QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT PROGRAM (QAPI)

NHPCO Standard(s): PM 1; PM 1.1; PM 1.2; PM 1.3; PM 1.4; PM 1.5; PM 1.6; PM 2; PM 2.1; PM 4; PM 4.1; PM 4.2; PM 7; CES 15.1; OE 2.1

Regulatory Citation(s): 42 CFR 418.58

Policy Number: AD.Q20

POLICY STATEMENT: HHPC develops implements and maintains an effective, ongoing, hospice-wide and data-driven quality assessment and performance improvement (QAPI) program that reflects the complexity of the hospice’s organization and services.

PROCEDURES:

1. The QAPI program includes processes for measuring, analyzing, and tracking quality indicators, including adverse patient events, and other aspects of performance that enable the hospice to assess processes of care, services and operations.

2. HHPC participates in the development, collection and submission of hospice benchmark data. This is fulfilled by participation in NHPCO’s Family Evaluation of Hospice Care Survey.

3. Through the comprehensive assessments and use of family satisfaction surveys, data is collected regarding patient and family care outcomes related to the following measures:
   a. safe and comfortable dying;
   b. self determined life closure;
   c. effective grieving; and
   d. satisfaction with care, treatment and services provided by the hospice program.

4. The hospice collects data that is used to monitor the effectiveness and safety of services and quality of care and identify opportunities for improvement. Program data may include, but is not limited to:
   a. Aggregated data from the comprehensive assessments;
   b. data from family satisfaction surveys;
   c. data from staff and volunteer surveys;
   d. clinical record review monitoring data;
   e. complaint and incident report logs;
   f. referral patterns and delays in admission and/or provision of services;
   g. Infection surveillance data;
   h. Average and median lengths of stay;
   i. Utilization of levels of care.

5. When data is collected and aggregated, individual patient confidentiality is protected.
6. The results of the data analyses are used to monitor the effectiveness and safety of services and the quality of care and to identify performance improvement opportunities.

7. Performance improvement activities focus on high risk, high volume or problem-prone areas that affect palliative care outcomes, patient safety and quality of care with a consideration of incidence, prevalence and severity of problems in those areas.

8. Performance improvement activities track adverse patient events, analyze their causes and implement preventive actions and mechanisms that include feedback and learning throughout the hospice.

9. As a result of its performance improvement activities, the hospice takes actions aimed at performance improvement and measures and monitors improved performance to ensure that improvements are sustained.

10. The number and scope of performance improvement projects conducted annually reflects the scope, complexity and past performance of the hospice program.

11. Documentation of the QAPI program includes:
   - all performance improvement projects being conducted;
   - the reasons for conducting these projects
   - measurable progress achieved during performance improvement projects;
   - evidence that demonstrates the operation of the hospice’s QAPI program.

12. The HHPC Board of Directors ensures that the QAPI program is developed, implemented and maintained and delegates coordination and management of the program to the HHPC Executive Director, the Quality Improvement and Education Coordinator and the QAPI committee. See Policy AD.G10 in regards to Governing body’s further responsibilities in regards to QAPI.

13. Frequency, detail and priorities for data collection and measurement activities are approved by the Board of Director through approval of the Annual Quality Improvement Plan developed by the QAPI committee.

14. The QAPI Committee which includes representatives from the Board of Directors and from at least 2 disciplines assists in the management of the on-going performance improvement process through regularly scheduled meetings.

15. The QAPI Committee will also:
   - Develop an annual QAPI plan utilizing quality indicator data, including patient care, and other relevant data in its design;
b. Identify opportunities for improvement;
c. Prioritize performance improvement projects and monitor progress to completion;
d. Report progress to achieving the QAPI plan to the HHPC Board of Directors and to HHPC staff at least annually

e. Assure staff education regarding the data indicators, performance improvement and their role in the HHPC QAPI program

16. All performance improvement projects conducted, the reasons for selecting specific projects and the measurable progress achieved of all activities and projects are documented in QAPI Committee meeting minutes and communicated throughout the hospice and to the organization’s governing body.

17. The HHPC Executive Director is responsible for reviewing reports from QAPI Committee. The HHPC Executive Director is also responsible for analyzing data collected related to the financial performance of HHPC including, but not limited to:
   a. staff productivity and services provided;
   b. patient costs per day;
   c. additional cost report related data
   d. accounts receivable and payable; and
   e. status of the annual operating budget

18. The HHPC Executive Director assures the overall implementation of the program and regularly reports activities and findings to the Board of Directors at least twice a year that are documented in Board meeting minutes.

19. The QAPI committee involves members of appropriate department, disciplines and programs in the planning, implementation and evaluation of selected performance improvement activities and projects.

20. Thus, all hospice employees and contracted staff are responsible for the quality of care and services within their respective departments and are expected to participate in the hospice’s QAPI program.

21. All performance improvement projects conducted, the reasons for selecting specific projects and the measurable progress achieved of all activities and projects are documented in QAPI Committee meeting minutes and communicated throughout the hospice and to the organization’s governing body.

Initial IDG approval date: 2/17/09

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