What are some of the outstanding Quality Assessment and Performance Improvement (QAPI) programs being undertaken by members around the country?

To find out, the NHPCO Quality and Standards Committee sponsored the poster competition, “Quality on Display,” during the NHPCO Management and Leadership Conference (MLC) this past April. Provider-members from around the country were asked to present a “visual narrative” of their QAPI program—designed to fit on 4-by-8-foot freestanding displays.

“One of the key reasons to sponsor the competition was to generate interest and conversations about QAPI projects among the MLC attendees,” says NHPCO director of research, Carol Spence, PhD. “The committee felt that showcasing what other programs have done well would prompt more members to think about what they could do.”

The Quality Partners Task Group of the Quality and Standards Committee (see the sidebar on page 15) judged the submissions based on both design and content. The judges considered the poster’s overall design and how well the text and visuals were integrated as well as the hospice’s knowledge of QAPI program elements; its presentation of the QAPI program’s structure and outcomes; and the effectiveness of the poster presentation in stimulating interest in QAPI.

Here, NewsLine is proud to showcase the three organizations that received special recognition for excellence as well as their QAPI programs....
Gulfside Regional Hospice
New Port Richey, FL

Regulatory Audits from A (ADR) to Z (ZPIC)

“Our poster depicts a targeted series of quality initiatives that resulted in a highly successful ZPIC audit outcome.

The quality initiatives, beginning in 2008, were designed by Chief Operations Officer Kathy Postiglione, based on healthcare compliance trends noted in other healthcare industries, and were implemented in partnership with members of our Quality Task Force (noted below).

The team identified and minimized the obstacles to patient care documentation integrity which included communication gaps, mechanical aspects (e.g., EMR “user friendliness”), as well as the emotional elements of patient care (e.g., staff boundaries).

In addition, audit checkpoints were integrated throughout the clinical infrastructure, with a final checkpoint in the Health Information Management department. These initiatives prepared Gulfside for the intensity of both ADR and ZPIC audits, resulting in minimal claim paybacks and no extrapolation judgments.

The success of this QAPI initiative was due to the “can do” spirit of all clinical leaders and patient care staff as well as the teams involved. They each kept the “vision of success” at the forefront of the endeavor.”

The Team Members Behind the Project:
Chief Operations Officer Kathy Postiglione, and members of the Quality Task Force: Clinical Directors Tracey Doyle, Richard Long, Sonia Quinones, and Shelley Schneider; Clinical Managers Virginia Bittenbender, Noreen Karpinecz, Renee Leary, Karen McDowell, Ethel Richard-Peterson, Connie Wenhardt and John Wrublevski; HIM Coordinators Sandy Gagnon, Nancy Gay, and Donna Thomas.

Quality Partners
Task Group
Christie Franklin (co-chair)
Bristol Hospice, LLC
Salt Lake City, UT

Catherine Grubbs
Circle of Life Hospice
Springdale, AR

Pat O’Maley-Lanphear (co-chair)
POL Consulting
Arlington, WA

Martha Lasseter
Treasure Coast Hospice
Stuart, FL

Anita Powell
Amedisys Home Health & Hospice, Inc.
St. Johns, FL

Tray Wade
Hospice of Central Iowa
West Des Moines, IA

Susan Wallace
Midwest Care Alliance
Columbus, OH

Linda Ward
Gulfside Regional Hospice, Inc.
New Port Richey, FL

Sue Zimmerman
Deyta, LLC
Louisville, KY
Indiana University Health Enhanced Care & Hospice
Indianapolis, IN

Reducing Unnecessary Admissions to the Emergency Department

“In partnership with an individual’s existing healthcare provider, the Enhanced Care Team assists in the care of chronic conditions to prevent unnecessary hospitalizations or readmissions, promote healthy lifestyles, and help manage recurrent symptoms from a chronic condition.

In an effort to coordinate the care of patients with chronic conditions, it became evident that a significant part of their care originated within Emergency Department (ED) settings. Further, many patients were utilizing the ED for non-emergency care as they had no primary resource to coordinate their healthcare needs. Inappropriate use of the ED was resulting in fragmented care, polypharmacy and referral to multiple medical specialists who provide disease-specific rather than holistic care.

Our organization recognized the need to influence a patient’s mantra concerning the use of an ED visit for non-emergency care needs. Thus, utilization of healthcare behaviors are reviewed with the patient/family and a plan of care is deployed that will comprehensively address a patient’s perceived need for an ED visit for non-emergency needs. While care coordinators are available to the patient during normal business hours, there is also an on-call team of nurses who attempt to resolve any care needs telephonically. Should this be unsuccessful, a nurse will visit the patient to address acute needs. In addition, the Enhanced Care medical director is available to assist with home or clinic visits in the event the patient does not have a primary physician or has been referred unnecessarily to the ED.

On review of the last nine months, there were 74 ED diversions with an estimated charge savings of $175,000 to $450,000. This shows that averting the patient’s need for an ED visit for non-urgent care is successful when there is care coordination that empowers an understanding of and strategies for management of chronic conditions.”

The Team Members Behind the Project:
Jackie Bartlett; Becky Bickel; Betty Boester; Jodi Briggs; Jacqueline Criss; Megan Faulkenberg; Michael Graham; Katrina Gurley; Michael Hoppe; Georgia Impicciche; Judy Labanz; Edith Leeds; Susan McAlister; Emily McCormack; Mia Minns; Melanie Parks; Alan Reed; Jamie Rogers; Susan Sypult; Dana Walden; and Adam Yoder.
Suncoast Hospice
Clearwater, FL

Sustaining a Culture of Quality

“Our poster displayed the breadth and depth of our Quality Programs. We begin in the center with the foundation of our Quality Program. All of our efforts begin with our mission, vision and values, and reflect our strategic initiatives. Together, they drive our overall Strategic Quality Plan.

We have organized our oversight and activities by committees that are focused on service excellence, strategic quality planning, and organization-wide QAPI practice. By living our credo, service commitments, and service recovery model, we strive to honor and maintain our culture of quality. Every month, we highlight a commitment and find ways to bring fresh energy to sustaining our commitments and our ‘culture of quality.’

Our organization has several QAPI projects in process at any given time. The project displayed in the poster shows a Process Improvement Project (PIP) for Client Data Correction. Specifically, how do we decrease errors while increasing the integrity of the electronic medical record? The example begins with the data source and moves through the ‘plan, do, study, act’ process to end with results showing improvement. We also spotlighted our Bronze Team which was able to raise its Family Evaluation of Hospice Care scores through a (PIP) at the IDT level.

Everyone who works with quality knows the thrill of witnessing a PIP change practice and improved patient outcomes. For us, quality is not a project, a CoP requirement, or a committee; it is the core of our organizational culture.”

The Team Members Behind the Project:
Planning Department: Director of Organization Integrity Laura Mosby; Director of Quality Laurie West; and Vice President of Planning Betty Oldanie. Marketing Department: Graphic Artist/Production Coordinator Cathy Lasky; and Communications Associate Sarah Varga.

See a Larger View