D.D. BAINBRIDGE & ASSOCIATES, INC.

QA IN THE BILLING DEPARTMENT

Bridging the Healthcare Performance Gap

BUILDING YOUR DEPARTMENT'S QUALITY CONTINUUM

A healthy quality program has three critical components. These include quality assurance, quality improvement and performance improvement. Together, they are collectively known as the quality continuum.

Just as every healthcare organization needs to have a healthy quality continuum if it is to be operationally and financially successful in meeting the needs of its patients and communities, every department needs to have an effective continuum if it is to be what it needs to be for the organization. A strong quality continuum helps an organization in living up to the expectations of the people who count on it to meet their needs for access to great patient care.

Historically, the healthcare team has been thought of as those clinically-oriented departments that are directly involved in the delivery of patient care. While they are key members of the team, it is important to recognize that they could not be as effective in their roles if it were not for the contributions of the non-clinical members of the team such as the billing department. It would be unlikely that local access to care or an appropriate environment in which to deliver safe patient care would be possible if it were not for the efforts of the people who manage patient accounts and secure payment for services rendered.

The billing department controls one of the most important encounters in the patient experience in today's market. This very important department controls the last impression that people have of the healthcare organization. This impression is a lasting one and because it is the last one, it is generally the most memorable. Poor billing encounters can do a lot of damage to an organization's reputation, particularly if they appear to be part of a pattern that people in town can talk about. (See the on-line module titled *Building the Patient Experience*.)

Human nature prompts people to remember last impressions with a greater fervor than they remember any other encounter. Because billing also impacts people financially, it is important to them. Unfortunately, many people who work in billing departments do not understand how the outcomes of the billing process can make or break a healthcare organization's reputation. If the bill is not a good encounter, it can negatively impact patient perception of general quality. Some of the important impressions that billing controls are:

1. How timely is the billing process?
2. How accurate is the bill? (remember accuracy is important. Patients don't understand PPS and they don't really care to understand it. To them it doesn't matter how much a hospital will get paid. Their measure of a provider's merit is the accuracy of what they see on the bill? If they only got six Aspirin, they want their bill to reflect that.)
3. How easy is it to resolve concerns or issues with the bill?
4. How timely does the final self-pay bill come?

In addition to final impressions, the billing department has a significant impact on the flow of money into the organization. The ability to pay bills, purchase new equipment, pay employees a competitive wage, and strategically invest in the organization's future is largely controlled by the billing department. As you review the enclosed list of quality assurance activities for which the billing department has primary responsibility, one can appreciate just how important this department's role is as a member of the healthcare team.

A healthy quality continuum allows our people to know that:

1. ***they are in control of their futures;***
2. ***their efforts make a difference, and***
3. ***that they are part of creating something better for tomorrow than what already exists today.***

They come to appreciate the contributions they make in meeting the mission and creating the vision of the organization.

SO WHAT IS QUALITY!

Quality in healthcare encompasses the ability of an organization or provider to make patients feel very well cared for at the same time they are making them feel deeply cared about. When patients define quality, these are the two things that they repeatedly say they are looking for. For health care's customers, these seem like pretty easy requests and they are becoming less and less tolerant when providers don't get them right.

In today's healthcare environment, quality is about making people feel safe in an environment where they can also feel that they are receiving state-of-the-art care from people who are on top of those variables that could place them in harms way. Safety is a pretty broad term for patients as it ranges from a sense of feeling physically safe in the environment to feeling that they are receiving the very best care that can be delivered by people who genuinely care about the outcomes that their actions lead to. They also want to feel informed and in control of their patient experience.

For the people in the billing department, quality means accurate and timely billing that is sensitive to the need for patients to feel that they are in control. The payer systems in health care are complex and often difficult for experienced healthcare professionals to understand. For the average patient, it is commonly a trip into the twilight zone. The user-friendliness that a healthcare provider can drive into the billing process can go a long ways in building healthy relationships with patients and communities.

The average patient can not actually judge the quality of the patient care they receive to a level that creates a genuine level of comfort. They can not determine if the battery of tests being ordered by the physician are truly the best tests or if the treatment and drugs are truly the best interventions. Because they need some measures that help them to feel good about their choices, they tend to rely heavily on pseudo-measures of healthcare quality.

Pseudo-measures are measures that patients and family members can judge more easily because they are familiar with what they are and what they should look like if quality exists. The most common pseudo-measures in healthcare have traditionally been cleanliness, friendliness, physical appearance, physical safety, quality of the food and the perception of teamwork. Billing is taking an important role as a very influential pseudo-measure. If these pseudo-measures convey a sense of quality, people assume that there is a pretty good chance that the quality of the clinical care is good also.

The measure of quality for people looking to health care is found in the attention to details that they observe. The more attention to details that they witness in pseudo-measures, the more comfortable they are that the same attention is given to the details of direct patient care. Great reputations are not built on being average. They are built on reaching well beyond average and paying close attention to the details that convey a message that providers take their roles in the delivery of great care seriously.

WORKING WITH YOUR QA CALENDAR

The quality assurance calendar is a tool that helps a department to organize and mange its quality assurance and compliance-related activities in a way that reduces resource consumption and the risk of falling behind (see the PACE Workbook on *Working with Your Quality Calendar*). Historically, healthcare organizations have not utilized highly structured systems to collectively organize and manage their quality assurance or compliance-related activities. The lack of such a system has been one of the major contributing factors in prompting healthcare organizations to find themselves in trouble on surveys and having to put an inordinately large number of resources into ongoing efforts to maintain the basics.

Quality and compliance inside health care does not just happen. They are activities that need to be managed. As one looks at the list of compliance and quality assurance-related activities on the following pages, it is obvious how easy it would be to overlook something or get behind if you do not have a system that allows you to manage the activities.

As most of these activities are time sensitive, once they don't happen it is impossible to make them up. For example, if clean claims are not filed within the timeframe required by a payer they can force a healthcare provider to have to write off the claims and go without payment for those services. If self-pay bills do not get dropped for months after the patient's visit to the organization, there is an increased potential that no payment will be received.

As the healthcare industry continues to become more complex and more and more is asked of our people, systems like the quality calendar can help to better manage activities as it becomes increasingly necessary to find ways of doing more with fewer resources. The answer is not in working harder. It is in working smarter and the quality assurance calendar is a tool that can help department managers to do that.

Some important points in using your calendar are:

1. Only schedule activities that must be done on a Monday for that day. Mondays tend to be bad days in healthcare organizations because of the many issues that spill over from the weekend. As most legal holidays fall on Mondays, it is the one day of the week that prompts people to more easily get behind because things from the holiday must be pushed to Tuesday.
2. Similarly, it is best if you minimize the number of flexible activities that need to be done on a Friday because that is generally the day that people are pushing to get things done for the weekend. It is also the most common day that people request off to have a long weekend.
3. Try to always set the schedule up so that compliance related activities never consume more than two hours in a given day for any one person. This is one of the reasons that a calendar is so helpful. It allows you to plan and balance things out. Most people can plan to commit up to two hours of the day to designated activities. They can also tend to find time to make those activities happen even on a day when there seems to be one crisis after another.
4. Try to always set the schedule so that

WORKING WITH YOUR QA CALENDAR

the compliance activities are carried out as early in the day or shift as is possible. If people get the compliance activities out of the way first, it is easier to make sure that they don't get lost in the chaos of the day.

5. Always set a specific time for an activity to be done. One of the common mistakes that we make in health care is to tell people to get things done before the end of the day. Because these activities tend to be viewed as extras or incidentals by many of our people, they tend to do better in getting them done if the expectation for completion is well defined. For example, if the maintenance director tells a worker to check water temperatures sometime before the end of the shift the employee is much more likely to forget than if he is told to complete the task right before coffee break or between the hours of 8:00 a.m. and 9:00 a.m.

6. Spread the activities across the workforce. The more people involved, the easier it is to reduce the amount of time that the activities will take. Many areas of a healthcare organization suffer from a syndrome called STP— "the same ten people" (or in some places, it can be the same two or three people.) The more responsibilities that are placed on a smaller number of people, the greater the chance that some won't happen. The calendar is designed to assign responsible parties to activities. Involving the staff in these accountabilities increases their awareness of the activity, can serve as an educational activity and increases what a department can accomplish. The biggest problem with "STP" is that when those ten people max out, so does the department or the organization. It is important to break through these self-imposed glass ceiling if people are to make our healthcare organizations everything they can be.

7. For activities that impact more than one department, make sure that they are on the calendar for each entity impacted. This creates a safety-net for the activities because we now have two or more pairs of eyes watching them. For example, humidity levels for the operating room would be on calendars for maintenance and the operating room. While it is generally the maintenance and engineering staff that actually check the humidity levels, it is the operating room's standards of practice that humidity levels be maintained within the recommended range. It is not a sign of weakness to create a system of checks and balances but it is a sign of weakness to let turf wars get in the way of success and patient safety. Another good example would be pest control in the kitchen. This is a shared responsibility for dietary and maintenance. When organizations have two sets of eyes monitoring for the same activity, they reduce the potential for error.

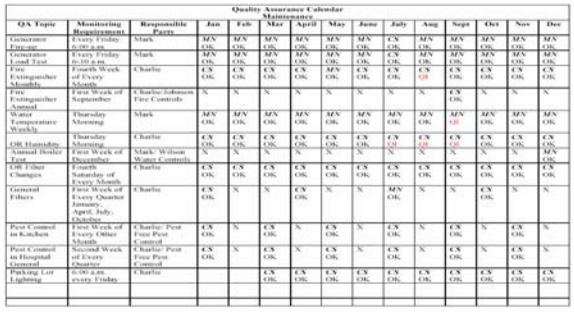
8. Schedule the more flexible activities around the work demands in the department. The demands on most departments in a healthcare organization fluctuate to varying degrees. To be respectful of the workforce and increase the potential for getting the work done, it is important to schedule activities to increase their potential for success. For example, snow removal and yard work may make the winter, spring and summers busy times for the maintenance departments in many areas of the country. October and November may represent a narrow window of time where the demands are fewer and be the best time for things like annual policy and procedure review.

9. Require that documentation on the calendar is completed before leaving the building each day and preferably within two hours of completion. Allowing people to catch up documentation of activities increases the likelihood that appropriate documentation won't get done. It also increases the likelihood that the activity will not get done. Having to document in a timely manner means that employees are more likely to remember to do it and do it accurately.

10. The manager should check the calendar every day. It doesn't take long to glance down through it to make sure every box is filled in and it saves the manager from having to play the "Did-Ya" game. The "Did-Ya" game is one where managers waste time and energy running around all day saying "did ya" to make sure things are getting done. This kind of activity wastes time, takes the manager away from more important things (like helping to build the organization's future) and can be pretty damaging to staff relations. Checking the calendar every day also saves the manager from any unpleasant surprises. It also conveys the importance of the activities to the work force. There is nothing more contradictory to a workforce than to have a manager who says something is important but his or her behavior conveys just the opposite. Checking the quality calendar every day is one way a manager can walk the talk.

11. Group activities in ways that promotes efficiency and effectiveness. For example, many of the safety monitoring requirements can be achieved as part of well-defined safety rounds. Safety rounds conducted once or twice a month can accomplish a lot in a short period of time. When married to infection control surveillance, such rounds could be highly productive activities.

12. Look for opportunities to increase efficiency through teamwork with other departments. For example, in one hospital, housekeeping staff touched up painted surfaces in patient rooms where the paint had been chipped away during the patient's stay. They did this during terminal cleaning of the room after patient discharges. The maintenance and housekeeping staff found this to be a more efficient use of people's time than the old system where housekeeping would fill out a maintenance request and then maintenance staff would come up and repair a few chipped paint surfaces.



Quality Assurance Calendar
Maintenance

QA Topic	Monitoring Requirement	Responsible Party	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Generator Fire-up	Every Friday 6:00 a.m.	Mark	MV OK	MV OK	MV OK	MV OK	MV OK	MV OK	CS OK	MV OK	MV OK	MV OK	MV OK	MV OK
Generator Load Test	Every Friday 6:10 a.m.	Mark	MV OK	MV OK	MV OK	MV OK	MV OK	MV OK	CS OK	MV OK	MV OK	MV OK	MV OK	MV OK
Fire Extinguisher Monthly	Fourth Week of Every Month	Charlie	CS OK	CS OK	CS OK	CS OK	MV OK	CS OK	CS OK	CS OK	CS OK	CS OK	CS OK	CS OK
Fire Extinguisher Annual	First Week of September	Charlie/Johnson Fire Controls	X	X	X	X	X	X	X	X	CS OK	X	X	X
Water Temperature Weekly	Thursday Morning	Mark	MV OK	MV OK	MV OK	MV OK	MV OK	MV OK	MV OK	MV OK	MV OK	MV OK	MV OK	MV OK
OR Humidity	Thursday Morning	Charlie	CS OK	CS OK	CS OK	CS OK	CS OK	CS OK	CS OK	CS OK	CS OK	CS OK	CS OK	CS OK
Annual Boiler Test	First Week of December	Mark/ Wilson Water Controls	X	X	X	X	X	X	X	X	X	X	X	MV OK
Oil Filter Changes	Fourth Saturday of Every Month	Charlie	CS OK	CS OK	CS OK	CS OK	CS OK	CS OK	CS OK	CS OK	CS OK	CS OK	CS OK	CS OK
General Filters	First Week of Every Quarter January, April, July, October	Charlie	CS OK	X	X	CS OK	X	X	MV OK	X	X	CS OK	X	X
Pest Control in Kitchen	First Week of Every Other Month	Charlie/ Pest Free Pest Control	CS OK	X	CS OK	X	CS OK	X	CS OK	X	CS OK	X	CS OK	X
Pest Control in Hospital General	Second Week of Every Quarter	Charlie/ Pest Free Pest Control	CS OK	X	CS OK	X	CS OK	X	CS OK	X	CS OK	X	CS OK	X
Parking Lot Lighting	6:00 a.m. every Friday	Charlie			CS OK	CS OK	CS OK	CS OK	CS OK	CS OK	CS OK	CS OK	CS OK	CS OK

CONTROLLING A KEY PSEUDO-MEASURE

For many years, there have three principle pseudo-measures that patients have used to help them judge the quality of a healthcare provider. These are the quality of the food, the cleanliness of the building and the friendliness of the staff. Over the past few years, the billing process has become an increasingly important pseudo-measure, especially for hospitals.

In the eyes of the patient, the critical question is whether they can trust a hospital to care about the quality of the care it delivers if it can't get a simple paper process like billing done right. As the bill is frequently the last encounter in a patient's experience, it is an extremely important one. The last encounter is always the most memorable encounter. It is the one that can wipe out any good encounters that came before it.

The billing department can have a profound impact on the reputation of a hospital. The accuracy of the bill is particularly important. The timeliness is almost as important. When a bill is late and inaccurate, it says a lot to a patient and what it says is that the provider is poor at managing the basics. When it becomes difficult for the patient to resolve issues with that bill, the patient frequently begins to question whether the provider is the kind that he or she should trust with his or her life.

While billing activities have historically not participated inside our traditional quality programs, it is becoming increasingly important that they do. It is important that our people who control the billing process understand the impact they have on the organization's reputation. It is important that these people take a much more active part in securing patient satisfaction and the reputation of the organization.

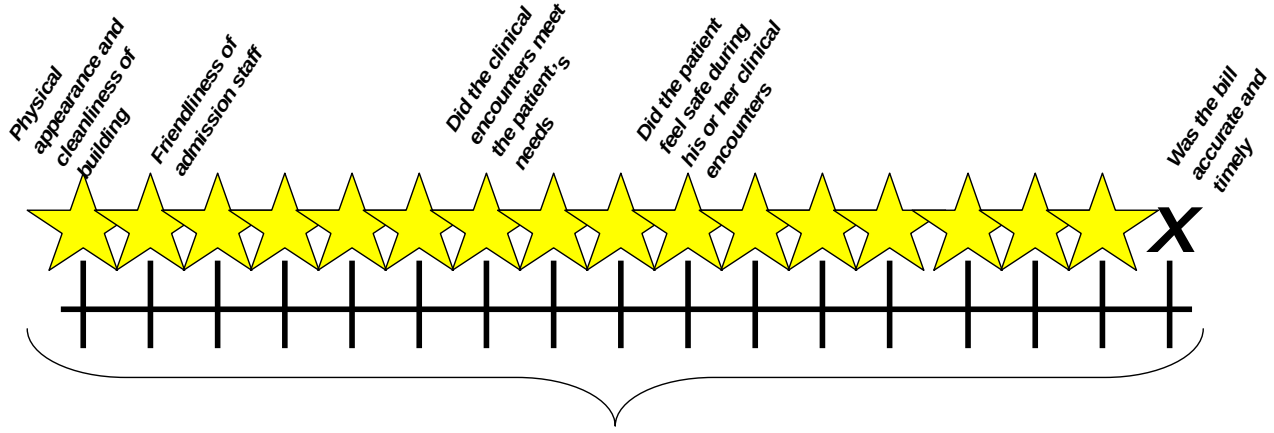
From the patient perspective, quality activities for the billing department need for focus on areas such as:

1. The timeliness of the bill;
2. The accuracy of the bill;
3. The ease of interpreting the bill;
4. The friendliness and helpfulness of the staff; and
5. The ease with which a billing dispute can be resolved.

The reputation for quality only lives for a healthcare organization when everyone who touches the patient's experience does his or her best to create great encounters. When all of those encounters come together to create a great patient experience, the reputation for quality has the potential to exist. Maintenance, housekeeping and admissions set the stage by controlling the first encounters. Clinical departments have a huge impact by controlling the middle encounters. Billing controls the last and significantly influential encounter as if every encounter was a good one up to the bill, billing has the potential to make or break it for everyone.

Because of sequential steps that must all come together to get one bill out, (coding, charge submissions, dropping the first bill, dropping the bill to secondary payer, writing of the contractual adjustments and getting the billing for the self pay portion out) it is important that each one is monitored for the timeliness and accuracy against an established standard. How all the pieces come together determines their impact on defining the patient encounter.

The Patient Experience



If the only bad encounter (black mark) on the patient's experience was the bill, it can significantly damage the patient's perception of everything that came before it!!!!!!!

CREATING YOUR QA CALENDAR!

The topics in the tables on the next pages list out the common quality assurance or compliance type activities that could be found on a QA calendar for Billing. Some may not apply to all organizations and others may need to be added as compliance standards are dependent on the services offered. Please review these tables to determine which topics are important to your calendar and then follow the instructions in the PACE training workbook titled *Working with Your Quality Calendars* to build you calendar. Please note that health care is a very dynamic industry and constantly subject to change. The completeness of the list and frequency recommendations in these tables should be regularly checked against those established by federal, state and local regulatory agencies.

	QA Accountability	Frequency
1	All charges in within _____ days	Every claim
2	Clean claim submission	Every claim
3	Coding accuracy	Every claim
4	All codes submitted within _____ days	Every claim
5	First claim dropped within _____ days	Every claim
6	Second claim dropped within _____ days of payment of first claim	Every claim
7	ABNs on all applicable claims	Every applicable claim
8	Self pay claim dropped within _____ days of payment of second claim	Every claim
9	Billing disputes resolved within 48 hours	Every claim
10	HIPAA compliance	Every claim
11	All patient calls regarding billing returned within 24 hours	Every claim
12	No rejected claims because of billing procedures	Every claim
13	Charge master accuracy	Annually
14	Disaster preparedness	Continuous
15	Back-up of computer-based billing files	Daily
16	Off-site back-up of computer-based billing files	With every back-up
17	Paper file integrity	Daily
18	Bill area security	Continuous
19	File security	Continuous
20	PHI disclosure to authorized entities only	With every disclosure
21	Accounting of disclosures of PHI	With every disclosure
22	Fax protocol compliance	With every fax
23	Destruction of records containing PHI	With every destruction
24	Annual fire safety training	Annually
25	Annual general safety training	Annually
26	Annual infection control training	Annually
27	Staff certifications for special skills	Before they expire
28	Annual policy and procedure review	Annually
29	Employee training on new/revised policies and procedure	Whenever modified
30	Ergonomics compliance	Continuous
31	Secure MSDS and assure appropriate precautions	Before new chemical use
32	Employee right-to-know MSDS training	On orientation, before chemical use and annually
33	Extension cord management	Continuous
34	Infection control compliance	Continuous
35	Horizontal surface cleaning	As per cleaning schedule

	QA Accountability	Frequency
36	Standards precautions compliance	Continuous
37	Service contract review	Annually
38	Service contract renewal	Annually or on term
39	Storage 4 inches off of the floor	Continuous
40	Annual review of employee job descriptions	Annually
41	Annual employee performance appraisals	Annually
42	Surface washability	Continuous

Billing Statement of Principles and Guidelines by the Board of Trustees of the American Hospital Association

The mission of each and every hospital in America is to serve the health care needs of people in their communities 24 hours a day, seven days a week. Their task, and the task of their medical staffs, is to care and to cure. America's hospitals are united in providing care based on the following principles:

- Treat all patients equitably, with dignity, with respect and with compassion.
- Serve the emergency health care needs of everyone, regardless of a patient's ability to pay for care.
- Assist patients who cannot pay for part or all of the care they receive.
- Balance needed financial assistance for some patients with broader fiscal responsibilities in order to keep hospitals' doors open for all who may need care in a community.

Guidelines:

Communicating Effectively

- Hospitals should provide financial counseling to patients about their hospital bills and should make the availability of such counseling widely known.
- Hospitals should respond promptly to patients' questions about their bills and to requests for financial assistance.
- Hospitals should use a billing process that is clear, concise, correct and patient friendly.
- Hospitals should make available for review by the public specific information in a meaningful format about what they charge for services.

Helping Patients Qualify for Coverage

- Hospitals should make available to the public information on hospital-based charity care policies and other known programs of financial assistance.
- Hospitals should communicate this information to patients in a way that is easy to understand, culturally appropriate, and in the most prevalent languages used in their communities.
- Hospitals should have understandable, written policies to help patients determine if they qualify for public assistance programs or hospital-based assistance programs.
- Hospitals should share these policies with appropriate community health and human services agencies and other organizations that assist people in need.

Ensuring Hospital Policies are Applied Accurately and Consistently

- Hospitals should ensure that all written policies for assisting low-income patients are applied consistently.
- Hospitals should ensure that staff members who work closely with patients (including those working in patient registration and admitting, financial assistance, customer service, billing and collections as well as nurses, social workers, hospital receptionists and others) are educated about hospital billing, financial assistance and collection policies and practices.

Making Care More Affordable for Patients with Limited Means

- Hospitals should review all current charges and ensure that charges for services and procedures are reasonably related to both the cost of the service and to meeting all of the community's health care needs, including providing the necessary subsidies to maintain essential public services.
- Hospitals should have policies to offer discounts to patients who do not qualify under a charity care policy for free or reduced cost care and who, after receiving financial counseling from the hospital, are determined to be eligible under the hospital's criteria for such discounts (pending needed federal regulatory clarification). Policies should clearly state the eligibility criteria, amount of discount, and payment plan options.

Ensuring Fair Billing and Collection Practices

- Hospitals should ensure that patient accounts are pursued fairly and consistently, reflecting the public's high expectations of hospitals.
- Hospitals should define the standards and scope of practices to be used by outside collection agencies acting on their behalf, and should obtain agreement to these standards in writing from such agencies.
- Hospitals should implement written policies about when and under whose authority patient debt is advanced for collection.

Hospitals in some states may need to modify the use of these guidelines to comply with state laws and regulations. Hospitals exist to serve. Their ability to serve well requires a relationship with their communities built on trust and compassion. These guidelines are intended to strengthen that relationship and to reassure patients, regardless of their ability to pay, of a hospitals' commitment to caring.

KEEPING PACE WITH TODAY'S STANDARDS

Quality assurance or compliance-related activities are extremely important in a healthcare organization because they are generally related to safety and can have a significant impact on patient satisfaction. They frequently involve precautionary steps taken by an organization to prevent an untoward event and to be prepared in the event of a disaster or break in the routine that could place people or the organization in harm's way.

For example, while providers hope they will never need them, there are many precautionary activities that healthcare organizations need to be skilled at in the event there is a fire. They need to know that we have a strong plan to protect people in the event of a natural disaster. These are also important activities for departments such as billing because the departments often need to play a very important support role in protecting hospital records. The moment of crisis is not the time to determe what the department's contribution should be.

Healthcare organizations also need to know that the day-to-day risk is reduced for people who come into their buildings and the organization. They need to know that the organization is in compliance with current principles of corporate compliance. They need to know that general accounting principles are followed.

Too often healthcare organizations find themselves at risk because they become complacent about quality assurance related activities. As so many of the activities are precautionary in nature and many organizations may never actually have to enact them, it is very easy for an organization to elect to take short cuts or overlook striving for 100% compliance. The danger is in the fact that an organization can't make it up to a patient or a community member or employee when its failure to stay current negatively effects any one of them. If its reputation in the community is damaged, it may never recover.

Proactive compliance is significantly less resource intensive than running to catch up. Developing a corrective action plan in response to an audit or Medicare Condition of Participation survey is never the best way to achieve compliance. Working to overcome the damage created by a negative outcome is definitely more expensive and resource intensive than ensuring the negative outcome could not happen. As the saying goes, "an ounce of prevention is more valuable than a pound of cure." This is particularly true in health care where the cost of a negative outcome can be particularly steep. A well structured quality assurance program inside the quality continuum can provide for that ounce of prevention to protect an organization.

The majority of the compliance standards for the billing department relate to general billing practices and corporate compliance. These are two very big areas of responsibility where compliance is critical. When any of these areas of responsibility fall out of compliance it is important to bring them back into line as soon as possible.

QA Calendar

	Frequency	Responsible Party	Jan	Feb	March	April	May	June
Clean Claims	Every bill	Susan	*SK* OK	*SK* OK	*SK* OI	*SK* OK	*SK* OK	*SK* OK

Because of the magnitude of some of the responsibilities, retrospectively trying to fix them can be a nightmare in addition to placing the organization at risk because of non-compliance. For example, the failure to submit clean claims on time can significantly reduce the flow of revenues to the organization. Billing for services that were not rendered can result in federal corporate compliance investigations and fines. Failure to appropriately identify changes in a patient's payer can result in delayed billing that can then cause untimely billing that will result in no payment. Proactively dealing with issues through prevention can reduce resource consumption by as much as 25–33%. Every minute appropriately spent on planning (such as the creation of a balanced QA calendar) can save 10 minutes in execution time.

Historically healthcare organizations have had poor systems for managing and documenting quality assurance related activities. Too often those systems for managing these activities have existed in the minds of our managers. While the mind is a very powerful place, the stresses of today's healthcare environment make it a poor stand-alone tool in creating the kind of efficiency and effectiveness we need. As a result, too many things end up being retrospectively repaired rather than proactively managed. The quality calendar system is an approach to proactive activity management. If the average billing department is able to reduce time and/or resource consumption by an average of 33% because it uses tools to improve its efficiency and effectiveness , it can find itself capable of managing more with less in a less stressful environment. This is an important goal in today's healthcare environment. It also reduces the amount of time spent on crisis management which is one of the industry's greatest threats to resources.

When a quality assurance or compliance activity goes out of compliance, it is a department's responsibility to bring that activity back into compliance as quickly as possible in a way that will hold the compliance. The department needs to document the steps it took to achieve that compliance and the ongoing activities to monitor it.

The first step is to set up the quality assurance calendar with all of the compliance-oriented activities that are important to the organization. Once the list is complete, the manager, with the assistance of his or her departmental team, defines when each activity is to be completed along with who will be responsible for it. (Remember the stronger the team approach, the greater the potential for success and the more that can be achieved with fewer resources. As long as activities remain in compliance the only documentation that is necessary is to complete the required log for the activity and to indicate an OK on the calendar. When an activity moves out of compliance, a department should be able to demonstrate that it has quickly moved through the steps of the PACE cycle. Documentation should demonstrate that it quickly identified the issue (moving the issue to its quality improvement calendar), PLANNED to re-establish compliance, ACTED to initiate the plan, CHECKED to make sure that the plan achieved the designed results and ENHANCED the plan to achieve the best outcomes possible. Once compliance is re-established and a short period of more intensive monitoring demonstrates compliance, the department can return to its normal schedule of monitoring as defined by the calendar.

The calendar should be evaluated each year as part of the annual review of services to determine needed additions and revisions that would increase departmental efficiency in achieving continuous compliance.

D.D. BAINBRIDGE & ASSOCIATES, INC.

Phone: 716/676-3635
Fax: 716/676-2404
E-mail: darlene@ddbainbridgeassoc.com

Success has a price tag on it, and it reads COURAGE, DETERMINATION, DICIPLINE, RISK TAKING, PERSEVERENCE , and CONSISTENCY—doing the right THING for the RIGHT REASONS and not just when we feel like it.

James B. Menton

The Future Starts with a Strong Today!

Building a strong reputation and future for a healthcare organization starts with building a strong today. In many ways it is like building a new building. If you don't start out with a sound foundation it becomes increasingly difficult to build a structure that can be as tall as you would like or that can withstand the various elements that place stress on it. When the foundation isn't strong, you frequently find yourself having to put additional resources into shoring it up and to apply patches where necessary. You also tend to find yourself having to monitor it more closely every time the structure is placed under stress to make sure it will hold up. A healthy quality assurance program is about making sure a healthcare organization has a strong foundation on which to build tomorrow and the future. If an organization is constantly struggling to maintain compliance with today's standards, the activities steal valuable time and resources away from efforts that could be used to build a healthier tomorrow. Given the strain on today's healthcare resources, providers need to ensure that they are getting the most they can from what they have. They need to make sure that quality lives today so it is easier to build a better tomorrow.

BRINGING IT ALL TOGETHER

A healthy quality program is about making sure that our organizations are being true to the business of health care. That business is the delivery of high quality patient care in an environment that makes our patients and communities feel well cared for and deeply cared about. It is about making sure that our organizations are healthy and strong for today, tomorrow and into the future.

The quality program creates the structure to support the creation and implementation of the many systems that (1) ensure that our organizations and patient care services are what they need to be to make our organizations strong for today, (2) continuously work to improve and meet the changing needs of tomorrow as technological advancements continue to reshape the delivery of patient care, and (3) bring the strategic plan and vision of an organization to life while holding true to the mission and values of the organization. A healthy quality program is about much more than making sure that our organizations are meeting the expectations of outside regulators and the many external customers that enter our doors every day.

The mission defines why our healthcare organizations exist. The vision defines where we picture our organizations to be at some point in the future if the organization is to remain strategically positioned for success while it remains true to its mission and values. Our values define those behaviors we hold to be important to every day life if we are to remain true to our missions (who we are).

It can be very easy for these important messages to become fluff and pie-in-the-sky words that only raise more doubt and questions if people can not see the path that brings them to life. A healthy quality program provides that path by creating the structures and systems that make proactive change possible.

The mission, vision and values of an organization come to life when they are successfully married together through the organization's quality program and strategic planning activities. These two activities create the environment for the creation of a culture for quality where patients feel well cared for and deeply cared about while healthcare providers have the potential to feel good about their contributions in improving the quality of life for the public that entrusts them with their care.