Building a QAPI Program that Raises the Level of Excellence in All Areas of Your Organization

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Objectives:

• Hospice Administrators will understand how an organized QAPI program can improve compliance, satisfaction scores and outcomes
• Hospice staff will be able to explain what Quality Assessment Performance Improvement (QAPI) is and how they contribute to the success of their own agency’s QAPI program

QAPI—How is it viewed in your organization?

QAPI is often viewed as a task that must be completed to maintain compliance with Medicare Conditions of Participation instead of the framework for creating a level of excellence to be celebrated and embraced by the entire staff.
Hospice Regulations

Condition of Participation: 418.58

Quality Assessment and Performance Improvement

Develop/implement/maintain an ongoing QAPI program

- L560-The organization develops, implements, and maintains an effective, on-going, organization wide Quality Assessment and Performance Improvement (QAPI) program.

- The organization measures, analyzes, and tracks quality indicators, including adverse client/patient events, and other aspects of performance that enable the organization to assess processes of care, services and operations to show measureable improvement in the indicators related to improved palliative outcomes and hospice services.
L560

- The following elements are considered within the plan:
  - Program objectives
  - All patient care disciplines
  - Description of how the program will be administered and coordinated
  - Methodology for monitoring and evaluating the quality of care
  - Priorities for resolution of problems
  - Monitoring to determine effectiveness of the action
  - Oversight and responsibility for reports to the governing body

Standard: Program Scope

L561-There is evidence that the program shows measurable improvement in indicators related to improved palliative outcomes and hospice services.

L562-There is evidence that the hospice measures, analyzes, and tracks quality indicators, including adverse patient events and other aspects of performance that enable the hospice to assess processes of care, hospice services, and operations.

Standard: Program Data

L563-The program must use quality indicator data, including patient care, and other relevant data, in the design of the program.

L564-The QAPI program must use quality indicator data, including patient care and other relevant data in the design of its program. The hospice must use the data collected to:
  - Monitor the effectiveness and safety of services and quality of care
  - Identify opportunities and priorities for improvement
**Data Collection**

What to collect?
- Incidents/adverse events: falls, medication errors, skin breakdown, etc.
- Chart review: pain management within 48 hours, completion of comprehensive assessment within 5 days, presence of medication review, IDG review and update to the POC at least every 15 days, updated bereavement risk assessment at time of death, timeliness of CTI, Face-to-Face
- Satisfaction surveys: patient, referral sources, employees
- Administrative information: personnel file audits, billing audits: timeliness of billing, submission of election of benefit/discharge, outstanding accounts receivable
- Other?

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**Top Ten ACHC Deficiencies**

L-530 – Drug Profile: A review of all of the patient’s prescription and over-the-counter drugs, herbal remedies and other alternative treatments that could affect drug therapy. This includes, but is not limited to, identification of the following: (i) effectiveness of drug therapy, (ii) Drug side effects, (iii) Actual or potential drug interactions, (iv) Duplicate drug therapy, (v) Drug therapy currently associated with laboratory monitoring.

L-524 – Content of the Comprehensive Assessment: The comprehensive assessment must identify the physical, psychosocial, emotional, and spiritual needs related to the terminal illness that must be addressed in order to promote the hospice patient’s well-being, comfort, and dignity throughout the dying process.

L-531 – Bereavement: An initial bereavement assessment of the needs of the patient’s family and other individuals focusing on the social, spiritual, and cultural factors that may impact their ability to cope with the patient’s death. Information gathered from the initial bereavement assessment must be incorporated into the plan of care and considered in the bereavement plan of care.

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**Top Ten ACHC Deficiencies**

L-545 – Content of the Plan of Care: The hospice must develop an individualized written plan of care for each patient. The plan of care must reflect patient and family goals and interventions based on the problems identified in the initial, comprehensive, and updated comprehensive assessments. The plan of care must include all services necessary for the palliation and management of the terminal illness and related conditions.

L-547 – Content of the Plan of Care: A detailed statement of the scope and frequency of services necessary to meet the specific patient and family needs.

L-549 – Content of the Plan of Care: Drugs and treatment necessary to meet the needs of the patient.
Top Ten ACHC Deficiencies

L-555 – Coordination of Services: Ensure that the care and services are provided in accordance with the plan of care.

L-625 – Hospice Aide Assignments and Duties: Hospice aides are assigned to a specific patient by a registered nurse that is a member of the interdisciplinary group. Written patient care instructions for a hospice aide must be prepared by a registered nurse who is responsible for the supervision of a hospice aide as specified under paragraph (h) of this section.

L-626 – Hospice Aide Assignments and Duties: A hospice aide provides services that are: (i) Ordered by the interdisciplinary group, (ii) Included in the plan of care, (iii) Permitted to be performed under State law by such hospice aide, and (iv) Consistent with the hospice aide training.

L-629 – Supervision of Hospice Aides: A registered nurse must make an on-site visit to the patient’s home: (i) No less frequently than every 14 days to assess the quality of care and services provided by the hospice aide and to ensure that services ordered by the hospice interdisciplinary group meet the patient’s needs. The hospice aide does not have to be present during this visit.

Standard: Program Data

L565-There is evidence that the board of directors/governing body approves the frequency and detail of the data collection.

Standard: Program Activities

L566-QAPI activities focus on high risk, high volume, or problem prone areas.

L567-Quality Assessment and Performance Improvement activities focus on high risk, high volume or problem-prone areas by considering incidence, prevalence, and the severity of problems.
Quality Data Collection

Evaluation of Grief Support Services (EGSS)
Family Evaluation of Hospice Care (FEHC)
Family Evaluation of Palliative Care (FEPC)
National Data Set (NDS)
Survey of Team Attitudes and Relationships (STAR)
Hospice Item Set (HIS)
Consumer Assessment of Healthcare Providers and Systems (CAHPS)

Standard: Program Activities

L568-Quality Assessment and Performance Improvement activities focus on high risk, high volume or problem-prone areas by understanding how they affect palliative outcomes, patient safety and quality of care.

L569-There is evidence that the hospice investigates all adverse events, incidents, accidents, variances or unusual occurrences that involve patient care and develops a plan of correction to prevent the same or similar event from occurring again.

Standard: Program Activities

L570-A written plan of correction is developed in response to any:
- QAPI activity that does not meet an acceptable threshold
- The hospice must take actions aimed at performance improvement
- After implementing those actions; the hospice must measure its success and track performance to ensure that improvements are sustained
Standard: Performance Improvement Projects

L572-The number and scope of distinct QAPI projects conducted annually, based on the needs of the hospice's population and internal organizational needs and must reflect the scope, complexity, and past performance of the hospice's services and operations.

L573-The hospice must document what QAPI projects are being conducted, the reasons for conducting these projects, and the measurable progress achieved on these projects.

Standard: Executive Responsibilities

L574-There is evidence of involvement of the governing body and organizational leaders in the Quality Assessment/Performance Improvement (QAPI) program. The hospice's governing body is responsible for ensuring that an ongoing program for quality improvement and patient safety is:
- Defined
- Implemented
- Maintained
- Evaluated annually

Standard: Executive Responsibilities

L575-There is evidence that the hospice's governing body is responsible for ensuring: That the hospice-wide Quality Assessment and Performance Improvement efforts address priorities for improved quality of care and patient safety, and that all improvement actions are evaluated for effectiveness.
Standard: Executive Responsibilities

L576-The hospice ensures the implementation of a hospice wide Quality Assessment/Performance Improvement (QAPI) program by the designation of a person responsible for coordinating QAPI activities.

Tips of Compliance

• Select Meaningful Data
• Understand what your Thresholds/Goals for the Data are
• Identify a plan when Thresholds/Goals are not met
• Review and Revise the Plan based on results

Tips for Compliance
PI Example/Scenario

- Identify something you audit
  - Why do you audit this?
- Identify threshold for compliance for this audit
- Identify what you will do if not meeting that threshold
  - Plan
  - Do
  - Check
  - Act
- Why is important that you are working on this or doing this PI process?
- How is it important to your organization’s success?

The Carolinas Center

Strategies for Success

- Strong Understanding & Support from Leadership
- Staff Engagement
- Reporting of Results
- Closure-Successes
Questions?