

Quality Assessment and Performance Improvement (QAPI)

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QAPI

The Quality Assessment and Performance Improvement condition was added to the Conditions of Participation for Home Health Agencies (HHA) in the January 2018 update.

QAPI takes the place of the Professional Advisory Group, quarterly record reviews, and the Annual Program Evaluation requirements.



QAPI

484.65 Condition of Participation: Quality Assessment and Performance Improvement

Consists of the condition statement (G640) and 10 standards (G642 through G660).



QAPI

“The HHA must develop, implement, evaluate, and maintain an effective, ongoing, HHA-wide, data-driven QAPI program...”

- “HHA-wide”: **Involves all agency services** (SN, PT OT, ST, MSW, HHA, contracted services, patient outcomes, symptoms, on-call, office procedures, management and administrative services, wounds, IV therapy, catheters, mental health, pediatrics, etc....)



QAPI

- “Data-driven”: **Based on measurable numbers, statistics, percentages** (% of assessments complete: blood sugars/weights, % of goals measurable/met, # of after hours calls, # of hospitalizations, # of adverse patient events/outcomes, # of falls, medication events, OASIS report #'s, infection rates, patient satisfaction survey results, etc....)

QAPI

*****Data elements are chosen by the agency.*****

Data elements (indicators) can be any item or process of care that affects patient outcomes and safety.

Example: Increased infections in wound patients

- Look at number of infections (single item); or
- Look at wound care process (process of care)



QAPI Data

The data must:

- Reflect complexity of your organization and services.
- Focus on **improved patient outcomes and safety** (percentage of goals met, decrease in patient blood sugars, reduction in edema, increased knowledge, decreased pain, decreased wound size, fewer falls, etc...)



QAPI Data

The data must: (cont)

- Monitor effectiveness, quality and safety
- Be measured, tracked and analyzed over time
- Data elements should change over time – may need additional data to determine why a problem is occurring.



QAPI Activities

The QAPI activities must:

- Have participation from professional staff
- Focus on high risk, high volume problem prone areas (diabetes, CHF, Aide services, falls, infections, IV therapy, wounds, etc.)
- Lead to immediate correction of any problem that threatens the health or safety of patients



QAPI Activities

- Track adverse events/outcomes, analyze their causes and implement corrective/preventative actions
- Take actions aimed at performance improvement and have ongoing data collection to measure success over time (look for improvement in compliance percentages or reductions in negative/adverse events and outcomes)



QAPI Performance Improvement Projects

Performance Improvement Projects (PIP's):

The number and scope of PIP's are based on the scope, complexity and past performance of the agency. Large agencies, agencies with specialty programs (IV therapy, pediatrics, mental health, etc.) and agencies with poor survey results or QAPI data need to have more than 1 PIP per year. **Must always have at least 1 PIP per year.**



QAPI Performance Improvement Projects

Must document:

- The projects selected
- The reason for conducting these projects
- The **measurable** progress achieved

Not all problems need to be documented as a PIP. Simple problem- simple fix.



QAPI Executive Responsibilities

The Governing Body must ensure:

- QAPI program is defined (policy), implemented and maintained (continuously)
- Frequency and detail of data collection is approved (surveys, reports, audit tool results)
- Addresses priorities for improved quality of care and patient safety



QAPI Executive Responsibilities

- Improvement actions are evaluated for effectiveness
- Clear expectations for patient safety are established, implemented and maintained
- Any findings of fraud or waste are appropriately addressed immediately



QAPI Summary

Surveyors will look for:

- **HHA-wide data** collection, tracking and analysis that **measures** quality and safety of patient care
- Documentation of performance improvement actions taken (education, policy/procedure change, increased monitoring, etc.)
- Measurable improvement in data numbers



QAPI Summary

- Documentation of ongoing **Performance Improvement Projects**
- **Re-evaluation of data items** monitored to look for new areas needing improvement in performance when all data elements show no room for improvement (All data numbers at or near 100% compliance)
- Governing Body approval and oversight of the QAPI program (in Governing Body meetings)



Infection Prevention and Control

Infection prevention and control is a new addition to the Home Health Agency (HHA) Conditions of Participation (COP) in the January 2018 update.

The concepts are similar to agency practices prior to the COP changes due to OSHA and CDC requirements/recommendations.



Infection Prevention and Control

- 484.70 Condition of Participation: Infection prevention and control.

Consists of the condition statement (G680) and 5 standards (G682 through 686) for the Infection Prevention and Control condition.



Infection Prevention and Control

“The HHA must maintain and document an infection control program that has as **its goal the prevention and control of infections and communicable disease.**”

- Must follow accepted standards of practice, including standard precautions and other widely accepted practices (Agency’s own policy, CDC, ect...).

Infection Prevention and Control

- Maintain surveillance, identification, prevention, control and investigation of infections/communicable diseases.
- Must have a method for identifying infections/communicable diseases.
(assessments, reporting, tracking forms for both patients and staff)

Infection Prevention and Control

- Must take actions that result in improvement (education, universal precautions, hand hygiene, disinfection of environment equipment and surfaces, personal protective equipment (PPE) and minimizing exposure).
- Must be part of QAPI program. (data elements monitored, tracked and analyzed in QAPI program)

Infection Prevention and Control

- Infection control education/reeducation of staff, patient's, family and caregivers. (should be above and beyond hand hygiene and bloodborne pathogens once a year, procedure specific infection control such as injections, IV insertion/management , Foley catheters, disease specific infection control such as wounds, chronic respiratory disease, identification and reporting, etc.)



Infection Control Summary

Surveyors will look for:

- Surveillance program (identifying, reporting, controlling, and investigating infections).
- Infection control data collection (staff and patients), tracking and analysis integrated into QAPI program.
- Evidence of compliance with standards of practice/policy (during both record review and surveyor home visit observation.)



Infection Control Summary

- Documented actions to prevent and control infections (infection control policy/procedure changes, observing techniques with feedback to staff, action implementation documented in records, etc.)
- Documentation of infection control education to staff, patients, families and caregivers.
- Monitoring of staff/patient/family/caregiver compliance with standards and policies.

