

Quality Improvement Project

Complaint Investigations – Improve completion timeliness of complaints

- Workgroups map processes and identify delays and barriers
- Identify best practices
- Implement test phase using



Plan, Do, Check, Act

LTC Complaint Investigation Timelines

SB 75 (Statutes of 2015, Chapter 18) established mandatory LTC complaint investigation timelines that will be phased in over the next few years:

- Beginning July 1, 2016, complete IJ-level complaints within 90 days of receipt.
- Beginning July 1, 2017, complete all LTC complaints within 90 days of receipt.
- Beginning July 1, 2018, complete all LTC complaint within 60 days of receipt.
- Beginning July 1, 2016 issue state citations within 30 days of completing investigation.



Quality Improvement Project: Complaints

The Complaint QI Project team composition:

- One Field Operations Branch Chief
- One District Manager
- One District Administrator
- Two Health Facility Evaluator Supervisors
- One Health Facility Evaluator Nurse Trainer
- One Health Facility Evaluator Nurse
- One Research Manager
- And one Policy & Procedure Analyst



Licensing & Certification Complaint Investigation Team

QI Team Members

- Diana Marana
- Elizabeth Callahan *Lead:* Mike Egstad
- Tatjana Eby-Siddiqui
- Toni Camasura *Sponsor:* Scott Vivona
- Katrice Miller
- Deena McFarland
- Olivia Swift-Ford
- Chelsea Driscoll
- Muree Larson-Bright

Improving Timeliness of Complaint Investigations

PLAN

Improvement Opportunity

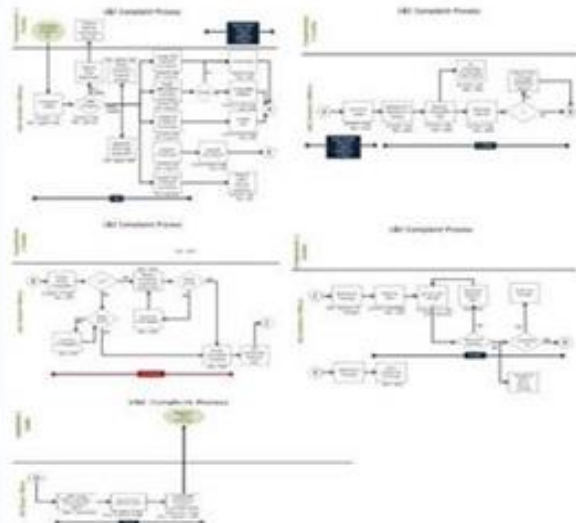
The L&C program has not been timely in completing its investigation of long-term care complaints.

Quality Improvement Aim

Improve the timeliness of long-term complaints investigations to be completed within 90 days from receipt.

Current Situation

The team conducted a brainstorming to document their current process flow.



Root Cause

A root cause analysis was conducted on the current practices and processes which revealed:

- Inconsistent writing skills (content vs. style)
- Impact of covering a large geographical area
- District Offices inconsistently following published Policies and Procedures
- Inefficient use of staff
- Additional and consistent training needed throughout District Off
- Incomplete data and data errors in ASPEN
- Support staff have data entry backlog
- Large complaint volume/lack of trained personnel



The table displays data from the root cause analysis, organized into columns for categories such as 'Root Cause', 'Impact', and 'Mitigation'. It lists specific issues like 'Inconsistent writing skills' and 'Large complaint volume' along with their effects and proposed solutions.

Solutions

The team developed multiple solutions to address the identified root causes. In addition, the team conducted an evaluation and prioritization assessment which highlighted multiple pilot solutions.

- Implement complaint teams in Riverside
- Monitor complaint best practices out of San Jose District Office
- Monitor and track metrics from initiation to completion of investigation
- Support staff and supervisor academy (cross training, ASPEN training, key intake information, etc.)
- Supervisor and staff training on writing content vs. writing style

Complaint Investigations

Pilot Project – Complaint teams in Riverside and San Jose District Offices

- Timeframe (September 1st thru November 30th)
- Implement test phase using

Plan, Do, Check, Act

