Provider Manual

- **Kaiser Permanente Quality Assurance and Improvement**

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Quality Assurance and Improvement

This section of the Manual was created to help guide you and your staff in understanding the Quality Assurance and Improvement Program at Kaiser Permanente. If, at any time, you have a question or concern about the information in this Manual, you can reach our Provider Relations Department by calling 510-268-5448.

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Section 8: Quality Assurance and Improvement (QI)

Kaiser Permanente has an ongoing Quality Assurance and Improvement Program (QI) that objectively and systematically monitors the quality and appropriateness of patient care, works toward resolution of identified problems and pursues opportunities for continuous improvement of patient care services. The QI Program addresses patient care services across the continuum of care, including hospital facilities, whether provided directly or through written contract.

We want to work with you collaboratively to improve care and resolve quality issues that are identified through clinical oversight, billing review, patient complaints and other quality indicators.

8.1 Quality Assurance and Improvement Program Overview

Kaiser Permanente's Quality Assurance and Improvement Program uses a multi-disciplinary and integrated approach, which focuses on opportunities for improving operational processes, health outcomes, and Member and Provider satisfaction.

The quality of care Members receive is monitored by Kaiser Permanente's oversight of Providers. You will be monitored for various indicators and required to participate in some Kaiser Permanente processes. For example, we monitor and track the following:

- Member access to care
- Member complaint and satisfaction survey data of both administrative and quality of care issues
- Compliance with Kaiser Permanente policies and procedures
- Utilization management statistics
- Quality of care indicators as necessary for Kaiser Permanente to comply with requirements of NCQA, Medicare, The Joint Commission (formerly known JACHO), and other regulatory and accreditation bodies
- Performance standards in accordance with your Agreement

Kaiser Permanente's National Transplant Network has established the NTN-Quality Improvement Committee (NTN-QIC). The NTN-QIC is responsible for oversight of the quality of care and services on a program-wide basis for national transplant contracts. The NTN-QIC was established to support the NTN Director and Quality Improvement Manager in overseeing quality of care and service delivered by nationally contracted providers to Kaiser Permanente Members.

The NTN Hubs are responsible for identifying and reporting quality issues of morbidity, mortality, and service delivery for Kaiser Permanente Members receiving care at the Centers of Excellence. As quality issues arise, Hub management intervenes to resolve the matter with the COE as soon as possible. The Hub management will consult with a patient's referring physician or regional authorizing physician, as appropriate.

The NTN-QIC shares COE performance reports with the Regional Quality Improvement Committees for review and response. Reports on significant events are also reviewed and shared with the referring region's Quality Assurance and Improvement Committee. The NTN-QIC will give the COE an opportunity to respond to identified areas which are determined to need improvement.

In any of the above situations, when Kaiser Permanente reasonably determines that the Provider's performance may adversely affect the care provided to Members, Kaiser Permanente may take corrective actions in accordance with your Agreement and applicable laws and regulations.

8.2 Compliance with Regulatory and Accrediting Body Standards

Kaiser Permanente participates in review activities by the National Committee for Quality Assurance (NCQA), Center for Medicare/Medicaid Services (CMS, formerly HCFA programs), our internal Medical Director Quality Review (MDQR) in order to demonstrate Kaiser Permanente's compliance with regulatory and accrediting body standards.

Contracted Providers are required to maintain, at all times a Quality Assurance and Improvement program, described in a written plan approved by your governing body, that meets all applicable state and federal licensure, accreditation and certification requirements. When quality problems are identified, Providers must show evidence of corrective action, ongoing monitoring, revisions of policies and procedures, and changes in the provision of services. Providers shall provide Kaiser Permanente with their Quality Assessment and Improvement Plan as well as a copy of all updates and revisions.

In accordance with these standards, we require you to provide to Kaiser Permanente, on an annual basis, measures of clinical quality, access, and Member satisfaction results to support the Health Plan Employer Data and Information Set (HEDIS) data collection. You should send this information to:

Kaiser Permanente
National Transplant Network
1800 Harrison Street, 18th Floor
Oakland, CA 94612

Kaiser Permanente expects all of its Providers to have and maintain The Joint Commission accreditation, to be in compliance with all regulatory bodies (i.e. CMS), and to maintain insurance as required by the Agreement. If you receive any recommendations from these organizations, please provide Kaiser Permanente with the surveys' recommendations along with the action plan to resolve the identified issues. You should send this information to:

8.3 Quality Reports

In order for both Kaiser Permanente and the Provider to be in compliance with accrediting and regulatory bodies, various reports must be generated to track any quality issues. When issues are identified as a result of the reports, you must develop action plans and communicate them to Kaiser Permanente's National Transplant Network department.

8.4 Quality Resource and Risk Management Program (QRRM)

The mission of the QRRM is to:

1. Improve the health of the Member by providing comprehensive, high quality transplant services, in a cost effective manner.
2. Provider renders services in a manner consistent with Kaiser Permanente's vision.
3. Ensure Members receive the care to which they are entitled in a timely manner.

The QRRM Program is designed to integrate quality, utilization review, and risk management in the delivery of health care services. The QRRM program has seven key functions:

1. Site selection process
2. QRRM screening programs
3. Significant events management
4. Annual COE outcomes survey, quality review corrective action plan, and COE activity policy
5. Utilization Management
6. Satisfaction Surveys
7. Patient Performance Surveys

8.4.1 COE Outcomes survey

Survival rates are key outcomes for measuring quality of NTN transplant programs. The NTN will request outcomes data from all participating COE's annually. The outcomes data will be reviewed for both statistical and clinical significance. The NTN QRRM will assess and oversee the quality of care and services delivered by contracted providers.

If analysis indicates quality issues, performance improvement methods and tools shall be used to identify root cause(s). The process of analysis will focus on improvement, while establishing systems and processes to prevent, detect, and correct future occurrences.

8.5 Compliance with Medical Record Requirements

Kaiser Permanente is required to provide the Center for Medicare and Medicaid Services (CMS), other federal and state regulatory agencies, and accrediting organizations with encounter data as requested by such agencies and organizations. Requested data may include Medical Records and all other data necessary to characterize each encounter between a Member and your facility. As our partner in the provision of transplant services, you've agreed to cooperate with us to provide all such information in a form and manner as requested by the Plan in order to meet regulatory requirements.

Providers are required to ensure that all information provided to us is reliable and complete and shall make such information available to KFH, accrediting organizations as well as other state and federal governmental agencies upon request.

As a contracting COE, you have agreed to cooperate with any independent quality review and improvement organization or other external review organization, which is retained by Kaiser Permanente as part of its quality management program.

Consistent and complete documentation in the medical record is an essential part of providing quality patient care. The following 22 elements reflect commonly accepted standards for medical record documentation.

1. Patient Identification including: Last Name, First Name, Medical Record Number, Date of Birth, and evidence of verification of personal/biographical data.
2. Provider Identification including: Full Name, Professional Degree/Status, Provider Identification Number, Clinical Department/Location at which service was provided.
3. Dates/times on all medical record entries including: the month, the day and the year. The time shall be indicated, when appropriate, on the following entries: Doctors Orders, Progress Notes, Noting of Orders, Nursing Documentation, and Treatment Consent Forms.
4. Author authentication by a handwritten signature, unique electronic identifier, or initials.
5. Significant illnesses and medical conditions indicated on the problem list.
6. Medication allergies and adverse reactions prominently displayed.
7. Past medical history easily identified.
8. Documentation of smoking habits and history of alcohol use or substance abuse.
9. Reason for visit or chief complaint must be present.
10. History and physical exam pertinent to patient's presenting complaints.
11. Laboratory and other studies ordered, as appropriate.
12. Working diagnoses consistent with findings.
13. Treatment plans consistent with diagnoses.
14. Date for return visit or other follow-up plan for each encounter, when indicated.
15. Unresolved problems from previous office visits addressed in subsequent visits.
16. Evidence of appropriate use of consultants.

17. Evidence of continuity and coordination of care between primary and specialty physicians.
18. Consultant summaries, laboratory and imaging study results filed in the medical record reflect primary care/ordering physician review.
19. Evidence of medically appropriate care.
20. Age-specific immunization record.
21. Evidence of appropriate use of preventive services.
22. Evidence that the patient has not been placed at inappropriate risk by diagnostic or therapeutic procedure.