A Quality Assurance Plan

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QUALITY MEASURES

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NO FINANCIAL CONFLICT OF INTEREST TO DISCLOSE

Why Have A Performance Improvement Plan (QAPI)?

- Accreditation Requirement
 - Joint Commission
 - UHMS
- Licensure Requirement
 - Medicare
 - Medicaid

Why Have A Performance Improvement Plan (QAPI)?

- Medicare links reimbursement to quality indicators
- Medicaid has plans to link reimbursement to quality indicators
- □ To improve the safety and quality of
 - Care
 - Treatment
 - Services provided

The Best Way to Achieve Better Care

- •Measure performance of processes that support care
- Use data to make improvements

SUCCESS STARTS AT THE TOP

Leadership Responsibilities

- Educate employees to create an awareness that quality is considered a priority.
- Set QAPI priorities, (or delegate managers to do so)
- Provide necessary resources
- Ensure the flow of information within the organization
 - Department staff
 - QAPI Hospital Committee
 - Hospital Board of Directors
- $\hfill \square$ Make quality of care a standing agenda item

Well Designed QAPI Program

- Uses planned, systematic approach
- Focuses on top priority improvement projects
- Uses appropriate statistical methods to collect data and measure performance
- Detects areas for improvement
- Guides towards actions for improvement
- □ Re-measures & ensures sustained improvement
- Is ongoing and builds upon data over time

Key Components of the Plan

- Comprehensive policy and procedure
- Indicators
- Criteria for each indicator
- Threshold for criteria
- Method for data collection
- Frequency for data collection
- Method for communication of results
- Implementation of changes for improvement
- Method for sustained improvement

A quantitative measure of an important process or outcome of care

Guides for Developing Indicators

- Required indicators by Medicare, Medicaid, JC, and **UHMS**
- New or updated standards by regulatory agencies
- JC NPSGs
- □ High risk, high volume, problem prone areas
- New or changed procedures in the department

QAPI Program Areas Required to be Addressed for Accreditation

UHMS

- Clinical
- Administrative
- Cost-of-Care Issues
- Patient Outcomes

Joint Commission

- Environment of Care
- Infection Prevention and Control
- Medication Management
- Provision of Care, Treatment, and Services

Required Areas of Evaluation

- Unexpected results or complications of hyperbaric treatment
- Clinical performance & practice patterns of providers
- Quality of care & completeness of entries in medical records
- Other professional services provided
- Patient satisfaction results Staff concerns
- Accessibility of services provided
- Medical/Legal issues
- Wasteful practices
- Utilization review Patient grievances

Joint Commission

- Adverse & Sentinel Events
- Significant medication errors
- Significant adverse drug reactions
- Patient perception of safety and quality of care, treatment and services
- Additional areas for other parts of the hospital such as O.R. sentinel events, etc.

Examples of Indicators

- Appropriate utilization of HBO therapy
- Adverse events
- Complaints/Misconduct
- Effective communication among caregivers
- Medications are accurately and completely reconciled for each patient across the continuum of care

Determining Criteria for Indicators

- What tells you if indicator is met or not?
- Ask yourself, "how do I know this wasn't done as it should have been"?
- Is there a new process or procedure being implemented?
- Are there new regulations related to indicator?
- What inconsistencies in department performance have surfaced?

Examples of Criteria Indicator: Adverse or Sentinel Events

- Middle ear barotraumas
- Sinus barotraumas
- Pneumothorax
- Claustrophobic episode/attack
- Oxygen toxicity seizure
- Patient falls
- Significant Medication Error
- Significant Adverse Drug Reaction
- Other Adverse Patient Event
- Sentinel Event

Determining Thresholds

Identify the results that will signify appropriate performance for the indicator being measured

Guides for Determining Thresholds

- Thresholds established from external sources (UHMS, NBDHMT, Databases)
- Seriousness of consequences for not meeting criteria
- High risk or problem prone areas may need to be 100%
- Be able to explain how you determined your thresholds

Examples of Thresholds

INDICATOR:

Adverse Events

CRITERIA:

THRESHOLD:

Middle ear barotraumas2.00%Claustrophobic episode/attack2.00%Oxygen toxicity seizure0.01%

HBOT event threshold percentages were taken from the UHMS Committee Report.

Determining Source of Data for Collection

- Direct observation
- Medical records
- Department logs
- Patients

Determining Auditing & Reporting Frequencies

- Critical nature of indicator
- Anticipated compliance rate
- Facility Policy and Procedure

Analyze Data

- Ensure you can validate accuracy of data
- Include all data for the defined review period (month, quarter)
- Don't try to conceal unfavorable results
- Don't fail to investigate significant inconsistencies

Final Steps

- Communicate results to appropriate staff, committees, and Board
- Involve leaders and staff with plan of correction & then implement
- □ Re-measure to ensure sustained improvement
- □ Start cycle all over again if necessary

Let's Make it Easy EXAMPLE PLAN TO TAKE HOME WITH YOU

2024	JAN	FEB	MAR	APR	MAY	JUNE		AUG	SEPT	ОСТ	NOV	DEC
Appropriate utilization of HBO therapy.	Initial	Reassess	Reasses									
Adverse events			Initial			Reassess			Reassess			Reasses
Complaints/Misconduct			Initial			Reassess			Reassess			Reasses
Effective communication among caregivers	Initial			Reassess			Reassess			Reassess		
Medications are accurately and completely reconciled for each patient across the continuum of care		Initial			Reassess			Reassess			Reassess	
Adherence to CDC hand hygiene guidelines			Initial			Reassess			Reassess			Reassess
Adherence to evidence- based practices to prevent health care associated infections due to multidrug resistant organisms in the wound center.	Initial			Reassess			Reassess			Reassess		
The Wound Center assesses & manages the patient's pain		Initial			Reassess			Reassess			Reassess	
Maintenance of complete & accurate patient records	Initial			Reassess			Reassess			Reassess		

INDICATOR	MENT INDICATOR & CRITERIA
ADVERSE EVEN	
CRITERIA:	THRESHOLD:
Middle ear barotraumas	2%
Sinus barotraumas	2%
Pneumothorax	.0001%
Claustrophobic episode/attack	2%
Oxygen toxicity seizure	.01%
Patient falls	.5%
Significant Medication Error	0%
Significant Adverse Drug Reaction	0%
Other Adverse Patient Event	0%
Sentinel Event	0%
Significant and/or adverse is considered any unexpected occ psychological injury, or any process variation for which a recurr adverse outcom	ence would carry a significant chance of a serious
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Oxygen toxicity seizure																													ſ
Patient falls	Т	Т																				Г	Г	Г	Г				Ī
Significant Medication Errors	Τ																												Γ
Significant Adverse Drug Reactions	T																												
Other Adverse Patient Event																													Γ
Sentinel Event	Т	Т																				Г	Г	Γ	Г	Г			Ī
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	WOUND CENTER PERFORMANCE IMPROVEMENT PLAN REPOR	т
Date:	Facility:	
Indicator/Aspe	ect of Care:	
Data Review Fin	dings:	
Contributing Fac	tors:	
Plan To Facilitate	e Improvement:	
Person(s) Involve	ed With Implementation Of Plan For Improvement:	
	pletion Date:ast Review:	
Wound Cer	nter Clinical Manager	Date
Wound Cer	nter Medical Director	Date

Wound Ci Annual Performance Impro	
Facility:	
Review Period:	Date:
Problems identified during this review period	od:
Improvements made to quality of patient ca	are during this review period:
Strengths of departmental performance plan	n:
Weaknesses of departmental performance p	olan:
Changes recommended for next year:	
Clinical Manager	Date
Medical Director	 Date

QUESTIONS?

2024	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	ОСТ	NOV	DEC
Appropriate utilization of HBO therapy.	Initial	Reassess										
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Adherence to CDC hand hygiene guidelines			Initial			Reassess			Reassess			Reassess
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The Wound Center assesses & manages the patient's pain		Initial			Reassess			Reassess			Reassess	
Maintenance of complete & accurate patient records	Initial			Reassess			Reassess			Reassess		

WOUND CENTER PERFORMANCE IMPROVEMENT INDICATOR & CRITERIA INDICATOR: ADVERSE EVENTS

CRITERIA:	THRESHOLD:
Middle ear barotraumas	2%
Sinus barotraumas	2%
Pneumothorax	.0001%
Claustrophobic episode/attack	2%
Oxygen toxicity seizure	.01%
Patient falls	.5%
Significant Medication Error	0%
Significant Adverse Drug Reaction	0%
Other Adverse Patient Event	0%
Sentinel Event	0%

Significant and/or adverse is considered any unexpected occurrence involving death or serious physical or psychological injury, or any process variation for which a recurrence would carry a significant chance of a serious adverse outcome.

HBOT event percentages were taken from the UHMS committee report.

THRESHOLD FOR EVALUATION:

All occurrences will be evaluated due to the high-risk, problem prone nature. Appropriate actions will be taken at the time of the event. Occurrences outside of threshold will generate a root cause analysis, but PI reporting will be done on a quarterly basis.

SAMPLE SIZE:

All patients being treated in The Wound Center during the review period who experienced an adverse event, unexpected result, or complication of treatment provided.

METHODOLOGY:

Complete the data review form, which correlates with this particular indicator for the occurrence of any of the criteria listed for this indicator during the review quarter.

SOURCE OF DATA:

All occurrence reports completed during the review quarter, as well as the additional clinical data documented in the associated medical record.

DATA REVIEW FORM ADVERSE/SENTINEL EVENTS

 $\sqrt{=}$ did not occur Key: \emptyset = did occur N/A= not applicable % Patient # Middle ear barotrauma Sinus barotrauma **Pneumothorax** Claustrophobic episode/attack Oxygen toxicity seizure **Patient falls Significant Medication Errors Significant Adverse Drug Reactions Other Adverse Patient Event Sentinel Event**

Quarter:	
# of Adverse Events Occurring:	Signature of person(s) collecting data:
# of HBOT Treatments Provided:	
# of Patients Treated:	
% HBOT Related Events:	
% All other Related Events:	
# of HBOT Treatments Provided: # of Patients Treated: % HBOT Related Events:	

WOUND CENTER PERFORMANCE IMPROVEMENT PLAN REPORT

Date:	Facility:	
Indicator/Aspec	t of Care:	
Data Review Findir	ngs:	
Contributing Facto	rs:	
Plan To Facilitate I	mprovement:	
Person(s) Involved	With Implementation Of Plan For Improve	ement:
Anticipated Comple	etion Date:	
Comparison To Las	t Review:	
Wound Cente	er Clinical Manager	
	er Medical Director	 Date

WOUND CENTER ANNUAL PERFORMANCE IMPROVEMENT PLAN EVALUATION

Facility:	
Review Period:	Date:
Problems identified during this review period:	
Improvements made to quality of patient care during	ng this review period:
Strengths of departmental performance plan:	
Weaknesses of departmental performance plan:	
Changes recommended for next year:	
Clinical Manager	
Medical Director	DateDate