**ABC Hospital**

**Quality Assessment and Performance Improvement Plan**

**2020**

**Purpose**

The purpose of this document is to describe ABC Hospital’s approach to quality assessment and performance improvement and to delineate the roles and responsibilities of the governing board, medical staff, administration and staff in developing a comprehensive quality management program. In order to meet these obligations, the board of directors, the medical staff and administration have established an improvement plan that is consistent with organization’s mission, vision and strategic plan. In addition, the organization’s leadership will determine the priorities for improvement and allocate the required resources.

The purpose of the Quality Assessment and Performance Improvement (QAPI) Plan is:

* To support the ABC Core Values of Integrity, Commitment to Excellence, Dedicated Colleagues and Extraordinary Customer Experience.
* Toe provide an ongoing organization-wide program aimed at delivering outstanding patient centered care and services.
* To continuously improve care and service through improvement of processes, procedures, methods and systems.

**Goals**

* Develop QAPI procedures, methods and systems that positively impact patient care and satisfaction.
  + Establish data-measurement systems for quality, utilization and risk-review activities.
  + Promote the use of statistical techniques for analysis.
  + Demonstrate improvement in established priorities.
* Communicate the plan throughout the organization.
* Evaluate all services, including contracted services, involved in delivery of care through and annual evaluation of the QAPI program.
* Comply with quality policies, standards, regulations and laws set by the governing board, medical staff, state and federal governments and other regulatory and accrediting bodies as applicable.

**Scope**

The QAPI plan applies to all departments, practitioners, services and staff. Priorities will be directed by ABC’s strategic plan, as well as opportunities found for improvement related to care delivery and processes.

* All direct patient care departments will report quarterly to the Quality department.
* All other departments, including contract services, will report at least annually.

**Medical Staff**

* The Chief Medical Officer (CMO) will be an ad hoc member of the QAPI committee and will act as liaison to and from the medical staff.
* The physician quality committee will include the COO, Direct of Patient Care, Director of Quality, CMO and 2 family practice physician representatives. The committee will address medical staff quality issues. They meet twice a year and as needed.

**QAPI Committee**

**Members**

The QAPI committee membership will consist of the QAPI committee chairperson (COO), the Chief Medical Officer (ad hoc), the Director of Patient Care, Director of Quality, Director of Sr. Care, Home Health/Hospice Manager, Clinic Nurse Manager, and a front-line staff member as designated.

**QAPI Committee Chairperson**

* Lead the facility’s quality program and facilitate a culture of continuous improvement.
* Serve as a facility resource for quality assessment and performance improvement education, information and assistance.
* Review and approval of meeting minutes.
* Provide a quality report to the Board of Trustees monthly.

**Director of Quality**

* Organize the QAPI committee meetings including scheduling, agenda planning and recording.
* Collect and organize data and quality reports from each department and service and report to the COO. Prepare quality reports for COO to report to the Board of Trustees.
* Ensure quality data is properly submitted to the appropriate regulatory and quality improvement entities (ex. CMS, IHC, etc.).
* Act as liaison to and from ABC.

**Role**

* Oversee QAPI program as delegated by the governing board.
* Make recommendations to the governing board’s quality committee on matters related to quality.
* Ensure utilization and quality of services provided is reviewed annually via the Critical Access Hospital Annual Review.

**Responsibilities**

* Ensure the quality efforts of ABC are focused and effective.
* Review, evaluation, develop and recommend the QAPI plan annually.

**Meetings**

The QAPI committee will meet at least quarterly.

**Improvement Philosophy**

The process of improving organizational performance requires a systematic approach to change. ABC utilizes the Plan Do Study Act (PDSA) method. PDSA is defined as follows:

* Plan: Plan change by studying a process, determine the causes, deciding what could improve it and identifying data to know if what you plan to do will help.
* Do: Test the proposed change on a small-scale trial.
* Study: Study the results of the change. Measure your results.
* Act: Adapt, adopt or abandon the process based on your results. If implementing changes, be sure to hardwire them into the workflow and processes to sustain ongoing change.

**Data Sources**

Data sources are utilized for monitoring the care rendered to patients and shall serve as a basis for identifying problems. Data is taken from a variety of sources.

**Confidentiality**

All quality assessment and performance improvement data and information will be managed according to ABC’s Privacy Policies.

**Conflict of Interest**

Individuals involved in QAPI action planning might be required to review cases in which they are professionally and/or personally involved. Efforts will be made to reduce involvement in cases of conflict of interest.

**Conclusion**

The QAPI program of ABC will provide the coordinating mechanism to ensure that all activities and problems relating to patient and professional practice will be assessed, monitored, evaluated and improved where possible. This effort requires the involvement of everyone to achieve an efficient, comprehensive and effective quality program.

**Annual QAPI Plan Initiatives**