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| **DEPARTMENT OF HEALTH SERVICES** Division of Quality AssuranceF-62318 (01/2024) | **STATE OF WISCONSIN**Wis. Admin. Code § DHS 131.22CFR § 418.58Page 1 of 2 |
| **HOSPICE QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT (QAPI) REVIEW** |
| Facility Name | Provider Number | License Number |
| Review Date | Surveyor Number |
| **How often do you have QAPI meetings? *(Provide Minutes)*** |
| **Program Standards *(L559)*** |
| [ ]  | Develop, implement, and maintain an effective, ongoing, hospice-wide data-driven program. |
| [ ]  | Governing body ensures program reflects complexity of the organization and services, including contracted services. |
| [ ]  | Maintain documentary evidence of program. |
| [ ]  | QAPI/patient safety program is evaluated annually. |
| **Program Scope**  |
| [ ]  | Show measurable improvement related to improved palliative outcomes and hospice services. *(L561)* |
| [ ]  | Measure, analyze, and track quality indicators, including adverse patient events, and other aspects of performance that enable the hospice to assess processes of care, hospice services, and operations. *(L562) (How do you decide on quality indicators?)* |
| **Program Data *(L563)*** |
| [ ]  | Use quality indicator data, including patient care, and other relevant data, in the design of its program. **– (All patient services/all activities that impact patient/family care should be evaluated.)** |
| **Program Activities** |
| The Hospice must use the data collected to do the following: |
| [ ]  | Monitor the effectiveness and safety of services and quality of care. |
| [ ]  | Identify opportunities and priorities for improvement. *(L564)* |
| [ ]  | The frequency and detail of the data collection must be approved by the hospice’s governing body. *(L565)* |
| [ ]  | Focus on high risk, high volume, or problem-prone areas. *(L566)* |
| [ ]  | Consider incidence, prevalence, and severity of problems in those areas. *(L567)* |
| [ ]  | Affects palliative outcomes, patient safety, and quality care. *(L568)* |
| [ ]  | Track, analyze, and implement preventive actions for adverse events. *(L569)* |
| [ ]  | Ensure improvements are sustained. *(L570)* |
| **Performance Improvement Projects *(L571)*** |
| *QAPI programs must reflect:* |
| [ ]  | Scope, complexity, and past performance of the hospice’s services and operations. *(L572)* |
| [ ]  | Hospice needs and internal organizational needs in number of projects conducted annually |
| [ ]  | Actual and potential projects prioritized, developed, implemented, and evaluated |
| [ ]  | The hospice must document what performance improvement projects are being conducted, the reasons for conducting these projects, and the measurable progress achieved on these projects. *(L573)* |
| **Topic** | **Date Started** |
| **Outcome – Is the program demonstrating measurable improvement? (Provide documentation of improvement)** |
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| **Agency Action to Improve Care** |
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| **Executive Responsibilities**  |
| Governing body is responsible for ensuring the following: *(L574)* |
| [ ]  | That an ongoing program for quality improvement and patient safety is defined, implemented, maintained, and evaluated annually.*(Provide evidence of evaluation/how evaluated)* |
| [ ]  | That the hospice wide QAPI efforts address priorities for improved quality of care and patient safety, and that all improvement actions are evaluated for effectiveness. *(L575)* |
| [ ]  | That the one or more individuals who are responsible for operating the QAPI program are designated (approved by governing body). *(L576)* |
|  | Name of Designated Responsible Person: |       |  |
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