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| **DEPARTMENT OF HEALTH SERVICES**  Division of Quality Assurance  F-62318 (01/2024) | | | | | | **STATE OF WISCONSIN**  Wis. Admin. Code § DHS 131.22  CFR § 418.58  Page 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)** | | | | | | | | | | |
|  | | | | | | | | | | |
| **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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