# Hospice QUALITY ASSESSMENT / PERFORMANCE IMPROVEMENT –TOOL I

Agency: _____ Date:_____Time:_____

Person(s) Interviewed:_____Surveyor:_____

KEY:  PI= Performance Improvement      QAPI= Quality Assessment/ Performance Improvement

| Tag #s | Regulatory focus | Regulatory Guidance | Comments | Met | Not Met |
|---|---|---|---|---|---|
| 560 | Hospice implemented ongoing data-driven QAPI program and documents results. | Each hospice develops its own QAPI program per self-review of clinical records, AND/OR incident reports, adverse event logs, patient satisfaction surveys, survey results, etc- | Interview QAPI coordinator or ask Clinical Director/ Administrator to see QAPI meeting minutes. (Surveyors may not ask for copy of these unless they are "essential evidence"-See Guidance to surveyors at L560 | | |
| 561 | QAPI program shows measurable outcomes. | Measuring outcomes via quality indicators of hospice care/ services. Review QAPI quality indicators in process of implementation-- look at target outcomes/ measures of outcomes. | Review outcomes documented in QAPI data collection tools. Review at least 3-6 month monitoring by agency to see if they show progress to goals. | | |
| 562 | QAPI tracks adverse events. | Look at agency policy definition of adverse events. Look at hospice data collected and tracked. | Review agency QAPI policy and/or documentation tools to see what adverse events are identified/ being tracked. | | |
| 563 | Data collected from all facets of hospice services. | Not just data from patient assessment—but also other core/program services. (Pharmacy/ DME, medical, social workers, chaplains, volunteers, billing, etc.) | Ask hospice staff from different areas of services (nurses, social workers, chaplains, volunteer coordinator, office manager) what QAPI data are they tracking? | | |
| 564 | Data collected is used to identify needed improvements. | To monitor effectiveness/safety of services and identify improvements needed, and opportunities/ priorities to improve palliative outcomes. | Ask QAPI coordinator/ other staff members of a QAPI team what problems did they identify and what improvements are they making? | | |
| 565 | Data frequency/ detail is approved by governing body. | Look at governing body minutes for at least two years. | Do governing body minutes show they had a report of QAPI plan details/ frequency (last two years) and approved the QAPI plan? **SEE L574 for same review process…** | | |
| 566 | Data collected includes focus on high-risk, high-volume, problem-prone areas. | Look at QAPI plan and data collected to see if they identified areas with increased incidence, risks, and problems that are severe in effects. | Ask QAPI coordinator how they decided which data to select to cover high-risk, high-volume, problem-prone areas. | | |

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| 567 | PI activities include problems considered for incidence, prevalence, severity | No guidance to surveyors. (If a problem occurs frequently, or is prevalent due to types of common diagnoses seen, or has more severe negative effects, the hospice should consider some of these problems to track and address.) | Review QAPI data collected or Performance Improvement Projects for problems identified that are prevalent at this hospice, and could cause serious negative outcomes. | | |
| 568 | PI activities affect palliative outcomes, quality care outcomes, patient safety | Outcomes are the results of care processes | PI activities set measureable goals (targets) to improve outcomes.  Review QAPI data analysis to see if they set/ met outcome goals. | | |
| 569 | PI activities track adverse events, analyze causes, implement preventative actions—learn from results | Hospices may define "adverse events" or use a national/ industry organization definition. In general, an adverse event is harm to a patient from hospice action or inaction. Must track, analyze these events and try to prevent. | Review this hospice's QAPI plan and ask to see what adverse events they named, tracked and whether they implemented preventative actions based on findings from PI data. | | |
| 570 | Hospice not only tracks problems, but implements actions to sustain improvements | IE: Hospice must ensure new processes are implemented hospice-wide, and are effective to reduce adverse events. Review QAPI meeting minutes and reports to see if adverse events were reduced by measures implemented. | IE: If adverse event is falls, and new process said when patients are identified as high risk at initial assessment, will have therapy eval within 24 hours/ 95% of time, did they reach goal/ improve from prior compliance %? | | |
| 571 | Hospices must develop, implement, and evaluate performance improvement projects (PIP's) | No guidance to surveyors, but ask if they have PIP's teams and who are on these teams. | Interview two or three staff (registered nurse case manager, social worker, volunteer coord) to see if they are involved in any PIP group. Ask how long have they met and what focus? | | |
| 572 | Number and scope of PIP's based on needs of hospice patients, organizational needs, agency past performance | No guidance to surveyors except at L573--No regulatory requirement for a specific number of PIP's, but they must select number and topic based on results of their quality monitoring, or IE: state survey results. | Do the PIP's reflect needs based on their results from quality monitoring of patient outcomes, internal organizational processes, past performance (such as survey results)? | | |
| 573 | Must document PIP's, reasons for projects, measure progress toward goal | Performance improvement projects must be documented in written form, include elements outlined in standards and have data to show measureable improvement toward goals. | Review PIP's reports to see if they regularly measure progress toward goals, follow the best performance standards developed. | | |

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| 574 | Governing body responsible to ensure QAPI program for quality assurance, pt safety is implemented, maintained and annually evaluated | No guidance to surveyors here | Ask for copy of governing body minutes for past two years. See if they reviewed QAPI plan for each year, and had regular reports of QAPI progress toward goals, annual evaluation of success/ progress from implementation of plan | | |
| 575 | Governing body (GB) to ensure QAPI program is hospice-wide and addressed priorities for quality care, patient safety and improvement actions are evaluated for effectiveness | No guidance to surveyors here | QAPI program approved by Gov Body should not just focus on one service (IE: nursing goals). It should include patient safety measures, and effectiveness of actions implemented should be evaluated for any further need to revise the planned actions. Do they decide to continue to monitor for improvement, or change to new problem focus/ revise corrective actions needed? | | |
| 576 | Governing body ensures that one or more persons are appointed to operate the QAPI program | GB is responsible to make sure the QAPI program actively addresses problem areas in patient care, and other hospice operations. GB must assign at least one person responsible to lead the QAPI hospice program. | Review GB minutes for the past two to three years to see if they appointed, or received reports from, the person responsible for QAPI hospice leadership. Is GB regularly receiving reports and giving approval of QAPI measures chosen, and providing oversight of QAPI implementation and evaluation process? | | |
| | ++++++++++++++++++ For any deficiencies identified: | +++++++++++++++++++++++++++++++++++++++ | **See notes of findings for QAPI deficiencies on Surveyor Notes Worksheets and attached copies>** | | |