

QUALITY ASSURANCE MONITORING

a. Contractor shall maintain a Quality Control Program related to the services covered under this contract. The results of all Quality Improvement activities performed by the Contractor involving AVAHCS patients will be shared with AVAHCS staff. This will include, but not be limited to quality improvement plans, minutes of staff meetings where quality improvement has been discussed and which include practitioner-specific findings, conclusions, recommendations, written plans for actions taken in response to such conclusions and recommendations, and evaluation of those actions taken. Monitors should reflect at a minimum, issues related to quality care and appropriateness of referral.

b. Copies of provider licensure are also required to be submitted annually to the COR. In addition, updated Joint Commission survey results for the contractor, if Joint Commission certified, shall be forwarded to the COR upon receipt.

c. The Contractor will meet or communicate with the AVAHCS staff for process review and improvement of contract performance on an as needed basis.

d. Contractor work will be subject to recommendations from Process Improvement activities of the AVAHCS Inpatient Services. Quality factors that AVAHCS may consider when monitoring the quality of performance may include, but are not limited to medical records, security/privacy, infection control, patient satisfaction, adverse event reporting, patient safety, access to patient care, quality of care, equipment, water/dialysate quality, and supply inventory, etc.

These monitoring procedures are further illustrated in the following Performance Requirements Summary Matrix:

Task	PWS Req.	Indicator	Standard	Acceptable Quality Level	Method of Surveillance	Disincentive	Incentive
1 - Access to Patient Care	B.3.1	Contractor reports to the AVAHCS within the required timeframe for Emergency/ STAT treatments.	Within 2 hours.	90%	100% Direct Observation – Monthly.	Non-compliance will be documented in CPARS and/or AVAHCS may take action on other available remedies.	Favorable notation in CPARS.
	B.3.1	Contractor reports to the AVAHCS within the required timeframe for routine treatments.	Within 36 hours.	90%	100% Direct Observation – Monthly.	Non-compliance will be documented in CPAR and/or AVAHCS may take action on other available remedies.	Favorable notation in CPARS.
2 - Water and dialysate quality reports	B.3.1	Positive Outcome	Shall provide reports within the timeframe required	Contractor shall not receive 2 consecutive negative outcomes in a one year period.	100% Review of reports provided by the Contractor – Ongoing.	Non-compliance will be documented in CPARS and/or AVAHCS may take action on other available remedies.	Favorable notation in CPARS.

Task	PWS Req.	Indicator	Standard	Acceptable Quality Level	Method of Surveillance	Disincentive	Incentive
3 - Equipment	B.3.3	Contractor equipment is operational	Contractor equipment meets all quality and safety standards and maintenance records are kept current within the last 6 months	80%	100% review of quarterly reports provided by the Contractor and Random Inspections by AVAHCS Environmental Care Committee.	Equipment shall be immediately removed from patient use and non-compliance will be documented in CPARS. and/or AVAHCS may take action on other available remedies	Favorable notation in CPARS.
4- Supplies	B.3.3	No expired or recalled supplies or chemicals in the supply room at AVAHCS	Contractor shall check supplies to ensure that they are not expired or recalled.	90%	Random Inspections by COR and/or by Environmental Care committee.	Non-compliance will be documented in CPARS and/or AVAHCS may take action on other available remedies.	Favorable notation in CPARS.
	B.3.3	Unused medications in the supply room at AVAHCS	No unused medications in the supply room – all medications shall be returned to AVAHCS pharmacy upon completion of treatment	90%	Random Inspections by COR and/or Environmental Care committee.	Non-compliance will be documented in CPARS and/or AVAHCS may take action on other available remedies.	Favorable notation in CPARS.
5 – Timely Invoices	B.1.3	Invoices are properly submitted	Invoices contain all required information, are accurate, and submitted within 10 days following the month services were performed	90%	100% Inspection of each monthly invoice for a period of one year	Non-compliance will be documented in CPARS and/or AVAHCS may take action on other available remedies.	Favorable notation in CPARS.

e. Patient Safety/Reporting Adverse Events: The Contractor shall have an established program to monitor patient safety and 100% of adverse events (including patient injury or death, medication errors, drug reactions, or unusual situations in which the patient may be involved) associated with care of AVAHCS patients. The Contractor shall collect and report the program information on a quarterly basis. The Contractor shall verbally notify the AVAHCS Charge Nurse immediately of any patient safety concerns and/or adverse events (as defined above) involving AVAHCS patients during dialysis services. For all adverse events, a written incident report shall be provided within 24 hours of the incident. Any sentinel event will require follow-up by the patient safety manager or risk manager. Contractor shall cooperate with the AVAHCS with any investigations, while they are confirmed and resolved, and provide any updates and findings of such investigations to the AVAHCS and Root Cause Analysis (RCA) committee if applicable. The AVAHCS may review specific findings, conclusions, recommendations, written plans for corrective action taken in response to conclusions, and recommendations and evaluations for those corrective actions.