

**Pondera Medical Center
Administrative Policy/Procedure**

Policy Number **84.02.2010.OP.16**

TITLE: **Quality Assurance Performance Improvement Program (QAPI)**

AREAS AFFECTED: **All Areas Except Extended Care**

PURPOSE:

Introduction and Principles

Pondera Medical Center is dedicated to excellence in health care for our community. We believe that a comprehensive quality assurance performance improvement program is a primary means of meeting organizational goals and prompting the facility's mission of providing the community with an array of high quality healthcare services designed to meet community needs. Our aim is to ensure the care provided is safe, effective, patient-centered, timely, efficient and equitable. To that end, the organization as a whole will participate in systematic quality improvement efforts. Our efforts will focus on areas that significantly impact critical clinical processes, clinical outcomes, key business results, facility core functions and the primary needs of patients. Individual competence, when identified as an issue in performance improvement, will be handled through the appropriate medical staff and human resource procedures and processes.

This framework for improving performance describes a global model for structure, process and outcomes measurement and improvement. The framework incorporates several key assumptions.

- Performance is what is done and how well it is done.
- Quality is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge (Lohr, 1990).
- Patients and others judge the quality of healthcare based on health outcomes and sometimes on their experiences with the care process and level of service provided.
- Patients, purchasers, regulators, and other stakeholders expect and use quantitative/explicit data and qualitative/implicit perceptions to judge quality and value of health care.

The guiding principles of the plan are:

- We will identify and focus on functions that are important to all customers.
- We will assess the organization's performance with objectives and relevant measures and defined data elements;
- We will involve all staff in performance improvement;
- We will pursue improvement continuously;
- We will emphasize key functions as defined by the patient experience, not only by departmental structure.
- We will make determinations on quality and decisions on improvement strategies based on evidence.

The QAPI Program focuses on the measurement, assessment and improvement of performance and work processes to:

- Improve the safety of the healthcare systems and work processes.
- Identify indicators of quality related to structure, process and outcomes of patient care.
- Measure clinical practice against best practices or benchmarks appropriate to critical access hospitals.
- Design or redesign care processes based on best practices.
- Improve coordination and communication across patient conditions, services, and settings.

The Program objective will focus on performance improvement activities in the following areas:

- The integration of the performance improvement process as an integral component of problem solving and work process improvement within the facility.
- The evaluation and improvement of work processes related to managing facility resources including personnel, supply and equipment availability and use, and the appropriate generation of patient charges.
- The evaluation and improvement of systems and work process involved in the provision of patient care.
- The evaluation and improvement of patient and family satisfaction with care and service.

Scope of Integration

The scope of the QAPI program is organization-wide. All personnel and departments are expected to be actively involved in the program. Contract services providing direct patient care or affecting the health and safety of patients are also included

in the on-going monitoring activities and as appropriate. Examples of involvement are participation on a QAPI team, collecting assessment data participating in data analysis and participating in change. The Medical Staff is actively involved in the performance management program through the peer review process and peer profile for appointment and re-appointment. The Medical Staff may also be requested to serve as a member of a QAPI team. The QAPI program includes, but is not limited to monitoring:

- All patient care services and other services affecting patient health and safety;
- Nosocomial infections;
- Medication therapy;
- Quality and appropriateness of diagnosis and treatment by Medical Staff members including mid-level providers;
- Utilization management;
- Staff opinions and needs; and
- Patient satisfaction.

Roles and Responsibilities

The Governing Board has the ultimate responsibility for the quality of care and services provided. The Board's accountability for quality is discharged through its performance of four major responsibilities:

- Demonstrating a top-down commitment to high quality and to the organization's programs for quality management.
- Requiring that objective measures be used to gauge the quality of care and services being provided.
- Ensuring that performance improvement programs are in place and working effectively to monitor and improve quality.
- Appointing, reappointing and granting privileges to the Medical Staff based on documentation of current clinical and behavioral competence.

The Governing Board delegates responsibility for development and implementation of the QAPI program to the organization's leadership. Leaders play a central role in fostering improvement through planning, educating, setting priorities, providing support, such as time and resources, and empowering staff. The organizational leadership includes the Governing Board, Medical Staff, officers, directors and department managers. The Board receives regular reports from the QAPI Committee (Committee). The contents of all reports to the Governing Board contain sufficient detail and analysis to allow the Board to effectively meet its responsibility for quality oversight.

QAPI Structure

The Governing Board delegates to the QAPI Committee the central authority for managing the program. The responsibilities of the Committee include:

- Coordination and oversight of organization-wide programs.
- Provision of a framework for the planned, continuous, systematic and organization-wide approach to designing, measuring, assessing and improving performance.
- Maintaining current knowledge of the performance improvement process.
- Oversight of staff education and training for performance improvement and the facilitation of the QAPI process.
- Assuring adequate resource allocation for the QAPI process and activities throughout the organization.
- Prioritizing performance improvement projects and commission teams.
- Identifying organizational trends or opportunities for improvement projects from reports received throughout the organization. Sources of data and information include reports from infection control studies, utilization review studies, risk management reports, and corporate compliance audits.
- Requesting additional quality assessment studies or QAPI projects.
- Reporting to the Governing Board regularly the results of the quality activities and the QAPI process including any financial impact of the project and program.
- Integrating QAPI efforts with daily work activities.
- The QAPI Committee participants' responsibilities and objectives include reporting projects on a quality guide, which is then presented and reported on during quarterly Committee meetings.

Membership in the Performance Improvement Network

The facility has elected to join the Montana Critical Access Hospital (CAH) Performance Improvement Network (PIN) in an effort to provide support to the facility for the performance improvement program. The PIN provides an opportunity to work with other CAHs to identify appropriate measures of quality for certification requirements for outside quality review, outside peer review and to assist the facility in the development of studies to evaluate facility structures, processes and

outcomes. All data gathered by and for the PIN is for the purpose of assessing and improving quality and for educational purposes and as such, is confidential and privileged information.

QAPI Coordinator

The primary responsibilities of the QAPI Coordinator include coordination of the implementation of this plan, providing support for the department managers and the QAPI team in the form of a resource person for the organization, provides support and coordination for training throughout the organization as it relates to quality issues, generates a report of quality measures for the Committee, the Governing Board and Medical Staff. Specific qualifications and performance standards are described in the job description. This role may be filled by a qualified person in a different position; however, the responsibilities remain the same as noted above.

Medical Staff

The Medical Staff participation focuses on peer review and is outlined in the Medical Staff Bylaws pertaining to Peer Review as developed and implemented by Medical Staff and the organization.

Approaches and Methodologies

The QAPI program is a framework for organizing a planned and systematic approach to the measurement, assessment and performance improvement activities related to the important functions within the organization. The components of this program include:

- Quality assessment activities include the studies and data collected that measure performance against pre-established standards or benchmarks and outcomes of care, such as patient and staff satisfaction studies, blood and medication use and infection control surveillance data.
- Performance improvement team activities are those, which may be intra-departmental projects that look at the work process of the organization related to important functions within the facility and utilize a team approach to identify opportunities to improve process flow and outcome.
- A report generated for the Governing Board and the Medical Staff that provides data about QAPI of services; statistical information about important hospital functions and processes. The content included in this report will be revised as needed to meet the quality monitoring needs of the Governing Board and Medical Staff.
- Physician charts will routinely be sent to Monida Healthcare for outside peer review. Two (2) per physician per quarter will be copied and sent and can be pulled from the charts outlined above. If the above sample does not make up two per provider per quarter, a random sampling will be pulled. Returned reports from Monida will be shared with the appropriate provider and reported to the Medical Executive Committee and the full Medical Staff as appropriate.

Data is collected on the following types of measures or indicators:

- Structure: Measures describing the organization, its structure, services, provider demographics and traits.
- Process: Measures that describe the goal-directed interrelated series of events, actions, mechanisms or steps related to providing care and service.
- Outcomes: Measures that describe the results of the performance or nonperformance of a process or processes.

The QAPI process used is PDCA or PDSA

P - Plan the improvement project

Planning may include:

- Identify the process to be improved
- Identify the project team or appropriate staff
- Provide just-in-time training as needed
- Identify customers and their expectations; translate customer expectations for services into expectations for work process
- Create a flow chart of the current process
- Develop indicators to identify the extent to which customer expectations are being met and the cost of poor quality
- Plan data collection and remaining steps.

