

CHAPTER 28: Long-term Care Quality Improvement Program (LTC QIP)

AL TSA Residential Care Services, Standard Operating Procedures Manual



Overview

The long-term care quality improvement program (LTC QIP) is a proactive review of systems to improve regulatory compliance before negative outcomes or citations occur. The LTC QIP applies adult learning methods and coaching to LTC providers, making lasting improvements to care systems in the LTC settings.

Residential Care Services (RCS) Quality Improvement (QI) work is not mandated by regulation or statute. It is a response to providers' needs and serves RCS' purpose and objectives, which align with the Department of Social and Health Services' (DSHS) strategic plan and priorities.

- [Chapter 18.20 RCW Assisted Living Facilities \(ALF\)](#)
- [Chapter 18.51 RCW Nursing Homes \(NH\)](#)
- [RCW 43.43.830-845 Background checks-Access to Children & Vulnerable Adults](#)
- [Chapter 70.128 RCW Adult Family Homes \(AFH\)](#)
- [RCW 74.39A.056 Criminal History Checks on Long-term Care Workers](#)
- [Chapter 388-76 WAC Adult Family Homes \(AFH\)](#)
- [Chapter 388-78A WAC Assisted Living Facilities \(ALF\)](#)
- [Chapter 388-97 WAC Nursing Homes \(NH\)](#)
- [Chapter 388-113 WAC Disqualifying Crimes and Pending Charges](#)

These procedures are in addition to [DSHS Administrative Policies](#), as they are specific to RCS. These procedures will be reviewed for compliance and accuracy at least every five years.

Contacts

- [LTC Quality Improvement Program General Contact](#)
- [RCS Policy Unit General Contact](#) (**internal** RCS use)
- RCSPolicy@dshs.wa.gov (**external** RCS use)
- [RCS Quality Improvement Unit General Contact](#)

CHAPTER 28: Long-term Care Quality Improvement Program (LTC QIP)

ALTSA Residential Care Services, Standard Operating Procedures Manual



Table of Contents

Part I: [Long-Term Care Quality Improvement Program Visits](#)

- A. [Background Information](#)
- B. [Selection and Assignment for LTC QIP Services](#)
- C. [Visit Preparation](#)
- D. [Visit Process, Methods, and Resources](#)
- E. [Follow-up Visit](#)
- F. [Tracking and Reporting](#)
- G. [Quality Assurance Activities](#)
- H. [Provider Feedback](#)

Part II: [Appendices](#)

- A. [Resources and References](#)
- B. [Forms](#)
- C. [Glossary of Terms](#)
- D. [Acronym List](#)
- E. [Change Log](#)

CHAPTER 28: Long-term Care Quality Improvement Program (LTC QIP)

ALTSA Residential Care Services, Standard Operating Procedures Manual



Part I: Long-Term Care Quality Improvement Program Visits

A. Background Information

Purpose

To proactively provide education and support for providers to:

- Sustain regulatory compliance as evidenced by long-term outcomes to:
 - Decrease citations in the LTC QIP Protocol Areas during the year following the LTC QIP visit.
Protocol areas include:
 - Infection Prevention and Control
 - Falls
 - Medication Management
 - Dementia Care
 - Administrative Records Management (Adult Family Home [AFH] only)
 - Client Support Services (Certified Community Residential Services and Supports [CCRSS] only)
 - Wound Management (Nursing Home [NH] only)
 - Improved regulatory compliance in preparation for the first licensing inspection for newly opened Adult Family Homes (AFHs).
 - Improved resident quality of life as evidenced by no harm level citations in the year following the LTC QIP visit.
- Improve systems that support quality of care in the form of:
 - On-site observations of care and care systems.
 - Coaching through on-site and virtual interactions.
- Engage in specific recommendations to improve care and care systems as documented in a written summary of LTC QIP visit findings including:
 - Resource referrals to address identified education or performance gaps.
 - 1:1 consultation specific to the LTC setting.

Procedure

1. Providers Reviewed During a LTC QIP Visit - Decision Matrix and referral:
 - a. Adult Family Homes (AFH), Assisted Living Facilities (ALF), Certified Community Residential Services and Supports (CCRSS) service providers, and Nursing Homes (NH) are prioritized for LTC QIP general protocol visits based on having received repeated/recurring and/or harm/serious level citations in any protocol topic area during the previous 12 months. Providers are identified as meeting these criteria through a decision matrix or may be referred to the LTC QIP by the Field Manager (FM). Provider participation in the LTC QIP program is voluntary.

CHAPTER 28: Long-term Care Quality Improvement Program (LTC QIP)

ALTSA Residential Care Services, Standard Operating Procedures Manual



- b. AFH's are prioritized for LTC QIP Early Inspection protocol visits based on having at least two residents and must not have received their first annual licensing inspection. Providers are identified as meeting these criteria through a decision matrix or may be referred to the LTC QIP through the FM. Facility participation in the Early Inspection Quality Improvement Visit is voluntary.
2. Innovation Network Logic Model and Program Standards:
 - a. The LTC QIP uses the [Innovation Network Logic Model](#) which demonstrates having available resources helps support activities, resulting in specific outputs to improve regulatory compliance and care.
 - b. The LTC QIP uses shorter-term, intermediate, and longer-term outcomes as defined in the [Innovation Network Logic Model](#). Related theories and frameworks embedded in the LTC QIP process include use of protocols, adult education, coaching, advising, and organizational and individual change. Resources, information, and referrals given to providers come from established government or public sites and sources.

CHAPTER 28: Long-term Care Quality Improvement Program (LTC QIP)

AL TSA Residential Care Services, Standard Operating Procedures Manual



B. Selection and Assignment for LTC QIP Services

1. Decision Matrix Procedure

- a. General Protocol Visits
 - 1) Periodically, each LTC Quality Improvement Program Specialist (QIPS) will review the Secure Tracking and Reporting System (STARS) [FAC 1008 Citation frequency report](#), the Automated Survey Processing Environment System (ASPEN), or other data sources to identify providers who have received citations in one of the LTC QIP protocol areas.
 - 2) The LTC QIPS will add eligible providers to a list and maintain a record of providers which meet the decision matrix criteria of:
 - a) Citation or concern in the LTC QIP protocol area.
 - b) No Informal Dispute Resolution (IDR), administrative hearing or review, plans of correction (POC), or enforcement in the identified protocol area currently in process.
- b. AFH Early Inspection Visits
 - 1) Periodically, the LTC QIP Specialists (QIPS) will review the list of newly licensed AFHs (including Changes of Ownership [CHOWs]), or other data sources to identify new AFHs that have not received their first licensing visit.
 - 2) The LTC QIPS will maintain a list of homes that meet the decision matrix criteria of:
 - a) Not received their first annual licensing visit.
 - b) Currently have at least two residents.
 - c) No IDR, administrative hearing or review, POCs, or enforcement currently in process.
 - 3) Review home's history for open investigations or citations and consult with the assigned FM to determine if a visit is appropriate on a case-by-case basis.

2. Referral Procedure

- a. The FM may refer a provider to LTC QIP services if a provider meets the decision matrix eligibility criteria.
 - 1) Department staff and providers may request a referral through the FM.
 - 2) The FM completes the designated area on the [LTC QIP Protocol Referral and Prep Form](#) and specifies the protocol area(s), then emails the form to RCSQIP@dshs.wa.gov.
- b. The Program Manager (PM) or designee monitors the RCS QIP email inbox for referrals and messages and follows a standard process for response:
 - 1) An auto-generated email message states the program will get back to the requester in five working days.
 - 2) The PM or designee monitoring the inbox may:
 - a) Answer straightforward inquiries.
 - b) Bring complex questions or issues to the team for discussion before answering.
 - 3) Region and program-specific referrals will be forwarded to the appropriate LTC QIPS.

CHAPTER 28: Long-term Care Quality Improvement Program (LTC QIP)

ALTSA Residential Care Services, Standard Operating Procedures Manual



- a) If the assigned LTC QIPS is on annual or sick leave, the monitor will respond to the referral and include the LTC QIPS.
- b) The LTC QIPS assigned to the referral enters referral data on the designated tracking document found in the program's designated file location.

3. Workload and Case Assignments

- a. Based on workload, the LTC QIPS can accept the referral for a LTC QIP visit.
- b. If there are more visits than can be done based on LTC QIPS staffing availability, the LTC QIPS will consult with the Program Manager to prioritize and assign referrals to other LTC QIPS.
- c. Once an assignment decision is made, the LTC QIPS will:
 - 1) Contact the provider with the decision by phone or email to:
 - a) Set up the initial off-site visit; or
 - b) Explain why the referral cannot be accepted at this time.
 - 2) Email the FM with the assignment decision using standard messaging.
 - 3) Prepare and perform the LTC QIP visit.
- d. Providers who are currently out of compliance in the protocol area will be scheduled for a visit at the discretion of the LTC QIPS in consultation with the PM.

4. Provider Notification Procedure

- a. Once determined to be eligible, the LTC QIPS contact the provider to offer LTC QIP services using [standard messaging](#).
- b. If the provider accepts the LTC QIP referral:
 - 1) The LTC QIPS will schedule the off-site visit with the provider.
 - 2) The FM may be notified when the provider is scheduled for a LTC QIP visit using standard email messaging depending on where the referral originated (FM vs. provider self-referral).

5. Visit Preparation

The LTC QIPS will complete the [LTC QIP Protocol Referral and Preparation](#) form.

6. Scheduling Visits

- a. The LTC QIPS will:
 - 1) Schedule visits with providers referred to the LTC QIPS.
 - 2) When possible, on-site visits will be clustered by geographic area, with the goal of scheduling six visits each month, keeping in mind that provider participation in the program is voluntary.
 - 3) Enter scheduled visits onto their Outlook calendar and maintain their Outlook calendar to accurately reflect schedule changes.
 - 4) Update the tracking document that is kept in the program's designated file location with relevant information related to facility visits in a timely manner.

CHAPTER 28: Long-term Care Quality Improvement Program (LTC QIP)

ALTSA Residential Care Services, Standard Operating Procedures Manual



C. Visit Preparation

Procedure

The LTC QIPS will:

1. Review provider information including:
 - a. Citations and summary of failed practice. Review for current out of compliance status or pending IDR.
 - b. FM referral information (if applicable).
 - c. Provider compliance history and provider-specific factors potentially contributing or affecting their ability to maintain regulatory compliance (i.e., staffing turnover, multiple homes, etc.).
 - 1) Data Sources:
 - a) Secure Tracking and Reporting System (STARS).
 - b) Automated Survey Process Environment (ASPEN).
 - c) Other reports as available.
 - 2) Optional interview with the RCS staff person who wrote the citation identified in the Statement of Deficiency (SOD).
2. Confirm that a licensing inspection/certification evaluation or complaint investigation visit is not scheduled, anticipated, or in process.
3. Prepare forms and resources for visits:
4. Personalize and save visit forms in a folder on the computer's desktop (off-site visit; on-site visit; record review and observation form; summary report to provider; follow-up visit form; face sheet).
5. Ensure resources for protocols are on the computer's desktop or in a carry bag if intending to give written material.

CHAPTER 28: Long-term Care Quality Improvement Program (LTC QIP)

ALTSA Residential Care Services, Standard Operating Procedures Manual



D. Visit Process, Methods, and Resources

Procedure

Initiation of Visit – Off-Site

1. Email or call the provider to schedule an off-site visit.
 - a. Use standard introduction language.
 - b. Schedule an off-site visit date and time, and plan for one hour.
2. Off-Site visit purpose.
 - a. Provider identification of system concerns, knowledge, ability, and goals related to the specific protocol.
 - b. LTC QIP system assessment – use of the protocol to help the provider and LTC QIPS understand the current system and identify gaps and opportunities for improvement.
3. Off-Site visit process.
 - a. Follow the protocol’s script for the interview.
 - b. Document information on the protocol form.
 - c. Review with the provided what to have prepared for the on-site visit.
 - d. Request records.

Note: for **CCRSS**, request for the provider to provide three sample clients’ names, addresses, and applicable care plans to be provided to the LTC QIP prior to client home visits.

- 1) Policies or records as indicated for the protocol.
 - 2) Remote access to electronic medical records (EMR) if **NH/ALF**.
 - a) If an off-site review of EMR is not possible, discuss the best options to get needed medical record information, such as fax, secure website, encrypted email, etc.
 - b) Record review is specific to protocol area.
4. Off-site visit outcome.
 - a. Establish the provider’s goal.
 - b. Schedule the on-site visit date and time, if not already scheduled.
 - c. Send support / resource materials to provider, if applicable.
 - 1) Determine if translation material is needed or desired.
 - 2) Send material in form/format specific to assessed need and provider request.

CHAPTER 28: Long-term Care Quality Improvement Program (LTC QIP)

ALTSA Residential Care Services, Standard Operating Procedures Manual



On-Site Visit

Entrance (NH, ALF, and AFH):

Upon entering a facility, the LTC QIPS will:

1. Meet with the provider and/or designated facility staff to:
 - a. Introduce themselves, explain the purpose of the visit, and the expected progression of activities (record review, resident rounds, interviews with residents and staff, and exit conference).
 - b. Follow the protocol script.
 - c. Review with the provider/designee:
 - 1) Information sent after the off-site visit.
 - 2) The provider's goal.
 - d. Prompt the provider to start thinking about what can be done differently.
2. Request a place to work that includes a power outlet, establish internet access and access to medical records.
3. Have facility administration or the provider identify staff who can serve as a resource in locating clinical information or documentation.
4. If a regulatory inspection or complaint investigation is initiated during the LTC QIP visit, stop, and reschedule the LTC QIP visit with the provider. On a case-by-case basis, the visit may continue at the provider's request and in consultation with the PM.
5. If abuse, exploitation, abandonment, or neglect is suspected or identified at any point, the LTC QIP's responsibility is as a mandated reporter. LTC QIPs will immediately notify the Complaint Resolution Unit (CRU) by [email](#).

Entrance (CCRSS):

Prior to the start of the onsite visits, the LTC QIPS will review:

1. Information sent by the provider after the off-site visit.
2. The provider's goal.

Upon entering a client's home, the LTC QIPS will:

1. Confirm with the provider when the on-site visits will occur:
 - a. Introduce themselves, explain the purpose of the visit, and the expected progression of activities (record review, interviews with clients and staff, and observations).
 - b. Obtain permission from the client(s) to enter their home and perform QIP duties; if a client refuses, contact the provider immediately to notify them, and discuss potentially having a different sample client as part of the on-site visits.
 - c. Follow the protocol script.
 - d. Answer any questions or concerns staff may have throughout the visit.
2. Request a place to work that is acceptable to staff and the client(s).

CHAPTER 28: Long-term Care Quality Improvement Program (LTC QIP)

ALTSA Residential Care Services, Standard Operating Procedures Manual



3. If a certification evaluation or complaint investigation is initiated during the LTC QIP visit, stop, and immediately contact the provider about rescheduling the client home visit or selecting a different sample client. On a case-by-case basis, the visit may continue at the provider's request.
4. If abuse, exploitation, abandonment, or neglect is suspected or identified at any point, the LTC QIP's responsibility is as a mandated reporter. LTC QIPs will immediately notify the Complaint Resolution Unit (CRU) by [email](#).

Observation / Interviews

1. Request a general tour – Record initial impressions related to the protocol area including staff and resident/client activities.
2. Conduct focused observations related to the protocol area – document findings on the protocol worksheet.
3. Conduct focused interviews related to the protocol area – document findings on the protocol worksheet.

Record Review

1. Select a sample of three residents for review if not already selected by provider for general protocol visits (**NH**, **ALF**, and **AFH**).
 - a. The sample may be selected from current or former/discharged residents.
 - b. Prioritize sample residents that reflect the issue under review.
2. Review pertinent records for all applicable early inspection visit areas.
 - a. Resident records
 - b. Staff records
 - c. Facility records
3. Review medical/health/provider records for:
 - a. Regulatory components related to the protocol.
 - b. If supportive documentation is not found, request facility staff to find or provide documentation.
4. Record visit findings on the Protocol Worksheets.

Visit Analysis and Summary

1. Validate or identify which regulatory requirements were NOT MET using multiple sources (record review, observations, interviews), if possible, on the LTC QIP Worksheets and Summary Report.
2. Confirm with the provider or designated staff, and document on the Visit Summary Report:
 - a. Regulations which were NOT MET.
 - b. The provider's goal.
 - c. Gap Analysis:
 - 1) Knowledge
 - 2) System

CHAPTER 28: Long-term Care Quality Improvement Program (LTC QIP)

AL TSA Residential Care Services, Standard Operating Procedures Manual



3. Document the resources and education provided.
4. Identify next steps/action plan based on the provider's goals or desired outcome for the visit.
5. Review all data for accuracy and completeness.

Outcome Evaluation

1. New knowledge
2. Changed motivation
3. Increased skills

Documentation of LTC QIP Findings

The LTC QIPS will document findings and conclusions on the LTC QIP Summary Report.

Exit Conference

All LTC QIP visits are concluded by means of an exit conference with the provider or provider representative. The purpose of an exit conference is to provide the provider and staff with the review findings.

1. The LTC QIPS should arrange the exit conference date and time as early in the process as possible to help ensure key provider staff can attend. The exit conference can be done:
 - a. In-person at the conclusion of the on-site visit; or
 - b. Off-site, via telephone, TEAMS, or other mutually accessible and agreed upon electronic media.
2. Using email, send secured as necessary:
 - a. Summary Report to the provider after the exit conference.
 - b. Any additional resources identified during the on-site visit.
3. The LTC QIPS will lead the exit conference:
 - a. Make introductions.
 - b. Express appreciation for the provider's staff assistance during the visit.
 - c. Re-state the purpose of the LTC QIP visit including:
 - 1) The provider's identification of system concerns, knowledge, ability, and goals.
 - 2) LTC QIP system assessment to include:
 - a) System review to help the provider and LTC QIPS understand the current system and identify opportunities for improvement.
 - b) Record reviews, observations, and interviews to identify or confirm gaps within the provider's systems which support safe or improved practice, and to meet regulatory requirements.
 - d. Review:
 - 1) The provider's goal, knowledge gap, and system gaps identified during the LTC QIP visit.
 - 2) Regulations which were MET or NOT MET.

CHAPTER 28: Long-term Care Quality Improvement Program (LTC QIP)

AL TSA Residential Care Services, Standard Operating Procedures Manual



- e. Discuss with the provider and document:
 - 1) Resources and referrals provided.
 - 2) Next steps / action plan identified by the provider.
 - 3) Outcome assessment
 - a) New knowledge;
 - b) Changed motivation; and/or
 - c) Increased skills.
- f. Advise the provider of the following:
 - 1) Report will be given to the provider in pdf format via secure email.
 - 2) Follow-up visit to be scheduled for four to six months.
 - 3) The provider can contact the LTC QIPS before the follow-up visit to discuss concerns, problems, or barriers to implementing the action steps previously identified. Document all follow-up conversations on the follow-up visit form.
 - 4) The provider can contact the LTC QIP PM at any time to discuss concerns or provide feedback about the LTC QIP visit.
 - 5) The PM may reach out to the provider or LTC QIPS to request specific feedback about the LTC QIP after the on-site or follow-up visit(s).

Finalization of the LTC QIP Visit

- 1. At the conclusion of the LTC QIP visit work, the QIPS will:
 - a. Send additional resources as requested in the format requested by the provider.
 - b. Finalize all documentation.
 - c. Save the visit worksheets in the LTC QIP visit folder for the specified provider in the shared files including:
 - 1) Ensuring all electronic documents will follow the program document naming convention until the RCS Record Management Tool (RMT) is available to store and retrieve electronic documents.
 - 2) Once worksheets are saved to the shared files, the LTC QIP provider-specific documents will be deleted from desktop and/or personal files.
 - d. Notify the RCS FM and the Program Management Analyst that the LTC QIP visit is concluded in an email using standard messaging.

CHAPTER 28: Long-term Care Quality Improvement Program (LTC QIP)

AL TSA Residential Care Services, Standard Operating Procedures Manual



E. Follow-up Visit

Purpose

The LTC QIP visit findings are summarized on the LTC QIP Protocol Summary Report. The off-site follow-up visit is intended to determine:

- What action steps the provider implemented including:
 - Changed or better implemented policies.
 - Changed practices.
 - Changed actions.
 - Use of the resources provided.
- What is working well.
- What is not working well.
- What further support is needed to sustain change.

Procedure

1. Contact the provider to schedule the follow-up visit four to six months after the on-Site visit.
 - a. Use the scripted message on the follow-up form.
 - b. Review RCS data systems for inspection/certification evaluation activity between initial and follow-up visits.
 - c. Review the LTC QIP Visit Summary Report and working papers as needed prior to the call.
2. During the scheduled call, the LTC QIPS will:
 - a. Have the LTC QIP Visit Summary Report and working papers open and available.
 - b. Ask the provider to identify:
 - 1) What action steps have been implemented?
 - 2) What is working well?
 - 3) What is not working well?
 - c. Determine the provider's intermediate outcome measures including:
 - 1) Changed or better implemented policies.
 - 2) Changed practices.
 - 3) Changed actions.
 - 4) Use of the resources provided.
 - d. Ask the provider what further resources are needed.

Finalization of the LTC QIP Follow-Up Visit

1. At the conclusion of the LTC QIP follow-up visit, the LTC QIPS will:
 - a. Send additional resources in the form requested by the provider.
 - b. Finalize documentation.
 - c. Save the follow-up visit worksheet in the LTC QIP visit folder for that provider.
 - d. Enter the intermediate outcome data on the LTC QIP outcome tracking worksheet.

CHAPTER 28: Long-term Care Quality Improvement Program (LTC QIP)

ALTSA Residential Care Services, Standard Operating Procedures Manual



F. Tracking and Reporting

LTC QIP visits will be tracked by the LTC QIPs on an excel spreadsheet kept in a dedicated RCS LTC QIP folder on the Q Drive. LTC QIPs will maintain their own tracking system for their assigned area including, but not limited to a list of providers meeting eligibility criteria.

Program metrics will also be maintained and documented to include short-term, intermediate, and long-term outcomes and process metrics. These metrics will be tracked on an excel spreadsheet in a dedicated RCS LTC QIP folder on the Q Drive. The outcomes and process metrics are identified as follows:

- Short-Term: Measured at end of the LTC QIP visit.
 - New knowledge.
 - Changed motivation.
 - Increased skills.
- Intermediate: Measured at the follow-up LTC QIP visit.
 - Changed or more effectively implemented policies.
 - Changed practices.
 - Changed actions.
 - Use of the resources provided.
- Long-Term: Measured by Statements of Deficiency (SODs), citation reports, and enforcement reports during the calendar year after the initial LTC QIP visit.
 - Will be reviewed by the PM quarterly in correlation with the strategic measures with a report to the RCS Headquarters Operations Office Chief each quarter.

Process metrics

- Number of visits by each program.
- Protocol.
- LTC QIP Specialist.
- Dates of visits (initial, on-site, and follow-up).
- Resources provided.

Outcome Tracking and Reporting

1. LTC QIPs will enter visit metrics onto the Facility Face Sheet.
2. The program management analyze will be notified when a visit has been completed and then enter the visit metrics from the Facility Face Sheet onto the LTC QIP tracking sheet.
3. LTC QIPs will enter intermediate outcomes directly onto the LTC QIP excel spreadsheet after the Follow Up visit is completed.
4. The LTC QIP PM or designee will:
 - a. Record longer-term outcomes on the spreadsheet.
 - b. Compile summary reports.

CHAPTER 28: Long-term Care Quality Improvement Program (LTC QIP)

ALTSA Residential Care Services, Standard Operating Procedures Manual



- 1) Quarterly and end of year.
 - 2) On request of the RCS Director or RCS Headquarters Operations Office Chief.
5. Staff who are required to track LTC QIP work activities will:
- a. Complete the individual personnel activities report, "Time sheet."
 - b. Review and sign the personnel activity report at the end of the month.
 - c. Email the report to the assigned AA3 and LTC QIP PM by the 5th of the following month.
 - 1) The LTC QIP manager tracks and reports program activities.

CHAPTER 28: Long-term Care Quality Improvement Program (LTC QIP)

ALTSA Residential Care Services, Standard Operating Procedures Manual



G. Quality Assurance Activities

1. Performance metrics:
 - a. Documentation standard for working papers are met:
 - 1) Completed documentation on the LTC QIP Worksheet(s).
 - 2) Finalize working papers for the LTC QIP visit and track follow-up visit due dates.
 - 3) Save electronic working papers in the LTC QIP folder using agreed document naming and saving convention.
 - b. Process standard for ensuring LTC QIP visits are met:
 - 1) Preparation – knowledge of the provider’s history and failed practice related to the protocol area.
 - 2) Summary report which includes the provider’s goals or desired outcome for the visit.
 - 3) The protocol was followed to elicit provider concerns and system gaps.
 - 4) Resources and activities support the provider’s goal.
2. LTC QIP visit data will be reviewed periodically by the LTC QIP PM:
 - a. Monthly outcome tracking documentation.
 - b. At least quarterly including:
 - 1) Process:
 - a) Number of visits by the program.
 - b) Protocol.
 - c) Date of visits (initial, on-site, follow-up).
 - d) Resources provided.
 - 2) Outcomes: Shorter, Intermediate measures.

CHAPTER 28: Long-term Care Quality Improvement Program (LTC QIP)

AL TSA Residential Care Services, Standard Operating Procedures Manual



H. Provider Feedback

Purpose

Feedback from providers is welcomed and used to improve the program.

Procedure

1. The provider may contact the LTC QIP PM at any time during the LTC QIP visit process to discuss the services or employee interaction. The provider may request face-to-face, telephone conference, record review, or any combination of these.
2. The LTC QIP PM will:
 - a. Contact the provider within three working days of the provider contact to determine a mutually agreeable date and to confirm the contact.
 - b. Review any documentation and/or information submitted by the provider relative to the provider's feedback.
 - c. At the conclusion of the provider's feedback, the LTC QIP PM will:
 - 1) Review the issues/concerns.
 - 2) Request any additional documentation or information needed to understand the issue/concern.
 - 3) Thank the provider for the feedback.
 - d. Relay the feedback to the RCS Headquarters Operations Office Chief and LTC QIP team (if not related to a performance concern) to discuss the issue and improve the program.
 - e. Periodic co-visits by the LTC QIP PM with LTC QIP participants (the provider and LTC QIPs) to evaluate program improvement opportunities.

CHAPTER 28: Long-term Care Quality Improvement Program (LTC QIP)

AL TSA Residential Care Services, Standard Operating Procedures Manual



Part II: Appendices

A. Resources and References

Resources

LTC QIP Training Series

1. Program Modules
2. Self-Study Guides
3. Resources
4. Foundation Literature

Evidence Based Practice: (Resources embedded in Training Modules, Self-Study Guides and Program Documents)

1. LTC QIP Theory Foundations
 - a. Protocol Use
 - b. Adult Learning Principles / Coaching / Advising
 - c. ADKAR organizational and individual change theory
 - d. Innovation Network Logic Model

Standard Messaging Template

Thank you for agreeing to participate in the Long-Term Care Quality Improvement Program. The purpose of this [email or call] is to introduce myself. My name is [Name]. I work for Residential Care Services as a Long-Term Care Quality Improvement Program Specialist. My role is to help licensed homes improve care and compliance with regulations.

I would like to arrange a time and date to meet by telephone to talk about your home/facility. You can expect the telephone call will take about an hour. The purpose of the call is to learn about your home and concerns and to identify your goals. On the call I would also like to learn more about your care systems related to [XXXX]. At the end of the telephone call, I can send you some information and schedule the on-site visit.

Please let me know what time and day would work best for you.

Regards,

[LTC QIP Name]

CHAPTER 28: Long-term Care Quality Improvement Program (LTC QIP)

ALTSA Residential Care Services, Standard Operating Procedures Manual



References

1. [Donabedian A, Wheeler JR, Wczewianski, L. Quality, cost, and health: in integrative model. Med Care. 1982 Oct;20\(10\): 975-92](#)
2. [Houghten, J. \(2018, May 21\). Adult education. Retrieved from Encyclopedia.com](#)
3. Innovation Network, I. (2010, January 1). [Logic Model Workbook](#). Transforming Evaluation for Social Change. Washington DC, District of Columbia, USA: Innovation Network, INC.
4. Network, P. S. (2019, September 7). [Measurement of Patient Safety](#). Retrieved from Agency for healthcare Research and Quality
5. [O'Connell, B. \(2020, December 8\). Coaching in the Workplace: It's Different from Traditional Managing. Retrieved from Society for Human Resource Management](#)
6. [Prosci](#)
7. [WIPP - Using protocols, s. p. \(2006, September\). Using protocols, standards, policies, and guidelines to enhance confidence and career development. Retrieved from Scottish intercollegiate guidelines network management.](#)
8. RCS Case Mix Accuracy Review History Project Document July 2021
9. QAN Project Charter 2021
10. [RCW 18.20.115](#) Quality improvement consultation program—Principles
11. [ALTSA Strategic Plan 2021-2023](#)
12. [QAPI Description and Background](#)

CHAPTER 28: Long-term Care Quality Improvement Program (LTC QIP)

ALTSA Residential Care Services, Standard Operating Procedures Manual



B. Forms

1. LTC QIP LTC Quality Improvement Program Referral and Visit Preparation
2. LTC QIP Protocol Worksheets
 - a. Off-site Visit
 - b. On-site Visit
 - c. Resident Record Review, Observation, and Interview
 - d. Summary Report
 - e. Follow-up Communication and Visit
 - f. Face Sheet
3. LTC QIP Tracking Documents
 - a. Referrals, Visit and Outcome Tracking
 - b. Personnel Activity Report
4. LTC QIP Standard Messaging
5. Early Inspection QIP Visit Standard Messaging

CHAPTER 28: Long-term Care Quality Improvement Program (LTC QIP)

AL TSA Residential Care Services, Standard Operating Procedures Manual



C. Glossary of Terms

Abandonment – as defined in [RCW 74.34.020](#).

Abuse – as defined in [RCW 74.34.020](#).

Administrative hearing – means a formal hearing proceeding before a state administrative law judge that gives:

- 1) A licensee an opportunity to be heard in disputes about licensing actions, including the imposition of remedies, taken by the department; or
- 2) An individual an opportunity to appeal a finding of abandonment, abuse, neglect, financial exploitation of a resident, or misappropriation of a resident's funds.

Adult Family Home (AFH) – State licensed residential homes to care for two to eight vulnerable adults who may have mental health, dementia, and/or developmental disability/special needs. The homes are private businesses providing each person with a room, meals, laundry, supervision, assistance with activities of daily living, and personal care. Some provide nursing or other special care and services.

Agency – State agency.

Aspen (Automated Survey Process Environment) – a suite of software applications designed to help State Agencies collect and manage healthcare provider data.

Assisted Living Facility (ALF) – State licensed facilities providing basic services assuming general responsibility for the safety and well-being of vulnerable adults. ALFs allow the vulnerable adults to live an independent lifestyle in a community setting while receiving necessary services from a qualified workforce. ALFs can vary in size and ownership from a family-operated 7-bed facility to a corporation-based facility with 150+ beds. ALFs may provide intermittent nursing services or serve vulnerable adults with mental health needs, developmental disabilities, or dementia.

Certified Community Residential Services and Supports (CCRSS) – Includes Supported Living (SL), Group Homes (GH), and Group Training Homes (GTH). These are residential services provided to individuals who are eligible clients of the Developmental Disabilities Administration (DDA). Supported living clients are vulnerable adults living in their own homes in the community. The client or legal representative owns, rents, or leases the home.

Certified Group Home – A community-based licensed and certified residential program where the provider, who contracts with the Department of Social & Health Services (DSHS), DDA to provide residential services, owns, or leases the facility. The majority are privately owned businesses. The homes vary in size, serving from 4 to 10 clients.

Residential Care Services (RCS) licenses the home as either an Assisted Living Facility or an Adult Family Home and certifies the group home through a separate process. This supports the provision of services at the levels required by the DDA contract.

Room and board expenses are included in the rate paid by DDA and the clients participate toward their cost of care. DDA contracts with these providers to provide 24-hour supervision.

Certified supported living services – Residential services provided to DDA clients living in their own homes in the community. DDA contracts with individuals and agencies to provide these services. Clients pay for their own rent, food, and other personal expenses. Supported living offers instruction

CHAPTER 28: Long-term Care Quality Improvement Program (LTC QIP)

AL TSA Residential Care Services, Standard Operating Procedures Manual



and support, which may vary from a few hours per month to 24 hours of one-on-one support per day. DDA pays for residential services provided to clients under Department contract at the contracted rate.

Chemical restraint – as defined in [RCW 74.34.020](#).

Consult [LTC QIP] - means a process that outlines standards and practices of a consulting service to include frequency of visits, and the different types of services provided.

Continuous quality improvement (CQI) – A philosophy or strategy within the organization’s culture that approaches all healthcare services with constant self-evaluations of their current state. Afterwards, the organization identifies iterative actions of progress related to people, processes and/or technology. This progress leads to outcomes which can be linked to the domains of to the “Triple Aim” of improved patient care, improved population health, and reduce costs.

Deficient practice – The action(s), error(s), or inaction on the part of the entity relative to a regulatory requirement and to the extent possible, the resulting outcome.

Department – This term refers to the Washington state Department of Social and Health Services (DSHS).

Electronic medical record (EMR) or Electronic health record (EHR) – a digital version of a chart with resident medical/health information stored in a computer.

Facility – as defined in [RCW 74.34.020](#).

Financial exploitation – as defined in [RCW 74.34.020](#).

Improper use of restraint – as defined in [RCW 74.34.020](#).

Long-term care facility – As defined in [RCW 70.129.010\(3\)](#).

Long-term care Quality Improvement Program Specialist (LTC QIPS) – a registered nurse or an allied health professional who performs on- and off-site program visits and activities.

Mandated reporter –this is an employee of the Department or the Department of Children, Youth and Families (DCYF); law enforcement officer; social worker; professional school personnel; individual provider; an operator of a facility or a certified residential services and supports agency under [Chapter 71A.12 RCW](#); an employee of a facility; an employee of a social service, welfare, mental health, adult day health, adult day care, home health, home care, hospice or certified residential services and supports agency; county coroner or medical examiner; Christian Science practitioner; or health care provider subject to [Chapter 18.130 RCW](#).

Mechanical restraint – as defined in [RCW 74.34.020](#).

Neglect – as defined in [RCW 74.34.020](#).

Nursing facility (NF) – a nursing home, or any portion of a hospital, veterans' home, or residential habilitation center, that is certified to provide nursing services to Medicaid recipients under [section 1919\(a\) of the federal Social Security Act](#). All beds in a nursing facility are certified to provide Medicaid services, even though one or more of the beds are also certified to provide Medicare skilled nursing facility services.

Nursing home (NH) – A term that can include both 24-hour Skilled Nursing Facilities (SNF) and Nursing Facilities (NF). SNFs are those that participate in both Medicare and Medicaid. NFs are those that participate in Medicaid only.

Outcome – In this context, the term means an actual or potential result or consequence, directly or indirectly, related to failed facility practices of the entity (e.g., development of avoidable pressure

CHAPTER 28: Long-term Care Quality Improvement Program (LTC QIP)

AL TSA Residential Care Services, Standard Operating Procedures Manual



injury; reaction due to receipt of blood; lack of monitors for anticoagulant). Harm to vulnerable adults unrelated to failed facility practice is not a negative outcome for the purpose of RCS complaint/incident investigation processes.

Outcome of care measures – means criteria to evaluate the care provided to residents/clients, based on the results of care which indicates the result of the performance (or non-performance) of a function or process.

Personal exploitation – as defined in [RCW 74.34.020](#).

Physical abuse – as defined in [RCW 74.34.020](#).

Physical restraint – as defined in [RCW 74.34.020](#).

Plan of correction – means an entity’s written response to cited deficiencies that explains how it will correct the deficiencies and how it will prevent their reoccurrence.

Process – The specification of the ongoing manner that the entity must operate. The process requirements do not allow the entity to vary from what is specified.

Examples include the reviewing, revising and/or updating the plan of care; policies and procedures such as, infection control procedures for cleaning/maintaining glucometers; or annual assessments for the vulnerable adults in the residential settings.

Process improvement – means a systematic, comprehensive, data driven, proactive approach to performance management and improvement (Centers of Medicaid and Medicare, 2020).

Process measures – used to indicate what a provider does to maintain or improve health, either for healthy people or for those diagnosed with a health care condition. These measures typically reflect generally accepted recommendations for clinical practice. For example:

- The percentage of people receiving preventive services (such as mammograms or immunizations).
- The percentage of people with diabetes who had their blood sugar tested and controlled.

Process measures can inform consumers about medical care they may expect to receive for a given condition or disease and can contribute toward improving health outcomes. Most health care quality measures used for public reporting are process measures.

Protocol – means the agreed framework for outlining the care systems and documents (standards, policies, and guidelines) to be reviewed and analyzed for a designated area to determine gaps in regulatory compliance and care systems.

Recurring/Repeated –

- The department previously imposed an enforcement remedy for a violation of the same section of WAC or RCW for substantially the same problem following any type of inspection within the preceding 36 months for AFH, ALF, or ESF (24 months for CCRSS).
- The department previously cited a violation under the same section of WAC or RCW for substantially the same problem following any type of inspection on two occasions within the preceding 36 months for AFH, ALF, or ESF (24 months for CCRSS).

Regulatory process – Regulatory staff evaluate current entity compliance with statutes and regulations. Types of regulatory processes include pre-occupancy, abbreviated complaint investigations; full inspection/recertification surveys; initial certification surveys; follow-up or post surveys; initial licensing and relicensing, and monitoring visits.

CHAPTER 28: Long-term Care Quality Improvement Program (LTC QIP)

AL TSA Residential Care Services, Standard Operating Procedures Manual



Requirement – Any structure, process, or outcome that is required by law or regulation.

Revised Code of Washington (RCW) – The compilation of all permanent laws now in force. It is a collection of Session Laws (enacted by the Legislature, and signed by the Governor, or enacted via the initiative process), arranged by topic, with amendments added and repealed laws removed. It does not include temporary laws such as appropriation acts.

Scope – The prevalence or frequency of deficient cases (scope) relative to the total number of actual and potential cases (universe). The extent is expressed in a numerical format. The scope is used as the numerator when determining the extent of deficient practice.

Scope and severity (S/S) [NH] – The effect of the deficient practice on resident outcome (severity level) and the number of residents potentially or actually affected (scope level), using the [decision matrix grid guidance](#) provided by CMS.

Sexual abuse – as defined in [RCW 74.34.020](#).

Skilled nursing facility (SNF) – a nursing home, a portion of a nursing home, or a long-term care wing or unit of a hospital that has been certified to provide nursing services to Medicare recipients under [section 1819\(a\) of the federal Social Security Act](#).

Statement of deficiencies (SOD) – The official, publicly-disclosable, written report document from RCS staff that identifies violations of statute(s) and/or regulation(s), failed facility practice(s) and relevant findings found during a complaint/incident investigation conducted at an any setting regulated by RCS. Included in SODs for AFHs, ALFs, and ESFs is an attestation statement the entity signs and dates indicating the projected correction date for the cited deficient practice. The SOD is a legal document available to the public on request.

Supported living – Certified service providers offer instructions and supports in client homes which may vary from a few hours per month to 24 hours of one-on-one support per day. Clients pay for their own rent, food, and other personal expenses. DDA pays for residential services provided to clients under the Department contract at the contracted rate. DDA may also contract with providers for crisis diversion and community protection services.

Supported living services – Residential services provided to clients living in their own homes in the community, which are owned, rented, or leased by the clients or their legal representatives.

Vulnerable adult – as defined in [RCW 74.34.020](#).

Washington Administrative Code (WAC) – Regulations of executive branch agencies issued by authority of statutes. Similar to legislation and the Constitution, regulations are a source of primary law in Washington State. The WAC codifies the regulations arranging them by subject or agency.

Working days (business days) – defined as Monday through Friday, excluding federal and state holidays.

CHAPTER 28: Long-term Care Quality Improvement Program (LTC QIP)

ALTSA Residential Care Services, Standard Operating Procedures Manual



D. Acronym List

AA	Administrative Assistant
AFH	Adult Family Home
ALF	Assisted Living Facility
ALTSA	Aging and Long-Term Support Administration
ASPEN	Automated Survey Processing Environment System
CCRSS	Certified Community Residential Services and Supports
CHOW	Change in Ownership
CRU	Complaint Resolution Unit
DDA	Developmental Disabilities Administration
DSHS	Department of Social and Health Services
EMR	Electronic Medical Record
FM	Field Manager
IDR	Informal Dispute Resolution
IPC	Infection Prevention and Control
LTC	Long-Term Care
LTC QIP	Long-Term Care Quality Improvement Program
LTC QIPS	Long-Term Care Quality Improvement Program Specialist
NH	Nursing Homes
PM	Program Manager
POC	Plan of Correction
PS	Program Specialist
QA	Quality Assurance
QI	Quality Improvement
RCS	Residential Care Services
RCW	Revised Code of Washington
RMT	Records Management Tool
SOD	Statement of Deficiency
SOM	State Operations Manual
SOP	Standard Operating Procedures
STARS	Secure Tracking and Reporting System
WAC	Washington Administrative Code

CHAPTER 28: Long-term Care Quality Improvement Program (LTC QIP)

AL TSA Residential Care Services, Standard Operating Procedures Manual



E. Change Log

Eff. Date	Chapter/Section #	Description of Change	Reason for Change	Communication and Training Plan
01/17/2025	Entire Chapter	Establishment of Chapter	Establishment of Chapter	MB R25-006

[Table of Contents](#)