QAA records could result in quality deficiencies unrelated to a home's QAA efforts, CMS said that its QAA survey is focused on the "results" and not the causes. *The surveyors are supposed to have already uncovered the issues in its general quality review.* They then bring the issues to the QAA representative, reviewing the records provided for any QAA compliance issues.
- The nursing facility must demonstrate compliance with its QAA program. How it establishes and demonstrates compliance is up to the individual facility. If a facility wants to share its minutes it is free to do so. If it wants to provide some other documentation, this is also acceptable, as long as the survey team is able to determine that:
 1. The QAA committee was aware of the problems;
 2. After identifying the problems, the QAA committee instituted a corrective action;
 3. The corrective action was implemented; and
 4. The end result reflects the QAA committee's efforts.
- QAA minutes and documents produced by or reported directly to the QAA Committee may be confidential and privileged from review by surveyors or others at the nursing facility's option.

Best Practice TIPS

- **Evaluate your current QAA Committee policy** – does it define which material is "*Confidential – Privileged Under Virginia Code §8.01-581.16 and 17 – For Quality Assurance Use Only*"; does it define the role and responsibility of the Committee and subcommittees?
- **Examine your QAA Committee minutes** – do they demonstrate NF responsive actions including root cause analysis with responding corrective action plans? This means taking the data, documenting your response/plan and then monitoring for effectiveness
- **Create a meeting "sign-in record"** that will be attached to your minutes to validate participation in the Committee
- **Examine your QAA Audit Tools** – are they labeled as such; where are they maintained and for how long?
- **Examine your contracts with consultants who may be engaged in audit/analysis projects** – are reports/recommendations addressed/communicated to the QAA Committee; are the reports identified as "*Confidential – Privileged Under Virginia Code §§ 8.01-581.16 and .17 – For Quality Assurance Use Only.*"
- **Educate and involve your entire organization in culture of Quality Improvement**
- **Document your analysis and plans of correction** – refine as change is needed

