

# **STANDARDS OF PRACTICE FOR HOSPICE PROGRAMS**

PROFESSIONAL DEVELOPMENT AND RESOURCE SERIES

## **11 / Performance Measurement (PM)**

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## PRINCIPLES

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 leadership.

## Standard:

***PM 1: The hospice's leadership ensures that an organization-wide, integrated, data-driven, and outcome-oriented Quality Assessment and Performance Improvement (QAPI) program is implemented.***

**PM 1.1** The governing body is responsible for ensuring:

1. The presence of an ongoing data-driven QAPI program that is inclusive of all hospice operations, as evidenced in a written QAPI plan;
2. A focus on improved outcomes across all areas of the organization;
3. The appointment of one or more individuals to lead the QAPI program;
4. The QAPI activities address operational functions of the hospice and reflect the complexity of the organization as well as quality of care and service, including patient safety; and
5. An annual review of improvement efforts including evaluation for sustained effectiveness.

**PM 1.2** The hospice's administrative leadership is responsible for allocating resources to improve the hospice's processes and systems, including resources for staff and management as well as information systems to facilitate data collection and reporting.

**PM 1.3** The governing body, administrative leadership, employees, and volunteers are informed of quality assessment results and performance improvement activities.

## Practice Examples:

- Details on performance improvement projects (PIPs) are regularly reported to the governing body.

- An annual comprehensive QAPI program plan is submitted to and approved by the governing body, including quality indicators to be measured and tracked.
- An annual review of the QAPI program, including a summary of the quality indicator outcomes and improvement activities, is approved by the governing body.
- Resources for and leadership of the QAPI program are outlined in the QAPI program plan.
- Performance Improvement Projects (PIPs) are conducted organization-wide and reflect the organization's complexity and scope of services.
- The hospice maintains documentation of the governing body's oversight of the QAPI program and of the reports provided to them.

## Standard:

***PM 2: The Quality Assessment and Performance Improvement (QAPI) program is informed by the hospice's strategic plan and supports its mission, vision, and values.***

**PM 2.1** The hospice's administrative leadership ensures that QAPI program activities are focused on:

1. High risk, high volume, and problem-prone areas with consideration of incidence, prevalence, and severity of problems in those areas; and
2. The impact on palliative outcomes, patient safety, the patient's and family/caregiver's experience of care, and other quality of care concerns including but not limited to patient-centered care and changes in setting of care.

**PM 2.2** QAPI activities, processes, and outcomes enable the hospice to assess all aspects of care, services, and operations, including contracted services.

**PM 2.3** The hospice's performance related to the needs, expectations, and experiences of key consumers and stakeholders (e.g., patients, family members/caregivers, physicians, referral sources, contracted vendors) is evaluated as part of the QAPI program.

## Practice Examples:

- The hospice has a written performance improvement plan that describes the areas targeted for data collection, analysis, and improvement and reviews the plan on a regular schedule.
- The hospice has a mechanism, such as a satisfaction survey, to periodically obtain feedback from key stakeholders as defined by the hospice (e.g., physicians, nursing home staff, hospital administrators).
- The annual budgeting process includes targeted areas for improvement as well as the necessary funding resources to carry out the performance improvement program.
- The hospice's staff is involved in identifying quality indicators included in the QAPI program.
- The management team facilitates the identification of high priority targets for performance improvement.

## Standard:

***PM 3: The hospice collects, analyzes, and utilizes multiple types of performance and outcome data, including patient, financial, volunteer, human resources, key operations, and care delivery services data.***

**PM 3.1** The hospice's administrative leadership and QAPI staff identify the frequency and scope of the data collection activities.

**PM 3.2** The hospice's administrative leadership understands performance improvement principles and methods and employs them, utilizing data, to facilitate management decisions.

**PM 3.3** Data are collected related to patient and family/caregiver needs, expectations, and outcomes.

**PM 3.4** Data sources utilized by the hospice for QAPI may include, but are not limited to:

1. Utilization, staffing, and allocation of services;
2. Evaluation of care and services surveys from patients, families, pre and post-death bereavement services, contracted entities, referral sources, physician, volunteers, and community partners;
3. Staff satisfaction surveys;
4. Clinical records;
5. Complaints and reports of service failures from patients, families, referral sources, physicians, contracted vendors, care partners, among others;
6. State or federal compliance surveys and/or accreditation surveys;
7. Incident, adverse event, and sentinel event reports;
8. Infection surveillance;
9. Medical and service review from the MAC, Recovery Audit Contractors (RAC), Unified Program Integrity Contractors (UPICs), or other government entities or contractors;
10. Financial reports; and
11. Other data sources, such as administrative and operational records, as determined by the hospice.

**PM 3.5** A process is in place to review collected data to determine if patterns or trends exist that negatively impact care and/or place the patient or staff at risk. When these trends and their root causes are identified, corrective actions are taken to improve performance and sustain improvements.

## Practice Examples:

- The hospice creates and posts a quarterly QAPI dashboard containing key quality indicators.
- Quality indicator data related to the results of each performance improvement activity are presented to staff on a regular basis via the organization's internal communication process (e.g., newsletter, bulletin board or intranet).
- The hospice utilizes an annual self-evaluation tool to identify processes and systems that need improvement.

- Patient-level data are collected to reflect processes of care (e.g., ongoing assessment, plan of care updates) and patient outcomes.
- The hospice regularly reviews results from the CMS Hospice Quality Reporting Program (HQRP) measures and creates performance improvement projects to improve measure scores based on comparison to national level results.
- Financial reports are reviewed and used by administrative leadership to evaluate progress toward goals on a routine basis.
- State and federal government contractor reviews are recorded, addressed in a timely manner, and integrated in the QAPI program.
- The hospice collects data on Veteran's services and evaluates the components and outcomes of the care provided specific to Veteran needs.
- Employee and volunteer satisfaction or engagement surveys are part of the evaluation process for internal improvement.
- Bereavement evaluation of services surveys are sent to caregivers who have participated in bereavement care.
- Data pertinent to inpatient processes are collected and monitored (e.g., responsiveness to patient call lights) for the hospice's inpatient facility.

## Standard:

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

**PM 4.1** Performance improvement activities are based on objective data and involve collaboration among departments, disciplines, and programs, as well as input from individuals involved in the process targeted for improvement.

**PM 4.2** Performance improvement activity results are communicated to employees, volunteers, and administrative leadership and the governing body.

**PM 4.3** A process is in place to conduct a root cause analysis when an undesirable outcome or adverse patient event occurs, as well as a mechanism for reporting specific serious adverse events to regulatory agencies as required. The hospice has a policy defining what constitutes an adverse patient event and a serious adverse patient event. Adverse events may include but are not limited to:

1. Patient falls with injury;
2. Patient injuries unrelated to a fall;
3. Medication errors;
4. Adverse drug reactions;
5. DME or medical equipment problems;
6. Unsafe handling or misuse of narcotics;

7. Uncontrolled symptoms;
8. Threatened or actual suicide attempts;
9. Patient abuse, neglect, or exploitation;
10. Patient death not related to the principle diagnosis; and
11. Other problematic events and serious service failures as defined by the hospice.

**PM 4.4** Following a serious adverse event, a systematic root cause analysis of the event is conducted in order to generate preventive and corrective actions and mechanisms.

### Practice Examples:

- The hospice has a quality committee or council, with representation from all disciplines and departments, to oversee performance improvement activities.
- The hospice regularly and systematically reviews records and documentation related to DME to identify areas for improvement (e.g., complaint, malfunction, or failure; patient injury resulting from malfunction or failure).
- The hospice provides education and training regarding the QAPI program and activities to employees and volunteers during orientation, when assigned to a performance improvement project team, and throughout their employment/association with the hospice.
- The hospice routinely communicates the activities and results of QAPI process improvement teams.
- The hospice maintains documentation that demonstrates that a root cause analysis is conducted when trends appear in adverse patient events. There is also evidence that the analysis leads to staff training and process improvements to minimize reoccurrences.
- 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.

### Standard:

***PM 5: Components of the hospice's QAPI program include a well-defined methodology for improving performance that demonstrates and documents the results of changes in processes and the development of a plan to ensure sustainability of improvements.***

**PM 5.1** An identifiable and specified methodology is utilized for measurement, goal setting, implementation, evaluation, learning, and change management related to performance improvement activities.

**PM 5.2** The hospice adopts an approach to improving performance that includes:

1. A systematic process for ongoing assessment of quality of care and services provided;
2. An established process for identifying and prioritizing performance improvement activities;
3. A defined process for problem solving and performance improvement work;

4. A defined process for conducting and documenting performance improvement projects;
5. A means to ensure ongoing, systematic, collaborative performance improvement activities;
6. Mechanisms for communicating performance improvement activities and results throughout the organization;
7. Methods for ongoing data collection and measurement to detect significant trends in performance and to compare performance over time;
8. Methods for ensuring sustainability of improvements; and
9. A mechanism for determining resource requirements for performance improvement.

**PM 5.3** Performance improvement planning activities and the selection of areas for improvement are determined based on data collected and input by employees, volunteers, leadership, and third party survey administrators.

**PM 5.4** A desired performance outcome is established and quantified for each performance improvement activity to enable measurable results.

**PM 5.5** Plans are established in writing detailing the actions to be taken to achieve the desired performance outcomes.

**PM 5.6** Changes in the organization's programs and processes are planned, piloted, implemented, and evaluated.

**PM 5.7** Process changes are evaluated for performance and achievement over time with results communicated throughout the hospice.

**PM 5.8** The hospice maintains documented evidence of each performance improvement project in its portfolio along with the reasons for conducting the projects, measurable progress achieved, and the results of monitoring for sustained improvement.

### Practice Examples:

- Performance improvement project teams include staff directly involved in the processes targeted for improvement.
- The hospice utilizes an established performance improvement model for improving processes within the hospice program (e.g. The Institute for Healthcare Improvement (IHI) Model for Improvement [Plan Do Study Act or PDSA], FOCUS-PDCA, FADE, IDEAS, Joint Commission's Framework for Improving Performance design, LEAN, Six Sigma, Adaptive Design).
- The hospice's selection of performance improvement projects is based on current measurable quality indicator trends.
- The hospice uses "story boards," bulletin boards, and other communication methods to display the results of data collected and improvements achieved.
- The hospice can demonstrate measurable sustained improvements for patient care outcomes and processes based on performance improvement activities.
- A summary report from each improvement team is submitted to the hospice's quality committee or council and includes evidence of realized improvements.

- The hospice maintains a record of all performance improvement projects. The record includes the desired performance outcomes, an activity summary, data driven outcomes of implemented changes, and plans to sustain improvements.
- Improvement efforts are monitored for six months following the implementation of a successful action plan to assure that the results achieved are maintained over time.
- The hospice's step-wise approach to quality improvement:
  - Identify the areas targeted for improvement;
  - Determine the goals for improvement;
  - Develop an implementation plan;
  - Educate staff regarding the changes in processes made based on the initial data collected;
  - Pilot test changes;
  - Implement changes;
  - Evaluate results at a specified timeframe (ex: in three months); and
  - Plan to sustain improvement.

## Standard:

***PM 6: The hospice participates in government mandated quality reporting programs and voluntary quality reporting initiatives sponsored by the state and other organizations.***

**PM 6.1** The hospice submits accurate and timely data to federal, state, and other entities for the purpose of contributing to the development of quality databases and ensuring the availability of hospice provider quality comparison data.

**PM 6.2** Staff is trained in accurate and timely generation, documentation, and extraction of quality data elements. Completeness and accuracy of data processes are systematically monitored.

**PM 6.3** The hospice has a mechanism in place for periodic aggregation and reporting of quality data internally and to federal, state, and other entities on an ongoing basis. This includes allocation of sufficient resources and personnel to ensure that reporting is timely, relevant, and accurate.

**PM 6.4** The hospice incorporates data and results from mandatory and voluntary quality initiatives into its QAPI program activities.

## Practice Examples:

- The hospice routinely responds to NHPCO's requests to submit quality data (e.g. STAR (Survey of Team of Attitudes and Relationships) staff satisfaction survey, evaluation of care surveys).
- The hospice participates in federal, state, or local efforts to collect and analyze data across hospice organizations.



- The hospice routinely monitors quality measure results derived from quality data submitted to CMS and carries out performance improvement projects based on those data as indicated.
- The hospice utilizes available performance measure comparison results to identify improvement opportunities. The results are also reviewed for potential best practices that should be promoted, implemented, and maintained.