

HCAB
Home Care Agency Blueprint
Building Successful Home Care Businesses

Quality Improvement Program

Performance Excellence Framework

Complete Program
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1 QI PROGRAM OVERVIEW

Purpose and Scope

Purpose Statement

The Quality Improvement (QI) Program establishes a systematic, organization-wide approach to monitoring, evaluating, and continuously improving the quality of care and services provided to our clients. This program ensures that all aspects of agency operations meet or exceed regulatory requirements, professional standards, and client expectations.

Program Objectives

- Ensure the delivery of safe, effective, and client-centered care
- Identify opportunities for performance improvement
- Reduce risk and prevent adverse events
- Maintain compliance with all applicable regulations
- Promote a culture of continuous quality improvement
- Enhance client and caregiver satisfaction

Scope of the QI Program

This Quality Improvement Program encompasses all services provided by the agency, including but not limited to:

Area	Components Included
Clinical Services	Personal care, medication reminders, vital sign monitoring, wound care (if applicable), care coordination
Support Services	Homemaking, meal preparation, transportation, companionship, respite care
Administrative Operations	Intake process, scheduling, billing, documentation, communication systems
Human Resources	Recruitment, training, competency evaluation, retention, performance management
Compliance	Regulatory adherence, policy implementation, audit responses, corrective actions

Guiding Principles

1. **Client-Centered:** All quality initiatives prioritize client safety, dignity, and satisfaction
2. **Data-Driven:** Decisions are based on objective data and measurable outcomes
3. **Continuous:** Quality improvement is an ongoing process, not a one-time event
4. **Collaborative:** All staff members contribute to and participate in QI activities
5. **Transparent:** Results and findings are shared openly to promote learning

QI Committee Structure

Committee Composition

The Quality Improvement Committee is responsible for overseeing all quality-related activities within the agency. The committee includes representation from all functional areas to ensure comprehensive oversight.

Role	Responsibilities	Commitment
Administrator/Owner (Committee Chair)	Provides leadership and resources; final approval on QI initiatives; ensures organizational commitment	All meetings + oversight
Director of Nursing (if applicable)	Clinical quality oversight; reviews clinical indicators; approves care protocols	All meetings
Care Coordinator/ Supervisor	Reviews care delivery metrics; supervises direct care; reports field observations	All meetings
HR Representative	Reports on staffing metrics; training compliance; employee satisfaction data	All meetings
Office Manager	Administrative metrics; scheduling efficiency; documentation compliance	All meetings
Caregiver Representative (rotating)	Provides frontline perspective; reports operational challenges; suggests improvements	Quarterly rotation

Committee Authority

The QI Committee has the authority to:

- Request data and reports from any department
- Initiate performance improvement projects
- Recommend policy and procedure changes
- Allocate QI budget resources (within approved limits)
- Require corrective action plans for identified deficiencies
- Report findings and recommendations to the Governing Body

Best Practice Tip

Rotate the caregiver representative quarterly to gain diverse perspectives and increase frontline staff engagement in quality improvement efforts.

Meeting Frequency and Agenda Template

Meeting Schedule

Meeting Type	Frequency	Duration	Attendees
Full QI Committee Meeting	Monthly	60-90 minutes	All committee members
Executive QI Review	Quarterly	30-45 minutes	Administrator, DON, Supervisors
Annual QI Program Evaluation	Annually	2-3 hours	Full committee + Governing Body
Ad Hoc/Emergency	As needed	Varies	Relevant members

QI COMMITTEE MEETING AGENDA

Monthly Quality Improvement Meeting

Date: _____ **Time:** _____

Location: _____

Attendees: _____

5 min	1. Call to Order / Roll Call	Chair
5 min	2. Approval of Previous Meeting Minutes	Chair
10 min	3. Review of Action Items from Previous Meeting	All
15 min	4. Performance Indicator Review - Client satisfaction scores - Clinical quality indicators - Staffing metrics - Compliance metrics	Coordinator
10 min	5. Incident/Complaint Review - New incidents since last meeting - Complaint trends and resolutions	Supervisor
15 min	6. Active QI Projects Update - Project status reports - PDSA cycle progress	Project Leads
10 min	7. New Business / Proposed Initiatives	All
5 min	8. Action Items / Next Meeting Date	Chair

Record meeting minutes and distribute within 5 business days

2 PERFORMANCE INDICATORS

Client Satisfaction Metrics

Client satisfaction is a primary indicator of service quality. The following metrics are monitored to ensure we consistently meet and exceed client expectations.

Metric	Target	Data Source	Frequency
Overall Satisfaction Score	90% or higher	Client Satisfaction Survey	Quarterly
Caregiver Consistency Rating	85% or higher	Client Satisfaction Survey	Quarterly
Communication Satisfaction	90% or higher	Client Satisfaction Survey	Quarterly
Service Timeliness	95% on-time arrivals	Scheduling System / EVV	Monthly
Client Complaint Rate	Less than 5 per 100 clients	Complaint Tracking Log	Monthly
Complaint Resolution Time	Within 72 hours	Complaint Tracking Log	Monthly
Client Retention Rate	85% or higher annually	Client Census Data	Quarterly
Net Promoter Score (NPS)	50 or higher	Client Satisfaction Survey	Quarterly

Interpreting Satisfaction Scores

Green Zone (90-100%): Exceeding expectations - maintain current practices

Yellow Zone (75-89%): Meeting minimum standards - identify improvement opportunities

Red Zone (Below 75%): Below standard - immediate corrective action required

Clinical Quality Indicators

Clinical quality indicators measure the effectiveness and safety of care delivery. These metrics help identify areas where clinical practices can be improved.

Indicator	Target	Data Source	Frequency
Falls (per 1,000 service hours)	Less than 2.0	Incident Reports	Monthly
Medication Errors	Zero tolerance	Incident Reports	Monthly
Skin Integrity Issues	Less than 1% of clients	Clinical Assessments	Monthly
Hospitalization Rate	Monitor trends	Client Records	Quarterly
ER Visits	Monitor trends	Client Records	Quarterly
Care Plan Compliance	95% or higher	Chart Audits	Monthly
Infection Control Compliance	100%	Supervisory Visits	Monthly
ADL Improvement/Maintenance	80% maintain or improve	Reassessments	Quarterly

Incident Classification

Category	Definition	Response Required
Sentinel Event	Death, serious injury, or significant safety event	Immediate notification; Root Cause Analysis within 72 hours
Major Incident	Injury requiring medical attention; significant care deviation	Report within 24 hours; investigation within 7 days
Minor Incident	Near miss; minor injury; documentation error	Report within 48 hours; trend analysis monthly

Staffing Metrics

Staffing stability directly impacts care quality. These metrics help identify workforce challenges before they affect client care.

Metric	Target	Data Source	Frequency
Caregiver Turnover Rate	Less than 50% annually	HR Records	Monthly
90-Day Retention Rate	75% or higher	HR Records	Monthly
Call-Off Rate	Less than 5%	Scheduling System	Weekly
No-Call/No-Show Rate	Less than 1%	Scheduling System	Weekly
Shift Coverage Rate	98% or higher	Scheduling System	Weekly
Training Compliance	100%	Training Records	Monthly
Competency Evaluation Completion	100% within 90 days	HR Records	Monthly
Caregiver Satisfaction Score	80% or higher	Caregiver Survey	Semi-Annual

Turnover Cost Impact

Industry average cost to replace one caregiver: \$2,500-\$5,000 (recruiting, training, productivity loss)

Goal: Reduce turnover to save \$X annually

Overtime Monitoring

Track overtime hours as percentage of total hours worked

Target: Less than 5% overtime

Compliance Metrics

Compliance metrics ensure the agency meets all regulatory requirements and internal policy standards.

Metric	Target	Data Source	Frequency
Documentation Compliance	95% or higher	Chart Audits	Monthly
Background Check Compliance	100%	HR Records	Monthly
License/Certification Currency	100%	HR Records	Monthly
EVV Compliance Rate	98% or higher	EVV System	Weekly
Supervisory Visit Compliance	100%	Supervision Records	Monthly
Policy Acknowledgment	100%	HR Records	Annual
HIPAA Training Compliance	100%	Training Records	Annual
Survey Deficiency Rate	Zero deficiencies	Survey Results	Per Survey

Regulatory Audit Tracking

Audit Type	Frequency	Responsible Party	Preparation Required
State Licensing Survey	Every 1-3 years (varies by state)	Administrator	Mock survey 30 days prior
Medicaid/Payer Audit	As scheduled	Billing Manager	Documentation review
Internal Chart Audit	Monthly (10% sample)	Care Coordinator	Audit tool preparation
HR File Audit	Quarterly	HR Manager	Checklist review

Compliance Dashboard

Create a visual dashboard displaying real-time compliance metrics. Review at every QI meeting to quickly identify areas requiring attention.

3 DATA COLLECTION TOOLS

Client Satisfaction Survey

CLIENT SATISFACTION SURVEY

Your feedback helps us improve our services

Client Name (Optional): _____

Survey Date: _____

Survey Period: _____

RATING SCALE

5 = Excellent | 4 = Very Good | 3 = Good | 2 = Fair | 1 = Poor | N/A = Not Applicable

A. CAREGIVER QUALITY

Question	5	4	3	2	1	N/A
1. My caregiver treats me with dignity and respect	<input type="radio"/>					
2. My caregiver is knowledgeable and skilled	<input type="radio"/>					
3. My caregiver follows my care plan	<input type="radio"/>					
4. My caregiver arrives on time	<input type="radio"/>					
5. I receive consistent caregivers (minimal rotation)	<input type="radio"/>					

B. OFFICE AND COMMUNICATION

Question	5	4	3	2	1	N/A
6. Office staff are friendly and helpful	<input type="radio"/>					
7. My calls/messages are returned promptly	<input type="radio"/>					

8. I am notified of schedule changes in advance	<input type="radio"/>					
9. My concerns are addressed satisfactorily	<input type="radio"/>					
10. I feel informed about my care	<input type="radio"/>					

C. OVERALL SATISFACTION

Question	5	4	3	2	1	N/A
11. Overall, I am satisfied with the care I receive	<input type="radio"/>					
12. I would recommend this agency to others	<input type="radio"/>					

D. OPEN FEEDBACK

13. What do we do well?

14. What could we improve?

15. Additional comments:

Thank you for your feedback! Return to: [Agency Name] | Phone: [Number]

Caregiver Satisfaction Survey

CAREGIVER SATISFACTION SURVEY

Confidential - Your honest feedback helps us improve

Survey Date: _____

Length of Employment: _____

RATING SCALE

5 = Strongly Agree | 4 = Agree | 3 = Neutral | 2 = Disagree | 1 = Strongly Disagree

A. WORK ENVIRONMENT

Statement	5	4	3	2	1
1. I feel valued and appreciated by the agency	<input type="radio"/>				
2. I receive adequate training to do my job well	<input type="radio"/>				
3. I have the supplies and resources I need	<input type="radio"/>				
4. I am given enough information about my clients	<input type="radio"/>				
5. I feel safe in my work assignments	<input type="radio"/>				

B. SUPERVISION AND SUPPORT

Statement	5	4	3	2	1
6. My supervisor is accessible when I need help	<input type="radio"/>				
7. I receive helpful feedback on my performance	<input type="radio"/>				
8. Problems are resolved fairly and promptly	<input type="radio"/>				
9. Office staff are respectful and professional	<input type="radio"/>				

10. I can express concerns without fear of retaliation

C. SCHEDULING AND COMPENSATION

Statement	5	4	3	2	1
11. I receive enough hours to meet my needs	<input type="radio"/>				
12. My schedule preferences are considered	<input type="radio"/>				
13. I receive adequate notice of schedule changes	<input type="radio"/>				
14. I am paid fairly for my work	<input type="radio"/>				
15. I am paid on time and accurately	<input type="radio"/>				

D. OVERALL

Statement	5	4	3	2	1
16. Overall, I am satisfied working for this agency	<input type="radio"/>				
17. I would recommend this agency to a friend seeking employment	<input type="radio"/>				
18. I plan to continue working here for the next year	<input type="radio"/>				

E. OPEN FEEDBACK

19. What do you like most about working here?

20. What one thing would most improve your work experience?

This survey is confidential. Please return to [designated collection point].

Chart Audit Checklist

CHART AUDIT CHECKLIST

Monthly Documentation Review

Client Name: _____

Client ID: _____ **Audit Date:** _____

Auditor: _____

INTAKE AND ADMISSION DOCUMENTS

Item	Present	Complete	Current	Notes
Service Agreement/Contract	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Client Rights Acknowledgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HIPAA Authorization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency Contact Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Physician Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Insurance/Payer Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

ASSESSMENT AND CARE PLANNING

Item	Present	Complete	Current	Notes
Initial Assessment (completed timely)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Care Plan (reflects assessment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Care Plan updates (as needed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reassessments (per policy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Medication List (if applicable)

SERVICE DELIVERY DOCUMENTATION

Item	Present	Complete	Current	Notes
Visit notes/service logs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tasks match care plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
EVV records complete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Supervisory visit documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Incident reports (if any)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

AUDIT SUMMARY

Total Items Reviewed: _____

Compliance Rate: _____

_____%

Deficiencies Identified:

Corrective Action Required:

Auditor Signature

Date

Supervisory Visit Checklist

SUPERVISORY VISIT CHECKLIST

Field Supervision Documentation

Client Name: _____
Caregiver Name: _____
Visit Date: _____ **Time:** _____
Supervisor: _____
Visit Type: Announced Unannounced

CLIENT OBSERVATION

Item	Yes	No	N/A
Client appears comfortable and well-cared for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client is groomed and dressed appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client expresses satisfaction with care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No signs of neglect or safety concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environment is clean and safe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CAREGIVER OBSERVATION

Item	Yes	No	N/A
Caregiver arrived on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caregiver is in appropriate attire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caregiver demonstrates proper hand hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Caregiver follows care plan correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caregiver demonstrates appropriate body mechanics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caregiver interacts respectfully with client	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caregiver documents services appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caregiver knows emergency procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CARE PLAN REVIEW

Item	Yes	No	N/A
Care plan is current and accurate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Services being provided match care plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care plan changes needed (explain below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS AND FOLLOW-UP

Observations/Comments:

Training/Coaching Provided:

Follow-Up Required:

Supervisor Signature

Date

Resolved within 72 _____
hours:

Still Open: _____

Top Complaint Categories this Month:

Trends/Patterns Identified:

Review log monthly at QI Committee meetings. Retain per record retention policy.

4 QUALITY IMPROVEMENT PROCESS

PDSA Cycle Methodology

The Plan-Do-Study-Act (PDSA) cycle is a systematic approach to testing and implementing changes in the workplace. This iterative method allows for rapid, small-scale testing before full implementation.



When to Use PDSA

- Testing a new process or procedure
- Implementing a change to address an identified problem
- Trying to improve a metric that is below target
- Piloting a new technology or tool
- Responding to a quality deficiency

PDSA Best Practices

- **Start small:** Test with one client, one caregiver, or one day before expanding
- **Predict outcomes:** Document what you expect to happen before testing

- **Collect data:** Measure both before and after the change
- **Multiple cycles:** Expect to run 3-5 PDSA cycles to refine a change
- **Document everything:** Learning from failures is as valuable as successes

Root Cause Analysis Template

ROOT CAUSE ANALYSIS (RCA)

Use for sentinel events, major incidents, or recurring problems

Incident/Issue: _____

Date of Incident: _____

RCA Date: _____

RCA Team Members: _____

1. DESCRIBE THE EVENT

What happened? Be specific and objective. Include who, what, when, where.

2. FIVE WHYS ANALYSIS

Ask "why" repeatedly to drill down to the root cause.

Why #1: _____

Why #2: _____

Why #3: _____

Why #4: _____

Why #5: _____

3. CONTRIBUTING FACTORS

Check all categories that contributed to the event:

Communication breakdown

Training deficiency

Staffing issues

Equipment/supply problem

Policy/procedure gap

Documentation error

Supervision issue

Environmental factor

4. ROOT CAUSE STATEMENT

Based on your analysis, state the root cause(s):

5. RECOMMENDED ACTIONS

Action	Responsible	Due Date

RCA Lead Signature

Administrator Approval

Corrective Action Plan Template

CORRECTIVE ACTION PLAN (CAP)

Document actions to address identified deficiencies

CAP Number: _____ Date Initiated: _____

Source of Deficiency: Survey Audit Complaint Incident QI Review

DEFICIENCY DESCRIPTION

Standard/Requirement Not Met:

Specific Finding/Deficiency:

ROOT CAUSE

CORRECTIVE ACTIONS

#	Action Step	Responsible Party	Target Date	Status/ Completion Date
1				
2				
3				
4				

MONITORING PLAN

How will effectiveness be measured?

Monitoring Frequency: _____ Duration: _____

VERIFICATION OF EFFECTIVENESS

Date of Review: _____ Effective: Yes No - additional action required

Evidence of Effectiveness:

Prepared By

Administrator Approval

Performance Improvement Project Template

PERFORMANCE IMPROVEMENT PROJECT (PIP)

Structured improvement initiative using PDSA methodology

Project Title: _____

Project Lead: _____

Start Date: _____

Team Members: _____

AIM STATEMENT

What are we trying to accomplish? (Be specific: who, what, how much, by when)

MEASURES

Measure Type	Measure Description	Baseline	Target
Outcome (What are we trying to achieve?)			
Process (Are we doing the right things?)			
Balancing (Any unintended consequences?)			

PDSA CYCLE TRACKING

Cycle #	Change Tested	Dates	Result	Next Step
1				

2

3

4

PROJECT SUMMARY

Key Learnings:

Final Outcome:

Project Status:

Ongoing Completed - Change Adopted Completed - Change Not Adopted

Present project updates at monthly QI Committee meetings

5 REPORTING

Monthly QI Report Template

MONTHLY QUALITY IMPROVEMENT REPORT

[Agency Name]

Report Month/Year: _____

Prepared By: _____

EXECUTIVE SUMMARY

KEY PERFORMANCE INDICATORS

Metric	Target	This Month	Last Month	YTD	Status
Client Satisfaction Score	90%				
Caregiver Turnover Rate	<50%				
Call-Off Rate	<5%				
Documentation Compliance	95%				
Incident Rate (per 1000 hrs)	<2.0				
Training Compliance	100%				
Complaint Rate (per 100 clients)	<5				

Status Key: Green = Met/Exceeded | Yellow = Within 10% | Red = Below Target

INCIDENTS AND COMPLAINTS

Total Incidents: _____

Total Complaints: _____

Significant Events (summary):

--

ACTIVE IMPROVEMENT PROJECTS

Project	Status	Current Phase	Next Steps

ACTION ITEMS

Item	Owner	Due Date	Status

Distribute to QI Committee members prior to monthly meeting

Quarterly QI Summary Template

QUARTERLY QUALITY IMPROVEMENT SUMMARY

[Agency Name]

Quarter: _____ Year: _____

QUARTERLY PERFORMANCE TRENDS

Metric	Q1	Q2	Q3	Q4	Annual Target	Trend
Client Satisfaction					90%	
Caregiver Satisfaction					80%	
Turnover Rate					<50%	
Documentation Compliance					95%	
Training Compliance					100%	
Client Retention					85%	

Trend: Arrow Up = Improving | Arrow Down = Declining | Dash = Stable

QUARTER HIGHLIGHTS

Accomplishments:

Challenges:

IMPROVEMENT PROJECTS COMPLETED

Project

Outcome

Impact

NEXT QUARTER PRIORITIES

1.

2.

3.

QI Committee Chair

Date

Annual QI Program Evaluation

ANNUAL QUALITY IMPROVEMENT PROGRAM EVALUATION

[Agency Name] - Year: _____

1. PROGRAM EFFECTIVENESS

Were annual QI goals met?

Annual Goal	Target	Actual	Met?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

2. QI COMMITTEE FUNCTION

Evaluation Criteria	Yes	Partial	No
Committee met as scheduled (monthly)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meeting minutes documented and distributed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All departments represented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Action items tracked to completion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Data reviewed at each meeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. DATA COLLECTION AND ANALYSIS

Evaluation Criteria	Yes	Partial	No

Client satisfaction surveys conducted as scheduled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caregiver satisfaction surveys conducted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chart audits performed monthly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incident data tracked and trended	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complaints tracked and analyzed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. IMPROVEMENT ACTIVITIES

Number of PIPs initiated: _____ Number completed: _____

Number of CAPs initiated: _____ Number closed: _____

Most Impactful Improvement This Year:

5. REGULATORY COMPLIANCE

State survey conducted: Yes - Date: _____ No

Deficiencies cited: _____ All corrected: Yes No

6. NEXT YEAR GOALS

Goal	Target	Responsible Party
1.		
2.		
3.		
4.		

7. PROGRAM MODIFICATIONS

Changes to QI Program for next year:

[Empty rectangular box for content]

Administrator Signature

Date

Present to Governing Body annually. Retain as part of QI program documentation.



Quality Improvement Program Template

Thank you for choosing Home Care Agency Blueprint
for your quality improvement needs.

HOME CARE AGENCY BLUEPRINT

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