



Quality Assessment and Improvement

The goal of quality assessment and improvement programs is to facilitate the highest possible level of patient care delivery with effective use of available resources while maintaining appropriate levels of responsibility and accountability.

The process for quality assessment and improvement for foster care health care delivery does not differ from that used for the non-foster care population. What is different are the standards used to measure quality and methods for information retrieval and sharing as outlined in this manual. In addition to quality assessment and improvement in the primary care office, there is the additional layer of quality assessment and improvement that must occur at the level of the agency, where the health care management function resides.

Overview

It is understood that quality assessment and improvement programs must include the following components at the health care professional and health care management levels:

- *Process* for identifying issues for quality assessment and improvement and sources from which to obtain this information. These issues may be identified in a variety of ways, including surveys (eg, foster parents, caseworkers); focus groups; complaints; city, state, and federal regulations; identification of trends; unfavorable outcomes; communication failures; and performance appraisals.
- *Assessment* to determine compliance with standards or identify sources of problems so they can be addressed realistically. It is recommended that interdisciplinary teams be used where appropriate. Issues can be investigated prospectively, concurrently, or

retrospectively. Data then can be aggregated and analyzed to identify patterns or trends.

- *Action plans* should be appropriate and timely and developed and implemented to promote improvement. Action plans after assessment may include the development of new policies or procedures.
- *Follow-up* of action plans is needed to ensure ongoing improvement.
- *Reporting* of findings and recommendations with all personnel involved is recommended and should be documented as part of the permanent quality assessment and improvement record.

For Health Care Professionals

Many indicators for monitoring the quality of health care received by children and adolescents have been developed. These may serve as templates for the development of indicators for foster care health care delivery as universal indicators for children are created. Examples of indicators currently in use at the health care professional's office level are

- Education in Quality Improvement for Pediatric Practice (*eQIPP*), American Academy of Pediatrics
- Health Plan Employer Data and Information Set (HEDIS), National Committee for Quality Assurance
- Quality Assurance Reporting Requirements (QARR), New York State Department of Health

None of these indicators is comprehensive or sufficient for this group of children and adolescents. It is hoped that health care professionals who elect to provide services to children and adolescents in foster care will develop specific indicators for this population. While these indicators help to ensure that children and adolescents in foster care receive health care services as outlined in this manual, they are measures of the process of health care, rather than health outcomes. Outcomes that are important to measure in this population include

emergency department use, inpatient hospitalization stays, residential placements, and psychiatric admissions. In addition, outcomes specific to the foster care population include overall health, stability of foster care placements, length of stay in foster care, and achievement of permanency.

For Health Care Management

Quality improvement and assessment at the level of the health care management team should, at a minimum, involve the setting of goals on an annual or semiannual basis. These goals could include specific indicators such as the collection of aggregate data on the foster care population to ensure that the health admission process and periodic preventive health care occur in a timely fashion and meet the standards of care outlined in this manual. Referrals also could be monitored for timeliness. The components of the medical file for a subset of the population could be reviewed for completeness. Standards for education of caseworkers, health care professionals, and foster parents should be developed as a long-range goal. Essentially, each of the tasks of the health care management team should be viewed as an opportunity to assess and improve the quality of management functions and health care delivery to children and adolescents in foster care.