Collecting, analyzing and actively using performance measurement data to foster quality assessment and performance improvement in all areas of the hospice organization’s processes of care, palliative and hospice services and operations (including those furnished under contract or arrangement).

The hospice defines a systematic, planned approach to improving performance including indicators at both the patient and organizational level for which there is evidence that improvement in those indicators will improve palliative care outcomes and end-of-life support. This approach is authorized and supported by the governing body and leaders.
Standard:

PM 1 The organizational leaders ensure that a well-organized Quality Assessment and Performance Improvement (QAPI) system is implemented throughout the hospice.

PM 1.1 The governing body is responsible for:
- The scope and frequency of data collected;
- Designating an individual to lead the QAPI efforts;
- Ensuring that the QAPI activities address quality of care and service, patient safety and operations; and
- Ensuring that all improvement actions are evaluated for effectiveness and improvements are sustained over time.

PM 1.2 The organizational leaders allocate trained staff, data collection and management systems, and other resources required to improve the hospice’s processes and systems.

PM 1.3 The governing body members, leaders, staff and volunteers are informed of the results of data collection and improvement actions taken.

Practice Examples:
- Performance improvement results and action plans are documented in governing body minutes.
- The governing body regularly improves process improvement projects and the expected outcomes.
- The hospice leaders draft an annual performance improvement plan that is reviewed by the management team and approved by the governing body.
PERFORMANCE MEASUREMENT (PM)

Standard:

PM 2 Quality Assessment and Performance Improvement (QAPI) activities are congruent with the hospice’s mission, values and strategic plan.

PM 2.1 The organizational leaders prioritize data collection and measurement activities focused on high risk, high volume and problem prone areas.

PM 2.2 Activities and processes measured enable the hospice to assess all aspects of care, services and operations.

PM 2.3 The needs and expectations of key customers and stakeholders (e.g., patients, family members, physicians, referral sources, contracted vendors, etc.) are included in the QAPI program.

Practice Examples:

◆ A written performance improvement plan exists and describes the areas targeted for data collection, analysis and improvement and is reviewed on a regular basis.

◆ Focus groups are held periodically to obtain feedback from key customers as defined by the hospice (e.g., physicians, patients and families).

◆ The annual budgeting process includes targeted areas for improvement and funding resources required to carry out the performance improvement program.

◆ The staff is involved in defining “key processes” to be monitored.

◆ The hospice management team utilizes a uniform planning format for the design of all new services, for example, the development of an inpatient unit.

◆ A documentation system for improvement activity involves the development of an implementation timeline, education of staff regarding the changes in processes made based on the data collected, pilot testing and an evaluation in three months.

◆ An annual performance improvement evaluation is completed noting areas of actual improvement.
PERFORMANCE MEASUREMENT (PM)

Standard:

PM 3 The hospice collects performance and outcome data, including patient level data, from the comprehensive assessment, financial records and other sources.

PM 3.1 The organizational leaders determine the frequency and scope of the data collection activities.

PM 3.2 The organizational leaders understand performance improvement principles and methods and implement these in daily work life utilizing data to make management decisions.

PM 3.3 Data is collected related to patient and family needs, expectations and outcomes regarding:
- Safe and Comfortable Dying
- Self-determined Life Closure
- Effective Grieving

PM 3.4 Routine data collected by the hospice should include, but not be limited to:
- Utilization, staffing and allocation of services;
- Satisfaction data from patients, families, contracted entities, referral sources, physician, volunteers, staff, etc.;
- Incident reports;
- Infection surveillance data;
- Financial data; and
- Other data collected as defined by the hospice.

PM 3.5 There is a mechanism to review routine data collected to determine if patterns or trends exist that negatively affect care and/or place the patient or staff at risk. When trends are identified performance improvement activities are implemented to analyze their cause and implement corrective actions.

Practice Examples:

- A quality council is established to oversee performance improvement activities with representation from all disciplines.
- The hospice uses statistical tools to display the results of data collection.
- Data is collected related to the results of each performance improvement activity and shared with all staff.
- The hospice utilizes an annual self-evaluation tool that includes opportunities for employees to suggest processes that need improvement.
- The hospice collects data on veterans and evaluates the components of their care.
- Family satisfaction surveys are sent after the patient's death and the results are aggregated and analyzed.
Practice Examples, cont.:

- Patients are surveyed during the course of care to determine their level of satisfaction with the hospice care received.
- Staff and volunteers are surveyed as part of evaluation and improving processes and functions of the hospice.
- Bereavement service satisfaction is assessed among those who have participated in bereavement care.
- When the hospice provides inpatient facility-based care, data is collected and monitored regarding the permissible time to respond to patient call lights.
- When the hospice provides inpatient facility-based care, data is collected and monitored regarding the permissible time range for administration of medications.
Standard:

PM 4 The planning, development, implementation and evaluation of performance improvement activities are comprehensive and collaborative.

PM 4.1 The performance improvement activities involve collaboration among departments, disciplines and programs, as well as input from individuals impacted by the process targeted for improvement.

PM 4.2 Performance improvement activity results are communicated to staff, volunteers and organizational leaders.

PM 4.3 There is a process to conduct a root cause analysis when an undesirable outcome or adverse patient event occurs. The hospice must identify, in policy, what constitutes an adverse patient event. Examples of an adverse event could be:

- Patient falls;
- Medication errors;
- Adverse drug reactions;
- DME issues (e.g., complaint, malfunction or error);
- Unsafe handling or misuse of narcotics;
- Uncontrolled symptoms;
- Threatened or actual suicide attempt; or
- Other untoward events as defined by the hospice.

PM 4.4 When adverse patient events occur performance activities must analyze their cause and implement preventive actions and mechanisms that include feedback and learning throughout the hospice.

Practice Examples:

- Staff and volunteers receive training regarding the hospice’s improvement activities during orientation when assigned to a process improvement team and throughout their employment.

- The hospice has a QAPI board where the process improvement team can display their activities and results on an ongoing basis.

- In the event of an adverse patient event the hospice conducts a root cause analysis of the event and uses this to educate staff.

- The hospice identifies external barriers to optimal delivery of care (e.g., restrictive drug prescribing policies, inadequate insurance coverage) and acts as an advocate for their removal.
PERFORMANCE MEASUREMENT (PM)

Standard:

PM 5 The hospice selects and utilizes a defined approach for improving the hospice’s performance that demonstrates and documents sustainable improvements in processes or outcomes as a result of QAPI activities.

PM 5.1 The hospice adopts an approach to improving performance that includes:
- A defined continuous quality improvement model for all new or significantly modified services or programs;
- A methodology for identifying and prioritizing performance improvement activities;
- Methods to assure interdisciplinary collaborations on all performance improvement activities;
- Mechanisms for communicating the performance improvement results throughout the hospice;
- Methods for assuring data collection and measurement to detect changes in performance and to compare performance over time; and
- Resource requirements for performance improvement.

PM 5.2 Performance improvement planning activities and the selection of areas for in-depth study are determined based on data collected and input by staff, volunteers and leaders.

PM 5.3 The desired performance outcome is quantified for each performance improvement activity.

PM 5.4 Action plans are established in writing that describe the follow-up actions to be taken in response to data collection and analysis.

PM 5.5 Changes in the organizations programs and processes are planned, piloted, implemented and evaluated.

PM 5.6 Any process change is evaluated over time and the results are assessed and communicated throughout the hospice.

PM 5.7 The hospice documents the quality improvement projects being conducted, reasons for conducting the projects and measurable progress achieved on these projects.
Practice Examples:

- The hospice selects an existing problem solving model for improving processes within the hospice program (e.g., FOCUS-PDCA, FADE, Plan DO Check Act, (PDCA), IDEAS, Joint Commission’s Framework for Improving Performance-design, data collection and performance improvement, etc.).

- Process improvement teams involve “stakeholders” and those who work within the process to be improved on a data-to-day basis.

- The hospice uses “story boards,” bulletin boards and other communication means to display the results of data collected and improvements.

- The hospice can describe improvements made within the hospice program based on performance improvement activities.

- A summary report from each process improvement team is submitted to the quality council and includes actual improvements realized.

- The hospice has a binder with all process improvement projects that were accomplished; it contains the desired targets, statistical analysis, outcomes, end results and the ability to maintain the result.

- Improvement efforts are monitored for six months following the implementation of a successful action to assure that the results achieved are maintained over time.
Performance Measurement (PM)

Standard:

PM 6 The hospice participates in the development and collection of hospice comparison data.

PM 6.1 The hospice submits accurate and timely data to state and national initiatives which contribute to the development of industry comparisons.

PM 6.2 The hospice incorporates standardized and validated tools to measure outcomes as they become available through publication in peer-reviewed literature.

Practice Examples:

- The hospice routinely responds to the National Hospice and Palliative Care Organization’s request to submit quality data (e.g., National Data Set, Evaluation of Care tools, etc.).

- The hospice participates in any state or local efforts to collect and analyze data among hospices.