

Shadowfax

Title	Quality Management Policy
Policy Number	ORG.1011.000.000 Quality Management
Initiating Authority	Policy Committee
Approved By	Compliance Committee
Origin Date	June 20, 2021
Revision Date	
Effective Date	July 1, 2021
Next Review Date	June 2022
Associated Policies	ORG.1004.000.000 Compliance Committee, ORG.1007.000.000 Incident Management
Associated Procedures	
Associated Documents	

I. POLICY STATEMENT

Shadowfax is committed to providing high quality care to individuals in our programs and committed to our ability to measure that care. Organizational performance will be continuously measured, evaluated, and improved to ensure customer satisfaction and compliance with our policies and procedures, as well as federal and state regulations.

II. PURPOSE

This policy provides a framework on how Shadowfax will measure, evaluate, and improve care.

III. SCOPE

This policy applies to all Shadowfax services and programs.

IV. GENERAL

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Note: The term "Individual" is synonymous with resident, client, patient, consumer, or participant.

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This policy is based on the standards set by PA Code Title 55 Chapter 6100, 6400, 2380 and 52, statues and regulations, 2390, PA code 6, Chapter 11 and Older Adult Daily Living Center.

V. **POLICY**

Shadowfax will develop, implement, and maintain a Quality Management (QM) program for the organization. The QM program consists of measurement, evaluation, and improvement activities using both individual and comprehensive information.

Shadowfax's Compliance Committee has oversight responsibility for the QM program.

Shadowfax's Executive Team manages the development of Shadowfax's QM Plan(s), implements the plan(s) and provides a centralized view of the plan(s), issues and progress. The QM plan includes:

- Performance measures
- Performance improvement targets and strategies, including data-driven outcomes to achieve compliance with applicable regulations under which Shadowfax is licensed.
- Methods to obtain feedback relating to personal experience from individuals, staff persons and other affected parties.
- Data sources used to measure performance.
- Methods for monitoring activities of high risk, high volume, or problem-prone activities or events that occur.

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- Roles and responsibilities of staff related to the practice of quality management.
- The roles, methods, and procedures to:
 - Investigate and review critical incidents
 - Review grievance reports
 - Make recommendations and provide follow up to critical incidents and grievance reports
- Any Department-approved Corrective Action Plan (CAP), if a CAP exists.
- A communications plan to share quality, compliance, risk, and incident management activities tailored to the various audiences across Shadowfax, such as senior management, staffs, individuals, internal-governance committees, etc.
- Additional items determined by Shadowfax, as necessary, to address self-identified areas of quality improvement.

The QM Plan(s) is/are analyzed and revised every two years.

Shadowfax will maintain a QM Team to review incidents, identify trends, and develop recommendations to the Compliance Committee and the Executive Leadership Team. QM Team members include the Quality Management Coordinator, Quality Manager, and Incident Manager Coordinators. The Compliance Committee will review membership annually, at a minimum, and make membership changes as necessary.

The QM Team will meet monthly, with a written agenda and meeting minutes, and monthly updates to the Compliance Committee and the Executive Leadership Team. Specific QM Team duties include, at a minimum:

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- Reviewing all incidents and recommending corrective actions to mitigate risk and prevent recurring incidents.
- Completing and documenting monitoring of incident data that includes, at a minimum:
 - Evaluation of the effectiveness of incident corrective actions for all incident categories
 - Evaluation of the circumstances and frequency of restraints
 - Evaluation of the circumstances and frequency of medication errors
 - Identification and implementation of preventative measures to reduce:
 - The number of incidents
 - The severity of the risks associated with the incident
 - The likelihood of an incident recurring
 - Documentation of:
 - The need to revise the ISP with the ISP team to include new and/or revised information, risk mitigation plans, or a change in services or supports
 - The need to consult with a County ID Program/AE for assistance related to monthly data monitoring, if necessary
 - The actions and outcomes of any activities that occurred related to the monthly data monitoring
- Quarterly Trend Analysis
- Certified Investigator Peer Reviews
- House Visits

VI. OVERSIGHT

Shadowfax's Compliance Committee or their designee(s) (the "Approved By") shall be in charge of the administration of this Policy. The Approved By responsibilities include:

1. Identifying the action steps to come into compliance and directives to maintain compliance and implement the action steps.

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2. Periodically reviewing this Policy and monitoring compliance to it.
3. Training responsible parties on their obligations under the Policy.

Revision History

Name	Date	Reason for Changes	Version