



# **CONTRACTOR QUALITY MONITORING**

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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





# 01.01.22 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.**



# 01.01.22 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.



## 01.01.23 Contractor Quality Monitoring

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.



# 01.01.23 Contractor Quality Monitoring

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.



## 01.01.24 List of Contracted 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

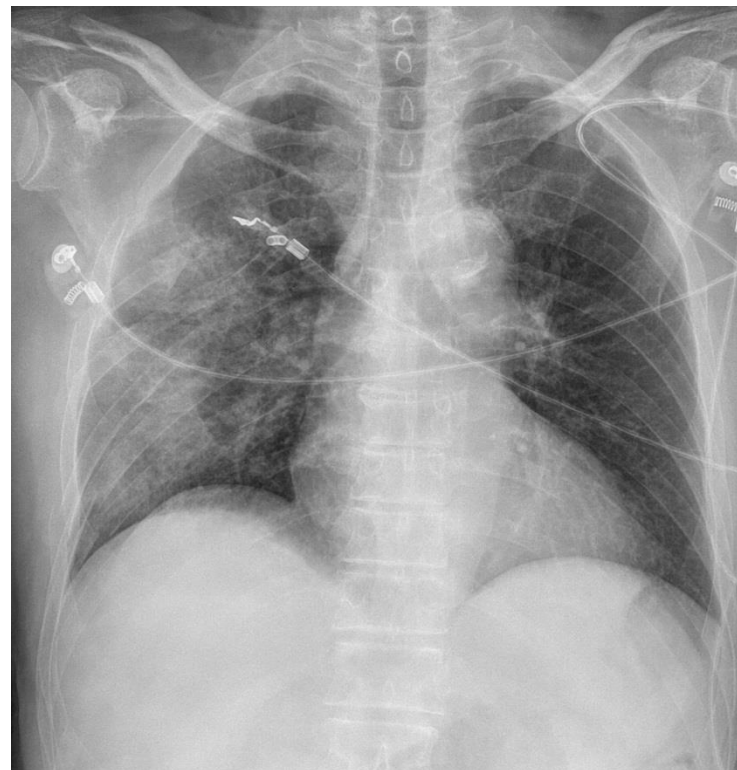


# Telemedicine – Distant Site Entity

## Distant-Site Entity



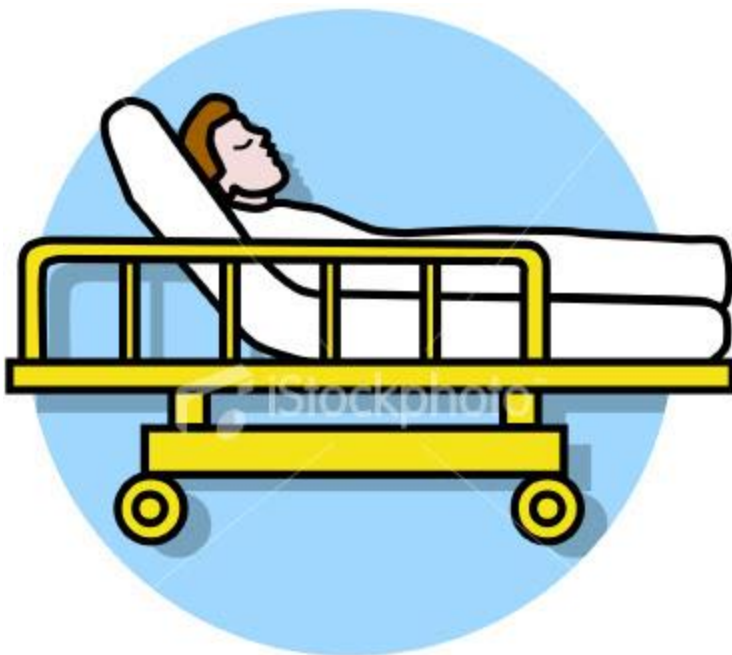
## Reads Radiographic Reports





# Telemedicine – Distant Site organization

Organization A:  
Where Patient is Located



Organization B: Distant-Site organization





## 01.01.08 Telemedicine – Agreements

- 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



## **01.01.08 Telemedicine – Agreements**

- 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.



## 03.00.08 Telemedicine Contracts

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.





## 12.00.00 CoP: QAPI

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/ Medial 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

Indicator	Baseline	Target 90Th	Q1	Q2	Q3	Q4
Rate Hospital	64	>75.4	27%	52%	63%	97%
Recommend this hospital	67	>81.7	52%	83%	87%	52%
COMMUNICATION W/ NURSES	74	>81.1	12%	98%	95%	92%
Response of Staff	59	>68.6	98%	98%	99%	96%
COMMUNICATION W/ DOCTORS	78	>85.5	85%	87%	89%	92%

Indicator	Baseline	Target 90Th	August	September	October	November
Rate Hospital	64	>75.4				
Recommend this hospital	67	>81.7				
COMMUNICATION W/ NURSES	74	>81.1				
Response of Staff	59	>68.6				
COMMUNICATION W/ DOCTORS	78	>85.5				
HOSPITAL ENVIRONMENT	58					



# THANK YOU

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