HOSPICE _____   **SURVEY DATE(S)** _____

§418.58 Condition of Participation: Quality Assessment and Performance Improvement (QAPI) (L559)

The hospice must develop, implement, and maintain an effective, ongoing, hospice-wide data-driven quality assessment and performance improvement program. The hospice's governing body must ensure that the program: reflects the complexity of its organization and services; involves all hospice services (including those services furnished under contract or arrangement); focuses on indicators related to improved palliative outcomes; and takes actions to demonstrate improvement in hospice performance. The hospice must maintain documentary evidence of its quality assessment and performance improvement program and be able to demonstrate its operation to CMS. (L560)

CMS expects hospices to demonstrate, with objective data, that improvements have taken place in actual care outcomes, processes of care, patient/family satisfaction levels, hospice operations, or other performance indicators.
The QAPI program will be evaluated for its hospice-wide effectiveness on the quality of care provided and activities that impact upon patient health and safety. The impact of the program can be assessed by looking at data gathered and compared at different points in time, and actions taken based on that comparison. The hospice should be analyzing data and evaluating the effectiveness of their own program continually.

The organized hospice-wide QAPI program must be ongoing and have a written plan of implementation. Opportunities to improve care should be applied on a hospice-wide basis, when appropriate. The hospice takes and documents remedial action when problems are identified and evaluates the outcome of these actions. The results must be transmitted to the governing body to fulfill its responsibility to ensure an effective QAPI program.

Hospices are required to collect and analyze patient care and administrative quality data and to use that data to identify, prioritize, implement and evaluate performance improvement projects to improve the quality of services furnished to hospice patients.

In order to assess compliance with QAPI requirements and to assess the adequacy and appropriateness of a hospice's QAPI program, **the following information should be requested as a part of the Entrance Interview** *in order to review the hospice's QAPI program:*

1. *The hospice's aggregated data and its analysis of that data;*
2. *The hospice's QAPI plan;*
3. *The individuals responsible for the QAPI program;*
4. *Evidence that the QAPI system has been implemented and is functioning effectively, including evidence of:*
   - *Regular meetings*
   - *Investigation and analysis of sentinel and adverse events*
   - *Recommendations or options for systemic change to prevent recurrence of sentinel or adverse events*
   - *Identified performance measures that are tracked and analyzed*
   - *Regular review and use of the QAPI analyses by hospice management and the governing body to make systemic improvements.*
   - *Documentation of Performance Improvement Projects – for a 1 year period*

Focus on areas such as how and why the hospice chose its quality measures, how it ensures consistent data collection, how it uses data in patient care planning, and how it aggregates and analyzes data. Ask the hospice how it uses the data analysis to select performance improvement projects, how it implements such projects, and how it uses the data to evaluate the effectiveness of those projects.

Standards and Review Criteria	Tags	Documentary Evidence Provided	Comments
§418.58(a) Standard: Program Scope **(1) The program must at least be capable of showing measurable improvement in indicators related to improved palliative outcomes and hospice services.**	**L561**	☐Yes ☐No	
(2) The hospice must measure, analyze, and track quality indicators, including adverse patient events, and other aspects of performance that enable the hospice to assess processes of care, hospice services, and operations. *Does the hospice QAPI program measure, analyze and track quality indicators related to processes of care, hospice services and operations?* *- Looking at the quarterly and annual reports, find a list of quality indicators that is measured. Are they measured consistently – monthly, quarterly, etc?* *- Are target goals established for each measure? Is there evidence of the hospice falling below targets for two or more periods and then improvement in later periods – this might be gathered looking at a trend report?* *- Are quality indicators measured across multiple domains? (i.e.-structure and process that indicates frequency and timeliness of assessments or documentation procedures; physical aspects of care such as symptom management; spiritual preferences and needs; legal aspects of care such as DNRs, health care proxy, or advanced directives; or bereavement services satisfaction as indicated by FEBS or other such tools).*	**L562**	☐Yes ☐No	
§418.58(b) Standard: Program Data **(1) The program must use quality indicator data, including patient care, and other relevant data, in the design of its program.** *Is the hospice's QAPI program data-driven?* *- Again, reviewing reports (quarterly, annual, etc.) will give an indication of what is measured. Trend reports or dashboard reports (not required) may be used to show performance over time or during specific points in time, including all patient services and all activities that may impact patient/family care.*	**L563**	☐Yes ☐No	
(2) The hospice must use the data collected to do the following: **(i) Monitor the effectiveness and safety of services and quality of care.** **(ii) Identify opportunities and priorities for improvement.**	**L564**	☐Yes ☐No	

Is there evidence that the hospice uses the data collected to identify opportunities for improvement? *- Reviewing the hospice's goals or targets for specific quality indicators against reported performance, determine if performance improvement processes (formal or informal) are documented to correct problem prone, high volume, high risk, or other areas (consider incidence, prevalence, scope and severity of problems) that indicate improvement needed in areas of patient care/palliative outcomes and effectiveness and safety of services.*			
(3) The frequency and detail of the data collection must be approved by the hospice's governing body. *The governing body may assume hands-on control of the QAPI program to ensure that the program is in compliance with this rule, or it may choose to appoint one or more individuals to handle the structure and administration of the QAPI program. The governing body retains ultimate responsibility for the actions of the designated individual(s).* *Does the governing body assume hands-on direction of the QAPI program?* *- Has the hospice convened meetings with improvement teams/councils, executive leadership, or others to discuss discovered problems such as adverse patient events and improvement projects and goals?* *-Is there a policy or process approved by the executive leadership specifying the frequency and detail of data collection?*	**L565**	☐Yes ☐No	

§418.58(c) Standard: Program Activities
(1) The hospice's performance improvement activities must:
  (i) Focus on high risk, high volume, or problem-prone areas.
  (ii) Consider incidence, prevalence, and severity of problems in those areas.
  (iii) Affect palliative outcomes, patient safety, and quality of care.
 	
Outcomes are the results of care provided; palliative outcomes are the results of palliative care provided.
	L566
	L567
	
	L568
		☐Yes ☐No
		☐Yes ☐No
		
		☐Yes ☐No	

(2) Performance improvement activities must track adverse patient events, analyze their causes, and implement preventive actions and mechanisms that include feedback and learning throughout the hospice. *Hospices may choose to develop their own definition for the term "adverse event" or use a definition developed by a national accrediting organization or industry organization. Once a hospice has identified the definition of an adverse event, it is responsible for adhering to the definition when tracking and analyzing these events and when implementing preventive actions. In*	**L569**	☐Yes ☐No	

general, an adverse event would be any action or inaction by a hospice that caused harm to a hospice patient. However, hospices are not bound to use this generic description.
 	
Does the hospice adhere to its definition of adverse events when tracking and monitoring and implementing preventative actions for this event?
  - Review hospice's policies and procedures around adverse events and look to see how adverse events are defined.
  - Review adverse events log or tracking system. Are tracked events consistent with definition as stated in the hospice's policies and procedures?
  - Is there evidence that system/processes are implemented to curtail incidence and prevalence of adverse events?
  - Is there evidence of improved quality of care?			

(3) The hospice must take actions aimed at performance improvement and, after implementing those actions, the hospice must measure its success and track performance to ensure that improvements are sustained.
Hospices must consider how often certain quality issues arise and the severity of potential harm when prioritizing opportunities for improvement. When adverse event monitoring reveals a problem area, the hospice must implement changes designed to decrease occurrence of the adverse event. The hospice must assure that the new process is implemented hospice wide and that it is effective in reducing the adverse event. For performance improvement in all areas of operations, the hospice must monitor the level of improvement over time to be sure that it is sustained.
 	
  - Determine if the hospice has taken appropriate action to correct problems identified by the QAPI program. Examine reports and minutes of QAPI meetings to determine if the hospice has documented the remedial action and its outcome. Examples of appropriate remedial action may include, but are not limited to changes in policies and procedures.
  - Is there documentation that demonstrates the area is still being monitored to determine effectiveness of changes implemented?
  -Is improvement sustained?
	L570	☐Yes ☐No	

§418.58(d) Standard: Performance Improvement Projects (PIPs) **Hospices must develop, implement and evaluate PIPs.**	**L571**	☐Yes ☐No	
(1) The number and scope of distinct performance improvement projects conducted annually, based on the needs of the hospice's population and internal organizational needs, must reflect the scope, complexity, and past performance of the hospice's services and	**L572**	☐Yes ☐No	

operations. *Hospices are not required to implement any specific number of PIPs.* *- Do the number and scope of PIPs conducted by the hospice accurately* *reflect the scope, complexity, and past performance of the hospice?* *- Given the average daily census of the hospice, the full range of services* *offered by the hospice, the number of locations, past performance, past* *survey findings or complaints, and other relevant information to determine if* *the number and types of PIPs implemented are adequate.*			
(2) The hospice must document what performance improvement projects are being conducted, the reasons for conducting these projects, and the measurable progress achieved on these projects. *Are all PIPs documented in written form?* *Are the PIPs selected based on quality monitoring and other quality information such as results of surveys?*	**L573**	☐Yes ☐No	
§418.58(e) Standard: Executive Responsibilities **The hospice's governing body is responsible for ensuring the following:** **(1) That an ongoing program for quality improvement and patient safety is defined, implemented, and maintained, and is evaluated annually.** *Do records indicate that the hospice's governing body is involved in oversight of the QAPI program?* *- Review the QAPI plan to be sure an on-going program is defined,* *implemented, maintained and evaluated annually. Look to see how the* *governing body is involved.* *- Review meeting minutes (IDG, Quality Council, Executive Team meetings,* *etc.) to find evidence of executive leadership involvement in development* *and approval of the hospice's plan and evidence of continued involvement* *with quality monitoring and improvement activities.*	**L574**	☐Yes ☐No	
(2) That the hospice-wide quality assessment and performance improvement (QAPI) efforts address priorities for improved quality of care and patient safety, and that all improvement actions are evaluated for effectiveness. *Determine if the hospice has taken appropriate actions to correct problems identified by the QAPI program.* *- Examine reports and minutes of QAPI meetings to determine if the hospice* *has documented the remedial actions and its outcome. Examples of* *appropriate remedial actions may include, but are not limited to changes in* *policies and procedures.*	**L575**	☐Yes ☐No	
(3) That one or more individual(s) who are responsible for operating the quality assessment and performance improvement program are	**L576**	☐Yes ☐No	

designated. *The governing body is responsible for assuring that the QAPI program is working to address any problem areas in patient care and hospice operations, and to improve performance in these areas. The governing body must also appoint individuals who will operate the QAPI program for the hospice.*
 	
Do hospice records indicate that the hospice's governing body is involved in oversight of the QAPI program?
 	
Is there an individual appointed by the governing body who is responsible for operating the QAPI program?
 - An organizational chart might be helpful here.
 - Determine who is directly responsible for the QAPI program. Review job
   descriptions to see QAPI related duties and reporting structure.
 - Be mindful that many hospices will not have single dedicated individual
   whose only responsibility is QAPI. In many cases, QAPI responsibilities will
   be shared.			

§418.60 Condition of Participation: Infection Control	**L577**	☐Yes ☐No	
§418.60(b) Standard: Control **The hospice must maintain a coordinated agency-wide program for the surveillance, identification, prevention, control, and investigation of infectious and communicable diseases that –** **(1) Is an integral part of the hospice's quality assessment and** **performance improvement program.** *Examples of infection control practices that the hospice may use include monitoring work related employee illness and infection, analyzing them in relation to patient infections, and taking appropriate actions when an infection or communicable disease is present to prevent its spread among staff, patients, family and visitors.* *Surveillance data should be routinely reviewed and monitored. Appropriate corrective actions need to be taken base on the data analysis. The hospice must use this information as a part of its QAPI program.*	**L580**	☐Yes ☐No	