

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



**FOUNDATION FOR POSITIVELY KIDS**

**ANNUAL PERFORMANCE IMPROVEMENT ACTIVITY/STUDY**

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:
  - a. Report from CUUR Diagnostics database.
  - 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:** \_\_\_\_\_



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
4. PK New updated Policy & Procedures Manual
  - \* 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

## QAPI Meeting Minutes

11/04/2020

Item	Discussion	Action Item
On Call	<ul style="list-style-type: none"> <li>❖ Meeting done via Zoom</li> <li>❖ Results from HH Survey have been received.                             <ul style="list-style-type: none"> <li>➤ Statistics and chart reviews must be on our monthly agenda.</li> </ul> </li> <li>❖ This meeting serves as the advisory committee for Transitional Care Grant until its completion.</li> <li>❖</li> </ul>	
Information Report	<ul style="list-style-type: none"> <li>❖ Time to update the information report, and to have a training of how/when to fill out an IR                             <ul style="list-style-type: none"> <li>➤ IR needs to fit ALL programs.                                     <ul style="list-style-type: none"> <li>▪ What happened?</li> <li>▪ What program?</li> <li>▪ Who is involved?</li> <li>▪ Follow up   <ul style="list-style-type: none"> <li>• The follow up of the incident is not reported on current form.</li> </ul> </li> </ul> </li> <li>➤ A Clear and Complete IR form is needed. To center on what actually happened.                                     <ul style="list-style-type: none"> <li>▪ What happened?</li> <li>▪ What steps were taken?</li> <li>▪ What was the results was?</li> </ul> </li> <li>➤ Any recommendations on parameters on making sure when this goes out to staff what we write an information report on.</li> </ul> </li> </ul>	Information report will be sent out for recommendations.
Safety Plan	<ul style="list-style-type: none"> <li>❖ Workplace Safety Plan is done and sent out to staff to review                             <ul style="list-style-type: none"> <li>➤ Staff Signed safety plan stating they have received and reviewed                                     <ul style="list-style-type: none"> <li>▪ Signed Safety Plans have been given to CNO.</li> </ul> </li> <li>➤ Yearly environment check list, Responsibility of the VP's to walk around the areas their staff are in and to go through this check list.                                     <ul style="list-style-type: none"> <li>▪ If anything on the check list gets marked as a Hazard, it will come back to this committee to help resolve this.</li> <li>▪ By our next meeting we will have our 2020 Safety check list completed for all of our areas by each of our VP's , this committee will review it as a team to make sure everything is safe for our staff.</li> </ul> </li> </ul> </li> </ul>	Review 2020 Safety check list in 2021
Transitional Care Grant	<ul style="list-style-type: none"> <li>❖ Wraps up in February.</li> <li>❖ Last report was done in March 2020</li> <li>❖ Number of hospital referrals:                             <ul style="list-style-type: none"> <li>➤ Hospitals have not directly contacted us for referrals.</li> <li>➤ Home Health has followed 8 DC from ER so far.</li> <li>➤ When we run a report, we include clinic patients who are following up from the ER. Those numbers are unknown at this time.</li> </ul> </li> </ul>	
COVID Update	<ol style="list-style-type: none"> <li>1. To enter any of our buildings the following was instituted.                             <ul style="list-style-type: none"> <li>➤ Must wear Mask, a temperature check and questionnaire screening is done before they are allowed to enter.</li> </ul> </li> </ol>	

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 via 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

<b>Home Health</b>	<ul style="list-style-type: none"> <li>❖ <b>Chart Review</b> <ul style="list-style-type: none"> <li>➤ Regularly/Monthly reviewing charts.           <ul style="list-style-type: none"> <li>▪ Rotating chart reviews within HH Staff</li> <li>▪ Cleaning charts up making sure everything is in line.</li> </ul> </li> </ul> </li> <li>❖ <b>Medicare application is submitted.</b> <ul style="list-style-type: none"> <li>➤ We are hoping it is approved by the 1<sup>st</sup> of the year (2021)           <ul style="list-style-type: none"> <li>▪ Being Medicare certified will allow us to contract with insurances and will therefore increase our numbers.</li> <li>▪ Although we are not servicing Adults or every billing Medicare, we cannot get MediCAID w/o MediCARE</li> </ul> </li> </ul> </li> <li>❖ <b>Sierra Health and HPN have reached out for a contract for their Private/commercial Insurance</b></li> </ul>	Positive report on process of Medicare in January 2021
<b>Job Descriptions</b>	<ul style="list-style-type: none"> <li>❖ <b>Job descriptions</b></li> <li>❖ <b>Annual Performance reviews being done</b></li> <li>❖ <b>Skills training is being documented.</b></li> <li>❖ <b>Inservice's are being sent out monthly.</b></li> </ul>	<b>CNO keeps track of all these</b>
<b>Policies and Procedures</b>	<b>Policies and Procedures manual or the agency has been completed and distributed to everybody in July.</b>	
<b>Information Staring</b>	<b>Behavioral Health</b> <ul style="list-style-type: none"> <li>• <b>Contracted to get a 20hr therapist starting Dec 1<sup>st</sup> 2020.</b></li> <li>• <b>Interview for a License technician</b></li> <li>• <b>Many of or referrals are sent to Perceptions. Due to lack of therapist.</b></li> <li>• <b>When it was mandated, visits were done via telehealth.</b></li> <li>• <b>Now patients are given the option to come in or do telehealth.</b></li> </ul>	
<b>Objectives</b>	<ul style="list-style-type: none"> <li>❖ <b>Continue Incident Report</b></li> <li>❖ <b>Review Safety check List</b></li> <li>❖ <b>Possibly have statistics for 2020.</b></li>   <li>❖ <b>Next week, Target dates for QAPI MTGs for 2021 will be sent out.</b></li> </ul>	



Quality Assurance Performance Improvement  
Meeting- April 28 @ 8:30 am – Zoom Meeting  
AGENDA

- 1. Confidentiality Form**
- 2. QAPI Orientation/ Training**
- 3. Review of Action Plan from 1-27-2021**
  - \* 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**
- 9. New Action Plan Objectives**
- 10. Information Sharing**
  
- 11. Next Meetings - July 28 – 8:30 am**  
Oct. 27 – 8:30 am



## QAPI Meeting Minutes

04/28/2021

Item	Discussion	Action Item
<b>On Call</b>	<ul style="list-style-type: none"> <li>❖ Meeting done via Zoom on Wednesday, April 28<sup>th</sup> 2021 at 8:30 AM</li> <li>❖ Copies of the following were handed to the participants:               <ul style="list-style-type: none"> <li>➤ Agenda</li> <li>➤ Confidentiality form</li> <li>➤ Copy of updated Incident Report</li> <li>➤ 2020 stats</li> </ul> </li> </ul>	
<b>Confidentiality Form</b>	<ul style="list-style-type: none"> <li>❖ <b>Confidentiality report was sent to all participants.</b> <ul style="list-style-type: none"> <li>➤ Completed review of confidentiality report.</li> <li>➤ Participants were told to sign report and sent back to Judy New.</li> <li>➤ Every year we will have to re-cert and have a new one signed to put in the file.</li> </ul> </li> </ul>	
<b>QAPI Orientation/ Training</b>	<ul style="list-style-type: none"> <li>❖ <b>This committee will be reviewing all PK programs: Home Health, Behavioral Health, Clinics, Child Haven Nursing, Early Interventions.</b> <ul style="list-style-type: none"> <li>➤ Committee must have a good understanding of how all PK programs function.</li> <li>➤ Before COVID hit this committee was centering our year of QAPI meetings on each program. Having each VP explain their program in detail.</li> </ul> </li> <li>❖ <b>Roles</b> <ul style="list-style-type: none"> <li>➤ Specific Roles are:               <ul style="list-style-type: none"> <li>• Coordinator: Judy New</li> <li>• Meeting Recorder: Noemy Rodriguez</li> </ul> </li> <li>➤ Committee Member Role:               <ul style="list-style-type: none"> <li>• To assist and support.                   <ul style="list-style-type: none"> <li>○ To review documents sent and provide input.</li> <li>○ Brainstorm problem solving</li> </ul> </li> </ul> </li> </ul> </li> <li>❖ <b>Grievances</b> <ul style="list-style-type: none"> <li>➤ Grievances are tracked regularly.               <ul style="list-style-type: none"> <li>• When a grievance occurs, it will be discussed at this committee.                   <ul style="list-style-type: none"> <li>○ Agency has been fortunate enough to have not received any grievances.</li> </ul> </li> </ul> </li> </ul> </li> <li>❖ <b>Yearly QAPI Meeting Report:</b> <ul style="list-style-type: none"> <li>➤ This committee, as well as the Executive Board will receive a copy of report.</li> </ul> </li> <li>❖ <b>New QAPI Committee Members:</b> <ul style="list-style-type: none"> <li>➤ Paula Hammack is the agencies Strategic Plan Officer.</li> <li>➤ Robbie Williams will be joining the committee at our next meeting.               <ul style="list-style-type: none"> <li>• She will be coming on board as the director of the Skilled Care Facility.</li> </ul> </li> </ul> </li> <li>❖ <b>Questions:</b> <ul style="list-style-type: none"> <li>➤ Committee had no questions.</li> </ul> </li> </ul>	<p>We will recap the programs in the next couple of meetings.</p> <p>Copy of 2020 report will be sent out to everyone once completed.</p>
<b>Review of Action Plan from 1/27/2021</b>	<ul style="list-style-type: none"> <li>❖ <b>Incident Report</b> <ul style="list-style-type: none"> <li>➤ Committee received and reviewed the copy of the updated Incident Report.</li> <li>➤ Committee agreed to proceed with the Incident Report.               <ul style="list-style-type: none"> <li>• The incident report will be distributed to staff as a fillable PDF to be filled out electronically.</li> <li>• Staff will receive training on when to fill out an Incident Report at the next all staff meeting.</li> </ul> </li> </ul> </li> </ul>	<p>All Staff MTG Agenda: Information Report Training.</p>

- ∞ 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.

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

**Yearly Performance Improvement Projects for 2021**

❖ **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.

By next MTG all programs will have their survey questionnaires done and be able to report how they are getting them out.

<b>Home Health Program Review</b>	<ul style="list-style-type: none"> <li>❖ <b>Home Health chart review</b> <ul style="list-style-type: none"> <li>➤ Chart audits are done every month. <ul style="list-style-type: none"> <li>▪ April's chart audit has been completed and good. <ul style="list-style-type: none"> <li>• Re-Education to the nurse taking care of them was completed.</li> </ul> </li> </ul> </li> </ul> </li> <li>❖ <b>Home Health Updates</b> <ul style="list-style-type: none"> <li>➤ Streamlining Audits.</li> <li>➤ Working on Medicaid Application</li> </ul> </li> <li>❖ <b>4-B Updates</b> <ul style="list-style-type: none"> <li>➤ RN's are doing in-person admissions <ul style="list-style-type: none"> <li>▪ Follow up visits are done remotely, unless in-person is needed.</li> </ul> </li> </ul> </li> <li>❖ <b>Medicare Application Update</b> <ul style="list-style-type: none"> <li>➤ Medicare Survey <ul style="list-style-type: none"> <li>▪ Application is done, but not submitted. <ul style="list-style-type: none"> <li>• Submission goal is by June 2<sup>nd</sup>, 2021 <ul style="list-style-type: none"> <li>◆ Need 10 cases to be able to submit, currently have 2. <ul style="list-style-type: none"> <li>○ Outreach for referrals has been made to a Hospice program.</li> <li>○ Outreach to Cure4theKids and other agencies are in progress, face to face contact is scheduled for next week.</li> <li>○ Word of mouth outreach is underway.</li> </ul> </li> </ul> </li> <li>• Surveyors need 10 cases and seven of those must be active.</li> </ul> </li> </ul> </li> </ul> </li> </ul>	
<b>Behavioral Health Program</b>	<ul style="list-style-type: none"> <li>❖ <b>Staffing</b> <ul style="list-style-type: none"> <li>➤ Two Full time Therapist (including behavioral health VP Melinda)</li> <li>➤ One Part time Therapist</li> <li>➤ 35 active clients.</li> </ul> </li> <li>❖ <b>Medicaid Update</b> <ul style="list-style-type: none"> <li>➤ Melinda had a meeting with Karen Hennessey, instructions were provided to revise the QA Policy. <ul style="list-style-type: none"> <li>▪ Policy was revised and submitted to Karen. <ul style="list-style-type: none"> <li>• Currently waiting to hear back from Karen to be able to proceed with submitting the Medicaid application.</li> </ul> </li> </ul> </li> </ul> </li> <li>❖ <b>DFS Update</b> <ul style="list-style-type: none"> <li>➤ Program must be vetted to be able to see children in the child welfare system. <ul style="list-style-type: none"> <li>▪ Site visit was completed on 4/16/2021. <ul style="list-style-type: none"> <li>• Preliminary approval was received. It is being taken to their committee for final approval. <ul style="list-style-type: none"> <li>◆ Committee meets once at the beginning of each month.</li> </ul> </li> </ul> </li> </ul> </li> <li>➤ When final approval is received, Melinda will meet with Dr. Lining, from DFS Family Clinical Services to discuss referral process.</li> </ul> </li> <li>❖ <b>Chart Reviews</b> <ul style="list-style-type: none"> <li>➤ VP Melinda has been reviewing charts. <ul style="list-style-type: none"> <li>▪ Currently is revising Home Health's audit form to work for Behavioral Health as a chart review form.</li> </ul> </li> </ul> </li> </ul>	<p>Will need to hire a therapist to cover DFS referrals.</p> <p>Goal is to formalize chart audit review by the end of quarter.</p>
<b>Infection Control Logs</b>	<ul style="list-style-type: none"> <li>❖ <b>Reporting</b> <ul style="list-style-type: none"> <li>➤ Policy is to report anything that you should report the state board of health, not only COVID but all infectious diseases. <ul style="list-style-type: none"> <li>▪ CNO keeps infection Control logs.</li> </ul> </li> </ul> </li> </ul>	
<b>Information Reports</b>	<p><b>Three Incident Reports for the quarter.</b></p> <ol style="list-style-type: none"> <li>1. Child Haven: Med Error</li> </ol>	

	<ul style="list-style-type: none"> <li>• Medication error <ul style="list-style-type: none"> <li>○ A medication record was changed inappropriately.</li> <li>○ Amy Kim, nursing supervisor and Mandee, CNO have been in communication and upgraded the policy.</li> <li>○ Amy has made sure every nurse has reviewed the updated policy.</li> <li>○ At the next nurses meeting the policy will be reviewed again as a group. <ul style="list-style-type: none"> <li>▪ Suggestion to create a tracking mechanism that shows/proofs staff has received/reviewed/understood. <ul style="list-style-type: none"> <li>a. This type of documentation will support course correction of incident. <ul style="list-style-type: none"> <li>i. Hold staff accountable.</li> </ul> </li> </ul> </li> </ul> </li> </ul> </li> </ul>	<p>Documentation on course correction policy will be done by our next meeting.</p>
<p><b>New Action Plan Objectives</b></p>	<ol style="list-style-type: none"> <li>1. Follow up OSHA Compliance check list with the fire alarms.</li> <li>2. Follow up on the Surveys; What the questions are, and distribution.</li> </ol>	
<p><b>Information Sharing</b></p>	<ul style="list-style-type: none"> <li>❖ VP Melinda: had family member evaluated for early interventions and was impressed by the staff's expertise.</li> <li>❖ 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. <ul style="list-style-type: none"> <li>○ Invitation made to sit in and review proposal at their meeting tomorrow at 10am at Tompkins conference room.</li> </ul> </li> </ul>	
<p><b>Next MTG</b></p>	<ul style="list-style-type: none"> <li>❖ <b>Next Meeting:</b> <ul style="list-style-type: none"> <li>➤ Tuesday, July 27<sup>th</sup> at 8:30am</li> </ul> </li> </ul>	

Attachment 2 - *Organizational Chart* :

# Organization Chart Foundation for Positively Kids

