
Agency Quality Assessment and Performance Improvement (QAPI) Plan

PURPOSE: To identify and correct process variation to improve financial viability, internal and external customer satisfaction, compliance with rules and regulations as required by state and federal guidelines and/or accrediting body of 3HC.

QUALITY OBJECTIVES:

The agency Performance Improvement program shall concentrate on **systematic improvement of non-clinical processes**. Specific objectives include:

1. To identify and focus on understanding the variations in agency processes and the defects that result.
2. To build on our existing quality systems by measuring our processes to improve efficiency and generate productivity.
3. To involve key staff in actively implementing Six Sigma methodology.
4. To assist in the design or redesign of processes and functions, to be consistent with the agency's mission, vision, and plans.
5. To evaluate performance in quantifiable terms. Utilize the results of the evaluation to identify means of improving process effectiveness.
6. To provide focus and direction for future program activities.

CONFIDENTIALITY:

All staff participating in performance improvement activities shall adhere to the agency's confidentiality policy including protection of any patient/client PHI, or staff identifying information.

PERFORMANCE MEASUREMENT (Data Collection):

Measurement activities shall focus on data collection of processes.

Each measurement activity shall define the:

- Data to be collected
- Method of collection
- Sources data collected from
- Frequency
- Responsible persons (agency-wide) for data collection
- Frequency of data assessment/analysis

PROBLEM-SOLVING METHODOLOGY:

The five (5) phases of Six Sigma problem-solving methodology shall be initiated:

- Define
- Measure
- Analyze
- Improve
- Control

ASSESSMENT:

Results of performance measured shall be assessed and interpreted. The following areas shall be evaluated to determine:

- Whether expectations of new processes were achieved.
- The level of performance and stability of existing processes.
- The priorities for possible improvement of existing processes.
- The actions to improve the performance of processes.
- Whether changes in the processes resulted in improvements.

Evaluation of the results may include comparisons from three perspectives (Benchmarking):

- Internal comparisons over a specified time period.
- Comparisons to standards.
- Comparison with the performance of similar organizations.

IMPROVEMENT (Action Plan):

For each process assessed, it shall be determined whether opportunities exist to improve performance. When multiple opportunities exist, improvement activities shall be prioritized. An improvement action plan shall be made with input from the department staff, performance improvement committee members, quality management staff, as well as those individuals who are affected by the actions to be taken. Action plans shall be initiated and developed to document the steps/actions taken to improve performance.

MONITORING:

Agency QAPI Activities shall be monitored and reported through the following committees:

1. Home Health QAPI Committee (quarterly)
2. Hospice QAPI Committee (quarterly)
3. Staff Compliance Committee (quarterly)
4. Risk Management Committee (quarterly)
5. Board of Directors Compliance & Quality Committee (quarterly)

The Board of Directors shall be responsible for the oversight of agency QAPI activities.

COMMUNICATION OF PERFORMANCE IMPROVEMENT INFORMATION AND ACTIVITIES:

1. Relevant information shall be reported to the appropriate persons and may include: Compliance Officer, management/supervisory staff, and PMT. The Senior Director of Quality, Regulation & Compliance shall be responsible for reporting performance improvement information unless the minutes designate others to report on one or more activities.
2. Staff may be informed of performance improvement activities via memorandums, emails, Relias Educational Assignments, bulletin board notices, staff and committee meetings, etc.

3. Copies of all minutes and summary reports, and other documentation of performance improvement, exclusive of raw data, shall be maintained for a period of at least six years. Raw data shall be maintained for a period of at least one year.

This policy is required by: ☐ DHSR ☐ CHAP ☐ Medicare ☐ Other

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