



Maintenance of Accreditation Report Guidelines

A guide for organizations regarding COA's maintenance of accreditation requirements and responding to COA's request for the annual Maintenance of Accreditation Report.

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Introduction

COA provides the Maintenance of Accreditation Report Guidelines to assist organizations in completing the annual MOA Report.

COA requires accredited organizations to maintain continuous implementation of/performance with COA's standards throughout their accreditation cycle, as detailed in COA's accreditation procedures. Maintenance of accreditation responsibilities include completion of an annual MOA Report, self-reporting of changes or events ([see: http://www.coanet.org/front3/page.cfm?sect=9](http://www.coanet.org/front3/page.cfm?sect=9)), and cooperation with post-Final Accreditation Report requirements, accreditation cycle monitoring processes, accreditation cycle site visits, or third-party complaint reviews, as required by COA. (Please see COA's Accreditation Policies and Procedures Manual, Section X for further information located at: http://www.coastandards.org/p_guidelines/P&PManualPriv.pdf.)

I. ANNUAL MOA REPORT

COA requires all accredited organizations to complete an annual Maintenance of Accreditation Report. The annual MOA Report demonstrates an organization's commitment to the pursuit of organizational excellence and quality service delivery for persons served and affirms the organization's ongoing implementation of/performance with COA's standards. Through this process, COA and the organizations it accredits are able to evaluate the organization's continuous quality/performance improvement activities.

The completed Maintenance of Accreditation Report must be submitted within twenty **(20)** business days of the organization's receipt of COA's request. COA has the authority to change an organization's accredited status because of failure to provide a complete, accurate, and timely Maintenance of Accreditation Report.

COA notifies an organization in writing if a Maintenance of Accreditation Report response raises a concern. COA provides the organization with an opportunity to respond to any identified concerns. As part of the response process, COA may require the organization to provide specific and relevant information and/or undergo a site visit. (Refer to COA's *Accreditation Policies and Procedures Manual*, Section X for further information.)

COA will notify all organizations via e-mail that it has received and completed a review of the organization's annual MOA Report.

A. Quality Improvement Window Instructions

1. An organization is only required to select one quality/performance improvement opportunity it has undertaken in either the last fiscal or calendar year. The organization may elect to submit documentation that already exists and describes a quality/performance improvement initiative.
2. The following questions can assist an organization in deciding upon a quality/performance improvement opportunity:
 - How is an organization adding *value* to the lives of persons/communities/stakeholders served?
 - How is the organization/its service programs strengthening/improving?
 - How is the organization/its service programs addressing problems and challenges, preventing recurrence of untoward events/problems, improving quality domains, or reducing barriers, inefficiencies or bottlenecks?
 - How is the organization's quality/performance management/improvement system evolving, growing, maturing or being deployed?
 - How is the organization improving outcomes for persons served?

B. Glossary of Quality Improvement Window Terms

1. Quality/performance improvement has many definitions. One definition of quality/performance improvement is action(s) taken to increase value to the customer by improving the effectiveness and efficiency of processes or activities. Another definition is "**A Comprehensive, Ongoing Management Strategy that Incorporates Intensive Stakeholder Involvement, Systematic Data Collection and Analysis, Information Sharing, and Corrective Action In Order to Improve Functioning of an Organization.**" - *Council on Accreditation - 8th Edition Standards*
2. Quality/performance initiative is defined as actions, steps, and changes implemented or put into place that are expected to have a positive impact, or an event with potential benefits to be realized by undertaking it.
3. A quality/performance improvement initiative or opportunity is an activity(ies) or action(s) undertaken to:
 - improve quality for consumers or other organizational stakeholders,
 - strengthen organizational capacity or efficiency, or
 - reduce a barrier(s) to effective or efficient organizational operations or practices.

The Quality Improvement Window questions have been cross-walked from COA's Performance and Quality Improvement (PQI) training materials:

Quality Improvement Window Questions 1- 9	Summary: The PQI Process
Question 1 – Our organization’s quality/ performance improvement opportunity was identified from the following resources (data and information).	<u>What is the current situation</u> – to what degree does the data/information show that customer/other stakeholder needs and requirements are being met or exceeded?
Question 2 - Our organization’s quality/ performance improvement opportunity was... --and-- Question 3 - The goal/objective of our organization’s quality/performance improvement initiative/action was...	<u>Reason for improvement</u> – identify theme, problem/challenge, performance or quality gap. May also include performance targets, benchmarks, or other metrics that improvement action/activity will be measured against.
Questions 4 - 5 – The following work groups or individuals in our organization were involved with implementing the quality/performance improvement initiative/action, including, if applicable consumers.	<u>Action plan</u> – The what, when, who, and where is described.
Question 6 – From the quality/performance improvement initiative that we implemented our organization obtained the following results/ outcomes.	<u>Analysis</u> – Look at the results (data or information). Did the improvement action/activity produce measurable, observable results?
Question 7 - Our organization’s evaluation of the effects of our quality/performance improvement initiative/action or what was learned.	<u>Look at results</u> – Confirmation that the problem has decreased, challenge/ barrier been eliminated, or performance/quality gap reduced/ narrowed
Questions 8 - 9	No comparison

C. Quality Improvement Window Examples

“Quality Improvement Window” responses provided by COA-accredited organizations have described/document¹:

- **Quality infrastructure/management improvements:** record review (personnel or persons served), performance evaluation/grievance/incident tracking, staff training delivery (incident reporting, best practice new counseling methodology, etc.), financial accounting, facilities management improvements, confidentiality practices, service delivery monitoring, QI orientation for new employees, initiation of staff reward/recognition, compliance auditing/tracking, outcome measurement system design/implementation/revision, enhanced communication/dissemination of PQI successes, implementation or expansion of automated/computerized systems (IM, electronic case record systems, e-mail for all staff, electronic time and attendance) and supervision sessions provided, etc.

¹ Please know that these examples are only a *partial*, not inclusive list. Organizations may contact COA's Quality Services Management Department at 866.262.8088 x241 if they need further assistance with the Quality Improvement Window.

- **Process improvements:** *[risk prone, high cost, barrier/bottleneck elimination, waste reduction, high volume, problem prone]* medication administration, behavior management (restraint reductions, non-restrictive behavior management training, non-physical based best practice crisis management program implementations), billing system or service fee collection streamlining, primary source verification of staff credentials, or staff retention and recruitment.
- **Quality domain improvements:** **safety** of persons served/other stakeholders (safe/secure housing obtainment, reduction/discontinuation of restrictive behavior management interventions), **accessibility to services** (wait list/service start time reductions, service wait time reduction, no show rate reduction, new/expanded services, increased family involvement, etc.), **cultural/linguistic respectfulness**, **equity of service delivery/care**, **consumer centeredness** (meeting consumers' needs and preferences, improving education and support to consumers), **effectiveness** (clinical or service protocols/guidelines established or enhanced), **availability of services** (community education, marketing, outreach enhancements), **satisfaction** (persons served, staff, referral sources, community, etc.), **appropriateness**, **continuity of care** (aftercare coordination/monitoring), **timeliness of service delivery** (reduction of steps or time in intake, reduction of time for person in crisis to first service contact) and **operations efficiency** (utilization rates, productivity, readmissions).
- **Organizational effectiveness improvements:** effectiveness outcomes for persons served, program effectiveness (evaluation of the effectiveness/outcomes of initiated annual PQI goals, financial solvency, revenue enhancement, re-organization due to state mandated/network requirements), strategic plan goals/objectives deployment, and activation.