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Important news about insurance and risk management for hospices and home health care agencies.

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Home Care Aide Basics

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A first step in risk management is the identification of potential risks within the care setting. Once risks are identified, educating staff on prevention techniques is key to risk reduction. Home care aides spend the most time with patients while providing direct care. The way this care is provided has a big impact on patient safety and satisfaction. The patient care approaches discussed here can assist the aide in reducing patient injury and improving patient safety.

Integumentary System

Safe patient care begins with keeping the patient's skin intact and free from injury. In order to protect the skin from injuries, such as burns, abrasions, decubiti [bed sores] and bruising, the aide should have a working knowledge of the skin's functions, as well as how aging affects the skin, nails and hair.

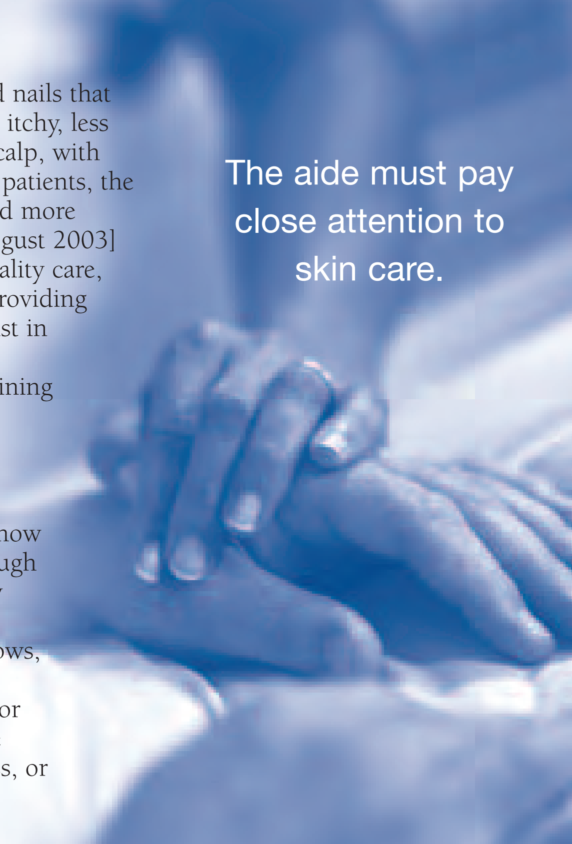
The skin is part of the integumentary system, which is also made up of hair, nails and skin glands. The skin acts to control the body's temperature, protect internal body parts, regulate fluid levels and respond to touch, temperature and pain. While the skin is tough, it can be injured and the aide must pay close attention to skin care in order that care quality is achieved.

Aging Effects

As individuals age there are a number of changes that take place in the skin, hair and nails that affect how the aide needs to provide care. Some of the changes result in skin that is dry, itchy, less elastic [flabby], wrinkled and with brown spots. Other changes occur in the hair and scalp, with thinning hair, dandruff and loss of hair color. When providing nail care to non-diabetic patients, the aide will probably find that the nails are more difficult to care for, as they are thicker and more brittle, as a result of decreased circulation to the lower extremities [feet]. [Gingerich, August 2003]

Patients are often not happy about these changes, so in addition to providing safe quality care, the aide should also be aware of the patient's concerns about aging and self-image. By providing good personal care, keeping patients well groomed and neatly dressed, the aide will assist in improving the patient's self-image and positively impact patient satisfaction.

There are several other key areas of personal care where the aide can assist in maintaining the patient's hygiene and keeping them safe. These include preventing skin breakdown, scalding injuries and falls.



The aide must pay close attention to skin care.

Skin Breakdown

In order to prevent injury and breakdown to the skin, it is important to understand how injury can occur. For example, pressure ulcers are a result of the tissues not getting enough oxygen, because of pressure and friction on an area. There are certain spots on the body where pressure ulcers are more likely to occur because of the bony prominences right under the skin. These areas include back of the head and ears, the shoulder blades, elbows, sacrum/buttocks, heels, and hips.

Patients who are not active and do not move around very much are at a higher risk for developing a pressure ulcer and skin breakdown. Other risks include patients who have incontinence, poor nutrition, decreased feeling/sensation, and decreased mental alertness, or medical history of conditions such as: anemia, diabetes, poor circulation and edema.

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Home Care Aide Basics

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Repositioning the patient is an important part of the aide's role in preventing skin breakdown. Position changes should follow a planned sequence that is adhered to and documented, but the patient should not be positioned on any skin breakdown area. One example of an around-the-clock sequence for patient positioning is provided below. This plans for the patient to be repositioned at least every two hours, following a specific sequence.

Time	Position	Time	Position
8AM-10AM	On left side	8PM-10PM	On right side
10AM-12PM	On back	10PM-12AM	On abdomen
12PM-2PM	On right side	12AM-2AM	On left side
2PM-4PM	On abdomen	2AM-4AM	On back
4PM-6PM	On left side	4AM-6AM	On right side
6PM-8PM	On back	6AM- 8AM	On abdomen

It is important to consistently follow the repositioning sequence and to support the limbs and joints during repositioning and in the new position. Passive range of motion exercises, taught to the aide, can also be incorporated into the repositioning process. In addition to positioning, other care hints that assist in preventing skin breakdown are

- Keeping the patient clean and dry by washing the skin with warm water and mild soap and patting it dry.
- Preventing friction on the skin by avoiding sliding patients over the sheets.
- Keeping sheets free of wrinkles, crumbs and sharp items.
- Gently massaging areas where there are no signs of skin breakdown.
- Encouraging fluids and a well-balanced diet.
- Using special under pads (such as sheepskin), mattresses and beds as ordered in the patient's plan of care. [Gingerich, August 2003]

Scalding Burns

Bath scalding is not a new concern. The Consumer Product Commission [CPC] has compiled information about scald injuries over the past 30 years. Currently the CPC estimates that between 2600-3800 scald injuries occur each year. These are caused by excessively hot water. This might seem like a small number, but often these burns are severe and sometimes even fatal. The largest groups in these numbers are children under the age of 5 or adults over the age of 65. They are the most vulnerable populations. It is important to educate home care aides about safe bath water temperatures, because injury can occur from only a brief exposure to hot water. For example, third-degree burns can occur from either two seconds exposure to 150º F water or six seconds exposure to 140º F water. Even 130º F water can lead to third-degree burns as a result of only a thirty-second exposure. The first approach to decreasing the risk of this injury is to lower the temperature settings of hot water heaters so that temperature of the water does not exceed 120º F. However even at this temperature, exposure for five minutes can result in third-degree burns. This means that additional safety and prevention steps must be taken. [www.cornellaging.org] One measure to consider is installing thermostatic controlled showerheads on shower units. Another approach that aides should always follow is to test water as it runs from the faucet and to test the bath water with the inside of the arm before placing an individual in to the water. It is also important to stay with the individual to make certain that the hot water is not inadvertently turned on, causing either a burn from the running water or from a rise in the temperature of the bath water. Either change in temperature could result in a scalding injury.

Preventing Falls

Protecting the patient from falls and injury is a key element in the environmental safety assessment, which is done at admission. Usually the admitting nurse completes this assessment and informs the aide about concerns identified. Some basic precautions to take to prevent patient falls include removing all loose scatter rugs and keeping pathways and stairs well lit and free of clutter. Other precautions include making certain that assistive devices, such as canes and walkers, are in good repair and that the safety locks on wheelchairs and movable equipment are in good repair and used. In addition when positioning patients into wheelchairs, the seat belt should be securely fastened.

The aide plays an important role in keeping the environment safe and using equipment correctly, but the key element to preventing falls is to use good technique when walking or transferring patients. When transferring a patient, the aide must make certain that the patient is ready to be transferred and should first explain to the patient what is to occur. If the patient can assist in the transfer, the aide must give clear directions prior to each stage of the transfer. To keep a good steady base and to maintain stability, it is important that the aides keep their feet centered about twelve inches apart and under their body.

After the aide explains to the patient what is to occur and what the patient is to do, the aide needs to make certain that their back belt is secure, the patient is close to them and that the patient's weight is over the aide's center of gravity. Then to prevent injury to the aide's back, the back should be kept straight and should not be bent or twisted as the aide's legs are used to lift the load.

While transferring patients from one location to another is part of each day's routine, it is often not routine and although patients may have similar assistive equipment, each piece of equipment can be different. The aide needs to be oriented to the patient's special needs and any equipment they use for transfer prior to providing care. [Gingerich, July 2003] A sample transfer policy is provided on the www.hccis.com website. Another resource available through HCCIS is a video on Patient Transfer Safety. This is also available through the website.

Summary

It is important to be vigilant in identifying and reducing risk. Reinforcing basic skills and knowledge with the home care aide refreshes their understanding of the importance of providing care that follows organizational procedures and protocols. This approach to care provision serves to reduce risk, as well as provide safe quality care to patients, while decreasing the potential for injury to both the patient and the aide. ♥

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RISK CONTROL:

Pressure Ulcers

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Pressure ulcers are also known as pressure sores, bedsores, or decubitus ulcers. They result when an individual's weight is continuously pressed against a bed, wheelchair, or other surface or when there is an external source of pressure such as a splint. This pressure causes an interruption in the normal blood flow to the tissue leading to tissue death or necrosis. Ulcers commonly occur in soft tissue areas over bony prominences.

Studies have found that over 1 million adults in this country have a pressure ulcer at any given time, with an estimated cost of about $500 to $40,000 to heal each ulcer (Source: Joint Commission). The U.S. healthcare system spends over $1 billion annually to treat pressure ulcers. Along with those costs, the development of a pressure ulcer while under the care of a healthcare provider or entity is increasingly viewed as grounds for a professional liability lawsuit.

While many of these claims arise in the long-term care setting, home care and other community care organizations are not exempt. It is estimated that the incidence of pressure ulcers in home health patients is about 15%. A recent cause of loss evaluation of the most serious professional liability claims reported to Glatfelter Insurance Group since the inception of the Hospice and Community Care Insurance Services (HCCIS) program, found that pressure ulcers were a frequent loss cause or contributor.

There are many difficulties in the management of pressure ulcers in the home care setting, but a key factor is that the care provided is intermittent versus continuous. Success often depends on follow through of the treatment plan by the family or other caregivers, yet there is a lack of control over their compliance with recommendations for prevention and treatment.

Although there has been an increased emphasis on prevention and treatment, the incidence of pressure ulcers has changed very little over the years. This would seem to indicate that the development of a pressure ulcer is not always preventable or unavoidable. That makes it important for a healthcare organization to provide guidelines for the staff to follow related to identifying a patient's risk for development of a pressure ulcer, ongoing assessment, treatment and documentation.

Assessment

It is important to perform a baseline assessment of each patient that is admitted into the home care or hospice program. The assessment should start with a review of the patient's risk factors for developing a pressure ulcer. Immobile patients have a 100% risk of developing pressure ulcers without some form of intervention. Other risk factors include incontinence; poor nutrition or hydration, with associated weight loss; and diagnosis of diabetes or peripheral vascular disease.

Bedridden or chair bound patients should be identified upon admission. When a patient is identified as "at risk" for development of an ulcer, treatment plans should be developed to assure the most effective use of staff, equipment, and other resources to prevent the occurrence of an ulcer.

Assessment tools that are specifically designed for documentation of observations related to skin integrity and pressure ulcers should be utilized. Clinical patient care providers are not as likely to document a complete assessment when narrative progress notes are utilized. This can lead to inconsistent documentation, with significant gaps in assessment and incomplete or inadequate notes. A sample documentation form, called the Pressure Ulcer Scale for Healing (PUSH tool) has been developed by the National Pressure Ulcer Advisory Panel, a non-profit organization dedicated to the prevention and management of pressure ulcers. This is one of the most widely used instruments for assessing the healing of ulcers. A copy can be found on their website, www.npuap.org.

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Risk Control: Pressure Ulcers

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Assessment of a pressure ulcer should include at a minimum its location, stage, size, surface appearance and the presence of any drainage. Many organizations have also begun to provide their staff with access to digital cameras to better document the appearance of the pressure ulcer(s) at each visit. Photographs are less subjective and can also be used as a teaching tool. Photographs taken on a weekly basis can be helpful in documenting and monitoring the progress of wound care.

> It is important for a healthcare organization to provide guidelines for the staff to follow related to identifying a patient's risk for development of a pressure ulcer, ongoing assessment, treatment and documentation.

Wound Care

There have been many changes in the recommended treatment of pressure ulcers in recent years. It is important that healthcare organizations update their wound care protocols to keep up with these changes. Protocols should be reviewed and updated as needed on at least an annual basis. Wound care protocols help to assure consistent application of the treatment plan by all staff.

The basic treatment for pressure ulcers focuses on keeping the area clean and removing dead tissue. Additional measures may require a physician order. It is also important to remove pressure from the involved area(s) to prevent further damage and promote healing. Frequent turning of the patient is mandatory and the record should reflect that the patient, their family, or other caregivers are educated about their role in the treatment plan. Consideration should be given to providing charts to keep track of the turning schedule.

Documentation

Ongoing documentation of pressure ulcer prevention and treatment measures is often the key to the defense of a claim. But it is also an effective communication tool with the rest of the interdisciplinary treatment team. Documentation should include:

- Risk assessment and prevention measures
- Pressure ulcer stage and description(s)
- Dates and times when assessments and reassessments are performed
- Changes in the patient's treatment plan as a result of reassessments
- Treatments performed, including the date, time, and name of the person performing the treatment
- Any worsening of the patient's condition that could affect the healing process
- Communication with the physician provider about the patient's response to treatment
- Communication with the family, or other care provider(s), about their role in the treatment plan

Communication and Education

The Joint Commission has identified problems with communication as a key factor in most significant patient care related events. One of the common deficiencies noted in the review of claims related to treatment of pressure ulcers is inconsistent or absent communication with the physician.

The record should reflect ongoing communication with the treating physician about problems related to skin integrity and any changes in an existing pressure ulcer, including a lack of improvement despite treatment. As mentioned above, it is also important that the record reflect ongoing communication with the patient and their family or other care provider(s).

Continuous staff education is a key to quality patient care. It is important that competency based orientation programs for all clinical staff address the prevention and treatment of pressure ulcers. Continuing education should address:

- Patient risk factors
- Use of risk assessment tools and documentation
- Development of treatment plans for patients at risk for pressure ulcers or with ulcers present on admission
- Demonstration of correct patient positioning to decrease the risk of skin breakdown

Educational programs should be offered for all staff, not just licensed nurses. Health care aides are often the first to identify reddening skin areas or the beginning stages of tissue breakdown. Training sessions should emphasize the need for team members to communicate such changes so that effective treatment plans can be implemented. Educational programs may have to include physician providers also, since not all physicians will be up to date with current treatment protocols for wound management.

Risk Control Plan

In summary, any organization that provides patient care should have a risk control plan in place to address the management of pressure ulcers. This is a significant risk exposure in any patient treatment environment. Items to address include:

- Identification of the baseline skin integrity of the patient and their risk to develop an ulcer
- Identification of any ulcers that are present on admission, or develop during the course of treatment
- A documentation system that includes a description of the ulcer, the treatment applied, and ongoing assessment
- Treatment plans to address prevention of pressure ulcers
- Monitoring of compliance with protocols through the Performance Improvement Program
- Ongoing staff education

Additional resources that can assist you in evaluating your current pressure ulcer protocols can be found on the websites for the National Pressure Ulcer Advisory Panel (www.npuap.org) and the Agency for Healthcare Research and Quality (www.ahrq.gov). ♥

Road to Recovery: Data Backup & Recovery Planning

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The increased dependency on technology for business processes has placed a larger demand for more secure and reliable methods of data protection. Data protection strategies and disaster recovery plans were once only the domain of large enterprises. Today however, businesses of all sizes are relying more and more on the data in their computer systems to support both on-site and remote employees. Not surprisingly, the demand for technology to provide better ways to protect and back up that data has become even more critical.

In the past, remote workers would utilize floppy disks to back up data. While this method proved useful 10 years ago, the process was rather time consuming and not always the most economical or most reliable. To combat the challenges of floppy disk failures, many companies invested in small tape backup systems that increased the reliability of the data backup and recovery process; however, this still proved to be very time consuming for the user, and there were still challenges with the amount of data that could be backed up as well as the dependency of the tapes.

With the increased need to provide quick and easy recovery of data for users, IT departments and the computer industry have been forced to take a more realistic approach at the recovery of data for businesses. Many of the PC companies now provide quick replacements of their systems that can be shipped out immediately upon notification of a failed system. These systems can be provided at your current location or sent ahead to meet you at your new destination. While this provides the end user with new equipment and the factory standard software, it still doesn't address the recovery of the customer's or corporation's data. With the recovery of data as the largest component of the recovery process, technology companies have invested both time and money at trying to correct this deficiency. Here lies one of the biggest challenges for the employee as well as the company.

In order to effectively recover data in a timely and most efficient manner, companies must rely on the remote worker and the IT Department to take proactive measures to assure reliable data backup. This means that dedicated time must be made to provide a window for backing up the critical data on a day-in and day-out basis. While the initial backup of the system is time consuming, most companies rely on a daily rate of change to back up future data changes. This means that only the data that has been changed since the last backup will be backed up the following day. Companies such as IBM and Computer Associates provide solutions for companies to install a local copy of software on remote workers' equipment to back up on a consistent basis. In fact, most companies can schedule the backup when it is most convenient for the end user. This same process is used in data centers to back up critical data on their servers on a daily basis.

While backing up the data is one of the most critical parts of the process, the recovery of data is just as important. With the scheduling of data backup, the retention period of data must be considered. Many companies want to be able to restore data periodically. Depending on the strategy that is employed, companies can restore data from the date of inception. While this is not a typical scenario that is deployed, it can be done. Most companies look to recover data at a user level for approximately one year from the date of change.

There are numerous other methods of data protection for older files, email systems, and other technology sources. Protection of older files can be achieved by deploying technologies on other medium that is less expensive to maintain. This may mean deploying technologies utilizing a write once read many (WORM) or least cost disks. These technologies provide companies the ability to reduce the cost of maintaining the data. Email systems also can be archived to reduce the overhead on the corporate email systems and provide additional storage capacity for the local email server.

Other technologies provide for quick recovery methods for server class systems. Companies such as Christie provide for solutions that can be installed on a server and integrate with existing backup strategies. Once deployed, these backups can provide additional storage mediums to allow for non-specific hardware recovery. This is a very useful solution for IT Departments that are trying to provide quick recovery of business systems that require a high Service Level Agreement (SLA).

In addition to the backing up of your corporate data, precaution should be taken in where you store your tapes. Some companies contract with third-party vendors to store tapes off-site. Others have alternate sites where they ship their tapes in the event of disasters. Smaller companies have individuals take the tapes home periodically in the event of a fire. Needless to say, companies must deploy some strategy to protect their tapes from destruction.

The last component of data protection is testing the recovery process. Many companies fail in their data backup and recovery procedures because they do not have a plan in place to periodically check their backup systems. In order to effectively test your solution, run a recovery of a file or system throughout the year.

While there are numerous solutions, processes, and procedures for backing up and recovering data at the corporate level, not one solution will fit every organization. Care must be taken when determining the length of time that you want to retain the data, which may depend on your corporate strategy concerning records retention. Once you take all of the policies into account, your company can determine the most appropriate method to effectively reduce the risk and exposure of losing your company's most valuable technological asset — data. ♥

Health Care Aide Services

Barbara Stover Gingerich, RN MS FACHE CHCE

The Home Health Conditions of Participation [COPs] provide specific criteria, not only for the training and competency required for employing home care aides, but also for the individual designated as the Home Care Aide Supervisor. Compliance with these criteria, which also includes ongoing inservice education and supervision and evaluation requirements is mandatory. In other community based settings, there are similar expectations for supervision and training of individuals providing personal care and companion services. The interpretation and implementation of these standards and compliance with expectations can vary according to organization protocol and policy, but the end result must be compliance with standards and expectations.

Aide Supervision

Within the Home Health Conditions of Participation [COPs], the parameters for home care aide evaluators, instructors and supervisors specify that a registered nurse must supervise the program's training and competency elements. This nurse must possess a minimum of two years of nursing experience and one year of home health experience. This criteria does allow for portions of the training to be presented by individuals other than a qualified registered nurse, such as an inservice on transfer safety conducted by a physical therapist. However the responsibility for the overall competency, training, supervision and evaluation of home care aides lies with a registered nurse who meets the qualifications specified.

Aide Training

The content that must be taught in a certification training program is also clearly delineated in the Home Health Standards. The training program must be a minimum of 75 hours in length and include a supervised practicum, which is at least 16 hours in duration. These practical hours are not to be completed until at least 16 classroom training hours have been finished. In order to achieve nursing assistant or nurse aide certification, the individual is expected to have completed similar training, with specifics usually dictated by each state.

There is a caveat relative to the home health agency [HHA] itself offering the home care aide training program, that is any HHA found out of compliance with specific standards during its Medicare Certification survey cannot provide its own aide training and certification for the next two years.

Competency and Inservice Training

In order for an individual to be hired as a home care aide, either a training program or equivalency testing must be satisfactorily completed. This is often achieved through a state-established training program or competency evaluation program that meets either the requirements of Section 484.36(a), 484.36 (b), or 484.36 (e) of the Home Health Conditions of Participation [Title 42—Public Health Chapter IV. Part 484. Home Health Services]

In addition to the hiring criteria and qualifications that must be met prior to employment for home, hospice and personal care aides, there are also other requirements. They include [1] attendance at a minimum of twelve hours of inservice training during each twelve month period, [2] an annual performance review, [3] competency assessment and [4] ongoing clinical supervision of aides.

Organization Responsibilities

It is clear that the HHA is responsible for ensuring that the individuals who furnish home care aide services meet the standards, but how each organization chooses to do so may vary. One approach is implementing an Employment Risk Management Program that uses a two-prong approach to employment. The first prong is hiring and screening practices and the second is employment risk management [Gingerich, 1997/2000].

Hiring and Screening Practices

Interviewing and screening potential applicants is only the first step in assuring that these important staff members are well prepared to represent the organization within patient homes and the community. It is important to scrutinize all aspects of hiring, including the content of position advertisements. The advertisement should be non-discriminatory, but clearly depict the qualifications and expectations required for the position.

The selection process begins with reviewing submitted applications or inquiries, determining those individuals to be interviewed and then conducting a personal interview with selected individuals. Once interviews have been conducted, individuals that are being considered for a health care aide position should also undergo employment verification and reference checks, as well as certification and education verification. Medicare Certified organizations must also access the List of Excluded Individuals/Entities [www.oig.hhs.gov/fraud/exclusions/listofexcluded.html] to make certain that the individual being considered for employment is not listed. While there is not a federal requirement regarding background checks, requirements vary according to state regulations. Many organizations conduct additional background checks, including FBI clearance, criminal background checks and child abuse clearance. Other screening elements usually include a pre-employment physical or work clearance, substance abuse clearance, Tuberculin testing and determining the individual's need for the Hepatitis B immunization series.

> The screening, hiring and training protocols you develop will strengthen the foundation for quality personal care.

During the hiring and selection process, while verifying that the individual has the necessary qualifications and clearances for the position, observations of the individual's communication and interaction skills, as well as their attitude and appearance should also be made. These individuals fill the staff positions, i.e. companion, nursing assistant, home care aide, that spend the most direct time with patients and their families. It is important that they are able to present a caring and positive approach to patients, families and situations.

Employment Risk Management

Once the individual joins the organization, getting started on the right foot involves following a well-designed and organized orientation process. This orientation should include not only personal care/health care aide protocols and procedures, but also the organization's administrative, clinical, operations and human resource policies and protocols. A comprehensive review accompanied by providing the location of these manuals and resources serves to establish clear expectations and an understanding of the aide role as it relates to and integrates with the entire organization.

Training

The Medicare standards are specific regarding the topics that must be covered in a home care aide training course. These are similar to topics taught in any aide certification or training program, which is constructed following Federal and State mandates, and include:

- ✔ communicating with patients and families
- ✔ observing, reporting, and documenting care
- ✔ taking, reading, and recording temperature, pulse and respirations
- ✔ following infection control procedures and maintaining a clean, safe environment
- ✔ recognizing and knowing what to do in emergencies
- ✔ understanding and working with physical, emotional, and developmental needs of patients
- ✔ respecting patient confidentiality, privacy and property
- ✔ providing patient hygiene and personal care services
- ✔ transferring and ambulating patients
- ✔ positioning patients and maintaining normal range of motion
- ✔ providing for the nutrition and fluid needs of patients, as well as
- ✔ any other specific skills and tasks that the agency has identified [Gingerich 2008]

Competency Testing

There can be many aspects to competency testing. Two important ones are competency [the ability of the individual to perform a specific job, function or skill] and proficiency [ease with which the employee is able to perform a task]. In structuring a competency program both competency and proficiency should be included along with diverse methods for health care aide competency testing. Some methods that are usually included are written testing, skill observation and testing, oral presentation, and equipment safety/operation [such as walkers, microwaves, stoves, bedside commodes, oxygen, lifts, wheelchairs] demonstration. The aide should demonstrate both competency and proficiency in meeting care needs and working with equipment before being assigned to provide care. Competency should also be reevaluated periodically throughout the year as part of the ongoing supervision process.

Ongoing Supervision

Regulations specify time frames for supervision of aides providing personal care as well as those that are performing companion or sitter services. In the home care setting, an onsite supervisory visit is to be conducted and documented as least every two weeks. Hospice providers follow a similar schedule for ongoing supervision of the aide and services being provided. Most states have established specific criteria for the timing of these visits, but little direction is provided regarding the structure and content of the visits.

Aide supervisory visits can vary in content, but should include direct observation of the aide interacting with and providing care to the patient, as well as interviews with the patient and/or his family relative to their level of satisfaction with the personal care services and the aide. If revisions to care and services are indicated, these should be made promptly and the revisions promptly communicated to the aide. Should there be any indication of dissatisfaction with the aide, this should be explored thoroughly and resolved to everyone's satisfaction. By addressing any issues promptly there is less likelihood of later repercussions.

Summary

The screening, hiring and training protocols you develop will strengthen the foundation for quality personal care. However, it is not enough to follow best practice standards in these areas, it is also important that each aspect of the health care aide program is completely and accurately documented. This includes not only the annual performance and competency aspects of the program, but each aide supervision and observation visit conducted with individual patients

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Health Care Aide Services

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throughout the year. Findings from the competency and supervision process can be incorporated into the year's inservice education schedule so that all aides can benefit and improve upon the care and services delivered. Findings can also be integrated into the organization's quality improvement program in order that ongoing monitoring of improved outcomes can be shown. By completely and accurately documenting these activities, compliance with standards and focus on quality is demonstrated to external and internal auditors. ♥

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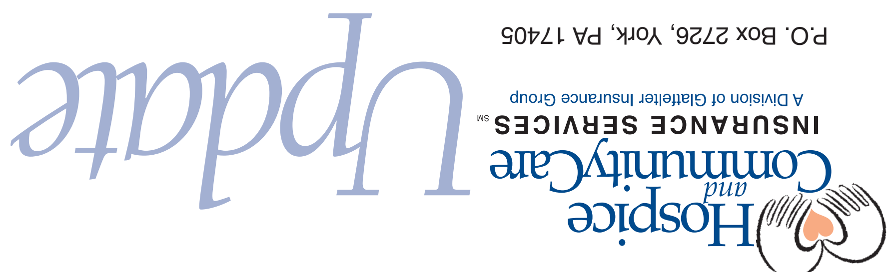

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