CONTRACTOR QUALITY MONITORING

Donna Tiberi, MHA, RN
Standards Interpretation Manager
Objectives

1. Requirements for contracted services.
2. How to include performance quality indicators for contracted services
3. How to “close the loop” on quality reporting to meet standards
Contracted Services
Contracted Services
The governing body must:

1. Be responsible for services furnished in the organization whether or not they are furnished under contracts.

2. Ensure that a contractor furnishes services that permit the organization to comply with all applicable Conditions of Participation and standards for the contracted services.
The Governing Body must take actions through the QAPI program to:

1. Assess services furnished.
2. Identify quality and performance problems.
3. Implement improvement activities.
4. Ensure monitoring of corrective actions.
1. The governing body must ensure the services performed under a contract are provided in a safe and effective manner.

2. Patient care services, and all other services, provided under contract are subject to the same QAPI evaluation as services provided directly by the organization.
3. The QAPI Plan ensures *every* contracted service is evaluated. A process must be in place to evaluate the quality of each contracted service. *(Reflected in Quality Committee & Governing Body Meeting Minutes and Reports.)*

**Frequently Cited Standard**

- The QAPI Plan is **missing 1 or more** contracted service- maintain an updated contract service list

- Facility **lacks evidence** that the Quality Committee and the Governing Body reviewed quality reports from contracted services
01.01.24 List of Contracted Services

The organization maintains a list of ALL contracted services, which includes for each the scope and nature of the services provided.

Frequently Cited Standard
List of contracted services must include direct & indirect patient care services.
A list of contracted services may include examples such as:

1. Biohazard waste
2. Medical director
3. Confidential shredding service
4. Dialysis
5. Telemedicine
6. Laundry/Linens
7. Registry/Agency staff/Support staffing
8. Radiology/Radiologist/Over-reads
9. Pharmacy services/Compounding
10. Construction/Building services
Telemedicine – Distant Site Entity

Distant-Site Entity

Reads Radiographic Reports
Telemedicine – Distant Site organization

Organization A: Where Patient is Located

Organization B: Distant-Site organization
A. Specifies: It is the responsibility of the governing body of the distant-site organization to meet the requirements (§482.12(a)(1-7)) with regard to the distant-site organization’s physicians and practitioners providing telemedicine services.

B. The Governing Body of organization whose patients are receiving care:
1. May grant privileges
2. Based on its medical staff recommendations
3. That rely on information from the distant-site organization
4. Go to the Medical Staff Chapter for specifics
A. Specifies that the distant-site telemedicine entity:

1. Is a contractor of services to the organization.

2. Furnishes the contracted services in a manner that permits the organization to comply with all applicable Conditions of Participation.
1. Distant-site organization is a Medicare participating organization.

2. Distant-site practitioner is privileged at distant-site organization.

3. Distant-site organization provides:
   a) Copy of the practitioner’s privileges at distant site organization
   b) Current list of all practitioners covered by the agreement

4. Distant-site practitioner is licensed in state where patient receives the services.

5. The organization has a process for evaluating practitioner.
Credentialing: Telemedicine Providers

A. Each telemedicine provider must be privileged by the organization where the patients receives the care, before providing telemedicine services, therefore –
   1) Medical Staff submits recommendation for privileges
   2) Privileges are granted by the Governing Body

B. If the distant-site organization performs the credentialing process:
   1) Notify the Medical Executive Committee before they prepare recommendations for appointment.
   2) Notify the Governing Body before privileges are granted at the organization in which the patient care services will be performed.
The organizations must develop and implement an ongoing, data-driven, organization-wide, quality assessment and performance improvement program covering onsite and offsite contract services. Surveyors will review all contract services.

The governing body must ensure that the program reflects the complexity of the organization and its services.

Must include all departments and services furnished under contract or arrangement.

Focus on indicators related to improved health outcomes and the prevention and reduction of medical errors.

Organizations must maintain and demonstrate evidence of its QAPI program for review by CMS.
Contract Services
What do you have to report to the Board:

The Board is **not required** to:

- Do the quality analysis.
- Review every single detail regarding contracted services.
- However, the Board **must receive a report** to ensure the detailed review has occurred.
- **Must review a summary report** of the results and conclusion.
Direct vs. non-direct contracts

- HFAP standards do not distinguish between direct patient care and non-direct patient care contracts, (such as, lawn services, construction services, copier services, etc.).

- However, for all practical purposes surveyors focus on direct patient care contracted services (such as, dialysis, pharmacy compounding, sterilization services, or linen services—linen service is reviewed because linens touch patients).

- The Board meeting minutes should reflect review and approval of the report.
Report to the Governing Board

- Year and quarter reviewed
- Total number of contracts reviewed
- The QA metrics reviewed by QAPI
- The contracted data reviewed by QA Committee/ Medical Staff Executive Committee

A list of the conclusions and recommendations, for examples:

- 41 contracted services reviewed and performed as expected with an acceptable level of quality (include list)
- 4 contracted services were reviewed and performing below expectations (list each with performance improvement action plans)
- 2 contracted services were reviewed and performing below acceptable level and will be terminated (list each contract to be terminated)
### Example: HCAPS Report to Board

#### Rate Hospital
- Baseline: 64
- Target 90Th: >75.4
- Q1: 27%
- Q2: 52%
- Q3: 63%
- Q4: 97%

#### Recommend this hospital
- Baseline: 67
- Target 90Th: >81.7
- Q1: 52%
- Q2: 83%
- Q3: 87%
- Q4: 52%

#### COMMUNICATION W/ NURSES
- Baseline: 74
- Target 90Th: >81.1
- Q1: 12%
- Q2: 98%
- Q3: 95%
- Q4: 92%

#### Response of Staff
- Baseline: 59
- Target 90Th: >68.6
- August: 98%
- September: 98%
- October: 99%
- November: 96%

#### COMMUNICATION W/ DOCTORS
- Baseline: 78
- Target 90Th: >85.5
- Q1: 85%
- Q2: 87%
- Q3: 89%
- Q4: 92%

#### HOSPITAL ENVIRONMENT
- Baseline: 58
THANK YOU

Contact us/me at

dtiberi@hfap.org
1-312-202-8073