Title:	**Hospice Policy 412**
Section:	**ELIGIBILITY FOR SERVICES**
Subject:	**Quality Assessment and Performance Improvement**
Reference:	**ARM 37.40.805, 42 CFR 418.58**
Supersedes:	**Policy 412, October 2016**

QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT

The hospice must develop, implement, and maintain an effective, ongoing, hospice-wide, data-driven quality assessment and performance improvement program. The hospice's governing body must ensure that the program:

1. Reflects the complexity of its organization and services;

2. Involves all hospice services (including those services furnished under contract or arrangement);

3. Focuses on indicators related to improved palliative outcomes; and

4. Takes actions to demonstrate improvement in hospice performance.

The hospice must maintain documentary evidence of its quality assessment and performance improvement program and be able to demonstrate its operation to Centers for Medicare and Medicaid Services.

PROGRAM SCOPE

The program must at least be capable of showing measurable improvement in indicators related to improved palliative outcomes and hospice services.

The hospice must measure, analyze, and track quality indicators, including adverse member events, and other aspects of performance that enable the hospice to assess processes of care, hospice services, and operations.

PROGRAM DATA

The program must use quality indicator data, including member care, and other relevant data, in the design of its program. The hospice must use the data collected to do the following:

1. Monitor the effectiveness and safety of services and quality of care.

2. Identify opportunities and priorities for improvement.

The frequency and detail of the data collection must be approved by the hospice's governing body.

PROGRAM ACTIVITIES

The hospice's performance improvement activities must:

1. Focus on high risk, high volume, or problem-prone areas.

2. Consider incidence, prevalence, and severity of problems in those areas.

3. Affect palliative outcomes, member safety, and quality of care.

Performance improvement activities must track adverse member events, analyze their causes, and implement preventive actions and mechanisms that include feedback and learning throughout the hospice.

The hospice must take actions aimed at performance improvement and, after implementing those actions; the hospice must measure its success and track performance to ensure that improvements are sustained.

PERFORMANCE IMPROVEMENT PROJECTS

CMS requires hospices to develop, implement, and evaluate performance improvement projects. The projects should include:

1. The number and scope of distinct performance improvement projects conducted annually, based on the needs of the hospice's population and internal organizational needs, and must reflect the scope,

complexity, and past performance of the hospice's services and operations; and

2. The hospice must document what performance improvement projects are being conducted, the reasons for conducting these projects, and the measurable progress achieved on these projects.

EXECUTIVE RESPONSIBILITIES

The hospice's governing body is responsible for ensuring the following:

1. That an ongoing program for quality improvement and member safety is defined, implemented, and maintained, and is evaluated annually;

2. That the hospice-wide quality assessment and performance improvement efforts address priorities for improved quality of care and member safety, and that all improvement actions are evaluated for effectiveness; and

3. That one or more member(s) who are responsible for operating the quality assessment and performance improvement program are designated.