

QAPI Checklists

QAPI Program Checklist

1. Does the Governing Body define the focus and parameters of the QAPI Program?
Has the Governing Body approved the written QAPI Plan?
 - Does the focus determined by the Governing Body include both clinical and non-clinical areas for evaluation? Is the focus organization-wide?
 - Has the Governing Body selected industry-approved outcome measures/quality assessment areas to evaluate within the organization?
 - Has the Governing Body selected specific data to be collected and the frequency of collection?
 - Are policies and procedures in place to support QAPI activities?
 - Are sufficient resources allocated to implement the QAPI Program?
 - Is there evidence of this in the Governing Body meeting minutes?
2. Does the written QAPI Plan:
 - Refer to the mission of the organization?
 - Have objectives that reflect Medicare requirements for QAPI?
 - Assign responsibility for implementation of the QAPI Plan?
 - Define the role of a QAPI Committee?
 - Identify the methodology that will be used?
 - Describe how the QAPI Plan will be evaluated?
3. Has staff been oriented to QAPI requirements and a culture of quality?
4. Is there a process for performance monitoring?
 - Are routine indicators measured, analyzed and tracked?
 - Are adverse events measured, analyzed and tracked?
 - Are negative trends used to identify performance improvement opportunities?
5. Is the organization prepared to collect data via the Initial and Comprehensive Assessment?
 - Does the Initial and Comprehensive Assessment allow for the retrieval of data for individual care planning as well as aggregation?
 - Is there evidence that data has been aggregated and studied that reflects the focus determined by the Governing Body?
 - If there are negative trends identified, is there evidence that Performance Improvement Projects have been initiated?

Performance Monitoring vs. Performance Improvement

Areas to improve performance may be identified through:

- Performance monitoring
- NQF Quality indicators for hospice and palliative care
- Standards of practice
- State or accrediting body surveys
- Hospice generated or industry specific surveys
- Staff and communities of interest recommendations

The table on the following page, Routine Measurement of Indicators, is an example of a planned schedule of performance monitoring.

Performance monitoring can be used for:

- Assessing the strength or weakness of various processes within an organization
- Level of compliance with federal, state or accrediting requirements
- Identifying a change in performance
 - ◆ A negative trend is identified following a three-month observation of poor performance
 - ◆ A positive trend is expected to follow the implementation of changes resulting from a performance improvement project
 - ◆ Changes may be identified following changes in staff
- Monitoring to ensure sustained improvement following performance improvement efforts

Performance Improvement activities often result as a response to negative trends identified through routine monitoring processes.

Planning Steps and Tools

This section contains the beginning steps of QAPI planning. Both the selection grid and the performance improvement matrix are simple but powerful management tools. To make selection of criteria easier, these tools will help you quantify your options for improvement. These tools are best used when the list of options are narrowed to a few choices. Fewer options make data-driven decisions possible.

In this section you will find:

- An example selection grid
- Guidelines for constructing a matrix
- A form listing the improvement priorities for the year
- A sample form to use for prioritizing improvement efforts

Example Selection Grid for Prioritizing Performance Improvement Opportunities

Performance Opportunity and Action	Impact on Work Environment	Cost to Implement Action (10 = least amount of expenditure)	Impact on Staff – Morale, Motivation, Teamwork	Time Commitment (10 = least amount of time)	Impact on Patient Care	Total
Move hospice intake department on-site across from nursing to increase communication	9	1	9	0	7	26
Reorganize the admission process to decrease the amount of time to complete an admission	8	8	8	5	8	37
Hire a “PRN” nurse to increase admission staff availability to admit patients	6	3	8	2	8	27

Rate 1 – 10 how solution weights against the selection criteria

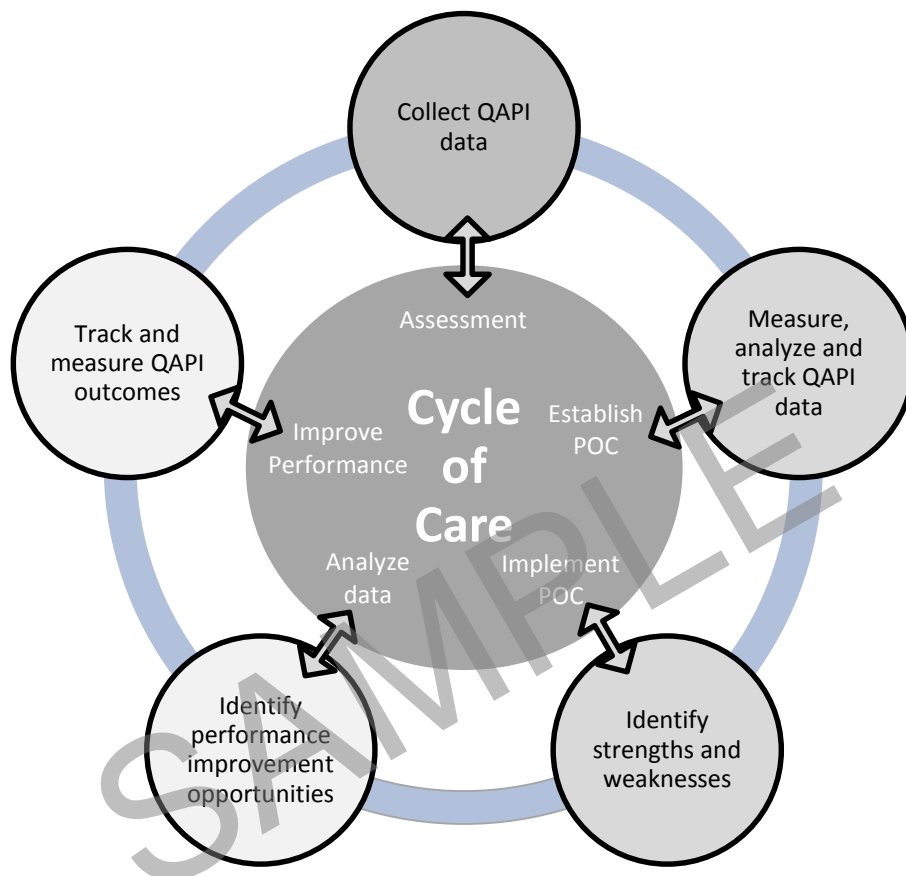
0= Negative effect

1= Least positive effect

10 = Greatest positive effect

QAPI Feedback Loop

Overarching the Cycle of Care is the QAPI Feedback Loop. As data is collected during the comprehensive assessments, it is used to make decisions for individual patient care. It is also aggregated (combined for all patients or a subgroup of patients) to provide QAPI data that can be studied for positive and negative trends.



Changes in Expectations for the IDG

With the changes associated with creating the QAPI performance improvement plan, the IDG will experience change in the way they perform their roles. Expected changes include:

- Improved documentation through standardization and use of measureable data
- Increased accountability through the implementation of standards of practice
- A focus on outcomes where the results of interventions are evaluated
- More structured IDG meetings and IDG summaries through standardization
- Expectation for clinical reporting by social workers and chaplains