

§ 418.58: Quality Assessment and Performance Improvement (QAPI)

Program Scope

- The hospice must demonstrate that quality improvement is an active component of the normal business of the organization.
- QAPI encompasses hospice-wide operations. It is a 360° view of all hospice activities, not limited to clinical operations.
- A hospice must measure and show improvement in palliative care outcomes and end of life support services.
- The key is to identify the areas of your operations that need improvement.
 - Identify a way to measure the improvement.
 - Change something to make an improvement and document this process.
 - **NOTE: Measuring elements that you excel at will not be helpful in improving the quality of patient care.**

Program Data

- Hospice organization documents must show that the board is responsible for the overall QAPI program and policies and procedures reflect quality process and responsibilities.
- The program must utilize quality indicator data, including patient care, and other relevant data, in the design of its program.
- "Data" may be information from assessment tools and responses to interventions at the patient level (in their record) that can be collected for all patients.
- Hospice must use data collected to monitor effectiveness, safety of services, and quality of care and identify opportunities and priorities for improvement.
- Frequency and detail of the data collection must be specified by the hospice's governing body.

Program Activities

- The hospice's performance improvement activities must:
 - Focus on high risk, high volume, and problem prone areas.
 - Consider evidence, prevalence, and severity of problems in those areas.
 - Affect palliative outcomes, patient safety and quality of care.
 - Performance activities must track adverse patient events, analyze their causes and implement preventive actions and mechanisms that include feedback and learning throughout the hospice.

Performance Improvement Projects (PIPs)

- The number and scope of projects conducted annually must reflect the scope, complexity and past performance of the hospice's services and operations.
 - There are no minimum or maximum number of PIPs for a hospice program; the number should be proportional to the size of your program and how you prioritized your projects.
- Document what quality improvement projects are being conducted, reasons for conducting the projects and measurable progress achieved on these projects.

Executive Responsibilities

- Governing body ensures:
 - That an ongoing program for QI and patient safety is defined, implemented and maintained.
 - The QAPI efforts address quality of care and patient safety, and all improvement actions are evaluated for effectiveness.
 - That an individual(s) is designated to lead QAPI efforts.

Compliance Suggestions for Hospice Providers

- Update QAPI Plan annually.
- Participate in [NHPCO Quality Connections](#)
- Use the Hospice Quality Reporting Program (HGRP) in your QAPI program
- Review [NHPCO Standards of Practice](#)
- Ensure that all staff is engaged in the QAPI program at some level.
- Identify a natural leader for the QAPI effort among the staff.
- Involve every department in the organization in your QAPI program.
- Present QAPI updates at staff meetings.
- Participate in [NHPCO Performance Measures](#)
- Participate in [NHPCO Measures of Excellence](#)
- Display progress charts on the bulletin board in the office.
- Develop a reward program for staff participation in improving performance.
- Include quality improvement roles and responsibilities in all job descriptions.
- Incorporate education about IDT regulatory requirements into your orientation program and continuing education.
- Develop a short information sheet about your QAPI program for staff with bullet points about program updates, current projects, and your progress!

Please note that hospice providers need to comply with the most stringent regulatory requirements (Federal or State).

Resources

- [State Operations Manual](#)

References

- Part II - Department of Health and Human Services, Centers for Medicare & Medicaid Services
42 CFR Part 418 Medicare Hospice Care Regulations [eCFR :: 42 CFR Part 418 -- Hospice Care](#)