Attachment 1 - *QAPI Roster/Minutes:

Advisory Board has met. Attendance and minutes are included.
Quality Assurance Performance Improvement
Meeting - Jan. 27 @ 8:30 am – Zoom Meeting
AGENDA

1. Review of Action Plan from 11-4-2020 Meeting
   * Information Report
   * Safety Plan to all Employees

2. Covid Update
   * Yearly Study
   * Staff, Bldgs, EI Update

3. Home Health Program Review
   * Home Health Chart Review
   * Home Health / 4-B Updates
   * Medicare App. Update
   * Job Description/Skills Training

4. Behavioral Health Program
   * Staffing
   * Medicaid Update
   * Chart Reviews

5. PK Zone - Autism

6. Information Reports

7. Statistics

8. New Action Plan Objectives

9. Information Sharing

10. Next Meetings - April 28 – 8:30 am
    July 28 – 8:30 am
    Oct. 27 – 8:30 am
1. A description of indicator to be monitored/activities to be conducted:
   a. Positive COVID tests for FPK employees

2. The frequency of activities:
   a. Testing will be conducted as indicated by policy/procedure, CNO recommendation, and/or government regulations.
   b. Reports will be updated monthly.
   c. Reports will be addressed in QAPI meetings quarterly.

3. The designation of who is responsible for conducting activities:
   a. Testing maybe completed by clinic staff and sent to CUUR Diagnostics (FPK partner in COVID testing) or off-site and reported to the CNO for data collection.
   b. The CNO will update monthly reports and provide them in the quarterly QAPI meetings.

4. The method of data collection:
   b. Report from staff if tested off-site.

5. Acceptable limits for findings:
   a. The number of employees positive for COVID will not exceed 10% of the total number of employees at any time.

6. The person who will receive the reports:
   a. The Clinic VP will receive the reports to address with the QAPI committee.

7. Plans to re-evaluate if findings fail to meet acceptable limits in addition to any other activities required under state or federal laws and regulations.
   a. If thresholds of positive tests exceed accepted limits, infection control measures will be increased. Including but not limited to:
      i. Adequate supply of PPE
      ii. PPE used appropriately
      iii. Scheduling reflects social distancing
      iv. Pre-visit screening completed and used effectively
      v. Quarantining procedures follow the CDC’s recommendations
      vi. Meetings/visits will be done virtually as often as safely possible

I HAVE READ, UNDERSTAND, AND AGREE TO COMPLY WITH THE 2021 PERFORMANCE IMPROVEMENT ACTIVITY/STUDY FOR THE FOUNDATION FOR POSITIVELY KIDS.

Name: _______________________________    Department: ________________

Signature: _______________________________    Date: ________________

2480 E Tompkins Ave., Ste. 222, Las Vegas, Nevada 89121, Office 702-262-0037 – Fax 702-262-0252
Quality Assurance Performance Improvement  
Meeting-Nov. 4, 2020 @ 8:30 am – Zoom Meeting

AGENDA

1. Review of Action Plan from 7-2020 Meeting  
   * Includes Transitional Grant Update  
   * Information Report Review  
   * Safety Checklist  
   * Safety Plan
2. Covid Update  
   * Bldgs  
   * Clinics  
   * Home Health / 4-B  
   * Cuur  
   * Quarantines  
   * E.I.
3. Home Health Program Review  
   * Home Health Chart Review  
   * Medicare App. Update  
   * Job Descriptions  
   * Annual Performance Review  
   * Annual Skills Training
   * Mandated all staff training
5. PK Workplace Health and Safety Manual/Disaster Plan  
   * Annual Safety Checklist
6. Information Reports
7. New Action Plan Objectives
8. Information Sharing
9. 2021 Meeting Dates/Times
<table>
<thead>
<tr>
<th>Item</th>
<th>Discussion</th>
<th>Action Item</th>
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</table>
| On Call                   | - Meeting done via Zoom  
- Results from HH Survey have been received.  
  - Statistics and chart reviews must be on our monthly agenda.  
  - This meeting serves as the advisory committee for Transitional Care Grant until its completion. |                                                                                  |
2. Only one caregiver is allowed (per child)
   ➢ No siblings are allowed to come in, unless they also have an appointment.
3. Waiting areas have been spaced out appropriately
4. Clinic appointments are 30 min apart
   ➢ For thorough disinfecting between patients. As well as having minimal contact in the waiting room between patients.
5. All Well Checks are done in the morning. Sick Visits are only in the afternoon.
6. Anyone coming in from foster care with suspected COVID, they are tested in their vehicle out in the parking lot.
7. Home Health services have continued to provide in-home care
   ➢ 4B Program:
     ▪ as of October 2020 has resumed in-home admissions.
     ▪ Is for the most part done remotely. CNO authorizes case by case which cases need in-home services.
8. All Necessary precautions are at staff’s disposal
   ➢ Full PPE’s, Disinfecting/sanitation wipes, etc
9. CUUR contract for rapid Response COVID testing
   ➢ Test are dropped off directly at their labs in the morning, results are in by that evening.
   ➢ We have an account for patients and staff.
   ➢ Safe care COVID Grant, helps cover the uninsured testing.
   ➢ For the child haven kids with no Insurance, the county has promised to pay.
10. We continue to Provide medical at ST Jude’s monthl

Quarantines
❖ 6 staff quarantined for COVID
   ➢ 0 severe cases.

❖ CNO is the COVID Coordinator for all Programs.
   ➢ PK is Meeting all standards/all that is required of us.
   ➢ A log is kept of everyone being tested and their results. (Adults an kids.)

How are you handling COVID? Susie Miller: Outbreak in oasis with staff and kids. Standardizing monthly staff testing for kids and staff. Judy and CNO will speak offline with Susie to share resources.

PK ZONE
❖ COVID Safe Learning Center
   ➢ Hired 4 teachers aids (learning assistance)
   ➢ CNO is the COVID coordinator for the PK ZONE
   ➢ Children practice COVID standards
   ➢ County Grant. Finishes in December 2020
   ➢ Capacity of 15 children.
   ➢ Normally have up to 11 children.
   ➢ PK ZONE is being funded until the end of December 2020 by a county grant. New funding needs to be found to continue program past December.
   ➢ This program has been very successful, unfortunately it is not a self-sustainable program.

Searching for grants to keep PK Zone open after their grant ends in December 2020
<table>
<thead>
<tr>
<th>Home Health</th>
<th>Chart Review</th>
<th>Medicare application is submitted.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>❖ Regularly/Monthly reviewing charts.</td>
<td>❖ We are hoping it is approved by the 1st of the year (2021)</td>
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<td></td>
<td>❖ Rotating chart reviews within HH Staff</td>
<td>❖ Being Medicare certified will allow us to contract with insurances and will therefore increase our numbers.</td>
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<tr>
<td></td>
<td>❖ Cleaning charts up making sure everything is in line.</td>
<td>❖ Although we are not servicing Adults or every billing Medicare, we cannot get MediCAID w/o MediCARE</td>
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<tr>
<td></td>
<td>❖ Sierra Health and HPN have reached out for a contract for their Private/commercial Insurance</td>
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<td></td>
<td>Positive report on process of Medicare in January 2021</td>
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<table>
<thead>
<tr>
<th>Job Descriptions</th>
<th>❖ Job descriptions</th>
<th>CNO keeps track of all these</th>
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<tbody>
<tr>
<td></td>
<td>❖ Annual Performance reviews being done</td>
<td></td>
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<td></td>
<td>❖ Skills training is being documented.</td>
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<td></td>
<td>❖ Inservice’s are being sent out monthly.</td>
<td></td>
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<table>
<thead>
<tr>
<th>Policies and Procedures</th>
<th>Policies and Procedures manual or the agency has been completed and distributed to everybody in July.</th>
<th></th>
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<thead>
<tr>
<th>Information Staring</th>
<th>Behavioral Health</th>
<th></th>
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<tbody>
<tr>
<td></td>
<td>❖ Contracted to get a 20hr therapist starting Dec 1st 2020.</td>
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<td>❖ Interview for a License technician</td>
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<td></td>
<td>❖ Many of or referrals are sent to Perceptions. Due to lack of therapist.</td>
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<td></td>
<td>❖ When it was mandated, visits were done via telehealth.</td>
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<td></td>
<td>❖ Now patients are given the option to come in or do telehealth.</td>
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<thead>
<tr>
<th>Objectives</th>
<th>❖ Continue Incident Report</th>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>❖ Review Safety check list</td>
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<td></td>
<td>❖ Possibly have statistics for 2020.</td>
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|                        | ❖ Next week, Target dates for QAPI MTGs for 2021 will be sent out.                                       |                                                                 |
Quality Assurance Performance Improvement
Meeting - April 28 @ 8:30 am – Zoom Meeting

AGENDA

1. Confidentiality Form
2. QAPI Orientation/Training
   * Information Report
   * Stats 2020
   * OSHA Compliance Checklist
4. Yearly Performance Improvement Projects for 2021
   * Clinical - Covid
   * Administration - Surveys
5. Home Health Program Review
   * Home Health Chart Review
   * Home Health / 4-B Updates
   * Medicare App. Update
6. Behavioral Health Program
   * Staffing
   * Medicaid Update
   * DFS Update
   * Chart Reviews
7. Infection Control Logs
   * TB Guidelines
   * Reporting
8. Information Reports
10. Information Sharing

11. Next Meetings - July 28 – 8:30 am
    Oct. 27 – 8:30 am
### QAPI Meeting Minutes 04/28/2021

<table>
<thead>
<tr>
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| **On Call** | ✴ Meeting done via Zoom on Wednesday, April 28th 2021 at 8:30 AM  
✴ Copies of the following were handed to the participants:  
➢ Agenda  
➢ Confidentiality from  
➢ Copy of updated Incident Report  
➢ 2020 stats | |
| **Confidentiality Form** | ✴ Confidentiality report was sent to all participants.  
➢ Completed review of confidentiality report.  
➢ Participants were told to sign report and sent back to Judy New.  
➢ Every year we will have to re-cert and have a new one signed to put in the file. | |
| **QAPI Orientation/Training** | ✴ This committee will be reviewing all PK programs: Home Health, Behavioral Health, Clinics, Child Haven Nursing, Early Interventions.  
➢ Committee must have a good understanding of how all PK programs function.  
➢ Before COVID hit this committee was centering our year of QAPI meetings on each program. Having each VP explain their program in detail.  
✴ Roles  
➢ Specific Roles are:  
  • Coordinator: Judy New  
  • Meeting Recorder: Noemy Rodriguez  
➢ Committee Member Role:  
  • To assist and support.  
    o To review documents sent and provide input.  
    o Brainstorm problem solving  
✴ Grievances  
➢ Grievances are tracked regularly.  
  • When a grievance occurs, it will be discussed at this committee.  
    o Agency has been fortunate enough to have not received any grievances.  
✴ Yearly QAPI Meeting Report:  
➢ This committee, as well as the Executive Board will receive a copy of report.  
✴ New QAPI Committee Members:  
➢ Paula Hammack is the agencies Strategic Plan Officer.  
➢ Robbie Williams will be joining the committee at our next meeting.  
  • She will be coming on board as the director of the Skilled Care Facility.  
✴ Questions:  
➢ Committee had no questions. | We will recap the programs in the next couple of meetings. |
| **Review of Action Plan from 1/27/2021** | ✴ Incident Report  
➢ Committee received and reviewed the copy of the updated Incident Report.  
➢ Committee agreed to proceed with the Incident Report.  
  • The incident report will be distributed to staff as a fillable PDF to be filled out electronically.  
  • Staff will receive training on when to fill out an Incident Report at the next all staff meeting. | All Staff MTG  

pg. 1
Committee member Jolie expressed concern on policy language requirements from other organizations for the purpose of grants do not always coincide with the language in our policy.

- Committee agrees there cannot be more than one version of a policy. Policy writers will keep all grants the agency reports to in mind when an update is made.
  - This is currently not an active issue, but if it becomes one it will be brought to this committee to brainstorm a solution.

**Stats 2020**

- 2020 stats are down in comparison to 2019.
  - Agency closed during the governor’s mandate.
    - Tompkins Clinic Closed; Pecos Clinic operated half time.
    - The county kept children off Child Haven campus.
      - Averaged census of 20 children
        - Currently averaging 55 children a day.
    - Early interventions began therapies through telemedicine/video conferences.
    - Numbers have gradually gone down.

- 2021 stats
  - Numbers are increasing back to normal.
    - Clinic and Child Haven have already begun to see a rise.
      - As of 4/1/2021, Clinic schedule as returned to 15min. appointments, but continue to schedule well visits in the AM and sick visits in the PM.
  - Agency hopes to see stats go up for 2021.

- Committee had no questions regarding stats.

- The stats shared today will be attached to the QAPI report that is being submitted to the board.

**OSHA Compliance Checklist**

- All departments have completed the checklist.
  - Complication: Tompkins building has no sprinkler system, smoke detectors/fire alarm. A Fire Drill is pending.
  - Solution: Installing SimpliSafe a security system/smoke detector and fire alarm to every PK Suite.
    - When installation is finished, a fire drill will be completed.

**Clinical – COVID**

- 2021 Performance Plan is to track among all staff, who were positive, what measures were being taken based on the number of positive cases.
  - Based on the numbers we have stayed under 10%.
  - Some staff tested positive in January.
  - 0% staff tested positive in February and in March.
  - 70% have at least received the first does of the COVID Vaccine.

**Administration – Surveys**

- Agency is updating surveys, and the way it is distributed and collected.
  - Agency had one survey for all programs.
  - Each program will be developing their own survey based on their needs.
  - 3 licenses for SurveyMonkey have been bought and distributed to Clinic, Early Intervention, and Behavioral Health.
    - Before distribution starts, surveys must be vetted through CEO.
    - SurveyMonkey will be collecting data/statistics on surveys.

Fire System and Fire drill will be an action plan for the next MTG.

By next MTG all programs will have their survey questionnaires done and be able to report how they are getting them out.
Home Health chart review
- Chart audits are done every month.
  - April’s chart audit has been completed and good.
  - Re-Education to the nurse taking care of them was completed.

Home Health Updates
- Streamlining Audits.
- Working on Medicaid Application

4-B Updates
- RN’s are doing in-person admissions
  - Follow up visits are done remotely, unless in-person is needed.

Medicare Application Update
- Medicare Survey
  - Application is done, but not submitted.
    - Submission goal is by June 2nd, 2021
      - Need 10 cases to be able to submit, currently have 2.
        - Outreach for referrals has been made to a Hospice program.
        - Outreach to Cure4theKids and other agencies are in progress, face to face contact is scheduled for next week.
        - Word of mouth outreach is underway.
    - Surveyors need 10 cases and seven of those must be active.

Behavioral Health Program

Staffing
- Two Full time Therapist (including behavioral health VP Melinda)
- One Part time Therapist
- 35 active clients.

Medicaid Update
- Melinda had a meeting with Karen Hennessey, instructions were provided to revise the QA Policy.
  - Policy was revised and submitted to Karen.
  - Currently waiting to hear back from Karen to be able to proceed with submitting the Medicaid application.

DFS Update
- Program must be vetted to be able to see children in the child welfare system.
  - Site visit was completed on 4/16/2021.
    - Preliminary approval was received. It is being taken to their committee for final approval.
      - Committee meets once at the beginning of each month.
- When final approval is received, Melinda will meet with Dr. Lining, from DFS Family Clinical Services to discuss referral process.

Chart Reviews
- VP Melinda has been reviewing charts.
  - Currently is revising Home Health’s audit form to work for Behavioral Health as a chart review form.

Infection Control Logs

Reporting
- Policy is to report anything that you should report the state board of health, not only COVID but all infectious diseases.
  - CNO keeps infection Control logs.

Information Reports
Three Incident Reports for the quarter.
1. Child Haven: Med Error
- Medication error
  - A medication record was changed inappropriately.
  - Amy Kim, nursing supervisor and Mandee, CNO have been in communication and upgraded the policy.
  - Amy has made sure every nurse has reviewed the updated policy.
  - At the next nurses meeting the policy will be reviewed again as a group.
    - Suggestion to create a tracking mechanism that shows/proofs staff has received/reviewed/understood.
      - This type of documentation will support course correction of incident.
      - Hold staff accountable.

2. Child Haven: Med Error

3. Pecos Clinic: Physician wanted Child Haven resident sent to ER.
   - Paramedics were called to transfer patient to the hospital.
   - Incident was not an emergency, therefore, paramedics/fire department ETA 2 hours.
   - Child Haven staff ended up transporting that child to the hospital themselves.
     - Policy is to have the child wait in the clinic until paramedics/fire department arrives to transport.
     - VP Judy will monitor to determine if long ETA wait time from paramedics/fire departments become a pattern.
     - If so, it will be brought to this team to discuss a solution.

<table>
<thead>
<tr>
<th>New Action Plan</th>
<th>Objectives</th>
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<tbody>
<tr>
<td>1. Follow up OSHA Compliance check list with the fire alarms.</td>
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<tr>
<td>2. Follow up on the Surveys; What the questions are, and distribution.</td>
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Information Sharing
- VP Melinda: had family member evaluated for early interventions and was impressed by the staff’s expertise.
- Early Interventions VP Yvonne Moore: EI is currently doing telemedicine to provide its services. The state has now provided a proposal draft for stage 3 for services to resume in the home.
  - Invitation made to sit in and review proposal at their meeting tomorrow at 10am at Tompkins conference room.

Next MTG
- Next Meeting:
  - Tuesday, July 27th at 8:30am
Attachment 2 - **Organizational Chart**:
Organization Chart Foundation for Positively Kids