Transplant Provider Manual
Kaiser Permanente
Self-Funded Program

Quality Assurance and Improvement

KAISER PERMANENTE®

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7 Section 7: Quality Assurance and Improvement

7.1 Quality Assurance and Improvement Program Overview

Kaiser Permanente's Quality Assurance and Improvement Program uses a multi-disciplinary and integrated approach, which focuses on opportunities for improving operational processes, health outcomes, and patient and provider satisfaction.

The quality of care Self-Funded Members receive is monitored by Kaiser Permanente's oversight of Providers. You will be monitored for various indicators and required to participate in some Kaiser Permanente processes. For example, we monitor and track the following:

- patient access to care
- patient complaint and satisfaction survey data of both administrative and quality of care issues
- Compliance with Kaiser Permanente policies and procedures
- Utilization management statistics
- Quality of care indicators as necessary for Kaiser Permanente to comply with requirements of NCQA, Medicare, The Joint Commission (formerly known as JACHO), and other regulatory and accreditation bodies
- Performance standards in accordance with your Agreement

In any of the above situations, when Kaiser Permanente reasonably determines that the Provider's performance may adversely affect the care provided to Self-Funded Members, Kaiser Permanente may take corrective actions in accordance with your Agreement.

7.2 National Committee for Quality Assurance

The National Committee for Quality Assurance (NCQA) requires that all Health Plan Members be entitled to the same high level care, regardless of the site or provider of care. Kaiser Permanente is NCQA accredited and periodically undergoes re-accreditation. Kaiser Permanente's National Transplant Network has established the NTN-Quality Improvement Committee (NTN-QIC). The NTN-QIC is responsible for oversight of the quality of care and services on a program-wide basis for national transplant contracts. The NTN-QIC was established to support the NTN Director and Quality Improvement Manager in overseeing quality of care and service delivered by nationally contracted providers to Kaiser Members.

The NTN Hubs are responsible for identifying and reporting quality issues of morbidity, mortality, and service delivery for Kaiser Permanente Members receiving care at the Centers of Excellence. As quality issue arises, Hub management intervenes to resolve the matter with the COE as soon as possible. The Hub management will consult with a patient's referring physician or regional authorizing physician, as appropriate.

The NTN-QIC shares COE performance reports with the Regional Quality Improvement Committees for review and response. Reports on significant events are also reviewed and shared with the referring region's Quality Improvement Committee. The NTN-QIC will give the COC an opportunity to respond to identified areas which are determined to need improvement.

7.3 Compliance with Regulatory and Accrediting Body Standards

Kaiser Permanente expects all applicable Providers to be in compliance with all regulatory bodies (i.e., CMS, NCQA, the Joint Commission), to have and maintain accreditation as appropriate, to maintain a current certificate of insurance, and to maintain current licensure. If you receive any recommendations from any of these organizations, you will be expected to provide Kaiser Permanente's National Transplant Network Department with any recommendations, along with the action plan to resolve the identified issue or concern, within 90 days of the receipt of the recommendation.

Kaiser Permanente monitors the status of the above listed accreditations, licensures, certifications, etc. on an annual basis through Kaiser Permanente's National Transplant Network Department

Contact Information:

Kaiser Permanente
National Transplant Network
1800 Lakeside Drive, 18th Floor
Oakland, CA 94612
510-628-2899 FAX

7.4 COE Certification

Kaiser Permanente has developed and implemented certification and recertification policies and procedures for contracted Centers of Excellence.

As a Contracted Provider, your facility has already met the basic criteria for initial certification including insurance requirements, absence of Medicare and

Medicaid sanctions, current state licensure, and JCAHO accreditation. Your facility and all Providers furnishing services to our Members are required to meet applicable requirements, and be properly certified under the Medicare programs, as set forth in Title XVIII and Title XIS, respectively, of the Social Security Act.

7.4.1 COE Certification and Re-Certification Process

All Staff, including employees, contractors and agents of your facility who provide Covered Services to Self-Funded Members, will be at all times properly licensed by the state in which services are rendered, certified, qualified and in good standing in accord with all applicable local, state and federal laws.

During the period between initial certification and re-certification, your facility is required to continue to meet all initial certification criteria. This includes, but is not limited to submission of copies of current/renewed state license and certificates of insurance to a NTN representative, when requested.

Re-certification will occur at least every twenty-four months and may occur more frequently if needed. In addition to the basic initial certification criteria, Member grievances, Member satisfaction, quality assurance/improvement, and utilization management data will be considered prior to re-certification.

7.4.2 Confidentiality of Certification Information

All information obtained during the certification and re-certification process is considered to be confidential, except as otherwise required by law.

For additional information regarding certification and re-certification requirements and policies, please contact our Provider Contracting & Network Management Department at 510-268-5448.

7.4.3 Providers on Corrective Action Plan Status

Corrective action will be conducted in accordance with the NTN's QRRM Program.

7.5 Compliance with Medical Record Requirements

1. Patient Identification including: Last Name, First Name, Medical Record Number, Date of Birth, and evidence of verification of personal/biographical data.
2. Provider Identification including: Full Name, Professional Degree/Status, Provider Identification Number, Clinical Department/Location at which service was provided.

3. Dates/times on all medical record entries including: the month, the day and the year. The time shall be indicated, when appropriate, on the following entries: Doctors Orders, Progress Notes, Noting of Orders, Nursing Documentation, and Treatment Consent Forms.
4. Author authentication by a handwritten signature, unique electronic identifier, or initials.
5. Significant illnesses and medical conditions indicated on the problem list.
6. Medication allergies and adverse reactions prominently displayed.
7. Past medical history easily identified.
8. Documentation of smoking habits and history of alcohol use or substance abuse.
9. Reason for visit or chief complaint must be present.
10. History and physical exam pertinent to patient's presenting complaints.
11. Laboratory and other studies ordered, as appropriate.
12. Working diagnoses consistent with findings.
13. Treatment plans consistent with diagnoses.
14. Date for return visit or other follow-up plan for each encounter, when indicated.
15. Unresolved problems from previous office visits addressed in subsequent visits.
16. Evidence of appropriate use of consultants.
17. Evidence of continuity and coordination of care between primary and specialty physicians.
18. Consultant summaries, laboratory and imaging study results filed in the medical record reflect primary care/ordering physician review.
19. Evidence of medically appropriate care.
20. Age-specific immunization record.
21. Evidence of appropriate use of preventive services.
22. Evidence that the patient has not been placed at inappropriate risk by diagnostic or therapeutic procedure.

KAISER PERMANENTE
MEDICAL RECORD STANDARDS

Summary of Medical Record Standard	Information Required
Patient Identification*	All entries (entry, page, or screen) in a patient's medical record must include the patient's last name, first name, and the patient's unique medical record number.
Personal/Biographical Data*	Patient demographic information which includes: • Birthdate • Gender • marital status • home address and • home/ work telephone numbers Note: For pediatric medical records, this information should also address the child's parent/guardian.
Medical Record Entries*	All notes/entries • Include the name of the rendering provider and, if paper documentation, are signed or initialed by the provider. • Are dated and in sequential order • Are legible to someone other than the writer • Are done in a timely manner
Problem List (PCP Only)*	Medical records include a completed "problem list" which notes significant illnesses or medical conditions.
Allergies*	Allergies and adverse reactions to medications or immunizations are noted and prominently displayed inside or on the cover of a hard copy of a medical record, and in any computer based program. If the patient has no known allergies or history of adverse reactions, this must be also noted.
Medical History*	Medical history must include: • Date of birth • Documentation of past medical history for which includes serious illnesses, past surgeries, or significant procedures. • Pertinent family history