

SUBCHAPTER 33. MANDATORY QUALITY ASSESSMENT AND/OR QUALITY IMPROVEMENT

8:39-33.1 Mandatory quality assessment and/or quality improvement structural organization

(a) Quality assessment and/or quality improvement procedures shall be developed and implemented through a written plan that specifies time frames.

(b) Responsibility for the quality assessment and/or quality improvement program shall be assumed by designated individuals, who shall include the director of nursing services, a physician or advanced practice nurse, and at least three other staff members, and who shall report directly to the administrator.

(c) Summary findings of the quality assessment and/or quality improvement program shall be submitted in writing to the administrator and the administrator shall take action that includes staff education or training on the basis of the program's findings.

(d) The quality assessment and/or quality improvement program shall review at least inventory control, maintenance inspections and reports, procedures for reporting incidents and hazards, and procedures for emergency response to incidents and hazards.

(e) Quality assessment and/or quality improvement program findings shall be presented to the administrator with recommendations for corrective actions to address problems.

8:39-33.2 Mandatory quality assessment and/or quality improvement policies and procedures

(a) The quality assessment and/or quality improvement program shall identify problems in the care and services provided to the residents and shall include the audit of medical records.

(b) The quality assessment and/or quality improvement program shall monitor the performance of each service.

(c) The quality assessment and/or quality improvement program shall monitor trends in the following:

1. The prevalence of pressure sores and skin breakdowns;
2. Psychoactive drug use;
3. Transfers to hospitals;
4. Medication errors;
5. Catheterization rates and catheterization care;
6. Weight loss and fluid intake;
7. Infection rates in all residents;
8. Resident depression;
9. Restoration of function following specific types of events, such as hip fractures;
10. Use of restraints;
11. Resident falls resulting in injury;

12. Incidents of abuse, neglect or misappropriation of resident property; and

13. Other possible indicators of level of quality care not listed in this subchapter.

(d) The quality assessment and/or quality improvement program shall develop and implement a system to measure the effectiveness of the reassessment process with respect to: frequency, comprehensiveness, accuracy, implementation, and interdisciplinary approach.

8:39-33.3 Mandatory quality assessment and/or quality improvement of resident services

The quality assessment and/or quality improvement program shall include the gathering of resident care information from residents and visitors.

8:39-33.4 Mandatory quality assessment and/or quality improvement of staff education and training

The quality assessment and/or quality improvement program shall evaluate staff education programs.

SUBCHAPTER 34. ADVISORY QUALITY ASSESSMENT AND/OR QUALITY IMPROVEMENT

8:39-34.1 Advisory quality assessment and/or quality improvement policies and procedures

(a) The facility develops and maintains an active, continuous quality improvement process that involves staff, residents, families and/or the community in improving the quality of services provided by the facility.

(b) The quality assessment and/or quality improvement program uses a resident classification system, such as acuities or specified diagnostic classifications, as an indicator in measuring resident outcomes.

(c) The quality assessment and/or quality improvement program includes periodic surveys of families to ascertain their satisfaction, suggestions, knowledge of resident's health conditions and treatments, and/or knowledge of facility policies and staff members' roles.

(d) There is a system to receive input on resident safety issues.