

QI Program
2008
Quarter 1
January-March

XXX Home Medical

XXX Home Medical

Quality Improvement Meeting Minutes

April 10, 2008

10:00 AM

The QI meeting has been called to order.

Present Are:

Jane Doe QI coordinator

John Doe Customer Service representative

Tim Doe Delivery personnel

This is the first meeting for XXX Home Medical. The purpose of this meeting is for the implementation and ongoing monitoring of services that are provided to the customers that we serve. As outlined in our QI outcome improvement plan, we will review the information that has been collected and analyze the data to help our company improve in its day to day operations. Information will be reviewed and presented to the governing body/owner and to the employees of XXX Home Medical.

At least annually a complete evaluation will be done by the governing body/owner and it will be decided if any changes to the overall program need to be adjusted to help with the improvement of the business operations

Old Business: None
 First Meeting of QI Committee

Is there any other business that needs to be reviewed?

Since there is not other business we will have our next meeting on July 10 2008 and will review all of the latest findings and how we have address the corrective measures of our recent findings.

The QI coordinator will review these finding with the staff next week at our staff meeting.

Signature of each present:

PLANS OF CORRECTION

The written Plan of Correction is based on each of the QI findings that did not meet the threshold set and all negative findings (complaints, incidents, adverse events, unsatisfied patients, coding or billing errors etc.) A review of these plans must be performed by the company's Governing Body after each meeting. After each reporting period the overall program will be evaluated by the QI committee and committee meeting minutes will be documented.

At year each an annual summary of the program will be created and forwarded to the Governing Body for review and approval.

REVIEW:

Title: _____

Print Name _____

Signature: _____

Date: _____

Audit 1 for Incidents and Adverse Events

Incident 1: Patient called in after our normal business hours and has not had any contact from the company. Her oxygen level is low on her portable and she does not want to run out

Company follow – up and correction:

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Incident 2: Referral source called into our office and the portable has not been delivered. Patient is ready to go home.

Company follow-up and correction:

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Incident 3: A caller that would not identify himself said that they got our number off the side of the van and it was driving at a high rate of speed and felt that we should know about this unsafe driving.

Company follow – up and correction:

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Audit 2 for Complaints

Complaints are reviewed by using 2 processes with collection of data information. The first is using our company Complaint Log and have this review done both at the time of the complaint and again review at this meeting each quarter. We will also collect negative data from the patient satisfaction survey's patient comments section. As stated in Audit 5 data will be collected by the QI coordinator

Below is a listing of the patient complaints that have been documented for this quarter Jan – Mar 2008

My oxygen tank did not last long enough.

My power chair will not hold a charge.

I can not pay this amount of money each month.

This tank is too heavy

This CPAP mask does not fit my face

I can not figure out how to use my new meter.

What does all of the paperwork mean?

Company follow – up and corrections:

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Audit 3 for the patients understanding of the equipment delivered

GOAL 4.5

* Question Number 6 on the Patient Satisfaction survey ask the patient or their caregiver how well they understand how the equipment works. Please refer to Audit for Patient Satisfaction Survey for how data was collected.

There were a total of 126 responses to this question with the data collected between Jan – Mar 2008. These responses were broken down into 4 possible choices and the breakdown is as follows:

12	(9%) -	5 - (Extremely Satisfied)
105	(83%)-	4 - (Satisfied)
7	(6%) -	2 - (Dissatisfied)
2	(2%)-	1 - (Extremely Dissatisfied)

Findings: 3.91

Please refer to Graph #1

Company follow – up and corrections:

Sample: Review of this data reflected that more work needs to be done to facilitate better training to our patients at the time of delivery. An in-service will be conducted with our in home staff by April 30, 2008 to review the procedures for the teaching of the equipment that we deliver. Since we believe that this is a serious problem, Our QI coordinator will review this data on a monthly basis until our objectives are met.

Audit 4 for monitoring of coding and billing errors

Objective is to monitor aspects of the denials that we received for the claims that we submit. Goal is to achieve low denials based on mistakes that are made with our billing procedures. Goal would be 0% denial rate. Data will be collected each month by our billing supervisor.

*Monitoring will be done to help in the process of the denials that are received back from our payer group. Each of the denials for payment will be divided into 3 groups:

- Medicare
- Medicaid
- Private Insurance

Each of the groups will be monitored for the following reasons

- a. Item not covered/Not medically necessary
- b. Item not covered due to diagnosis or diagnosis incorrect
- c. Missing or invalid procedure code
- d. Deductible not met
- e. Other

There were a total of 24 denials for the period between Jan-Mar 2008

	Medicare 74%	Medicaid 12%	Private 14%
a.	5	2	2
b.	4	1	1
c.	3	0	1
d.	1	0	1
e.	2	1	0

Please refer to Graph #2 for results

Company follow – up and corrections:

Sample: The data that was collected noted a lot of items that have been denied due to not medically necessary. We will reevaluate our process on intake and information gathering at the time of the referral and confirmation during the first delivery. We will modify our process for information gathering no later than May 15, 2008 to decrease the denial rate for all payer sources. Governing Body will receive and review all recommendations for approval.

Audit 5 for patient satisfaction surveys

* Patient satisfaction surveys are collected once a week by contacting all of our new patients for the past week. This will be done by phone call to the patient or to a caretaker of the patients that have received our services. This data will be collected by our customer service representative and will include 100% of all new patient set ups. There will also be a random check of 5 patients per month that have been on our service greater than 12 weeks to monitor ongoing satisfaction with our services.

There were a total of 141 surveys done by phone from the period Jan – Mar 2008. All data reviewed is noted in Audit 4 graph. Question #6 totals are not included in this score since it was been addressed in Audit # 3

Goals for Patient Satisfaction Audit is 4.50

- 5 - (Extremely Satisfied)
- 4 - (Satisfied)
- 2 - (Dissatisfied)
- 1 - (Extremely Dissatisfied)

Rating	5	4	2	1
Question 1	38	91	9	3
Question 2	24	103	11	3
Question 3	26	102	10	3
Question 4	23	106	9	3
Question 5	39	89	10	3
Question 6 (Not Included)	16	119	6	3
Totals	166	610	55	18
Percentages	20%	72%	6%	2%

Findings: Overall Satisfaction Rate of 4.00

Company follow-up and corrections: (Note include follow up plans for all unsatisfied patients)

Audit 6 for Client Record Review

* Patient charts are reviewed the week before the quarterly QI meeting. This review is conducted by the QI coordinator. This audit will be changed each quarter to monitor different aspects of the client record. On this audit we have reviewed 100% of all power wheelchairs and scooters that have been sold over the past 6 months. We look for all of the proper documentation that is needed to bill the payer for the equipment delivered, specifically physicians notes and/or prescription is present in the file.

Goal is 100% compliance with all billing regulations and 98% compliance with policy documentation requirements in the patients file.

There were a total of 32 sales made for the past 6 months and findings were 100% compliance all billing regulations and 99% compliance with policy documentation requirements in the patients file for these products.

Company follow-up and corrections:

No follow up needed since the threshold was met

Audit 7 for compliance of delivery times

* All deliveries to new patients will be monitored to review for timely delivery. The data will be collected by our supervisor of customer service each week. The goal has to set to achieve 100% delivery times as promised to the patient or to the referral sources.

Data Collected

The Customer Service Representatives have reviewed the delivery tickets for the 126 patient set ups for this quarter and compared the delivery date and time to that promised and entered in the patient's Intake Form.

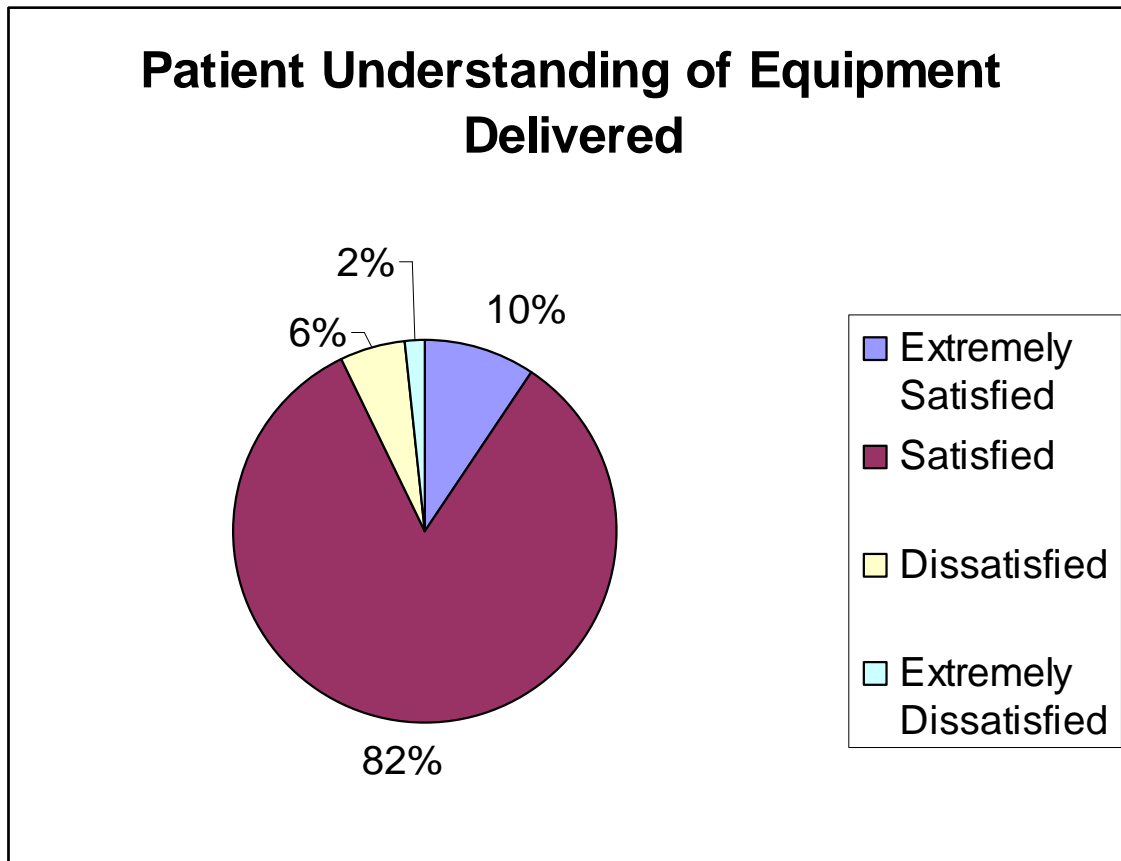
GOAL: 90 % delivery within date and time promised

Findings:

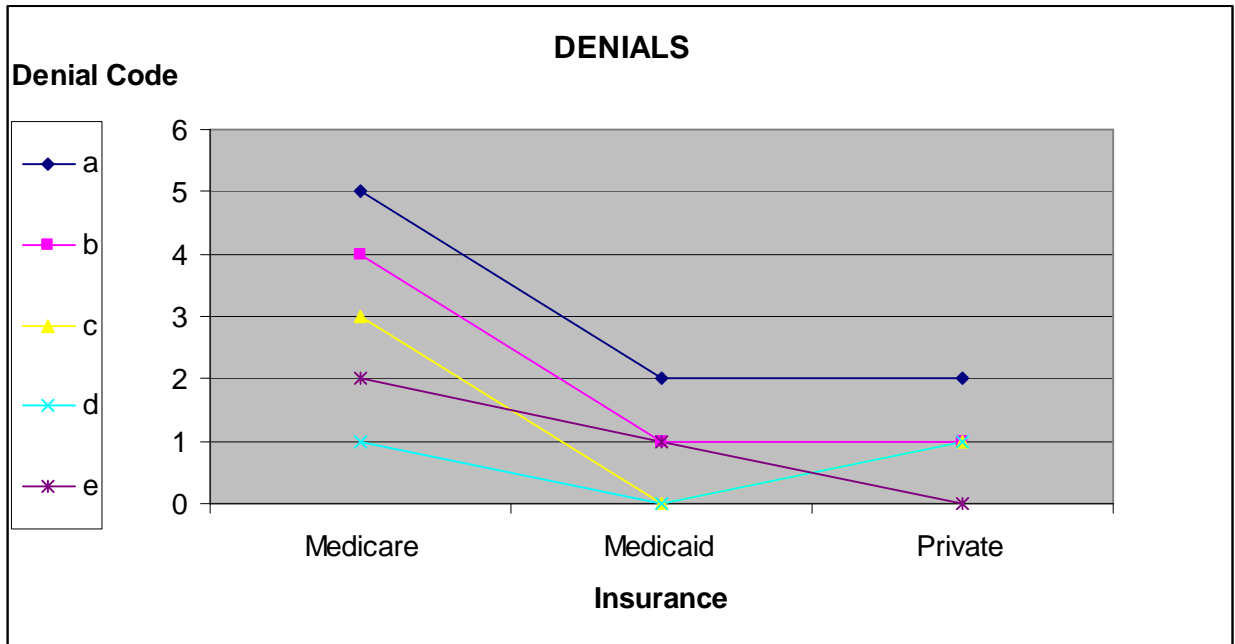
Completed by date and time promised:	-	87%
Completed within 24 hours after the date and time entered	-	6%
Completed within 48 hours after the date and time entered	-	5%
Completed after 48 hours of the date and time entered	-	2%

Company actions and corrections

GRAPH #1



GRAPH #2



SAMPLE

NOTE:

The audits provided are a sample of the information that can be provided to your company to comply with CMS Quality Standards and accreditation standards.

AHCC will provide all audit tools required with an explanation of how to use and complete them. We can also provide onsite service to complete all internal audits for your company and offsite service to complete your patient satisfaction survey requirements.

AHCC will provide complete graphing and can benchmark your results to other home medical equipment companies.

AHCC can provide appropriate Plans of Correction for each threshold that falls below company mandated standards.

Call or email us for a proposal.

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