CHILd Health Monitoring & Quality Improvement Recommendations

Debby Moyer, Best Practice Unit Nurse Consultant
Jean Vukoson, State Child Health Nurse Consultant

Training Objectives
- Provide best practice recommendations to improve local internal audit and QI processes to assure compliance with:
  - Current Health Check Billing Guide (HCBG) requirements for preventative services
  - CMS billing & coding guidance for E&M services
  - NC Board of Nursing licensure requirements for nurses (scope of practice compliance)

Background & Current Context
- Interagency Memorandum of Understanding (IMOu) with DMA to provide monitoring for clinical services provided by LHDs
- IMOU requires report of monitoring findings
  - Corrective Action Plans (CAPs) and resolution
  - External monitoring every three years & additional assessments by regional consultants
  - QI approach to identifying and resolving identified non-compliance issues
Child Health Program Review Trends

- Increase in Corrective Action Plans (CAP) due to non-compliance with HCBG requirements
  - Increase in reports to Medicaid
  - Increase in documentation indicating practice outside nursing scope in all programs
  - Increase in reports to NC Board of Nursing
- New monitoring and consultative follow-up model developed in response to trends

Child Health Monitoring Process
based on continued findings & our QI process

- Our goal is to develop a CAP which will resolve the issues and an infrastructure to prevent future non-compliance
- The BPNC will:
  - Train agency staff in audit tools and documentation expectations
  - Provide the agency a summary of the findings at the audit debrief
  - Immediately share the findings summary with the RCHNC
  - Provide instructions for starting root cause analysis in preparation for CAP development

- The RCHNC will:
  - Work with the agency to develop a CAP based on root cause analysis
    - 5 Whys & Fishbone Diagram
  - Focus is on system change vs education only
    - Map & assess clinical process (check-in to discharge) to identify areas for revision or addition of compliance cues
    - Develop/revise clinical policies and procedures & standing orders to support compliance
    - Orientation & ongoing training of staff to assure embedding of compliance
Child Health Monitoring Process
based on continued findings & our QI process

- The RCHNC will:
  - Continue focus and technical assistance on effective internal audit & QI processes
  - Provide staff training on HCBG and billing & coding requirements
  - Share/train on QI resources and processes
  - Work with the agency to develop effective CAP to resolve findings within 90 days

- CAPs must be resolved in 90 days from development of the CAP as demonstrated by follow-up audit by the BPNIC
  - The health director and DON will be involved in CAP requirements
  - If the agency is not able to demonstrate compliance with HCBG requirements in 90 days, the findings will be discussed with Division management for a plan for next steps

- Program Review Findings Report
  - The Best Practice Unit Nurse Consultant is providing quarterly Audit Findings Report (without county names) in the NCAPHNA Children & Youth report
  - LHDs are urged to establish processes for review of the report, comparison to internal audit findings, and communication of reminders with local staff
  - REVIEW HANDOUT
## Getting Started

### Monitoring Requirements
- The Consolidated Agreement Requires all LHDs to perform an internal audit in all programs at least annually
- Best practice recommendation:
  - at least every six months
  - more frequently with new HCBG requirements or new providers or clinical staff
  - weekly for three months to ensure guidance is embedded in practice

### Getting Started

#### Tools & Resources
- **DPH Audit Tools & Instructions:**
  [http://www.ncdhhs.gov/dph/wch/lhd/cyforms.htm](http://www.ncdhhs.gov/dph/wch/lhd/cyforms.htm)
- **HCBG:**
- **PHNPDU Documentation & Coding Guidance & E&M Audit Tool:**
  [http://publichealth.nc.gov/lhd/](http://publichealth.nc.gov/lhd/)
- **RN Scope of Practice Guidance:**

### Getting Started

#### Audit/QI Teams
- **Multidisciplinary Audit Team:**
  - QI expert
  - Program Content expert
  - clueless individual
- **Multidisciplinary Child Health QI Team:**
  - Responsible for building infrastructure to support compliance & development of CAP if findings
  - Provider
  - Clinical and administrative support staff
  - QI expert
Getting Started
Completing the Audit

- Gather tools
  - Audit tools & instructions
  - Current HCBG
  - E&M audit tool & guidance
  - Randomized list of visits, including visits from each provider
  - Encounter form or crystal client ledger or other billing documentation for the visit
  - RN scope of practice guidance from NC Board of Nursing and PHNPD

- Use a patient identifier to allow review of the chart later.
  - DPH uses Initials/DOB/DOS
  - Record the initials of the provider—assure that records are reviewed for all providers

Getting Started
Completing the Audit

- Review the record (hardcopy or electronic) for the requirements on the DPH audit tool—using the instructions as a guide
- The DPH audit tool supports compliance with HCBG requirements and programmatic requirements
- The audit team must have a content expert on agency policy and procedure and licensure requirements
Getting Started
Completing the Audit

- Does record meet audit requirement based on the instructions? If team needs clarity, refer to the HCBG

REVIEW ACTIVITY

- STEP 1: Review Instructions
- STEP 2: Review HCBG to clarify requirements
- STEP 3: Review billing document
- STEP 4: Review agency policies and procedures or licensure requirements
Getting Started
Completing the Audit

• Health Check Billing guide requirements must be documented regardless of source of payment. Staff should have a clear understanding of the policies and procedures for documentation; policy should support documentation that staff have reviewed and understood the agency’s policies and procedures.
• Did documentation demonstrate agency policy and procedure?
  • Clinical discipline accountability met
  • Agency assessment & documentation standard met
  • Date of Service (DOS) on all record components

Agency policy & procedure continued:
• Did documentation demonstrate RN scope of practice compliance?
  • Is there documentation of consultation & referral for all abnormal findings or deviation from expected care response identified by the RN?
  • Is there clear delineation between RN documentation and NP/PA/MD documentation to demonstrate appropriate RN scope of practice?
  • Do agency nursing standing orders meet NCBON guidelines & does documentation demonstrate compliance?

Getting Started
Completing the Audit

• Review the record (hardcopy or electronic) for the requirements on the DPH audit tool—using the instructions as a guide
  • Were all components of the visit reported or billed correctly?
  • For clarification: refer to pages 85-87 2013 HCBG
Getting Started
Completing the Audit

- Agencies providing primary care services (sick visits) should also audit for appropriate Evaluation and Management (E&M) coding
- RESOURCES:
  E&M Audit Tool & Training: http://publichealth.nc.gov/lhd/
  Resources under the Documentation and Coding section of the webpage

Getting Started
Audit/QI Teams

- Multidisciplinary Audit Team:
  - Clueless individual
  - QI expert
  - Program Content expert

- Multidisciplinary Child Health QI Team:
  - ROLE: Responsible for building infrastructure to support compliance & development of CAP if findings
  - Provider
  - Clinical and administrative support staff
  - QI expert

Next Steps if Findings
QI Approach

- Root cause analysis:
  - What system processes defaulted to the error?
  - How can system processes support compliance?

- System processes to be assessed:
  - Work flow (front desk to discharge)
  - Policies & procedures, standing orders
  - Communication structure & processes
  - Orientation, competency assessment, ongoing training
Next Steps if Findings
QI Approach

• Review 5 Whys HANDOUT
  • How does clinical process impact outcome?
  • What other questions would you have asked?
  • Have you used the 5 Whys to identify root causes for other identified issues?

Best Practice Well Child Visit Flow
Visit Outcome Goal: Optimal Health Literacy

Registration
- Eligibility
  - Check Medicaid status prior to or at registration to avoid Eligibility step
  - Give parent SF forms to complete prior to seeing Provider

CA or RN Check-in
- Visit sign-in
- Measurement & plotting
- Assure Dev. screens, HX & pre-vist forms are complete (no need to review with parent)

Provider Assessment & Plan of Care
- Review HX, pre-visit, Dev screens, measurements, & share with parent
- Plan of Care
- Brief education
- Reminder re next WCC

RN or Provider Discharge
- Lab if indicated
- Provide immunizations, more extensive education
- Coordinate referrals & FU
- Reminder re next WCC

Limited process steps & messengers
Focus on provider as priority messenger

Opportunity for compliance cues

Traditional Fishbone Example

Cause and Effect Diagram: "Fishbone"

RESOURCE: http://www.ihi.org/resources/Pages/Tools/CauseandEffectDiagram.aspx
Model for Improvement

What are we trying to accomplish? (AIM)

How will we know that changes are an improvement? (MEASURES)

What changes can we make that will result in an improvement? (IDEAS)

PDSA Cycle

Use the PDSA cycle to test changes

Generating Ideas Resource:
• Communicate impetus to change
• Reinforce messages with multiple & varied communication processes, policy & procedures, & progress data feedback
• Expect resistance during embedding process

Putting It All Together
QI Approach & Resources

Audit Findings
- DHMT Audit & Instructions
- CMS Guidance
- Agency Policy & Procedures

Root Cause Analysis
- 5 Whys
- Fishbone Process
- Agency QI Resources

CAP Development
- Implementation Model
- RACI
- Agency QI Team
- PCORI

Change Communication
- Change Process
- Communication
- NQF/NCORP Spreading & Sustaining Change

CAP Resolution
- DHMT Audit & Instructions
- NQF
- NQF/NCORP Guidance
- Agency Policy & Procedures

Ongoing Monitoring
- Improvement Model
- Agency QI Infrastructure

Communicating, Spreading, Sustaining Change
• How to Improve: Institute for Healthcare Improvement
  http://www.ihi.org/resources/Pages/HowtoImprove/default.aspx

• Communicating for Change: Institute for Healthcare Improvement
  http://www.ihi.org/resources/Pages/Changes/CommunicationStrategiesForSpreadingChanges.aspx

• Spreading & Sustaining Change: NC Center Public Health Quality
Questions and Comments

- Please type your questions into the CHAT Box
- If you have questions after the training, please contact your RCHNC or
  - Debby Moyer, Best Practice Nurse Consultant
debby.moyer@dhhs.nc.gov
  - Jean Vukoson, State Child Health Nurse Consultant
jean.vukoson@dhhs.nc.gov