

## Home Health Line Tool

# Establishing an Effective QAPI Program: 5 Steps for Success

A successful QAPI program can minimize risk, enhance patient experience, improve agency outcomes, optimize operational efficiency, support growth, strengthen staff cohesion and achieve clinical excellence. However, many home health agencies struggle with developing, implementing, evaluating and maintaining an ongoing, agency-wide, data-driven QAPI program that is compliant, well-organized and effective. (See story, p. 1.)

*This tool may be used as a guide to assist agencies in building the framework for a strong, compliant QAPI program.*

**Step 1:** Review regulatory guidance: CoPs, state, accrediting bodies. In order to be successful, agencies must understand the required elements of a comprehensive QAPI program. Like with any other regulation, the most stringent regulation should be followed – federal, state or accrediting body – to be within compliance.

**Step 2:** Develop and implement policies/processes in accordance with regulatory requirements. Policies/processes should include specifics regarding the QAPI program scope, data, activities, performance improvement projects and delegation of responsibilities.

- **Scope:**
  - ✓ Comprehensive, agency-wide and includes all services provided.
  - ✓ Indicators must include health outcomes, patient safety and quality of care to enable agency to assess processes of care, services and operations.
- **Data:**
  - ✓ Must be measurable.
  - ✓ Must be collected and analyzed to determine effectiveness and safety of services, quality of care provided and identify areas of improvement.
  - ✓ Indicators/sources – OASIS (iQIES), HHCAHPS, infections, Adverse Events, falls, complaints, emergency care services, hospitalizations, PEPPER reports, chart audits
- **Activities:**
  - ✓ High risk, high volume or problem-prone areas.
  - ✓ Any identified problem that directly or potentially threatens the health and safety of patients must be addressed/corrected immediately.
- **Performance Improvement Projects:**
  - ✓ Projects must be conducted annually and reflect the scope, complexity, and agency performance. At least one project must be in development, on-going or completed each calendar year.
  - ✓ Agencies should develop processes for prioritizing, developing, and implementing performance improvement projects.
- **Delegation of Responsibilities:**
  - ✓ The governing body is responsible for ensuring the QAPI Program requirements for scope, data, activities and performance improvement projects are defined, implemented and maintained.
  - ✓ All skilled professional staff, including contract staff, must provide input into and participate in the implementation of the HHA's QAPI program in order for the QAPI program to be effective. These contributions may include identification of problem areas; recommendations to address problem areas; data collection; attendance at periodic QAPI meetings; and participation in performance improvement projects.

**Step 3:** Develop tools:

- Data Collection and Trending Tool
- Patient Chart Audit Tool
- Potentially Avoidable Event Audit Tool
- Personnel Record Audit Tool
- Patient and Employee Incident Investigation Reports/Logs – Infections, falls, adverse events, complaints.
- Performance Improvement Project Tracker and Project Template
- Annual Emergency Preparedness Assessment w/Hazard Vulnerability Assessment

**Step 4:** Collect and analyze data to determine areas of risk, improvement and excellence. One example is trending the five most recent quarters of data. This allows agencies to compare their current data to where they were a year ago and see the progression/regression over time.

**Step 5:** Prioritize problematic areas, develop and implement performance improvement projects. The agency must document the performance improvement project, the reason/purpose/goal for the project and the outcomes.

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