## Summary

*Highlights of key changes for performance improvement professionals and guidance for implementation*

1) 418.3 – Definitions
2) 418.56 – Initial and Comprehensive Assessment
3) 418.58 – Quality Assessment and Performance Improvement

### What’s the change?

The new Conditions of Participation have added a major emphasis on patient outcomes with the addition of the 418.58 condition: Quality assessment and performance improvement. Throughout Subpart C, there are references to data collection, performance improvement and using data to improve patient outcomes.

### Background

How the QAPI CoPs affect hospices depends on the scope and size of their existing QAPI program. Few hospices already have a fully functioning, data-driven Quality Assessment and Performance Improvement program as outlined in the CoPs. Most hospices will need to initiate implementation of some or all of the new requirements, including: the use of quality indicator data, consistent capture and analysis of adverse events data, development or revision of the QAPI program structure, delineation of board responsibility, and the explicit management of the performance improvement process to identify opportunities and demonstrate improvement.

### 418.3 – Definitions

The definitions clarify the role of the initial and comprehensive and assessments in the data collection about the patient and family. The QAPI program can and must take advantage of all assessments in the capture of data needed for ongoing organization-wide quality assessment and targeted performance improvement efforts. The new definitions may support the addition or further specification of data elements included in the various assessment tools and processes.

### 418.56 – Initial and Comprehensive Assessment

A role of the QAPI program is the specification and definition of data elements to be captured for ongoing organizational quality assessment and performance improvement. Patient level data will need to be defined and captured in such a way that allows for consistent, accurate data capture and aggregation, enabling the assessment of program-wide quality.

As part of a compliance program, hospices will need to monitor the timeliness of the completion of the initial and comprehensive assessments.

### Key Points:

(1) Identification of Patient Level Data Elements

The combined standards on the content of the comprehensive assessment and on patient outcome measures present a powerful opportunity for hospices to assess quality of patient care – both for individual patients and for the hospice as a whole. Data elements that take into consideration aspects of care related to hospice and palliation need to be identified or developed. They must be measurable and able to be documented in the same way for all patients. Hospices will want to develop measures in response to unique internal quality concerns, as well as adopt
existing, proven performance measures. Many standardized data elements have already been developed for hospice care including those required for calculation of NHPCO’s End Result Outcome Measures and those needed for outcome measures recommended through the PEACE project, sponsored by CMS and developed by the Carolinas Center for Medical Excellence. Using standardized data elements such as these also offers the ability for benchmarking with other hospices that are collecting the same data. Hospice benchmarking organizations may also offer an environment of collaboration and consensus in the development of data elements.

(2) Collection and Aggregation of Patient Level Data for Patient Outcome Measures
The capture of this data may present some technical challenges to hospices. Hospices should be looking closely at what data is currently captured on assessment forms, how that data is collected and stored, and how the data may be aggregated for use in the hospice’s QAPI program. For hospices using an electronic medical record system, it will be imperative to engage the software company in conversation regarding data element development, capture, and reporting for these measures. For hospices using a paper record system, it will be critical to develop efficient mechanisms – including some basic electronic tools, such as spreadsheets or database programs – for capturing, aggregating and reporting this data that will minimize manual labor involved.

(3) Data-driven Assessments are a Basis for Excellent Patient Care and Ongoing Quality Improvement
Hospice QAPI programs will benefit from this CoP immensely. Not only will strong data-driven assessment tools and clear patient outcome measures fulfill the QAPI CoP requirement, but also, hospices will be better able to understand and improve the quality of care for individual patients. Through the analysis of aggregated patient-level data, hospices will be afforded the opportunity to identify and quantify quality of care issues at the patient level, especially in the area of symptom management. Further, the capture of standard data elements that facilitate the calculation of patient outcome measures also enables the hospice to contribute to databases required to develop evidence-based clinical protocols and care plans.

418.58 – Quality Assessment/Performance Improvement

A Data-Driven QAPI Program
A key phrase in describing a Quality Assessment and Performance Improvement program is “hospice-wide data-driven.” It is critical that hospices begin to use data to show measurable improvement in palliative and hospice services. Collected data should include adverse patient events, and other aspects of performance that enable the hospice to assess processes of care, hospice services, operations, clinical outcomes and consumer perception. For hospices just getting started with data collection, the key is to start with data that is already being collected for internal and external reporting and benchmarking such as patient statistics, survey data, and staff productivity. Adoption of tools such as assessment and risk management forms will offer additional opportunities for data collection. Consideration of the need to collect “hospice-wide” data, may reveal gaps in data collection. The hospice may want to explore industry-endorsed measures such as NHPCO’s Family Surveys, National Data Set and End Result Outcome Measures, and the PEACE Project measures. A comprehensive QAPI program will have measurable quality indicators not only for patient care quality, but also for all aspects of the hospice organizational performance, including, but not limited to, stewardship, staffing, and business operations.

Performance Improvement Activities
Data by itself is of no value to an organization unless it is used to improve processes or services. Hospices need to have a defined performance improvement process in place that will guide improvement efforts when suboptimal results are identified through benchmarking comparisons or undesirable trends. Processes such as PDSA (Plan, Do, Study, Act) can assist a team in creating an action plan designed to improve specific measurable results. Continued measurement is vital for monitoring that improvements are sustained.

QAPI Program Structure
Review of the structure and scope of the QAPI program is a critical component to the implementation of the new CoPs. Hospices need to assure that the governing body has accepted formal responsibility for the management and evaluation of the QAPI program, and has designated one or more individuals to be responsible for operating the program. Program policies and structure may also need to be revised to include the frequency and detail of data collection, program focus, committee structure and responsibilities, and the performance improvement process. Hospices will need to have a process in place to document QAPI efforts and demonstrate effectiveness.
Organizational Support
The foundation of any successful QAPI program is the support of organizational leadership. The CoPs explain clearly the technical responsibility of the governing body for defining, implementing, maintaining and evaluating the QAPI program, however, the amount of buy-in and support from the governing body and organizational leadership is what really makes the difference between a flourishing QAPI program and one that is in name only. Management and frontline staff need to hear and see that people in leadership positions in the organization are taking QAPI seriously. There needs to be clear communication to staff of the importance of their role in the QAPI program. QAPI program activities and responsibilities need to be incorporated into the job descriptions and performance reviews of each and every employee. Adequate resources – finances, tools and personnel – must be allocated in order to support an active program.

What resources are available to be successful?
There has been much activity surrounding the new QAPI standards. Among the available resources are:
- NHPCO’s Quality Partners Initiative
- NHPCO’s Performance Measures Initiatives
- NCHPP’s QAPI Section listserv
- NHPCO Marketplace – with tools and resources from various vendors
- Hospice Benchmarking Organizations
- State Organizations

Individually, hospices will need to develop or acquire from external resources and implement:
- Data collection tools and staff with sufficient skills required to manage, report and analyze the data
- A dashboard or other means of tracking key indicators
- Policies and procedures defining the QAPI program
- A performance improvement process such as PDSA.

Additionally, hospices will be looking to the hospice industry’s and software vendors’ consensus about standardized data that is endorsed by acceptable entities, and that can be used for internal/external program oversight, as well as for public reporting. Further, hospices should be aware of and learn from the evolving data-driven quality expectations, standards and processes across the healthcare system.

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