NATIONAL RURAL HEALTH RESOURCE CENTER

DRCHSD Quality Improvement Webinar Series

Managing Your QAPI Program

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April 14, 2022
11:00 – 12:00 pm CST

Delta Region Community Health Systems Development (DRCHSD) Program

Delta Regional Authority

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HRSA

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NATIONAL RURAL HEALTH RESOURCE CENTER

DRCHSD Quality Improvement Webinar Series – Upcoming Dates and Topics

- April 28 – Policies & Procedures Oh My!
- May 5 – Antibiotic Stewardship
- May 12 – Patient-Centered Medical Home (PCMH) – The In's and Out's of Implementation

All webinars in the series are from 11:00 – 12:00 pm CST

NATIONAL RURAL HEALTH RESOURCE CENTER

Managing Your QAPI Program

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Objectives

- Describe the newest QAPI program requirements from SOM
- Create a gap analysis tool for evaluating your current QAPI program
- Create a program timeline to implement and meet all requirements

CMS: Why They Changed

- “Because we said so”
- 2019, came about through the Burden Reduction Memo
- Also came out in the Hospital Improvement Rule (p212)
- Slowly moving to Appendix A ‘likeness’ (PPS Hospitals)
- Forcing a more proactive program (even in areas where there are no specific deficiencies)
- Engages CAHs in continuous improvement

Definition Refresher

Quality Control	Quality Assurance	Performance Improvement
Monitoring Product focused	Reactive Doing things the right way Meeting specific targets Process focused	How to do things better Current and new methods Proactive
Temperature checks Routine audits with documentation Defib checks Glucometer/machine QC	Protocols: VAP UTI/CAUTI/CLABSI Readmissions	Opioid reduction Antibiotic stewardship Waste reduction (Lean) Care management practice changes

Reading the SOMs

State Operations Manual
Appendix W - Survey Protocol, Regulations and Interpretive Guidelines for Critical Access Hospitals (CAHs) and Swing-Beds in CAHs

(Rev. 200, 02-21-20)

Transmittals for Appendix W

INDEX

No Change as of today

§485.627 Condition of Participation: Organizational Structure
§485.631 Condition of Participation: Staffing and Staff Responsibilities
§485.635 Condition of Participation: Provision of Services
§485.638 Condition of Participation: Clinical Records
§485.639 Condition of Participation: Surgical Services
§485.640 Condition of Participation: Infection Prevention and Antibiotic Stewardship Program
§485.641 Condition of Participation: *Quality Assessment and Performance Improvement Programs*
§485.642 Condition of Participation: Discharge Planning
§485.643 Condition of Participation: Organ, Tissue, and Eye Procurement
§485.645 Special Requirements for CAH Providers of Long-Term Care Services ("Swing-Beds")
§485.647 Condition of Participation: Psychiatric and Rehabilitation Distinct Part Units
Emergency Medical Treatment and Labor Act (EMTALA) - C-Tags - §489.24(l), §489.20(m), §489.20(q), §489.20(r), §489.24(j), §489.24, §489.24(a), §489.24(c), §489.24(d), §489.24(e), §489.24(f)

But Wait…no guidance???

C-1406
(Rev. 200, Issued: 02-21-20; Effective: 02-21-20, Implementation: 02-21-20)

(1) Any discharge planning evaluation must be made on a timely basis to ensure that appropriate arrangements for post-CAH care will be made before discharge and to avoid unnecessary delays in discharge.

Interpretive Guidelines §485.642(a)(1)

Guidance is pending and will be updated in future release.

Survey Procedures §485.642(a)(1)
Survey Procedures are pending and will be updated in future release.

Expectation that QAPI is in place by March 2021!!! Anticipate more guidance but for now here we go…

C-1300 (new numbering)

- §485.641 Quality Assessment and Performance Improvement Program
- Includes C-0330 through C-0343
- C-1300 – C-1321
- Around page 503 of SOM
- Tags are similar to that in Appendix A for PPS

	NEW TAG #	CFR	Critical Access Hospital (CAH) Tag Title	Condition of Participation	OLD TAG #	Tag Changes	Tag Changes
50	C-1300	§485.641	QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT PROGRAM	Quality Assessment and Performance Improvement	C-0330 C-0331 C-0332 C-0333 C-0334 C-0335 C-0336 C-0337 C-0338 C-0339 C-0340 C-0341 C-0342 C-0343	NA	X
51	C-1302	§485.641(b)(1)	QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT PROGRAM	Quality Assessment and Performance Improvement	NA	NA	X
52	C-1306	§485.641(b)(2) and (3)	QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT PROGRAM	Quality Assessment and Performance Improvement	NA	NA	X
53	C-1309	§485.641(b)(4)	QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT PROGRAM	Quality Assessment and Performance Improvement	NA	NA	X
54	C-1311	§485.641(b)(5)	QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT PROGRAM	Quality Assessment and Performance Improvement	NA	NA	X
55	C-1313	§485.641(c)	QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT PROGRAM	Quality Assessment and Performance Improvement	NA	NA	X
56	C-1315	§485.641(d)(1)	QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT PROGRAM	Quality Assessment and Performance Improvement	NA	NA	X
57	C-1319	§485.641(d)(2)	QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT PROGRAM	Quality Assessment and Performance Improvement	NA	NA	X
58	C-1321	§485.641(d)(3)	QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT PROGRAM	Quality Assessment and Performance Improvement	NA	NA	X
59	C-1325	§485.641(e)	QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT PROGRAM	Quality Assessment and Performance Improvement	NA	NA	X

What Surveyors Have Cited

- https://qcor.cms.gov/hosp_cop/HospitalCOPs.html

Tag	Section of SOM (A & W)	As of December 2021
263	QAPI	515
273	Data Collection and Analysis	467
278	Policies Infection Control	90
283	QI Activities	466
286	Patient Safety	712
297	Perf. Improvement Proj.	55
308	Evidence of Program	126
309 & 315 & 321	Boards Responsibility	233

CMS Memo with Final Regulations

- November 2019 regulations went into effect
  - CAHs had 18 months to implement their QAPI plan/program
  - Deadline: March 30, 2021
  - Started new tag numbering system
  - No crosswalk of old to new numbers

- Must examine quality of their services and implement specific performance improvement projects as an ongoing basis

CMS Memo cont.

Requires the QAPI program to do the following:

- Incorporate quality indicator data
  - Such as patient care data
  - Think MBQIP measures as well
- Submit to Medicare quality reporting/Quality performance programs
- Include hospital acquired conditions and readmissions

CAH QAPI Guidance

§485.641 A CAH Must:

- Develop, implement and maintain
  - Effective
  - Ongoing
  - CAH-wide
  - Data-driven

  Quality Assessment and Performance Improvement Program

  Must demonstrate through evidence of the effectiveness of its QAPI program (show me the proof!)

Must Include Definitions

§485.641 (a) Definitions

“Adverse Event” -- untoward, undesirable and usually unanticipated event that causes death or serious injury or risk

“Error” – failure of a planned action to be completed as intended or use of wrong plan to achieve an aim. Can include problems in practice, products, procedures, and systems;

“Medical Error” – an error that occurs in the delivery of healthcare services

C-0336 Program Design and Scope

§485.641: Quality Assessment and Performance Improvement Program

The CAH has an effective quality assurance program that:

1. Appropriate for the complexity of services provided
2. Ongoing and comprehensive
3. Involve all departments (even those under contract)
4. Use objective measures to evaluate the processes, functions and services (analysis and tracking)
5. Address the outcomes…improved health outcomes; prevention and reduction of medical errors, adverse events, CAH-acquired conditions, transitions of care, readmissions

Don’t forget C-0962 Governance and Leadership

- §485.627(a) Standard: Governing Body or Responsible Individual
- The CAH’s governing body or responsible individual (designated in governing manual) for the CAH’s QAPI and responsible and accountable that QAPI meets the requirements
- Includes the quality of care provided to patients

Survey Procedures §485.627(a)

- Verify that the CAH has an organized governing body or has written documentation that identifies the individual that is responsible for the conduct of the CAH operations.
- Review documentation and verify that the governing body (or responsible individual) has determined and stated the categories of practitioners that are eligible candidates for appointment to the medical staff.
- Have the facility's operating policies been updated to fully reflect its responsibilities as a CAH (e.g., PA responsibilities, provision of required CAH direct services)?
- What evidence (e.g., minutes of board meetings) demonstrates that the governing body or the individual who assumes responsibility for CAH operation is involved in the day-to-day operation of the CAH and is fully responsible for its operations?

But Wait…C-0962 was not in QAPI section?

- Know the entire SOM!
- Embedded QAPI throughout the guidance
- Several areas with quality reference to ensure compliance

C-1010 Re: Policy and Procedures

- §485.635(a)(3) A description of the services the CAH furnishes, including those furnished through agreement or arrangement

- Hint…remember each of these must be part of your QAPI plan

Contract Review Ideas:

- Description of services
- Provides quality measures/performance?
- Provides timely service?
- Efficient and accurate service?
- Appropriate/competent staffing?

* Adheres to P&P
* Maintains confidentiality
* Participates in meetings/PI

C-1018

- §485.635(a)(3) (v) procedures for reporting adverse drug reactions and errors in the administration of drugs

- Specifically notes that “the second reporting step is related to the CAH-wide Quality Assurance review as addressed in §485.641(b)

- Whole section related to Quality Assurance/Improvement Reporting in the reduction of medication administration errors and ADRs. (p.131)

C-1034

- §485.635(c) Services Provided Through Agreements or Arrangements
- *The governing body (or responsible individual) has the responsibility for ensuring that CAH services are provided according to acceptable standards of practice, irrespective of whether the services are provided directly by CAH employees or indirectly by agreement or arrangement*

- *The governing body must take actions through the CAH'S QA program to: assess the services furnished directly by CAH staff and those services provided under agreement or arrangement, identify quality and performance problems, implement appropriate corrective or improvement activities, and to ensure the monitoring and sustainability of those corrective or improvement activities.*

Look at C-1042 Maintains a list of all services furnished under arrangements or agreements. The list must include at a minimum the following: service(s) being offered; individuals or entity providing the service; whether the services are offered on- or off- site; whether there is any limit on the volume or frequency of the services provided; when services are available

C-1046 Nursing Services

- §485.635(d) Nursing services must meet the needs of patients

- Interpretive Guidelines §485.635(d) & (d)(1)

> *Nurse leader is responsible for the overall management and evaluation of nursing care in the CAH … including, ongoing review and analysis of the quality of nursing care*

C-1142

- §485.639(a) Designation of Qualified Practitioners

Interpretive Guidelines

- *The medical staff appraisal procedures must evaluate each individual practitioner's training, education, experience, and demonstrated competence as established by the CAH'S QA program, credentialing process, the practitioner's adherence to CAH policies and procedures, and in accordance with scope of practice and other State laws and regulations.*

C-1200

- §485.640 Infection Prevention and Control and Antibiotic Stewardship Programs

The CAH must have active facility-wide programs, for the surveillance, prevention, and control of HAIs and other infectious diseases and for the optimization of antibiotic use through stewardship. The programs must demonstrate adherence to nationally recognized infection prevention and control guidelines, as well as to best practices for improving antibiotic use where applicable, and for reducing the development and transmission of HAIs and antibiotic-resistant organisms. Infection prevention and control problems and antibiotic use issues identified in the programs must be addressed in coordination with the facility-wide quality assessment and performance improvement (QAPI) program.

C-1210

§485.640(a)(4) The infection prevention and control program reflects the scope and complexity of the CAH services provided.

Note: Be sure this aligns with C-0336 and scope and complexity of services!

C-1229

- §485.640(c)(1)(ii) Leadership Responsibilities cont.

All HAIs and other infection diseases identified by the infection prevention and control program a well as antibiotic use issues identified by the antibiotic stewardship program are addressed in collaboration with the CAH's QAPI leadership

§485.640(c)(2)(iii)

Communication and collaboration with the CAH's QAPI program on infection prevention and control issues

C-1248 still going…

- §485.640(c) Leadership responsibilities

(iii) Communication and collaboration with medical staff, nursing, and pharmacy leadership, as well as the CAH's infection prevention and control and QAPI programs, on antibiotic use issues.

C-0342 (not new)

- §485.641(b)(5)(ii)

- The CAH also takes appropriate remedial action to address deficiencies found through the quality assurance program.

C-1425

- §485.642(a)(8) In Discharge Planning

The CAH must assist patients, their families, or the patient's representative in selecting a post-acute care provider by using and sharing data that includes, but is not limited to, HHA, SNF, IRF, or LTCH data on quality measures and data on resource use measures.

The CAH must ensure that the post-acute care data on quality measures and data on resource use measures is relevant and applicable to the patient's goals of care and treatment preferences.

What's Next without Interpretive Guidelines?

- Establish key stakeholders
- This is not a one-person job!
- Create your team
  - Key leadership
  - Medical Staff (MD, NP, PA)
  - Managers
  - Staff (the ones who do the job)
  - Maybe an ad hoc board member

Gap Analysis Tool

Educate on QAPI

Establish goals of QAPI

Align with organizational goals

Outcomes expected

Know your improvement process

Revise the QAPI Plan post analysis

QAPI Assessment

Step 1: Create your team!

Step 2: What are you assessing and how are you doing the assessment? Tools used

Step 3: Compile and analyze assessment

Step 4: Create your Plan!

Step 5: Implement your plan

Step 6: Ongoing evaluation of your plan

Step 1: Create your team!

- Identify team members
  - Board Member(s) [if available]
  - Medical Staff or Medical Director
  - Senior/Admin Leader(s)
  - Dept. Managers
  - Staff…boots on the ground folks to provide insight
- Educate on what the new guidance requires in QAPI (create the foundation of why)
- Evaluate prior plan, does it meet organization needs? Does it have a vision? Outcomes are addressed?

Setting Your Timeline and Expectations

- There is no good rule of thumb
- Angie version…'just start somewhere'
- Typically have a champion to provide monthly feedback reports
- Completion on most within a quarter (90 days)
- Be sure the ones involved are the ones engaged in change

Step 2: Identify the What and How

- Centers for Medicare & Medicaid Services Hospital Quality Assessment Performance Improvement (QAPI) Self-Assessment Tool QAPISelfAssessment.pdf (cms.gov)

- Interview key stakeholders: What is working? Not working?

- Think about the structure/process/outcome within your QAPI plan.

Step 3: Compile and analyze assessment

- Remain objective when reviewing results
- Identify trends/themes/opportunities
- What needs to be addressed now vs 3-6 months (timeline)

Step 4: Create your Plan!

- Develop your plan
- Establish key responsibilities
- Set timeline expectations

Doing this review helps to build the overall QAPI program and provide feedback on how well your current program is running

Step 5: Implement your plan

- Reporting structure(s) by dept
- Where and when is data communicated
- If delayed in reporting, ask why and identify any root causes to get on course

Step 6: Ongoing evaluation of your plan

- As we dig deeper in the QAPI plan and program management
  - Assess is it working
  - Tracking for completeness
  - What goals are we not meeting
- Identify frequency of review of plan
- New eyes help identify opportunities

Governing Board & Senior Leaders

- Educated on the QAPI principles
- Validates sufficient staff, technology and resources for effective QAPI program
- Approves the QAPI plan

- Receive regular updates to the plan
- Approves organizational improvement priorities at minimum annually

- Ensures organizational priorities are met
- Demonstrated health outcomes meet or exceed targets
- Reduction in specific measures (readmissions, HAI etc.)
- Publicly reported data meets/exceeds expectations

Quality Department

- Sufficient staff for scope and complexity of the organization
- Have necessary skills to guide the program, certifications or training in quality

- Works with departments, contracted services, and others on quality projects, measures and data plan for reporting
- Reports to quality committee and others as deemed by organization

- % staff certified/trained
- % of goals met
- % of completion of organization specific projects
- % of depts. Missing reporting deadlines

Quality Committee

- Defined committee structure and members (board member, med staff, etc.)
- Structured reporting of quality by dept/contracts/service line
- Meets regularly

- Reviews and updates QAPI plan regularly (at min. annually)
- Approves criteria for QAPI projects
- Reviews and approves reported QI

- % organization goals are met
- % HAI, Readmissions, reduction in med errors etc. are meeting/exceeding benchmarks
- % of dept. meeting or exceeding metrics

Pulling it Together: Quality Program

- Includes all depts., contracted services, service specific areas such as wound clinics, RHCs, swing bed, infusion center
- Provides structure to organizational priorities;

- Establishes structure for reporting of at least one improvement project in all areas to committee and other committees/governance

- Looks at % of improvement projects; % of front-line staff engaged; meet/exceeding goals; completion of projects

Data Collection, Analysis, and Reporting

- Framework (map) of reporting
- Standardized tools

- Targets and type of data reported
- Corrective action plan framework

- % measures analyzed
- % of corrective measures; not meeting target; annual review of plans

Prioritization Criteria

- §485.641: Prioritization criteria must include:
  - High Volume
  - High Risk or
  - Problem Prone areas

- Link priorities as HV, HR or PP
- Review and update throughout the year; plan should include how these are identified and when to be adjusted

- Think of the HVA assessment for emergency preparedness

Data Plans for Managers/Contractors etc.

- Short description of what you are trying to accomplish
- Who is involved
- How will staff be involved
- Any other depts engaged?
- Indicator is QC/QA/PI
- Indicator supports what areas of plan: HV,HR, PP, Hospital-wide; Improved health outcomes; prevention measure etc.

Data Plans for Managers/Contractors cont.

- What data is collected
- Who is collecting
- How will be collected…process
- How often collected: daily, weekly, monthly etc.
- How analyzed? By who?
- How reported? By who?
- Sample size? Minimum of 30 or 100% or random sample
- N/D with baseline
- Target/benchmark
- How do you know if you have a problem?

Consider for QAPI Plan

- Organization vision
- Organization mission
- Establish some guiding principles
  - What organization does, why it does it and how…as it pertains to Quality
  - Review the five elements of QAPI to capture the principles

Purpose Statement for QAPI

- Define Scope of QAPI
- Guidelines for Governance and Leadership
- Data management, feedback, data systems/collection, monitoring and reporting
- Guidelines to PIPs (or your terminology)
- Overall Analysis (system-wide)
- Communicate and approve
- Evaluation of QAPI
- Plan Implementation and Ongoing Management

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Let's Share Some Examples

Quality Assessment and Performance Improvement Plan

Mission

ABC Hospital exists to serve the health and well-being of the area.

Vision

ABC Hospital will serve the region in the role of a rural regional health provider, by:

- Expanding health services accessible locally, and
- Formally collaborating/partnering with key stakeholders

Values

We at ABC Hospital are committed to the accomplishment of our missi
one resource. We expect all employees to support and commit to our

Integrity

Exhibit honest, ethical behavior and "Do the Right Thing".

Commitment to Excellence

Strive to be the best at what we do.

Dedicated Colleagues

Commit to an environment of respect, pride and joy.

Extraordinary Customer Experience

Provide a healing environment for our patients and their families

Approvals:

ABC HOSPITAL

Quality Assessment and Performance Improvement Plan

2020

Purpose

The purpose of this document is to describe ABC Hospital 's approach to quality assessment and performance improvement and to delineate the roles and responsibilities of the governing board, medical staff, administration, and staff in developing a comprehensive quality management program. In order to meet these obligations, the board of directors, the medical staff and administration have established an improvement plan that is consistent with organization's mission, vision and strategic plan. In addition, the organization's leadership will determine the priorities for improvement and allocate the required resources.

The purpose of the Quality Assessment and Performance Improvement (QAPI) Plan is:

- To support the ABC Core Values of Integrity, Commitment to Excellence, Dedicated Colleagues and Extraordinary Customer Experience.
- To provide an ongoing organization-wide program aimed at delivering outstanding patient centered care and service.
- To continuously improve care and service through improvement of processes, procedures, methods, and systems.

Goals

- Develop QAPI procedures, methods, and systems that positively impact patient care and satisfaction.
  - Establish data-measurement systems for quality, utilization, and risk-review activities.
  - Promote the use of statistical techniques for analysis.
  - Demonstrate improvement in established priorities.
- Communicate the plan throughout the organization.
- Evaluate all services, including contracted services, involved in delivery of care through an annual evaluation of the QAPI plan.
- Comply with policies, standards, regulations, and laws set by the governing board, medical staff, state and federal governments, and other regulatory and accrediting bodies as applicable.

Scope

The QAPI plan applies to all departments, services, practitioners, and staff. Priorities will be directed by ABC strategic plan, as well as opportunities found for improvement related to care delivery and processes.

- All direct patient care departments will report quarterly to the ABC Quality Department.
- All other departments including contracted services will report at least annually.

Medical Staff

- The Chief Medical Officer(CMO)will be an ad hoc member of the QAPI committee and will act as liaison to and from the medical staff
- The physician quality committee will include the COO, Director of Patient Care, Director of Quality, CMO and 2 family practice physician representatives. This committee will address medical staff quality issues. They meet twice a year and as needed.

QAPI Committee

Members

The QAPI committee membership will consist of the QAPI committee chairperson (COO), the Chief Medical Officer (ad hoc), the Director of Patient Care, Director of Quality, Director of Sr. Care, Home Health / Hospice Ma designated.

QAPI Committee Chairperson

- Lead the facility's quality program and facilitate a culture of cont
- Serve as a facility resource for quality assessment and performa
- Review and approval of meeting minutes
- Provide a quality report to the Board of Trustees monthly.

Director of Quality

- Organize the QAPI committee meetings including scheduling, ag
- Collect and organize data and quality reports from each departm for COO to report to the Board of Trustees.
- Ensure quality data is properly submitted to the appropriate reg
- Act as liaison to and from the Sanford Health Network

Role

- Oversee QAPI program as delegated by the governing board.
- Make recommendations to the governing board's quality committee on
- Ensure utilization and quality of services provided is reviewed annually v

Responsibilities

- Ensure the quality efforts of ABC are focused and effective.
- Review, evaluate, develop, and recommend the QAPI plan annually.

Meetings

- The QAPI committee will meet at least quarterly.

Improvement Philosophy

The process of improving organizational performance requires a systematic approach to change. ABC utilizes the Plan Do Study Act (PDSA) method. PDSA is defined as follows:

- Plan: Plan change by studying a process, determine the causes, deciding what could improve it, and identifying data to know if what you plan to do will help.
- Do: Test the proposed change on a small-scale trial.
- Study: Study the results of the change. Measure your results.
- Act: Adapt, adopt or abandon the process based on your results. If implementing changes, be sure to hardwire them into the workflow and processes to sustain ongoing change.

Data Sources

Data sources are utilized for monitoring the care rendered to patients and shall serve as a basis for identifying problems. Data is taken from a variety of sources.

Confidentiality

All quality assessment and performance improvement data and information will be managed according to ABC 's Privacy Policies.

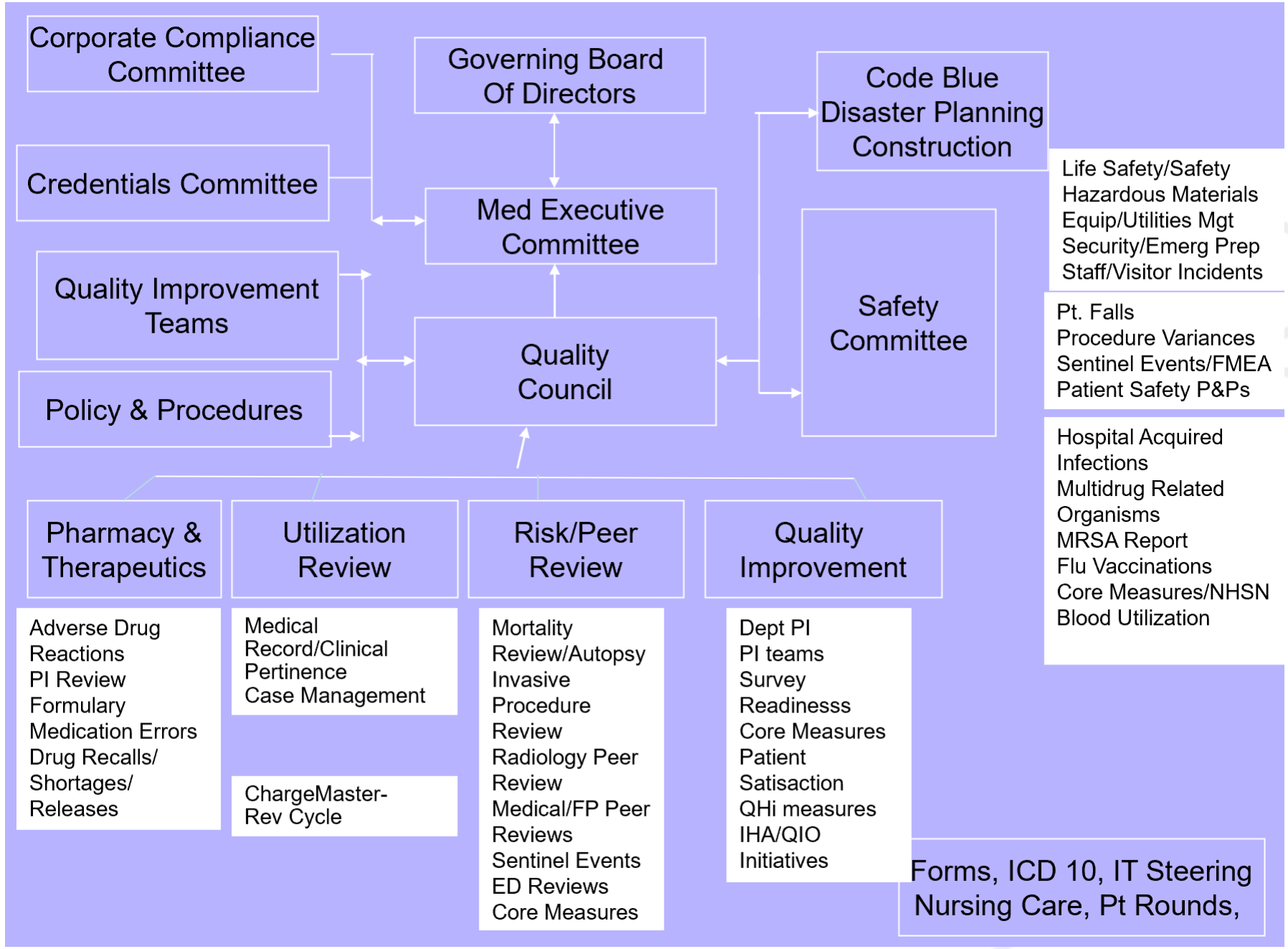
Conflict of Interest

Individuals involved in QAPI action planning might be required to review cases in which they are professionally and/or personally involved. Efforts will be made to reduce involvement in cases of conflict of interest.

Conclusion

The QAPI program of ABC will provide the coordinating mechanisms to ensure that all activities and problems relating to patient and professional practice will be assessed, monitored, evaluated, and improved where possible. This effort requires the involvement of everyone to achieve an efficient, comprehensive and effective quality program.

Annual QAPI Plan Initiatives


Corporate Compliance Committee
Governing Board Of Directors
Code Blue Disaster Planning Construction
Credentials Committee
Med Executive Committee
Quality Improvement Teams
Safety Committee
Quality Council
Policy & Procedures
Pharmacy & Therapeutics
Utilization Review
Risk/Peer Review
Quality Improvement
Life Safety/Safety
Hazardous Materials
Equip/Utilities Mgt
Security/Emerg Prep
Staff/Visitor Incidents
Pt. Falls
Procedure Variances
Sentinel Events/FMEA
Patient Safety P&Ps
Hospital Acquired Infections
Multidrug Related Organisms
MRSA Report
Flu Vaccinations
Core Measures/NHSN
Blood Utilization
Adverse Drug Reactions
PI Review
Formulary
Medication Errors
Drug Recalls/ Shortages/ Releases
Medical Record/Clinical Pertinence
Case Management
ChargeMaster-Rev Cycle
Mortality Review/Autopsy
Invasive Procedure Review
Radiology Peer Review
Medical/FP Peer Reviews
Sentinel Events
ED Reviews
Core Measures
Dept PI
PI teams
Survey Readinesss
Core Measures
Patient Satisaction
QHi measures
IHA/QIO Initiatives
Forms, ICD 10, IT Steering
Nursing Care, Pt Rounds,

QAPI APPENDIX 2020

AIM				MEASURE		
Department or Service	Indicator Title	Problem Statement or Indicator Justification	Objective	Metric	Frequency of Data Reporting	Goal or Target
ABC Overall Priorities 2020	Antibiotic Stewardship Program	Promote appropriate use of antibiotics, improve patient outcomes, reduce antimicrobial resistance, and preserve antibiotics for future.	Develop a practical program to improve the quality of both antibiotic prescribing and patient clinical outcomes.	Meet all 7 core elements of an Antibiotic Stewardship Program	At a minimum of annually to QAPI team/Board	
	Patient Experience - HCAHPS "Would you recommend? "	ABC Inpatient priority	Improve overall patient experience	Numerator: # of patients who answered "definitely would recommend" ABC to friends and family Denominator: total # of response to this survey question	Quarterly to ABC QAPI team/Board	>=95.4%
	Patient Experience – Clinic "Would you recommend?"	ABC Clinic Priority	Improve overall patient experience	Numerator: # of patients who would "definitely recommend" OC Medical Clinic to family and friends Denominator: total # of responses to	Quarterly to ABC QAPI team/Board	>=97%
	Diabetic Eye Exam	Patient Outcome/ Transforming Clinical Practice Initiative (TCPi)	Improve patient outcome increasing the number of diabetic patients who hac retinal or dilated eye exa			
	Clinical Pharmacy Referrals	Patient Outcome and Safety.	Improve patient outcome related to medications by increasing referrals for cli pharmacy			

QAPI APPENDIX 2020

AIM				MEASURE		
Department or Service	Indicator Title	Problem Statement or Indicator Justification	Objective	Metric	Frequency of Data Reporting	Goal or Target
		work regarding fall prevention		Denominator: all patient days inpatient, obs* & swing bed (exclude OP and MH)		
	Patient Experience – Inpatient HCAHPS "How would you rate"	ABC Inpatient priority	Improve overall patient experience	Numerator: # of patients who rated service 9 or 10 Denominator: total # of responses to this survey question	Quarterly to ABC QAPI team/Board	>=92.5%
	Hand Hygiene/Infection Prevention	Hand hygiene is the easiest way to prevent the spread of infection, yet healthcare associated infections complicate 5-10% of acute care hospital admissions (World Health Organization, 2009). Utilizing hand hygiene at the key moments will assist with preventing infection and ultimately keep our patients safe.		Numerator: # of times Hand Hygiene was performed properly Denominator: # of opportunities for Hand Hygiene		100%

ABC Home Health	Patient Experience – HHCAHPS "How would you rate?"	Patient experience is part of Value Based Purchasing CMS program and Star Ratings & ABC priority	Improve overall patient experience	Numerator: # of patients who rated service 9 or 10 Denominator: total # of responses to this survey question	Quarterly to ABC QAPI team/Board	Score = 92% Rank = 80%
	Patient Experience – HHCAHPS "Would you Recommend	Patient experience is part of Value Based Purchasing CMS program and Star Ratings & ABC priority	Improve overall patient experience	Numerator: # of patients who would recommend (top box = very good)	Quarterly to ABC QAPI team/Board	Score = 85.9% Rank = 71%
	Patient Experience – HHCAHPS "How long did it take for you to get the help you needed"	Patient experience is part of Value Based Purchasing CMS program and Star Ratings & ABC priority		Numerator: # of patients who answered top box = same day Denominator: total # of responses to this survey question	Quarterly to ABC QAPI team/Board	Score = 82% Rank = 73%
	Reduce Emergent Care with and without hospitalization	This is an area of focus as it improves patient outcomes and transitions throughout the continuum of care		Numerator: all emergent care events Denominator: all cases	Quarterly to ABC QAPI team	ED care with hospitalization = 19.80% ED care without hospitalization = 4.06%
ABC Hospice	Family Experience – Hospice CAHPS "Would you Recommend"	Orange Cit				
	Family Experience –	ABC priori				

01/29/20 approved by governing board

PRCC	Total Falls (Long Stay)	Resident safety concern Focused improvement work regarding fall prevention	Prevent falls and reduce the percent of long-stay residents that fall	Casper Report data Numerator: # of long-stay residents that fell at least 1 time Denominator: # of long-stay residents	Quarterly to ABC QAPI team	< 45.7%
	Falls with Major Injury (Long Stay)	Resident safety concern Focused improvement work regarding fall prevention	Prevent falls and reduce the percent of long-stay residents that fall	Numerator: # of long-stay residents that fell that resulted in major injury or death Denominator: # of long-stay residents	Quarterly to ABC QAPI team and PRCC Quality Team??	<3.5%
	Antibiotic Stewardship	Antibiotic Utilization Rates Percent of initial antibiotic orders for acute therapies exceeding 7 days		Numerator: # of antibiotic therapy days Denominator: # of resident days Numerator: # of antibiotic RXs exceeding 7 days Denominator: # of antibiotic RXs ordered	Quarterly to ABC QAPI team	TBD, both new in 2019

Resources

- Process Tool Framework (NH driven but good material)
  - ProcessToolFramework.pdf (cms.gov)
- QAPI QIO HSAG
- AHRQ Quality Improvement AHRQ Quality Indicators

Ask me… ask others… we are a TEAM!