QUALITY ASSURANCE INITIATIVES IN ADULT DAY CARE

RESOURCE MANUAL & GUIDELINES

MARYLAND DEPARTMENT OF HEALTH

Office of Long Term Services and Supports

Division of Community Long Term Care

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Disclaimers

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PREFACE

In this update, it is important to reiterate that Quality Assurance (QA) concepts and strategies can be elusive, and they are still subject to valid debate among experts on all sides. Two considerations are critical in recommending QA approaches at a state-wide level. First, one must balance ideal models against the economic realities of available resources and practicality. Second, any QA document or system must be broad enough to meet state-wide needs, yet flexible enough to be useful locally. Clearly, we can say with Donabedian: "The challenge {has been to} introduce quality monitoring and its associated controls so that they become an organically functioning part of an organization rather than a foreign irritant to be neutralized or repudiated." (Donabedian, p. 189)

Without exception, the Adult Medical Day Care stakeholders who have contributed to this work have been enthusiastic about sharing ideas and supporting the development of QA tools. They recognize the need to begin now and continue - not simply after the appearance of external mandates - to build some QA models which reflect their experience. Toward this end, the Consultant has worked with MDH staff and the directors, to:

1) bring current literature on QA into the discussion;

2) bring into the planning whatever relevant processes are already underway, locally or on a

state-wide level;

3) help the group articulate their views, needs, and experience in QA attempts already underway;

and

4) provide an outside view of conceptual and practical approaches.

The result is a revised manual which aims to present an array of concepts, broad guidelines, and some specific strategies and tools to assist Adult Medical Day Care stakeholders in improving QA efforts. This set of guidelines presents some discussion and models for efforts in all four major areas of QA programming: Process, Outcomes, Structure, and Participant Feedback. Further, we urge that Adult Medical Day Cares select some orderly mix of these dimensions for their own QA program. (Donabedian 2005)

Perhaps above all else, we wish to suggest a philosophical outlook of continuing improvement. This document is not the answer. It is a presentation of what we know and think today. It is one more step in the decades-long search for feasible, accountable, useful models to assure the public that we are providing quality services.

To make this document come alive, within an individual center or among the Adult Medical Day Care community as a whole, each of us must commit to organizing for QA programming so that the effort is substantive. We should continue to dialogue about what works and doesn't work. If we are genuine in this regard, we may well discover the pleasure, the "up-side" of any group effort which tackles a significant challenge well: the celebration of learning, taking pride in achievement, the confidence that derives from seeking common goals, and the pleasure of collegiality.

The bottom line is that QA is a "mind-set." It is a way of thinking and acting which commits the individual or center to be thoughtful in projecting outcomes, vigilant in performance to meet and measure those goals, and continually seeking ways to improve the quality of care.

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* **Relating costs (direct and indirect) to outcomes and services offered or to types of health conditions treated is an essential piece of program evaluation. However, it is beyond the scope of this document.**

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II. OVERVIEW
ADULT DAY CARE: A DEFINITION AND
HISTORY OF ADULT DAY CARE

ADULT DAY CARE: A NEW DEFINITION

Adult Day Services is a system of professionally delivered, integrated, home and community-based, therapeutic, social and health-related services provided to individuals to sustain living within the community.

National Adult Day Services Association (NADSA)

Adult day services center: A community-based center, generally open on weekdays, that provides long-term care services, including structured activities, health monitoring, socialization, and assistance with activities of daily living (ADLs) to adults with disabilities.

Lendon and Rome, 2018

HISTORY OF ADULT DAY CARE

Adult day care - in the form of partial hospitalization - began in Europe and the Soviet Union as early as the 1920s, largely for psychiatric patients. Programs of day hospitalization, or "day care," designed specifically for those aged persons at risk of hospitalization or institutionalization, was a mid-century development.

Early "roots" of adult day care

In 1950, Dr. Lionel Z. Cosin opened a day hospital at Cowley Road Hospital, United Oxford Hospitals, England. This represented one more facet of hospital community services designed to return elderly patients to life at home as quickly as possible. The early emphasis was very much on rehabilitation and treatment. Gradually, Dr. Cosin and others recognized the need to also develop the social aspects of the service in recognition of the role of social involvement and stimulation in preventing deterioration.

The 1960s saw the first development of these approaches in the United States when Dr. Cosin introduced adult day care as a part of his work with the Cherry State Hospital in Goldsboro, North Carolina. The Adult Day Care movement in the United States started very slowly at the grassroots level in response to local community needs. The tasks facing these early centers were numerous. Few persons involved had had prior experience with adult day care and they knew little about the concept and provision of the service. They had to educate themselves quickly about the appropriate population to be served, necessary components of care, and methods of service provision. Other immediate concerns included education of the public about the need for, and availability of, adult day care, participant recruitment, development of linkages with other agencies within the care continuum, selection and training of staff, and funding.

Development of Support at the National Level

The Congressional hearing on April 23, 1980, before Representative Claude Pepper's Select Committee on Aging served to bring attention to the need for government support to encourage public and private programming in adult day care. The Medicaid Community Care Act of 1980, a variety of surveys and state-level legislative efforts, and the development of the National Institute for Adult Daycare in 1979 have solidified this movement in the whole continuum of services to disabled adults.

Development of Standards

Activities directed toward the development of standards for quality care were taking place simultaneously with the above events. Early standards were adapted from day care standards for children. Using these as a model, some states developed minimum standards to be able to monitor the quality of service and require safety and comfort regulations to be met. Today, the majority of states have developed standards or licensure requirements.

Adult Day Care in Maryland

In 1969 the Maryland Department of Health and Mental Hygiene (now Maryland Department of

Health (MDH)) issued a report concerning the purposes and requirements of Adult Day Care (now Adult Medical Day Care (MDC). Helen Padula in her work with MDH was instrumental in conceptualizing the MDC program and pushing for its development.

The State Legislature enacted legislation in 1973 which authorized the Adult Day Care Division, Department of Health & Mental Hygiene (now MDH), to provide "an alternative to the unnecessary commitment of elderly persons to nursing homes, State institutions, or other long term care facilities." (Health-General Article, Title 14, Subtitles 2 and 3 Annotated Code of Maryland).

Title XX and private fees were the primary early sources of operational funding. In Maryland Title XX funds through the Department of Human Resources were later replaced by State general funds administered by MDH. In 1980 the Maryland Medical Assistance Program began reimbursing for adult medical daycare leading to the rapid growth of new centers across the State. Licensure regulations were adopted one year earlier in 1979.

The federal Centers for Medicare and Medicaid Services (CMS) approved the Adult Medical Day Care Services Waiver application with an effective date of July 1, 2008, and continues to be renewed by CMS. The MDH is the single State agency for Medicaid.

The MDH, Office of Long Term Services and Supports, Division of Community Long Term Care is responsible for ensuring compliance with federal and State laws and regulations related to the operation of the waiver. Additionally, MDH is responsible for policy development and oversight of the waiver, determining the participants' level of care (LOC), provider enrollment and compliance, and reimbursement of covered services.

There are approximately 120 Adult Medical Day Care (MDC) centers licensed by the Office of Health Care Quality (OHCQ) state-wide. These MDC centers collectively have the total capacity state-wide to serve over 10,652 functionally impaired adults each year. Today there are 112 MDC centers approved to serve participants of Home and Community-based Services (HCBS) programs in Maryland providing a wide range of health and social services. This updated document on Quality Assurance is the latest State-wide effort to encourage quality programming in adult day care.

III. QUALITY ASSURANCE IN ADULT DAY CARE

QUALITY ASSURANCE IN ADULT DAY CARE

Definitions

Quality assurance (QA) is a term that continues to evade the kind of definition which clearly directs the practitioner to "how to do it." This is particularly true if one is looking for strategies that are both effective and feasible. When carried out successfully, QA can be a powerful tool in strategic planning, staff development, marketing, and meeting regulatory requirements. Perhaps most importantly this assures the public that we are striving to provide quality services to improve the lives of participants and to enhance their abilities to maintain as much independence as possible.

Three simply stated definitions are useful in keeping us pointed in the direction of improving the implementation of QA efforts.

"Broadly defined, QA is the promise or guarantee home health care agencies {substitute adult day care} make to themselves, their consumers (e.g. the federal government, clients and their families, other health professionals), and their accreditation bodies that certain standards of excellence are being met in the care delivered."(Lalonde, 1988).

"QA is a process that enables health professionals to identify areas of improvement, detect potential problem areas, and design strategies for overcoming deficient areas in patient care. " (Joint Commission on Accreditation of Hospitals [JCAH], 1984).

"QA is an ongoing program, designed to systematically monitor and evaluate the quality of care, pursue opportunities to improve care, and resolve identified problems. As a "tool" for program evaluation, it looks beyond "evaluating," to a commitment to address deficiencies in the quality of care. It should be as comprehensive as possible, even if conducted over time, and should be clearly linked to previously identified standards. " (Gardner, Maryland ADC Focus Group Meeting).

"I am convinced that it is quite inappropriate to say that either process or outcome is inherently preferable...As a general rule, however, it is best to include elements of each structure, process, and outcome in the assessment. That helps us understand why outcomes depart from expectations so we can take steps to improve the situation. The concurrent use of the three approaches also allows the weaknesses of one to be supplemented by the strengths of another. Should the three approaches lead to different conclusions about the quality of care, one is alerted to possible deficiencies in the conceptual formulations that led to inaccuracies in, or even fraudulent manipulations of, information." (Donabedian, 1988).

10 QUESTIONS IN THE QA PROCESS

As simply stated as possible, these Ten Questions guide the QA process. The reader is urged to be patient and recognize that the answers - the strategies to address the questions - come slowly...perhaps only in bits and pieces! Further, each attempt, no matter how simple, adds to the Center's accumulated experience and, thus, improves the process of conducting QA programming.

Meeting the MDC mandate

1. Who are we serving? Are we serving those whom we should be serving?

2. What are their needs? Are we meeting those needs?

Definition of objectives and standards

3. What specific services do we offer to meet those needs?

4. At what level of quality do we offer them? What are our standards and criteria of

measurement?

5. What objectives do we set for meeting those standards and criteria?

Assessment (monitoring and measurement)

6. When and how do we measure progress? Who has input into it?

7. How do we collate, analyze, and report our findings?

8. How do we celebrate successes? Identify the deficiencies?

Quality improvement

9. How do we organize to act on the deficiencies?

10. How do we re-assess the results and introduce change into the delivery of care?

A COMPREHENSIVE APPROACH TO QA PROGRAMMING: While it is challenging to implement a comprehensive QA program, providers should look at all three of the following areas of ADC programs and operations throughout the course of the year:

❖ Outcomes

After consideration of the ADC's focus on relevance - i.e. "Who are we serving?" - the first order of QA effort should be on "results" or "outcomes." Here, the focus is on the ADC participants themselves and their families. What changes in health status can be <u>causally attributed to the intervention</u>? The measurement of outcomes assumes a positive connection between those outcomes and the care given, even though it happens that a participant may not improve even with the best of care. However, it is still these outcomes that typically reflect the <u>real</u> quality of care. The fact that genetic, environmental, or lifestyle factors also play a part in the outcome makes this type of QA particularly difficult.

• Outcome dimension includes:*

- effects of care

- end results

- consequences to overall health status

*Dimensions abstracted from Donabedian, 2005, in Riley, p. 18

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• Possible QA Outcome Strategies:

    - Utilization Review Committee

    - ADCAPS Assessment and Care Plan Audit/Utilization Review

    - Measurement of Participant Satisfaction

    - Review of Target Population Needs and Services Offered

"A service-based approach looks at how well services are produced in the belief that the need for them is obvious. A client-based approach would look at the effects of the services on the client and worry less about the nature of the services themselves." (Kane, p.29)

"In judging the use of outcomes in QA, one must remember that the outcome is not simply a measure of health, well-being, or any other state. Rather, it is a change in status confidently attributable to antecedent care." (Donabedian, p. 178)

❖ Process

QA efforts have typically been concentrated in this dimension, namely: "What services are we offering, at what level of excellence, with what results?" It is an extremely important piece of the QA picture since it brings into play professional standards of care, regulatory requirements, and the center's own objectives for care. The focus is on staff behaviors and actions.

• Process dimension includes:

    - practitioner/participant interaction

    - activities that constitute care

• Possible QA Process Strategies:

    - Periodic Health Record Audit

    - Reviews of Departmental Excellence: QA Studies

    - Special Operational Issues Review

"The assumption underlying this approach is that good clinical practices lead to good outcomes. The question remains, however: What if we are implementing a particular technique properly, from a clinical sense, and it still does not have the desired result? This leads us to another technique, evaluation of outcomes" (Webb, p. 216)

❖ Structure

This dimension addresses the question, "Are our organizational (i.e. operational) structures effective in supporting the overall Adult Day Care program?" It involves the measurement of performance of the program's "physical" resources - equipment, facilities, management, administrative organization, personnel issues, board operations, etc. In most Adult Day Cares, it may not be feasible to do extensive QA surveys of these aspects of the operation, but a thorough annual evaluation is highly recommended.

• Structural Dimension includes:
- physical facilities
- resources (human, physical, fiscal)
- organizational elements (e.g. committees, Board)
• Possible QA Structure Strategies:
- Reviews of Departmental Excellence: QA Studies

QA AND OTHER EVALUATIVE STRATEGIES

Program evaluation focuses on a whole program, while QA looks at certain components in terms of predetermined levels of quality to be achieved. In QA, the measurement is against pre-set, relatively precise, measurable outcome criteria. For example, what exactly changed in the participant's health status? The question relates to "Have we met the level of achievement we set for ourselves?" There is a ...

- statement of intent (i.e. the care objective)

- statement of result (i.e. the achieved status)

- statement of the difference.

By definition, the term "assurance" conveys a commitment to "stick to the course," to make sure the promised services are offered or adapted to meet the desired outcomes. Thus, the team commits to corrective action, or if appropriate, a re-evaluation of the plan.

Continuous quality improvement (CQI) is an anticipatory tool in QA, as distinguished from a "retrospective" approach which reviews performance already completed. It is a "quality-as-you-go" approach in which certain procedures are set in place that allow the center to observe, adjust, change, and coordinate elements of treatment or structure on an ongoing basis. A CQI climate is an excellent one to encourage as it supports a year-round QA focus.

Problem-solving begins with the recognition of a deficiency. It is a group process for creatively exploring problem causes and choosing among alternative courses of action to resolve the problem. A QA program's formal structure makes problem-solving much more effective.

QA AND THE SETTING OF CRITERIA

More than any other factor, the standards of acceptable behavior or treatment interventions laid down by the professions should be the driving force in QA. Another useful way of thinking about the selection of specific criteria or "markers" of achievement is to consider the source from which you select the criteria. Riley (p.14) presents a model from which the QA planner can abstract particular criteria:

Global (determined by the profession)	Programmatic criteria
- Standards	- Staff review
- Accreditation	- Professional Review
- Certification	- Client satisfaction
- Ethics	- QA programs

In this GUIDELINES document, several QA Studies, organized by department or function (e.g. health

services, nutrition/dietary, personnel & training) are offered <u>as examples only</u>. Each one includes only those standards set forth in State regulations. Thus, this represents a "source" for determining standards and criteria, namely those identified by a funding or licensing body. Center directors are urged to use the Review of Departmental Excellence: A QA Study form as a format and continue to develop standards and criteria relevant to their respective programs.

WHO PARTICIPATES IN A QA PROGRAM?

Whether one is engaging in a QA effort at an individual level (e.g. utilization review based on a review of the care plan), departmental level, or at the center level, it is essential that the criteria ultimately used reflect a broad spectrum of views. Participants, families, caregivers, funding and regulatory bodies, professional organizations, and the center community itself should participate. Undoubtedly, the priorities of each will differ. For example, federal funding sources want to be sure care is necessary and appropriate and hence may emphasize utilization criteria. Participants and families may lean toward the criteria of safety and satisfaction. The center staff and board may be divided on the relative importance of all four factors of safety, appropriateness, necessity, and effectiveness. However, these differences, when taken together, should only strengthen the process and add to its credibility.

QUALITY ASSURANCE TOOL

In 2012, the Adult Day Care Assessment and Planning System (ADCAPS) was introduced as the assessment tool for participants. The use of this tool by a registered nurse is mandated by the Division of Community Long Term Care and the Office of Health Care Quality regulations. The MDH reviews the appropriate use of this tool as a measure of quality assurance.

In 2013, the MDH implemented LTSS*Maryland* as its web-based platform for care planning, service tracking, monitoring compliance, and quality of care for its HCBS. As of May 2019, with enhancements to LTSS*Maryland*, the MDC service providers were incorporated into the LTSS*Maryland* system. Utilization of the LTSS*Maryland* platform is mandatory for MDC rendering services to home and community-based services (HCBS) participants.

IV. ELEMENTS OF THE QUALITY ASSURANCE (QA) PROCESS IN ADULT MEDICAL DAY CARE

ELEMENTS

A. UTILIZATION REVIEW (UR) COMMITTEE

B. ADCAPS ASSESSMENT AND CARE PLAN REVIEW

C. PERIODIC HEALTH RECORD AUDIT

D. QA REVIEW OF SERVICES & STRUCTURAL COMPONENTS (Reviews of Departmental Excellence)

E. ANNUAL REVIEW OF CLIENT POPULATION NEEDS

F. SPECIAL OPERATIONAL ISSUES REVIEWS

G. PARTICIPANT SATISFACTION/FEEDBACK PROCESS

H. PARTICIPATION IN FUNDING AND REGULATORY SURVEYS

I. BASIC REQUIREMENTS FOR A QA PROGRAM IN AN ADULT MEDICAL DAY CARE CENTER

ELEMENTS OF THE QUALITY ASSURANCE (QA) PROCESS

A. **Utilization Review (UR) Committee** - managed by the administrator and multidisciplinary team*, which uses results of care plan audits, admissions, discharges; as discharges occur for tracking of disposition and analysis of the data annually, through the Center's own mechanisms and other documentation to:

1) evaluate:

- appropriateness of admissions and length of stay

- appropriateness, coordination, and efficiency of the Center's services

- discharge practices

2) recommend in writing:

- corrective actions to be taken

B. **ADCAPS Assessment and Care Plan Review** - part of the Center's UR process; an orderly, documented review of each participant record, in order to:

1) evaluate:

- appropriateness of length of stay

- actual outcomes as compared to those expected

- services actually offered as compared to those planned

2) recommend and document:

- corrective action(s) to be taken

- appropriateness of continuance in the program

3) re-assess effectiveness:

- of corrective action(s), as reflected in outcomes described in the next audit period, or in the interim

C. **Periodic Health Record Audit** - an orderly, documented process which examines all, or

a representative sample of participant records in order to determine the adequacy, accuracy, and timeliness of the following record components:

1) Center admitting form(s)

2) Enrollment Agreement

3) Emergency Agreement

4) Physician's assessment and orders

5) Team member assessments: health services/nutrition/psychosocial/activities

6) ADCAPS Assessment and Plan of care

7) Other therapies

8) Annual QA documentation: UR procedures, participant satisfaction, etc.

9) Related documents: progress notes, discharge summary.

*Multidisciplinary team will be referred to as "Team" in this document

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D. **QA Review of Services (Process) & Structural Components** - On a program-wide level, the Center evaluates the quality of its services (e.g. nursing, activities, transportation) and its operations (e.g. finance, physical plant, personnel), in terms of standards set for those components. Refer to Departmental Excellence Studies Section

{Note: The Center may choose to schedule these reviews throughout the year, or some of them for thorough review each year, or any other feasible approach.}

1) Monitor and evaluate the performance of each component, using defined standards and criteria. (If standards and criteria have not been identified, this could be the first step in implementing a real QA approach to measurement.)

2) Recommend improvements, in the form of goals and objectives or improved standards and criteria of achievement.

E. **Annual Review of Client Population Needs (Template)** - a study of admissions to be sure the

Center is serving appropriate target populations and is focused on meeting their healthcare needs

F. **Special Operational Issues Reviews** - These are regularly scheduled reviews of particular

issues or problems which can impact significantly on quality care. {Note: Forms were not developed for this Element}.

- Infection control
- Fire & safety
- Incidents and accidents
- Participant attendance patterns
- Emergencies
- Review of past audits and surveys

G. **Participant/Caregiver Satisfaction Feedback Process (Template)** - A regular process for securing feedback from participants and caregivers.

Examples:

1) Surveys (quarterly, semi-annual, annual) among all participants, families, and caregivers

2) Request for feedback within 30 days of admission

3) Input from participants and caregivers as part of the care plan review

4) Other innovative ways to assure feedback (e.g. suggestion box, focus group)

H. **Participation in Funding and Regulatory Surveys** - Preparation and participation in site visits, remote audits, surveys, training events, requests for advice, etc. which foster continuous quality improvement.

BASIC REQUIREMENTS FOR A QUALITY ASSURANCE (QA) PROGRAM IN AN ADULT MEDICAL DAY CARE CENTER

*(COMAR 10.09.07.03.N The Program Director shall develop and establish a QA system for evaluating program effectiveness of individual health care plans and interventions.

FEATURES

• The QA plan is a written document and includes at least the following:

- The center's philosophy on QA and the purpose(s) served by the plan

- The scope of elements covered in the plan

- The process: policies, procedures, and schedule for its implementation

- Responsibilities for implementation and overall direction

- How reports (e.g. an annual QA report) are filed and published

• The scope is comprehensive, addressing Outcome (including Participant/Caregiver feedback), Process and Structure, measured against previously set standards and criteria.

1. Outcome: Utilization Review (ADCAPS Assessment, Plan of Care & Audit), Review of Services to Target Population, Participant/Caregiver Feedback

2. Process Components: Periodic Health Record Audit; Departmental QA Studies - e.g. medical & nursing, psychosocial, activities, nutrition/dietary, transportation, etc.

3. Structural Components: Administration, Documentation (personnel, participant, administrative), Physical plant, Personnel & Training, Fleet Management, Community Relations, Marketing, Management of Volunteers

• QA policies and procedures are developed by the administrator and staff, with advice and approval of the governing body.

• Results of QA activities are shared in a timely and relevant way with staff, governing body, participants and caregivers, and licensing and funding sources, as appropriate.

* Code of Maryland Regulations - Medical Day Care Services

V. TOOLS FOR IMPLEMENTING A QA PROGRAM

Sample Forms for Adult Day Care Centers

*Adult Day Care Assessment and Planning System (ADCAPS)

*ASSESSMENT

Guidelines for the ADCAPS

*PLAN OF CARE (with elements of Utilization Review)

Guidelines for the Plan of Care

HEALTH CARE AUDIT/UTILIZATION REVIEW

Guidelines for Health care Audit/UR

PERIODIC HEALTH RECORD AUDIT

Guidelines for the Audit

(9) REVIEWS OF DEPARTMENTAL EXCELLENCE: QA STUDIES

ANNUAL REVIEW OF PARTICIPANT NEEDS: QA STUDY

PARTICIPANT SATISFACTION QUESTIONNAIRE

*Available on LTSSMaryland

ADULT MEDICAL DAY CARE PROGRAM SERVICE PLAN/PLAN OF CARE

Name: _____ **ID#:** _____ **RN Completing Plan:** _____

Problem(s): _____

Diagnosis: _____

Medications: _____

Long Term Goal(s): _____

Goal No.	Date	Short Term Goal(s)	Services, Approaches, Interventions and Provider Type	Amt./ Frequency/ Duration	Discipline Initials	Outcome Scores

Outcome Scores:

7: Goals met, all required items completed in a timely manner, goals resolved/discontinued.

5: Goals met, continue monitoring.

3: Goals not met: lacking some required element(s). Revision plan indicated in the comment section.

0: Goals not met, lacking most required elements. Alternative plan indicated in the comment section.

*For a change from Goals met to Goals not met, the multidisciplinary team should be convened.

NOTE: An outcome score is not appropriate for an initial or new problem, add comments as needed in the comment section.

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ADULT MEDICAL DAY CARE PROGRAM SERVICE PLAN/PLAN OF CARE

Name: _____ **ID#:** _____ **RN Completing Plan:** _____

Long Term Goal(s): _____

Goal No.	Date	Comments

ADULT MEDICAL DAY CARE PROGRAM SERVICE PLAN/PLAN OF CARE PERSONAL GOALS AND PREFERENCES

Name: _____ **ID#:** _____ **RN Completing Plan:** _____

Problem(s): _____

Diagnosis: _____

Medications: _____

Long Term Goal(s): _____

Goal No.	Date	Short Term Goal(s)	Services, Approaches, Interventions and Provider Type	Amt./ Frequency/ Duration	Discipline Initials	Outcome Scores

Outcome Scores:

7: Goals met, all required items completed in a timely manner, goals resolved/discontinued.

5: Goals met, continue monitoring.

3: Goals not met: lacking some required element(s). Revision plan indicated in the comment section.

0: Goals not met, lacking most required elements. Alternative plan indicated in the comment section.

*For a change from Goals met to Goals not met, the multidisciplinary team should be convened

NOTE: If an outcome score is not appropriate for an initial or new problem, add comments as needed in the comment section.

ADULT MEDICAL DAY CARE PROGRAM SERVICE PLAN/PLAN OF CARE PERSONAL GOALS AND PREFERENCES

Name: _____ ID#: _____ RN Completing Plan: _____
Long Term Goal(s): _____

Goal No.	Date	Comments

<h1 style="text-align:center">GUIDELINES FOR COMPLETING THE PLAN OF CARE</h1>

A. Identification: Name of the participant and some identification number - e.g. Medicaid #, Center Identification #, last four Social Security #, etc.

B. Problem(s): These are presenting problems or issues that should be addressed in the plan of care.

C. Long Term Goals: These represent the goals for the participant which will be addressed over the long term. They may include the following:

  (1) Prevention of avoidable deterioration

  (2) Maintenance of the functional level of participants

  (3) Opportunities for growth and development or to improve general health status

  (4) Activities to reduce isolation or improve the overall quality of life

  (5) Relief for caregivers

  (6) Restoration/rehabilitation

  (7) Personal Goals - This is required

D. Date: The date that the expected outcome/short term goal is formulated by the Team.

E. Expected Outcomes/Short Term Goals w/Time Frames: These represent the objectives or measurable outcomes that can be anticipated if the planned services are carried out and if the participant and his/her caregiver(s) cooperate generally with the plan.

F. Services, Approaches, Interventions: These should be as specific as possible. They are the particular program activities or specific interventions that will be carried out. They should detail staff responsibilities and actions to achieve the desired outcomes.

G. Responsible Staff: Those assigned with primary responsibility for a given activity or intervention include Nursing, Social Work, and Activity. Additional disciplines could include any of the following:

Transportation	Other therapists (incl. Primary Care Provider)
Dietary/Nutrition	Others

H. Review Date: The date upon which the Team reviews the plan to monitor progress, update documentation, and conduct QA reviews.

I. Services rendered and accepted: This refers to both the Center's actual activity on behalf of this participant, as well as his/her cooperation and involvement in the plan of care. It essentially begins the process of addressing the question, "What has occurred" and impacts directly on outcomes.

J. Goals met: This provides a way to "rate" the level of goal achievement, using the explanation given on the form itself. While admittedly subjective, continued use of these ratings by staff should lead to fairly usable consensus. If an outcome score is not appropriate for an initial or new problem, add comments as needed in the comment section. A goal that has been met with an outcome score of 7 should be discontinued. For a change from Goals met to Goals not met, the multidisciplinary team should be convened. If change is significant following an assessment, revise the current problem or add it as a new problem, but this has to be done with the

Multidisciplinary Team (MDT). When the MDT meets, each problem must be opened, reviewed, and updated as necessary as this will trigger a new care plan review due date. If the nurse's assessment does not indicate a significant change, a comment should be added on page 13 or section V on LTSS*Maryland* and the MDT does not need to convene.
.

K. Comments: Comments should serve to explain the entries in the Reviews columns and relate to the Health Care Audit/Utilization Review Form.

HEALTH CARE AUDIT/UTILIZATION REVIEW PROCEDURE

Audit Period Covered: [   ] **Completed by:** [   ]
Participant's Name: [   ] **MA #:** [   ] **Date:** [   ]

PART I REVIEW & ASSESSMENT		
A. OUTCOME ASSESSMENT: (See Plan of Care) **No. of Goals** [ ] **Avg. Score Goal Achievement** [ ]		

B. SERVICES ASSESSMENT	Yes	No
1. Multidisciplinary Team Plan of Care (a) Was the plan based on a comprehensive assessment by all Team members?	☐	☐
(b) Did the plan reflect findings from initial or updated medical orders, medical history documentation, interviews & ADCAPS assessments?	☐	☐
(c) Did the plan take into account the participant's potential for restoration, rehabilitation and or maintenance of level of functioning?	☐	☐
(d) Was there participation in the care planning process from the participant and or participant's representative?	☐	☐
2. If indicated, was the participant referred to outside health care services?	☐	☐
3. Did all documented notes support the appropriateness of the care plans?	☐	☐
4. Was the discharge summary or plan appropriate and adequate?	☐	☐

PART II UTILIZATION REVIEW SUMMARY	Yes	No
A. Was some progress made toward meeting the goals outlined in the plan?	☐	☐
1. If yes, list the most relevant factors: [ ]		

2. If no, is this due to one or more of the following selections? ☐ program resources
      ☐ coordination of care   ☐ participant behavior
      ☐ need other health care   ☐ participant attendance
      ☐ appropriate goals ☐ other		

B. Is this participant benefiting from this service?	☐	☐
1. If yes, continue with current plan 2. If no, update the plan of care to reflect changes or initiate discharge planning if appropriate		
C. Is there a current freedom of choice form for the participant? Yes ☐ No ☐		

PART III COMMENT: [   ]

ATTESTATION: I attest that the center did not provide ANY type of incentive at any time to the participant or participant's family to attend this center, as prohibited by the Federal Anti-Kickback Statute.

Director/Designee's Name/Signature [   ] Date: [   ]

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GUIDELINES FOR COMPLETING THE HEALTH CARE AUDIT/UTILIZATION REVIEW

Frequency of Completion

*Complete form **once every year** on all participants.*

Delegation

The Director may delegate the completion of this form to any individual. The responses to the questions must be based on a review of the participant's most recent care plan and supporting documentation. The Director should review each completed form within one month of its completion.

PART I REVIEW & ASSESSMENT

A. OUTCOME ASSESSMENT (Completed in conjunction with Care Plan)

No. of Goals: Enter the number of active goals available for Team review during the most recent Plan of Care Review.

Average Score Goal Achievement: For the goals reviewed, total the scores from the "Goals Met" column of the Plan of Care and divide by the number of goals. The average will be 0 - 7.

B. SERVICES ASSESSMENT

The reviewer should be as objective as possible. Director must comment under Part III on activities to correct deficiencies.

PART II UTILIZATION REVIEW SUMMARY

A. Check the "yes" or "no" box and address questions on the outcome.
B. Check the "yes" or "no" box. Update the care plan or initiate discharge planning if appropriate.
C. Discussion of either "yes" or "no" answers is required.

PART III COMMENTS

The Director must attest, sign, and date this section. Comments should explain how deficiencies will be addressed. (Refer to section 1.B.)

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PERIODIC HEALTH RECORD AUDIT

Criteria: Score a "7" if recorded on the present chart. Score a "0" if not recorded. Indicate N/A if not applicable.

Completed By: _____ Audit Period Covered: _____ Page _____ of _____

PARTICIPANT IDENTIFICATION						TOT	**AV
INTAKE & ADMISSION							
Date of Admission (Present on Chart)							
Date of Discharge (Present on Chart)							
Admitting Forms							
Enrollment Agreement							
Emergency Agreement							
PERSONAL PCP							
Assessment (may include lab reports)							
Orders							
THERAPIES							
Occupational therapy care plan							
Physical therapy care plan							
Speech therapy care plan							
TEAM ASSESSMENT							
Health							
Nutrition							
Psychosocial							
Activities							
PLAN OF CARE							
QUALITY ASSURANCE							
Health Care Audit/Utilization Review							
Participant/Family/Caregiver Feedback							
RELATED DOCUMENTATION							
Progress Notes							
Discharge Summary							
TOTALS							
*AVERAGE SCORE							

Director/Designee's Name/Signature _____ Completion Date _____
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*Average score for that participant = total score divided by the number of elements rated in that column that are not N/A
**Average score of that element = total score divided by the number of participant records reviewed in that row

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GUIDELINES FOR COMPLETING THE PERIODIC HEALTH RECORD AUDIT (PHRA)

General Instructions: Follow the scoring system described on the bottom margin of the PHRA form and calculate averages. The Director should review the average scores as a starting point for analysis of service and documentation of strengths and weaknesses. Providers receiving Medical Assistance or Medical Care Policy Administration (MCPA) contract funding should follow the completion instructions below.

*Complete the form **once every year** for all participants.*

NOTE: COMAR 10.09.07 and 10.09.61, Medical Day Care, Medical Assistance Regulations, are included in these Guidelines *in italics.*

PARTICIPANT IDENTIFICATION

Participant ID. This document represents the analysis of a group of participants currently enrolled and discharged since the last PHRA.

INTAKE & ADMISSION

Date of Admission/Date of Discharge

These are standard dates documented by the Center[1] as part of the intake and discharge process. Score a "7" if recorded on the present chart; score a "0" if not recorded.

Admitting Form(s)

- This information is documented upon intake and updated as changes occur. This may be the "face sheet" of the participant's record.
- Freedom of Choice Form
- Identifying information: name, address, phone number, social security #, date of birth, age, race, sex, etc.
- Current living situation: Name, address, phone number of a family member or other caregiver
- Contact in case of emergency
- Personal primary care provider information: name, address, telephone number
- Payment source information (Medical Assistance, including the effective date, if applicable; Health Care benefit #; etc.)
- Other involved human service agencies: contacts and telephone numbers
- Travel directions to and from the Center
- *Nursing notes for the first 5 days*

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[1] **"Center" denotes an adult medical day care center**

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Enrollment Agreement (Service Contract)

This signed statement indicates the participant's and the Center's contract to work together in the program. It should include at least the following:

- Name
- Date signed
- Services to be offered
- Process by which goals for the participant are developed
- Provider, participant/caregiver signatures
- Conditions for terminating service
- *Medical Assistance #, provider signature, frequency of attendance ordered by primary care provider.*

Emergency Agreement

This signed written agreement grants the participant's permission to transport him/her to the designated hospital in the event of an emergency.

PERSONAL PRIMARY CARE PROVIDER

Assessment

Prior to admission, the primary care provider's health assessment, based on a physical exam completed within the past 45 days, is provided to the Center.[2]

- Certifies negative TB status	- Restriction on activities
- Prescribed medications	- Communicable disease status
- Health care instructions	- Diet modifications
- Allergies	- Signed and dated

- *Physical exam completed within the past 45 days*

Orders

Medical orders are an ongoing aspect of care and must always be signed, dated and include the primary care provider's printed name. Medical orders are;

- Completed before admission;
- Orders for medications, treatments/therapies, and special diets as indicated;
- Telephone orders which should be signed and dated by the primary care provider within 10 working days;
- Ongoing medical orders which are renewed every 180 days, or as specified by the primary care provider; and
- Order for adult day care treatment and frequency of attendance.

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[2] **While not required under COMAR, some centers include lab reports, X-rays, etc.**

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THERAPIES: Occupational, Physical, and Speech

These are plans of care for physical therapy, occupational therapy, and speech therapy. Therapy care plans should clearly establish goals for treatment, types of treatment to be rendered, their frequency and duration, and evaluation. Refer to COMAR 10.09.07.05 for Medical Assistance regulations regarding therapy care plan documentation requirements. If any of these therapies are indicated, they should be incorporated into the comprehensive Plan of Care.

TEAM ASSESSMENT: Health/Nutrition/Psychosocial/Activities

This comprehensive assessment summarizes the observations of the multidisciplinary team in their respective areas of expertise. Assessments evaluate the participant's strengths and needs. Each assessment area should be evaluated by the criteria below.

[Note: On the month when completing the assessment for the Adult Day Care Assessment and Planning System (ADCAPS), a note indicating that the ADCAPS was completed can serve as the monthly progress note.

- Comprehensive initial assessment, completed within 30 days of admission.
- Comprehensive assessment update must be completed within 120 days or upon any significant change in condition.
- See COMAR 10.12.04.21 for assessment completion.

PLAN OF CARE

The Plan of Care should identify particular health and psychosocial needs, therapeutic goals, and recommended interventions. It should be...

- Based on the comprehensive assessment.
- Completed within 30 days of admission and signed by the multidisciplinary team (MDT), including the participant and or participant's representative.
- Reviewed and updated within 180 days or upon any significant change in condition,
- See COMAR 10.12.04.22 for plan of care completion.

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QUALITY ASSURANCE

These QA activities assist center staff in monitoring and ensuring the quality of care. While the center may conduct a variety of QA activities, this PHRA form addresses these limited required and recommended activities:

Required:

- Health Care Audit/Utilization Review and Periodic Health Record Audit: Completed annually on all participants.

Recommended:

- Participant/caregiver feedback: provided, regarding participation in the program overall.

RELATED DOCUMENTATION

Progress notes: reflect pertinent staff observations, incidents, telephone contacts, coordination of care, acute problems and achievements, etc.

Discharge summary/plan:

- Date of admission/date of discharge
- Recommendations for continuing care
- Referrals to other agencies, if appropriate
- *Summary of progress in the program, including treatment goals and outcomes; post discharge goals; written procedure for discharge, referral, and follow-up.*

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REVIEWS OF DEPARTMENTAL EXCELLENCE: QA STUDIES

It is clear in the quality assurance literature that various adult day care functions - or departments should be reviewed for their excellence or quality, and that such reviews should be based on previously set standards and objectives. It is also clear that post-review action should involve the setting of new objectives and action steps. Essentially, this aspect of QA programming refers to the "process" dimension-- i.e. What did we do to achieve the outcomes we have identified?

While some might choose a checklist model for conducting QA on these components, the model proposed here suggests a slightly different purpose. That is, these forms will guide the QA committee in looking at one or more functions with more depth. A Center might choose to only look at a few at a time, perhaps annually or semi-annually. It will be most useful if all team members have input into any particular review.

Each review constitutes a study of one department or function. The standards and criteria are minimum, reflecting requirements presented in COMAR 10.12.04 Day Care for the Elderly and Medically Handicapped Adults and COMAR 10.09.07 Medical Day Care Services. Centers are encouraged to adapt these forms to their own Center needs. Part D contains a format for additional standards and criteria as selected by the Center. Parts E and F reflect the setting and achievement of objectives, for the period under study and the subsequent reviewing period, respectively.

DEPARTMENTAL STUDIES IN THIS DOCUMENT

Health (Medical & Nursing)	Community Relations
Activities	Administrative Documentation
Nutrition/Dietary	Personnel & Training
Social Services	Physical Plant Management.
Transportation	

Date**:**_____   Department: **HEALTH SERVICES (Medical & Nursing)** Completed by:_____

A. (SCOPE) DEFINITION OF THE SERVICE

"Health" services in adult day care emphasize a focus on prevention and preserving health, not merely the treatment of illness. Therefore, a holistic approach is employed in planning for, and managing, health care services. This includes diagnostic, medical, educational, emergency, and consulting services that impact the participant's health status and self-care.

{NOTE: These services are provided most often by nursing and medical personnel. Since their roles overlap, this QA Study combines the two professions; however, QA reviews can be conducted separately.}

- Medical: The provision of medical consultation and direction to the overall ADC program and regarding individual participants, through the admissions process and ongoing medical supervision of participant involvement in the ADC program.
- Nursing: Health care provided by or under the direction of a licensed registered nurse.

B. ASPECTS OF CARE OR DEPARTMENTAL SERVICES OR FUNCTIONS

1. Receipt and review of personal primary care provider (PCP) orders

2. Staff primary care provider consultation to the ADC on a regular basis

3. Participation in needs assessment and care planning, in cooperation with a multidisciplinary team

4. Implementation of the nursing process - observation, assessment, monitoring, and recording of participant's progress, adverse events, etc.

5. Supervision and education of other staff in health care functions (e.g. personal care, ADLs)

6. Coordination among Center and community health agencies and referring physicians

7. Participation in discharge planning

8. Development and regular review of health policies and procedures - medical emergencies, medications program, employee safety, etc.

C. MINIMUM STANDARDS & CRITERIA FOR ACHIEVEMENT.

1. **The personal primary care provider (PCP)'s orders are an integral part of the admission process.**

CRITERIA	LEVEL	EVIDENCE	COMMENTS
PCP orders received prior to admission	7 0		
Appropriateness of admission is assessed by the Team incorporating the PCP's orders	7 0		
	7 0		

2. **The staff PCP provides consultation services to the ADC on a regular basis.**

CRITERIA	LEVEL	EVIDENCE	COMMENTS
Consultation may include: - assistance to the Health Director in developing health policies - participation in team care planning - consultation with participant's personal PCP	7 0		
	7 0		

3. **The Center involves the participant's personal PCP when any observed changes occur/and for updates on participant status.**

CRITERIA	LEVEL	EVIDENCE	COMMENTS
There is a written policy or procedure regarding necessary communication with personal PCP	7 0		
Nurse or designee communicates with the PCP to report observed changes in health status, including recommendations for changes in diet or medication.	7 0		

Criteria:

Score a "7" if recorded on the present chart;

Score a "0" if not recorded,

Indicate N/A if not applicable.

NOTE: Blank space is provided for staff to add criteria specific to their program

4.   **Nursing and medical services are provided in a timely manner, consistent with the participant's needs and the PCP's orders.**

CRITERIA	LEVEL	EVIDENCE	COMMENTS
Nursing observations recorded daily, for the first 5 days	7 0		
Plan of care completed within 30 days of admission	7 0		
Care plan reflects medical history and medical orders	7 0		
Care plan contains both long term and short term goals	7 0		
Preventive as well as maintenance services are provided	7 0		
An accurate, timely record of adverse events is maintained and addressed promptly.	7 0		
	7 0		

5.   **The Center registered nurse, while holding primary responsibility for the health needs of participants, collaborates effectively with the multidisciplinary team.**

CRITERIA	LEVEL	EVIDENCE	COMMENTS
Collaborates with caregivers and PCP on participants' health care needs	7 0		
Participates actively in team planning and UR conferences	7 0		
Participates actively in discharge planning	7 0		
Teaches staff about meeting health care needs of participants, as appropriate to need and staff ability (e.g. ADL's)	7 0		
Seeks appropriate input from other staff when formulating health policies and procedures	7 0		
	7 0		

6.   **The Center has established policies and procedures concerning emergency services.**

CRITERIA	LEVEL	EVIDENCE	COMMENTS
Written policy and procedures, easily accessible for staff use. Staff are trained to handle emergencies.	7 0		
Written plan for ambulance transportation	7 0		
At least one staff member trained in CPR and first aid available to participants at all times	7 0		
Adequate equipment and first aid supplies are readily available for treating shock, burns, small, medium and large wounds including but not limited to: ● Triangular bandages ● Blunt-tipped scissors and tweezers ● Sterile gauze dressing and bandages	7 0		
A chart is conspicuously located and clearly describes: first aid and emergency medical treatment techniques, names and phone numbers of PCPs, ambulances, and medical facilities	7 0		
An unusual occurrence (e.g. epidemic outbreak, poisoning) which threatens the health of participants or staff is immediately reported to the local health officer. Center complies with requirements of local health department	7 0		
	7 0		

7.   **The Center has a written policy regarding the administration of medications. (COMAR 10.12..04.17; Maryland Nurse Practice Act)**

CRITERIA	LEVEL	EVIDENCE	COMMENTS
One individual is authorized to procure, receive, control, and manage the medications program.	7 0		
The Protocol for Administering Medications in Adult Day Care Centers is the basis for Center policy {See Maryland Board of Nursing [MBON] Maryland Nurse Practice Act}	7 0		
There are written policies for: purchasing, storage, dispensing, administration, and recording of drugs	7 0		
	7 0		

8.   **Drugs are stored in a safe, secure, locked place.**

CRITERIA	LEVEL	EVIDENCE	COMMENTS
Drugs are made available to a participant according to the instructions of his/her personal PCP.	7 0		
The licensed nurse inspects drug storage conditions not less than every 3 months.	7 0		
	7 0		

9.   **A written policy regarding delegation of nursing services to other staff complies with the Nurse Practice Act (COMAR 10.27.11)**

CRITERIA	LEVEL	EVIDENCE	COMMENTS
The policy is written, adequate, and understood by staff	7 0		
The policy is supervised by the registered nurse.	7 0		
	7 0		

D. ADDITIONAL STANDARDS FOR ACHIEVEMENT Standard:

CRITERIA	LEVEL	EVIDENCE	COMMENTS
	7 0		

E. PERFORMANCE: PROGRESS ON HEALTH SERVICES OBJECTIVES DEFINED FOR THIS REVIEWING PERIOD

OBJECTIVES	LEVEL	EVIDENCE OF ACHIEVEMENT
	7 0	

F. PERFORMANCE: HEALTH SERVICES OBJECTIVES TO BE MET IN THE NEXT REVIEWING PERIOD

OBJECTIVES	INDICATORS OF ACHIEVEMENT	ACTION STEPS

Date:_____   Department: **ACTIVITIES__**   Completed by:_____

A. (SCOPE) DEFINITION OF THE SERVICE

A variety of planned activities, conducted on individual, small or large group levels, to restore, maintain or develop functional abilities and overall health. Activities foster socialization, and feelings of well being and enjoyment. The program includes planning, managing, evaluating and documenting these activities.

B. ASPECTS OF CARE OR DEPARTMENTAL SERVICES OR FUNCTIONS

1. Work with the Team to plan and document activities for each individual

2. Assessment of the participant's history, interests and abilities

3. Planning and posting the ADC's schedule of weekly or monthly activities

4. Manage implementation of the activities program

5. Assist/counsel participants to facilitate their optimal participation

6. Supervise activities staff in carrying out the program

7. Participate in the ADC's Q.A. activities, including care plan reviews

C. MINIMUM STANDARDS & CRITERIA FOR ACHIEVEMENT
1. A planned program of activities is designed to meet each participant's specific needs and interests.

CRITERIA	LEVEL	EVIDENCE	COMMENTS
Developed in conjunction with plan of care goals	**7 0**		
Written as a weekly or monthly schedule of activities; easily available to participants to consult	**7 0**		
Each day's plan includes a mix of: physical exercise, rest, social interaction, group and individual activities	**7 0**		
	7 0		

Criteria:

Score a "7" if recorded on the present chart;

Score a "0" if not recorded,

Indicate N/A if not applicable.

 NOTE: Blank space is provided for staff to add criteria specific to their program

2. The ADC offers a broad mix of social, recreational, educational and leisure activities.

CRITERIA	LEVEL	EVIDENCE	COMMENTS
Reflects the needs and interests of participants	7 0		
Reflects balance of small and large group activities	7 0		
Includes variety of types and levels of involvement, such as the following: • arts and crafts • development of hobbies • discussion groups - speakers and films • periodic excursions or outings • involvement in community service projects	7 0		
Participants have choices and are encouraged, not forced to participate	7 0		
Integrates community resources when appropriate	7 0		

3. Weekly or monthly schedule of activities is posted.

CRITERIA	LEVEL	EVIDENCE	COMMENTS
Posted conveniently, for participants, staff, and families	7 0		
Is plainly visible and easy to read	7 0		
	7 0		

4. Activities are purposeful and designed to meet broad care goals typically associated with an ADC.

CRITERIA	LEVEL	EVIDENCE	COMMENTS
Stimulate interest and rekindle motivation	7 0		
Encourage physical activity or exercise	7 0		
Encourage social interaction	7 0		
Maximize self-awareness	7 0		
Maximize level of functioning	7 0		
	7 0		

5. ADC's activity program is managed by the Activity Coordinator.

CRITERIA	LEVEL	EVIDENCE	COMMENTS
Coordinator integrates activity preferences into participant's plan of care.	7 0		
Coordinator develops ADC's activities program in consultation with the Team	7 0		
Coordinator trains and supervises activity staff in carrying out the program	7 0		
	7 0		

D. OTHER STANDARDS & CRITERIA FOR ACHIEVEMENT Standard:

CRITERIA	LEVEL	EVIDENCE	COMMENTS
	7 0		

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E. PERFORMANCE: PROGRESS ON ACTIVITY OBJECTIVES DEFINED FOR THIS REVIEWING PERIOD

OBJECTIVES	LEVEL	EVIDENCE OF ACHIEVEMENT
	7 5 3 0	

F. PERFORMANCE: ACTIVITY OBJECTIVES TO BE MET IN THE NEXT REVIEWING PERIOD

OBJECTIVES	INDICATORS OF ACHIEVEMENT	ACTION STEPS

Date:_____ Department: **NUTRITION/DIETARY** Completed by:_____

A. (SCOPE) DEFINITION OF THE SERVICE

The planning, preparation and delivery of nutritious and therapeutic (as indicated) meals and snacks which meet dietary standards and are sensitive to participant preferences.

B. ASPECTS OF CARE OR DEPARTMENTAL SERVICES OR FUNCTIONS

1. Contracting with food service provider or menu planning with dietitian

2. Purchase of supplies and equipment

3. Serving of meals and snack preparation

4. Supervision and training of staff in food serving as necessary

5. Consultation with referring PCP for therapeutic diets

6. Documentation and participation in QA activities, as appropriate

C. MINIMUM STANDARDS & CRITERIA FOR ACHIEVEMENT.

1. Meals and snacks meet the requirements in COMAR 10.12.04.20

CRITERIA	LEVEL	EVIDENCE	COMMENTS
Fluids are offered and encouraged throughout the day.	**7 0**		
• 4 - 6 hours at ADC: 1 meal, 1 snack (⅓ plus of RDA) • 7 - 8 hours at ADC: 2 meals, 1 snack or 1 meal, 2 snack (1/2 of RDA) • 8 + hours at ADC: 2 meals, 2 snacks (2/3 of RDA) *(RDA - Recommended Daily Allowance)*	**7 0**		
Food prepared on site or away from site is prepared in a facility which meets the requirements of the local health department.	**7 0**		

Criteria:

Score a "7" if recorded on the present chart;

Score a "0" if not recorded,

Indicate N/A if not applicable.

NOTE: Blank space is provided for staff to add criteria specific to their program

2. Special diets and supplemental feeding is available, as ordered by the PCP.

CRITERIA	LEVEL	EVIDENCE	COMMENTS
Provided as required by PCP's orders	7 0		
Documented in care plan and supervised by center nurse	7 0		
A registered dietician shall perform a nutritional assessment for all participants with a potential or an actual nutritional deficit.	7 0		
	7 0		

3. The daily menu of meals and snacks served for a period of 30 days is recorded.

CRITERIA	LEVEL	EVIDENCE	COMMENTS
Recorded in _____ (location of documentation)	7 0		
	7 0		

D. ADDITIONAL STANDARDS FOR ACHIEVEMENT Standard:

CRITERIA	LEVEL	EVIDENCE	COMMENTS
	7 0		

E. PERFORMANCE: PROGRESS ON NUTRITION/DIETARY OBJECTIVES DEFINED FOR THIS REVIEWING PERIOD

OBJECTIVES	LEVEL	EVIDENCE OF ACHIEVEMENT
	7 0	

F. PERFORMANCE: NUTRITION/DIETARY OBJECTIVES TO BE MET IN THE NEXT REVIEWING PERIOD

OBJECTIVES	INDICATORS OF ACHIEVEMENT	ACTION STEPS

Date:_____   Department: **SOCIAL SERVICES** Completed by:_____

A. (SCOPE) DEFINITION OF SERVICE

Provision of professional social work services which are designed to meet the participants identified social and emotional needs, facilitate effective participation in the program, and promote positive relations between the Center and families, caregivers, and the public.

B. ASPECTS OF CARE OR DEPARTMENTAL SERVICES OR FUNCTIONS

1. Assessment of participant social and emotional needs

2. Participation in the plan of care process

3. Individual, group and family counseling, guidance or referral

4. Coordination of participant referrals to other agencies and discharge planning

5. Ongoing community relations on behalf of the Center and participants

6. Documentation and record-keeping, including participation in QA activities

1. A licensed social worker provides individual, group and family/caregiver guidance, counseling or a referral as appropriate.

CRITERIA	LEVEL	EVIDENCE	COMMENTS
Both individual and group counseling are provided or referred by social worker	7 0		
Counsels or educates caregivers on how to facilitate the participant's full involvement in the program and plan of care.	7 0		
Maintains communication with participants to solve any day-to-day problems	7 0		
	7 0		

Criteria

Score a "7" if recorded on the present chart;

Score a "0" if not recorded,

Indicate N/A if not applicable.

 NOTE: Blank space is provided for staff to add criteria specific to their program

C. <u>MINIMUM STANDARDS & CRITERIA FOR ACHIEVEMENT</u>

2. A licensed social worker performs initial and ongoing assessments of the emotional and social needs of participants.

CRITERIA	LEVEL	EVIDENCE	COMMENTS
Social Worker participates actively in developing plan of care	7 0		
Re-assessments are completed and documented in participant chart as needed	7 0		
Assessment includes data on: psychosocial factors, living situation, financial resources as needed	7 0		
Social worker participates in QA activities, e.g. utilization review	7 0		
	7 0		

3. The social worker assists participants in obtaining those services that are not available through the Center (e.g. dental, vision care, financial assistance, housing)

CRITERIA	LEVEL	EVIDENCE	COMMENTS
Participants and caregivers are counseled or educated about available community services	7 0		
Referrals are timely, follow-up is provided	7 0		
Participants are assisted in securing services, if necessary	7 0		
Effective linkages with other agencies, on behalf of individual participants or for the Center as a whole, are maintained	7 0		
	7 0		

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4. The social worker conducts discharge planning, including referral to other community services as appropriate.

CRITERIA	LEVEL	EVIDENCE	COMMENTS
There are written procedures for discharge, referral, and follow-up	7 0		
Discharge summary includes goals and recommendations for continuing care.	7 0		
Participants are assisted in securing the necessary resources to carry out the plan	7 0		
Referrals are followed up to ensure needs are met	7 0		
Adequate notice is given to the participant and caregiver before termination	7 0		
	7 0		

5. The social worker participates actively in QA activities, including regular documentation in participant records.

CRITERIA	LEVEL	EVIDENCE	COMMENTS
Assessments of emotional and social needs are documented, as a part of care planning	7 0		
Re-assessments are documented and reviewed as a part of the utilization review process	7 0		
	7 0		

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6. Reports of cases of abuse, neglect, self-neglect or exploitation of participants are reported to the Department of Social Services according to Family Law Article, 14-302, Annotated Code of Maryland.

CRITERIA	LEVEL	EVIDENCE	COMMENTS
Reports of abuse or neglect are documented in participant record	7 0		
Staff are trained annually on recognition and reporting of abuse by designated staff member	7 0		
Reports are filed with the Department of Social Services, as required by the Code	7 0		
	7 0		

D. OTHER STANDARDS AND CRITERIA FOR ACHIEVEMENT Standard:

CRITERIA	LEVEL	EVIDENCE	COMMENTS
	7 0		

E. PERFORMANCE: PROGRESS ON SOCIAL SERVICE OBJECTIVES DEFINED FOR THIS REVIEWING PERIOD

OBJECTIVES	LEVEL	EVIDENCE OF ACHIEVEMENT
	7 0	

F. PERFORMANCE: SOCIAL SERVICE OBJECTIVES TO BE MET IN THE NEXT REVIEWING PERIOD

OBJECTIVES	LEVEL	EVIDENCE OF ACHIEVEMENT
	7 0	

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Date:_____ Department: **TRANSPORTATION** Completed by:_____

A. (SCOPE) DEFINITION OF THE SERVICE

The overall management of the fleet of vehicles used for transporting participants to and from the ADC on a daily basis and for special events in the community. This alternatively may involve management of contractual arrangements for transportation with outside vendors.

B. ASPECTS OF CARE OR DEPARTMENTAL SERVICES OR FUNCTIONS

1. Planning and scheduling daily vehicle routes to pick up and return participants

2. Care and supervision of the fleet or contract monitoring

3. Assisting participants onto, off of, and while en route to ensure their safety

4. Reporting by drivers of observations of participants which need to be shared with Center staff

5. Training driving staff to work effectively with client population

C. MINIMUM STANDARDS & CRITERIA FOR ACHIEVEMENT
1. Centers will provide or coordinate appropriate means of transportation for participants, between their homes and the ADC and on other planned trips.

CRITERIA	LEVEL	EVIDENCE	COMMENTS
Centers provide appropriate means of transportation.	**7 0**		
Centers coordinate appropriate means of transportation.	**7 0**		
Substitute drivers are available when necessary	**7 0**		
	7 0		

Criteria:

Score a "7" if recorded on the present chart;

Score a "0" if not recorded,

Indicate N/A if not applicable.

NOTE: Blank space is provided for staff to add criteria specific to their program

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2. Comfort and safety of participants are assured.

CRITERIA	LEVEL	EVIDENCE	COMMENTS
The center shall utilize the ADCAPS to determine the length of time a participant may be in transit without a rest stop (e.g determine if a participant needs a rest stop after 1 hour) COMAR 10.12.04.27(C)	7 0		
Drivers know procedures to follow in the event of an emergency	7 0		
When appropriate, a participant is not left at the center or at home when staff or caregivers are not present	7 0		
Air conditioning, heating systems are operating properly	7 0		
Drivers are appropriately trained regarding participant's special needs and the need to report observations	7 0		
Drivers are regularly evaluated for their knowledge and skill in safety and relating to participants	7 0		
	7 0		

3. Vehicles are operated and maintained in conformance with State, federal, and local requirements

CRITERIA	LEVEL	EVIDENCE	COMMENTS
A regular schedule of maintenance is followed	7 0		
Drivers' safety and driving records are checked	7 0		
Transportation service meets Americans with Disabilities Act requirements	7 0		
Drivers possess appropriate license for capacity of vehicles	7 0		
	7 0		

D. ADDITIONAL STANDARDS FOR ACHIEVEMENT Standard:

CRITERIA	LEVEL	EVIDENCE	COMMENTS
	7 0		

E. PERFORMANCE: PROGRESS ON TRANSPORTATION OBJECTIVES DEFINED FOR THIS REVIEWING PERIOD

OBJECTIVES	LEVEL	EVIDENCE OF ACHIEVEMENT
	7 0	

F. PERFORMANCE: TRANSPORTATION OBJECTIVES TO BE MET IN THE NEXT REVIEWING PERIOD

OBJECTIVES	INDICATORS OF ACHIEVEMENT	ACTION STEPS

Date:_____ Department: **COMMUNITY RELATIONS** Completed by:_____

A. (SCOPE) DEFINITION OF THE SERVICE

A planned process for establishing and maintaining effective relationships with the community and with agencies or programs which refer to the Center and provide services to the Center's participants.

NOTE: The Anti-Kickback Statute under 42 U.S.C. § 1320a-7b prohibits anyone from soliciting or receiving remuneration of any type in exchange for referring a patient for services where a federal healthcare program pays or for purchasing an item or service for which a federal healthcare program pays.

B. ASPECTS OF CARE OR DEPARTMENTAL SERVICES OR FUNCTIONS

1. Development of linkages with the community

2. Development of linkages with agencies and programs that serve adults with functional impairments

3. Development of appropriate informational materials for the general public and professional community

4. Development of contacts with local media

5. Involvement of participants in community service activities

C. MINIMUM STANDARDS & CRITERIA FOR ACHIEVEMENT.

1. Local agencies and professionals are informed about the Center's goals, program and services, and target population(s) served.

CRITERIA	LEVEL	EVIDENCE	COMMENTS
Center director maintains linkages with local departments of health, aging and social services as well as other agencies	7 0		
The AMDC maintains regular ongoing contact with referral sources	7 0		
The AMDC provides information to referral sources	7 0		
	7 0		

Criteria:

Score a "7" if recorded on the present chart;

Score a "0" if not recorded,

Indicate N/A if not applicable.   **NOTE: Blank space is provided for staff to add criteria specific to their program**

2. The Center makes available information about its program to the general public.

CRITERIA	LEVEL	EVIDENCE	COMMENTS
Information and materials are made readily available to the public which describe the Center's goals, program, services, etc.	7 0		
Staff address local organizations about the program	7 0		
Third week of September is the annual "Adult Day Care Week" and activities are planned which reach out to the general public as appropriate. (Optional)	7 0		

3. The AMDC utilizes media to inform the public about its program.

CRITERIA	LEVEL	EVIDENCE	COMMENTS
Director uses local or social media to inform the public about the program	7 0		
Information about the program is provided to the media in a timely and relevant manner, e.g. press releases	7 0		
	7 0		

D. ADDITIONAL STANDARDS FOR ACHIEVEMENT Standard:

CRITERIA	LEVEL	EVIDENCE	COMMENTS
	7 0		

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E. PERFORMANCE: PROGRESS ON COMMUNITY RELATIONS OBJECTIVES DEFINED FOR THIS REVIEWING PERIOD

OBJECTIVES	LEVEL	EVIDENCE OF ACHIEVEMENT
	7 0	

F. PERFORMANCE: COMMUNITY RELATIONS OBJECTIVES TO BE MET IN THE NEXT REVIEWING PERIOD

OBJECTIVES	INDICATORS OF ACHIEVEMENT	ACTION STEPS

Date:_____ Department: **ADMINISTRATION (Documentation)** Completed by:_____

A. (SCOPE) DEFINITION OF THE SERVICE

Documentation and maintenance of records for participants which reflect background/history, emergency information, assessments, medical information, services, contracts and agreements.

B. ASPECTS OF CARE OR DEPARTMENTAL SERVICES OR FUNCTIONS

1. Maintenance of participant's medical record including timely assessments and plan of care updates

2. Completion of service contracts and emergency agreements with participant and caregiver

3. Documentation of necessary identifying information, background/history, and emergency information

4. Storage and maintenance of participant-centered record

C. MINIMUM STANDARDS & CRITERIA FOR ACHIEVEMENT.

1. Participant records contain required elements.

CRITERIA	LEVEL	EVIDENCE	COMMENTS
Identifying information, service contract, home environment assessment, emergency agreement	7 0		
Medical record: care plan, PCP's medical assessment, orders, documentation of accidents/incidents, functional assessments, medications, and drug reactions	7 0		
	7 0		

Criteria:

Score a "7" if recorded on the present chart;

Score a "0" if not recorded,

Indicate N/A if not applicable.

 NOTE: Blank space is provided for staff to add criteria specific to their program

2. Comprehensive written assessments evaluate participant's strengths and needs.

CRITERIA	LEVEL	EVIDENCE	COMMENTS
Assessments are completed within (30) days of enrollment	**7 0**		
Assessments are updated as significant change occurs but no less than 120 days (4 month intervals - Medical Assistance)	**7 0**		
Includes: health status, functional status, participation in activities, nutritional status, psychosocial status, home management skills	**7 0**		
	7 0		

3. Plan of Care based on comprehensive assessment is developed for each participant.

CRITERIA	LEVEL	EVIDENCE	COMMENTS
Care plan completed within 30 days of participant's enrollment	**7 0**		
All of participant's special care needs are addressed	**7 0**		
Goals and approaches are established for each problem or need	**7 0**		
Care plan is updated as significant change occurs but not less than every 180 days (every 6 months intervals - Medical Assistance)	**7 0**		

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4. A written service/contract is provided to each participant.

CRITERIA	LEVEL	EVIDENCE	COMMENTS
Services to be offered are described	7 0		
Conditions for termination of service are specified	7 0		
Process for developing goals for participant's care is specified	7 0		
	7 0		

5. Participant records are maintained in accordance with requirements of funding agencies, regulations and law.

CRITERIA	LEVEL	EVIDENCE	COMMENTS
Participant records are retained for a period of at least (6) years	7 0		
Records are kept confidential and are only accessible to staff emergency personnel, funding and monitoring agencies	7 0		
State law is observed with regard to release of medical and other information	7 0		
	7 0		

D. ADDITIONAL STANDARDS FOR ACHIEVEMENT Standard:

CRITERIA	LEVEL	EVIDENCE	COMMENTS
	7 0		

E. PERFORMANCE: PROGRESS ON ADMINISTRATION OBJECTIVES DEFINED FOR THIS REVIEWING PERIOD

OBJECTIVES	LEVEL	EVIDENCE OF ACHIEVEMENT
	7 0	

F. PERFORMANCE: ADMINISTRATION OBJECTIVES TO BE MET IN THE NEXT REVIEWING PERIOD

OBJECTIVES	INDICATORS OF ACHIEVEMENT	ACTION STEPS

Date:_____ Department: **PERSONNEL & TRAINING** Completed by:_____

A. (SCOPE) DEFINITION OF THE SERVICE

Responsibility for the Center's overall coordination of human resources, including planning, supervision, management, training and development. The Director or designee carries out those functions that support the recruitment, hiring, management, and development of Center staff.

B. ASPECTS OF CARE OR DEPARTMENTAL SERVICES OR FUNCTIONS

1. Assurance of appropriate numbers of qualified professionals and support staff

2. Development and maintenance of comprehensive personnel policies

3. Development of job descriptions

4. Recruitment of staff, consultants, volunteers, and student interns

5. Development and management of employee orientation and in-service training

6. Maintenance of personnel records

C. MINIMUM STANDARDS & CRITERIA FOR ACHIEVEMENT.

1. There is an adequate number of qualified staff capable of carrying out the Center's program.

CRITERIA	LEVEL	EVIDENCE	COMMENTS
Records are up-to-date which verify the licenses and credentials of all professionals employed by, or contracted with, the Center to provide the services.	7 0		
Required staff-to-participant ratio is met as appropriate., excluding directors, volunteers and consultants, and staff who do not provide direct care to participants. The staffing ratio at each center shall be determined by the needs of each program participant as determined in the ADCAPS.	7 0		
Each staff position is filled with an individual who meets the required qualifications of that position.	7 0		

Criteria:

Score a "7" if recorded on the present chart;

Score a "0" if not recorded,

Indicate N/A if not applicable.

NOTE: Blank space is provided for staff to add criteria specific to their program

2. Employees are made aware of all relevant personnel policies.

CRITERIA	LEVEL	EVIDENCE	COMMENTS
Policies are provided during employee orientation.	7 0		
Policies are provided on the following: ● Pay practices ● Employee benefits including leave ● Hiring and firing responsibility ● Use of probationary period ● Non discrimination, on the basis of race, color, creed, sex, age, or national origin	7 0		
	7 0		

3. Employees are made aware of the Center's lines of authority and their own job responsibilities.

CRITERIA	LEVEL	EVIDENCE	COMMENTS
An organizational chart shows lines of authority and responsibility	7 0		
Each staff position has a job description, which specifies, at least, job qualifications, delineation of tasks, to whom the position is responsible, and the salary range.	7 0		
The Director or designee hires and supervises appropriate staff and arranges for volunteer and student assistance and supervision.	7 0		
	7 0		

4. The Center provides new employee and volunteer orientation and ongoing training programs for staff, volunteers, and students.

CRITERIA	LEVEL	EVIDENCE	COMMENTS
Employee orientation is provided before, or within a short time of, beginning employment.	7 0		
There is an organized orientation program for the Center.	7 0		
There is an organized, ongoing educational program for the development and improvement of skills of all personnel.	7 0		
Some in-service offerings relate specifically to understanding the needs and problems of adults with functional impairments.	7 0		
A minimum of 8 in-service trainings are provided annually for each employee and include at least the following: ● Prevention and control of infection ● Fire prevention programs and participant-related safety procedures in emergency situations or conditions ● Accident prevention ● Care of individuals that is appropriate to the population served by the center, such as: Alzheimer's disease; Mental illness; Developmental disabilities; and Cognitive impairment; ● Recognition of and duty to report abuse, exploitation, neglect, and self-neglect ● Safe food handling and service	7 0		
As appropriate staff are trained in CPR and first aid, offered by a qualified source, and are re-certified as required.	7 0		
	7 0		

D. ADDITIONAL STANDARDS FOR ACHIEVEMENT Standard:

CRITERIA	LEVEL	EVIDENCE	COMMENTS
	7 0		

E. PERFORMANCE: PROGRESS ON PERSONNEL AND TRAINING OBJECTIVES DEFINED FOR THIS REVIEWING PERIOD

OBJECTIVES	LEVEL	EVIDENCE OF ACHIEVEMENT
	7 0	

F. PERFORMANCE: PERSONNEL AND TRAINING OBJECTIVES TO BE MET IN THE NEXT REVIEWING PERIOD

OBJECTIVES	INDICATORS OF ACHIEVEMENT	ACTION STEPS

Date:_____ Department: **Physical Plant Management** Completed by:_____

A. (SCOPE) DEFINITION OF THE SERVICE

Physical plant management is a Structural Component in QA programming and includes all of those tasks related to managing and maintaining owned or rented building(s) in order to support program goals and to assure the comfort and safety of all persons on site.

B. ASPECTS OF CARE OR DEPARTMENTAL SERVICES OR FUNCTIONS, AS APPROPRIATE

1. Development of policies and procedures for plant management

2. Identification and correction of structural or major maintenance problems

3. Management of everyday maintenance

4. Supervision of installation of new equipment or repairs by outside vendors

5. Documentation of identified problems and corrections

C. MINIMUM STANDARDS & CRITERIA FOR ACHIEVEMENT.

1. A procedure is in place for identifying and correcting structural or major maintenance problems.

CRITERIA	LEVEL	EVIDENCE	COMMENTS
Problems are documented and submitted to the Director.	7 0		
Prompt action is taken on problems with documentation of results	7 0		
Plans for site alterations are submitted to MDH for preapproval.	7 0		
	7 0		

Criteria:

Score a "7" if recorded on the present chart;

Score a "0" if not recorded,

Indicate N/A if not applicable.

 NOTE: Blank space is provided for staff to add criteria specific to their program

2. The building meets basic requirements for assuring the safety of participants, staff, and visitors.

CRITERIA	LEVEL	EVIDENCE	COMMENTS
All screen doors are equipped with self-closing devices and fit tightly.	**7 0**		
All exterior openings are screened when necessary, to prevent entrance of insects or vermin.	**7 0**		
Stairways & ramps have non-slip surfaces or treads.	**7 0**		
Handrails are on all inside & outside stairs and ramps.	**7 0**		
Rugs & floor covering are tacked down securely.	**7 0**		
Throw rugs are not used.	**7 0**		
Sufficient housekeeping and maintenance to maintain the facility in good repair.	**7 0**		
It is clean, orderly, attractive, and sanitary.	**7 0**		
	7 0		

3. Furnishings, equipment, and materials meet basic requirements for the safety of participants, staff, and visitors

CRITERIA	LEVEL	EVIDENCE	COMMENTS
Furniture is appropriate for use by impaired persons: ● sturdy and secure, does not tip easily, ● scaled for use by persons with limited agility, ● permits feet to rest on floor, has armrests	**7 0**		
Drugs, cleaning agents, pesticides, and poisonous products are used and stored safely: ● apart from food, ● out of reach of participants	**7 0**		
Adequate refrigeration and heating to provide preparation of meals & snacks or in activities of daily living training.	**7 0**		
Furnishings & equipment are in good condition and safe for participants and staff usage.	**7 0**		
Sanitation procedures are in place for regular cleaning of surfaces & equipment.	**7 0**		
	7 0		

4. Buildings, furnishings, and equipment assure the comfort and health of participants, staff, and visitors.

CRITERIA	LEVEL	EVIDENCE	COMMENTS
Illumination is adequate in all areas • commensurate with type of activity • glare kept to a minimum • shades at windows exposed to direct sunlight • shaded light fixture	7 0		
Garbage is stored & disposed of properly.	7 0		
Individual paper towels, trash receptacles, soap, and toilet paper provided at all times and within reach of participants	7 0		
Environmental aids and supplies for activities of daily living are provided • appropriate to participant's needs • appropriate to goals of the program	7 0		
Policies, equipment and facilities are in place for disposal of infectious waste	7 0		

D. ADDITIONAL STANDARDS FOR ACHIEVEMENT Standard:

CRITERIA	LEVEL	EVIDENCE	COMMENTS
	7 0		

E. PERFORMANCE: PROGRESS ON PHYSICAL PLANT MANAGEMENT OBJECTIVES DEFINED FOR THIS REVIEWING PERIOD

OBJECTIVES	LEVEL	EVIDENCE OF ACHIEVEMENT
	7 0	

F. PERFORMANCE: PHYSICAL PLANT MANAGEMENT OBJECTIVES TO BE MET IN THE NEXT REVIEWING PERIOD

OBJECTIVES	INDICATORS OF ACHIEVEMENT	ACTION STEPS

ANNUAL REVIEW OF PARTICIPANT NEEDS: A QA STUDY (TEMPLATE)

Date:_____ Completed by:_____

Participant Group:_____(eg. participants with dementia, diabetics, etc.)_____

****

The center selects a specific group of participants for a study of how well center services are meeting their needs. For example, staff may select to do this special study on participants with dementia, or diabetics, or individuals with developmental disabilities. Results are to be integrated into other QA initiatives, strategic planning, care planning, training, etc.

A. Number enrolled during last year:_____   Average number of days per week:_____

B. Typical presenting problems and needs:

      1)_____

      2)_____

      3)_____

C. Typical services provided:

      1)_____

      2)_____

      3)_____

D. In general do these services reflect:

- professional standards for care?   YES_____ SOMEWHAT_____ NO_____
- input from participants?   YES_____ SOMEWHAT_____ NO_____
- input from families and caregivers?   YES_____ SOMEWHAT_____ NO_____
- the center's own standards?   YES_____ SOMEWHAT_____ NO_____
- regulatory & funding requirements   YES_____ SOMEWHAT_____ NO_____

E. Which long term goal(s) would be most appropriate for this group, in order of priority:

1. _____ Prevention of avoidable deterioration
2. _____ Maintenance of functional level of participants
3. _____ Restoration or rehabilitation
4. _____ Opportunities for growth and development or to improve general health status
5. _____ Relief for caregivers
6. _____ Activities to reduce isolation and improve overall quality of life

F. Which care plan objectives would be most appropriate for this group, as a whole?

      1)_____

      2)_____

      3)_____

G. Do our current care plans reflect these objectives?   YES_____ SOMEWHAT____ NO_____

    1) If YES, are we generally effective in meeting them?   YES_____ SOMEWHAT____ NO_____

    2) If NO or SOMEWHAT, why not? _____

    3) What could we do differently? _____

PARTICIPANT SATISFACTION QUESTIONNAIRE (TEMPLATE)

This Questionnaire will help our Center continue to improve our services to you and your family. We appreciate your assistance and will be happy to answer your questions.

PARTICIPANT NAME_____ TODAY'S DATE_____

 DATE OF ENROLLMENT IN THE PROGRAM_____ AGE_____ GENDER_____

****

1. How did you first hear about this Center?

_____ From my doctor or other professional   _____ From another Center participant

_____ From my family   _____ From a newspaper or announcement

 _____ Other:_____

2. These questions pertain to your first visit to the Center.

a) Did you understand the questions that were asked?   **Yes____ No____**

b) Did the staff seem to understand your questions and answers?   **Yes____ No____**

c) Were you able to share as much information as you wanted to?   **Yes____ No____**

d) Did you understand the Enrollment agreement?   **Yes____ No____**

e) Did you understand the Emergency Agreement?   **Yes____ No____**

f) Overall are you satisfied with the services that you are receiving? **Yes____ No____**

_____

****

3. Do you look forward to attending the Center?

_____All of the time _____Most of the time _____Some of the time _____None of the time

4. Do you like the daily routines at the Center?

_____Just right _____Not enough to do _____ Too busy

5. If you were not at the Center, where would you be?_____

6. Are you satisfied with

a)	**Transportation**	Yes_____	No_____
b)	**Meals and snacks**	Yes_____	No_____
c)	**Comfort of the center**	Yes_____	No_____
d)	**Nursing Services**	Yes_____	No_____
e)	**Activity Services**	Yes_____	No_____

Comments:_____

7. If I could change anything here, it would be _____

8. What other services would you like to receive from this Center?_____

Completed by:

_____

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BIBLIOGRAPHY

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