

Section 5

Quality Assurance

Quality Assurance Activities

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- Accreditation

Best Practices for Prevention in SBHCs: Louisiana's Preventive Services Improvement Initiative

Document Attached to the Quality Assurance Section

QUALITY ASSURANCE ACTIVITIES

1. One person shall be designated as the quality assurance coordinator.
2. There shall be written specified quality assurance policies and procedures which include:
 - a. provider credentials and maintenance;
 - b. professional continuing education;
 - c. pre-employment procedures;
 - d. staff and program evaluation;
 - e. chart review criteria;
 - f. selection on clinical issues/investigation;
 - g. complaint and incident review; and
 - h. corrective actions and time frame.
3. Every school-based health center (SBHC) is required to follow OSHA and receive a certificate of waiver under CLIA. For SBHCs providing STD testing, a certificate for *Provider Performed Microscopy Procedures* or PPMP is also required. The PPMP certificate allows physicians, physician assistants, and nurse practitioners to perform a limited number of non-waived testing using the microscope.
4. Every SBHC is required to participate in the Louisiana SBHC Network efforts to maintain and improve quality of care.

Quality Assurance Committee

Each SBHC is expected to have its own internal Quality Assurance (QA) Committee with a designated individual as the QA coordinator. The QA Committee membership should reflect expertise from related disciplines as well as representation from the school and community. The QA Committee develops and implements a QA Plan based on needs assessment and previous QA activities. These QA plans can address any need or problem that exists within the school or the SBHC. It involves identifying the problem, determining a solution, putting that solution in place and monitoring the results. If the desired result is not obtained, the process starts all over again. The committee meets at least quarterly. Recent meeting minutes reflecting QA activities are to be on file and are included as an item on the LAPERT I (see below).

PURPOSE OF CONTINUOUS QUALITY IMPROVEMENT REVIEW

Each SBHC sponsor shall be scheduled for an on-site continuous quality improvement (CQI) review every three years. The purposes of the CQI Review are:

- To verify compliance with the Office of Public Health (OPH) contract and the *Principles, Standards, and Guidelines for SBHCs in Louisiana*;
- To identify best practices in SBHC quality of care;
- To identify barriers to continuous quality improvement in SBHC care;

- To assess the quality of clinical services and data management through core sentinel conditions;
- To recommend improvements to better serve the students in LA SBHCs; and
- To certify that the SBHC qualifies to continue operating under the auspices of OPH.

Each SBHC must adhere to the CQI system established by the Adolescent School Health Program (ASHP). *The Continuous Quality Improvement Monitoring Review Policy and Procedures* can be downloaded from the ASHP website: <http://www.dhh.louisiana.gov/offices/?ID=255>.

LOUISIANA PERFORMANCE EFFECTIVENESS REVIEW TOOLS (LAPERT I & II)

The Louisiana Performance Evaluation Review Tools (LAPERT I and LAPERT II) are used as the basis for an ongoing Total Quality Improvement Program for all SBHCs in Louisiana. The LAPERT I and LAPERT II tools can be found on the ASHP website. This program consists of the following:

- **Annual Self-Evaluation of SBHCs.** A yearly review of the LAPERT I is required. Documentation of sections of this review specified by OPH must be submitted quarterly. The LAPERT I is an instrument that includes the compilation of Louisiana State regulations, program guidelines and administrative policies. The LAPERT I is completed to determine the effectiveness of SBHC programs and their compliance with contractual requirements and LA SBHC standards. The Program-Assessment and Validation sections of the LAPERT I provide assurance that the contract requirements and *Principles, Standard, & Guidelines for SBHCs in Louisiana* are being followed.
- **Review Team Site Visits.** A review team, consisting of ASHP staff, Office of Mental Health staff, and peer reviewers in each discipline from the SBHCs will make a visit to each SBHC sponsor every three years. Two different tools will be used for the CQI monitoring reviews. The LAPERT I will be utilized to determine the SBHC compliance with OPH-ASHP contract requirements and compliance with the *Principles, Standards and Guidelines for SBHCs in Louisiana*. When OPH deems appropriate, sponsors may be reviewed using the LAPERT II CQI tool that focuses on core sentinel conditions and consists primarily of patient chart audits and data management assessment. This is determined based on the status of previous LAPERT I reviews, continuity of staffing and sponsor, and continued compliance with the OPH contract and the *Principles, Standards and Guidelines for SBHCs in Louisiana*.

LAPERT Preparation and a Successful LAPERT

The best way to prepare for a LAPERT site visit is to do a thorough self-evaluation and ask your contract monitor for technical assistance in any area in which you feel unclear. The purpose of the LAPERT process is to ensure that services in SBHCs meet the highest standards. ASHP staff realize the tremendous amount of work involved in preparing for a LAPERT visit and our goal is to make it as easy as possible. Do not hesitate to ask for help. Your contract monitor will be working closely with you in the weeks and months before your LAPERT, and will do one mock LAPERT visits to help you prepare if requested. It would also be beneficial to participate in a LAPERT site visit as a peer reviewer. After each LAPERT, an evaluation of the visit is prepared.

Clinical Policies and Procedures

Each SBHC is required to create a manual of clinical policies and procedures. In order to practice, Nurse Practitioners must have protocols, developed in conjunction with their physicians, submitted to the State Board of Nursing, in their collaborative practice agreements. The registered nurses must have guidelines and standing physician orders that are signed annually by their supervising physician (see the *Principles, Standards and Guidelines for SBHCs in Louisiana* for a listing of the required RN Clinical Guidelines). For convenience, many SBHCs have adopted the *Clinical Guidelines for School Nurses* for their RN guidelines. Information on obtaining these guidelines can be found at www.schoolnurse.com/. Some Louisiana SBHCs have also developed their own comprehensive RN clinical guidelines that could be adopted. The ASHP staff can assist in identifying these.

Accreditation

Louisiana SBHCs must meet the criteria to qualify for accreditation required by the sponsoring agency (e.g. if the sponsoring agency for the SBHC is a hospital accredited by the Joint Commission On Accreditation of Healthcare Organizations (JCAHO), the SBHC must meet the JCAHO criteria for hospital outpatient clinics).

SBHCs may be required by other agencies, which provide funding to meet other health care quality assurance measures.

BEST PRACTICES FOR PREVENTION IN SBHCs: LOUISIANA'S PREVENTIVE SERVICES IMPROVEMENT INITIATIVE

The Best Practices for Prevention in LA SBHCs are a set of clinical guidelines for SBHC preventive services based on national recommendations. They provide direction for the type and quality of services that ASHP would like to see implemented in SBHCs. For example, the first Best Practice in Prevention is Type 2 Diabetes Mellitus Screening. It describes the background of the problem, the criteria for screening students, and information on diagnosis and treatment. In the summer of 2002, a training was provided to implement this best practice. Presently, there are seven other areas covered in the Best Practices. These

include: Screening for High Blood Pressure, Screening for Cervical Cancer, Screening for Tobacco Use, Screening for Sexually Transmitted Diseases (STDs), Screening for HIV/AIDS Using Rapid Testing, Resource Tool for Comprehensive Physical Exams, and Immunizations.

DOCUMENT ATTACHED TO THE QUALITY ASSURANCE SECTION

1. Setting up CLIA Waived and Provider Performed Microscopy Laboratories in School-Based Health Centers

Setting up CLIA Waived and Provider Performed Microscopy Laboratories in School-Based Health Centers

It is required that operating SBHCs have a CLIA Certificate of Waiver and Certificate for *Provider Performed Microscopy Procedures* (PPMP).

To obtain useful information on becoming a CLIA waived and PPMP lab, go to <http://wwwn.cdc.gov/clia/>.

1. Click on “CLIA Regulations” for the regulations concerning waived testing and PPMP.
2. A excellent article for SBHCs setting up a lab is offered at this site as well. Click on “MMWR- Good Laboratory Practices for Waived Testing Sites” or go to <http://www.cdc.gov/mmwr/PDF/rr/rr5413.pdf>.
3. For a good explanation of PPMP scroll down the page and click on “Test Complexities.”
4. To apply for CLIA Certificate of Waiver and Certificate for PPMP, go to <http://www.cms.hhs.gov/CLIA/>. Click on “How to Apply for a CLIA Certificate.” Click on “CMS-116 Form and Instructions” for the application.
5. Send the completed application to the Department of Health and Hospitals, Health Standard Section, 500 Laurel Street, Suite 100, Baton Rouge, LA 70801. Contact Staci Glueck at 225-342-9324 if you have any questions.
6. A microscope is required to perform PPMP.
7. Certificates of Waiver and PPMP labs are not required to have biannual inspections, but are subject to an inspection at anytime to see if the tests are being performed correctly.