Assuring Quality Care: Exploring Strategies of Medicaid E&D Waiver Providers

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ABSTRACT

Implementing quality assurance (QA) programs in unregulated non-institutional settings remains a challenge for home and community-based service providers. A sample of 65 Elderly & Disabled (E&D) Waiver providers in Virginia were presented with eight problem scenarios commonly found in home-care services. Each of the respondents was able to identify strategies they would use to recognize and address each problem. Findings suggest providers currently use multiple mechanisms as part of their overall QA program. Discussion focuses on the strengths of using multiple approaches and on increasing provider awareness of complementary QA strategies and reducing the reliance on staff report as a major QA strategy.

8 QUALITY SCENARIOS

Based on earlier work by Kane, Frytak, and Eustis (1997), 8 scenarios were developed that demonstrated common conflicts between E&D recipients and their providers.
- unreliable worker
- worker with a poor work ethic
- worker with poor technical skills
- client/worker clash
- client deteriorates despite care
- client prefers a different schedule for aide visit
- client has unstable mental health
- worker has unpleasant encounters with client's family member

PROVIDER PERCEPTIONS

Frequencies of Problem Scenarios
- neither *very common* nor *very uncommon*, but do exist
- "worker has poor technical skills" and "worker has unpleasant encounters with client's family member" were never selected as *very common*
- "poor technical skills of staff" was selected by over 50% of the respondents as *very uncommon*

Likelihood of Identifying Problem Scenarios
- 79% likely to recognize problem
- 16% unlikely to recognize "poor work ethic of staff"

Strategies Used to Recognize Problems
- direct care staff, client, client's family, or supervisory staff were primary informants of problems over 50% of the time
- formal QA mechanisms included satisfaction surveys, complaint mechanisms, and retrospective chart reviews
- QA mechanism used in less than 10% of the scenarios as an identifying source

QA STRATEGIES

QA Strategies that Address Problems

Aggregate responses fit into 30 distinct categories for both client-oriented and worker-oriented problems. No single QA strategy was selected for meeting the needs of all eight problem scenarios. The most frequently mentioned strategies are presented.

Agency Action	Client Deteriorates Despite Care	Client Prefers Different Schedule	Client's Unstable Mental Health	Unpleasant Family
	Client Problem Scenarios (%)			
Discuss with employee, client, & family	16	4	11	19
Discuss with family	7	7	11	33
Accommodate wishes if possible	0	88	0	0
Consult/ discuss with physician	13	0	11	0
Consult/ discuss with physician & family	25	0	18	0
Care conference/ interdisciplinary mtg.	7	0	20	5
Refer/ admit to outside agency	18	4	16	5
Investigate, by supervisory staff	5	2	6	9
Review/ alter care plan/ extra hours	13	2	13	0
Counsel employee/support staff	2	0	4	12
Assess	5	0	9	0
Assess safety	4	4	6	4
Total agencies responding	56	57	55	57

Agency Action	Unreliable Worker	Poor Work Ethic of Staff	Poor Technical Skills of Staff	Poor Client/ Worker Clash
	Worker Problem Scenarios (%)			
Discuss with employee	42	28	13	22
Discuss with employee & client	0	0	0	22
Warning/ discipline	4	11	2	3
Progressive disciplinary action	18	12	0	0
Restaff case/ replace aide	12	7	4	54
Discharge employee	19	19	2	5
Training	2	14	72	2
Decrease caseload until improvement/ plan	9	14	16	0
Check documentation/scheduling	4	4	0	2
Follow up/monitor/ closer supervision	18	23	27	7
Investigate, handled by supervisory staff	2	2	2	5
Counsel employee/support staff	25	26	6	7
Total agencies responding	57	57	55	59

Note: Percentages do not total 100% for each problem scenario. Agencies identified more than one strategy.

FORMAL QA MECHANISMS

Overall, 86.2% of the respondents indicated that they incorporated formal QA mechanisms in their business practices.

- on-site supervision (94.7%)
- formal complaint mechanisms (86.0%)
- active chart audits (82.5%)
- client satisfaction surveys (81.4%)
- retrospective chart reviews (80.7%)
- family caregiver satisfaction surveys (72.9%)
- performance outcome measures (52.6%)
- formal QI teams (35.1%)

CONCLUSIONS

Findings suggest that E&D Waiver providers
- use QA mechanisms in their businesses, but may not have a comprehensive quality assurance plan in place
- utilize and support a basic communication component to meet their QA needs and maintain the quality of their services

Findings also indicate that
- less than 10% of the agencies reported using a complaint mechanism as a response to the problem scenarios presented
- clients and their family members could benefit from a well-publicized formal complaint mechanisms at both the agency and state level
- there is a gap between what agencies understand a QA program to be and how to utilize it effectively
- providers may benefit from additional training in the principles of QA, identifying QA mechanisms, and developing a comprehensive and effective quality improvement program that meets their agency's needs

REFERENCE

Kane, R. A.., Frytak, J., & Eustis, N. N. (1997). Agency approaches to common quality problems in home care: A scenario study. *Home Health Care Services Quarterly, 16,* 21-40.