



# Quality Assessment Performance Improvement

Debra Stinchcomb, RN, BSN, CASC

***A robust QAPI program is an invaluable asset to a best-performing ASC operation.***

**A** well-developed Quality Assessment and Performance Improvement (QAPI) program is essential to an ASC. Not only is it a regulatory requirement (state, federal, and accreditation), it assures and documents the safety and quality of the services provided in your facility.

The responsibility for the QAPI program lies with the governing board. The governing board must allocate adequate time and resources to develop and implement this important aspect of facility compliance. Implementation of this program is delegated, in writing, to the QAPI coordinator. The coordinator, along with key physicians and staff, may form a committee or work in conjunction with the Medical Executive Committee (MEC) to develop and implement Quality Assessment (QA) activities. The QAPI coordinator reports activities to the MEC, governing board, and staff.

The QAPI process includes ongoing review of all areas within your ASC that impact patient care. Although we tend to focus on clinical issues, business operations should be included as well. Examples of activities to assess that may impact patient care and safety include pharmacy inspections, medical record audits, peer review activities, medication error reports, incident reporting, and infection control measures.

The goals of the QAPI program are to monitor the effectiveness of services and quality of care, identify areas for improvement, and identify

problematic events, policies, or practices. In order to meet those goals, your facility must implement ongoing evaluation of current services, identification of key indicators specific to your facility, internal and external benchmarking, and Quality Improvement (QI) studies.

### Evaluation of Current Services

Persistent evaluation of the effectiveness of current services is a key function of your QAPI program. Examples include evaluation of your ancillary services on an annual basis, ongoing peer review, incident report results and trends, safety trends, and an annual review of your QAPI program itself. Evaluation findings prompt actions to improve care and services. These findings and recommendations for action are communicated to your MEC and governing board as required.

### Identification of Key Indicators

Improving performance or monitoring activities include measuring identified indicators specific to your facility. Indicators are process-, outcome-, or perception-driven.

- Process indicators assess your performance against established standards of care. An example is tracking the administration and timing of prophylactic antibiotics. An example of a business operations process indicator is evaluating the number of days it takes your facility to drop a claim.
- Outcomes indicators measure the actual patient outcomes. Examples include complication rates, infection rates, transfers, and wrong-site surgeries.
- Perception indicators include perceptions from staff, physicians, and patients. Examples include results of your patient satisfaction surveys and physician surveys, and patient grievances.

The number of indicators a facil-

## SUGGESTED PERFORMANCE IMPROVEMENT STUDY FORMAT

|                      |  |
|----------------------|--|
| Date:                |  |
| Name of Study:       |  |
| Definition:          | This must include, at a minimum, an explanation of why the study is undertaken. It should indicate what data collected in the facility or based on nationally recognized organizations leads the facility to believe that the project's activities will actually result in improvements in patient health outcomes and safety in the facility. |
| Standard:            |  |
| Data Sources:        |  |
| Data Findings:       | Explanation of project results.  |
| Action Plan:         | If the study is unsuccessful, what action is taken as a result of that information? If successful, how is it being sustained?  |
| Reporting Structure: | The findings and results of this study will be reviewed with all staff at the next facility staff meeting. The findings and results of this study will be reported to the medical staff and Governing Body via the Medical Advisory Committee at the next quarterly MAC meeting.   |

Courtesy of Progressive Surgical Solutions ([www.progressivesurgicalsolutions.com](http://www.progressivesurgicalsolutions.com)). Download a copy of this tool from the ASOA Resource Library.

ity can measure is endless. Measuring just for the sake of measuring, however, is not beneficial. You must choose indicators that provide information helpful in managing your facility and improving patient safety and care. The caveat is that certain indicators should consistently be monitored due to their level of importance, such as infection rate. The ASC Quality Collaboration ([www.ascquality.org](http://www.ascquality.org)), which was formed in anticipation of CMS mandates for mandatory reporting, is an excellent resource for seeing which measures are the focus of attention in the ASC industry. The organization currently suggests measuring burns, falls, prophylactic antibiotic timing, and wrong site/site/patient/ implant/procedure.

Note that your state licensing agency or accrediting agency may mandate specific indicators to be included in your QAPI program.

### Internal and External Benchmarking

What do you do with the data that you collect from measuring your

indicators? How do you use this data to improve quality of care and services provided to your patients?

Trending and external benchmarking are two activities that should be included as part of your QAPI program.

- **Trends:** Compare your indicators internally monthly. If you notice increasing or decreasing trends, you may want to delve into an issue further. This is also known as internal benchmarking. You are benchmarking results against yourself.
- **External benchmarking:** This is taking your indicators and comparing them to similar settings outside your organization. If you find your indicator results fall outside the mean or median, you may want to delve into the reasons. Falling outside the norm is not necessarily good or bad; it merely indicates an issue that warrants increased scrutiny to determine if you can identify ways of improving your performance.

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## Ambulatory Surgery Centers Forum

March 26-29, San Diego Marriott Hotel and Marina

*Program Chair: Regina Boore, RN, BSN, MS*

### Every Team Needs a Leader

S. White-Lewis

### Medical Documentation Management

Vanessa N. Towers, RN, BSN, Crissy Boore, RN, BSN

### Achieving Medicare Physical Environment Compliance: Design, Construction and Fire Safety Requirements for ASCs

William E. Lindeman, BA

### Credentialing the Right Way

Jerry Henderson, RN, MBA, CNOR, CASC

### QAPI Revealed, Part 1

Regina Boore, RN, MS

Co-Presenter: Vanessa N. Towers, RN, BSN

### QAPI Revealed, Part 2

Regina Boore, RN, MS

Co-Presenter: Vanessa N. Towers, BSN

### Regulatory Alphabet Soup: ACS Regulations A-Z

Jerry W. Henderson, RN, MBA, CNOR, CASC

### Accreditation Pearls

Susie L. Winterling, RN, CASC

### Maintaining ASC Compliance with the Life Safety Code and Other Mandated NFPA Standards

William E. Lindeman, BA

### Five Ways to Guarantee Your Employees Sue You

John M. Polson, JD

### Patient Safety—Best Practices in the Ophthalmic ASC

Crissy Boore, RN, BSN

### ASC Risk Mitigation Strategies

Alice Epstein, MHA

### ASC Compliance Program: What, Why, & How

Allison W. Shuren, MSN, JD

Co-Presenter: Alan E. Reider, MPH, JD

### ASC Benchmarking

Regina Boore, RN, MS

Co-Presenter: Nancy A. Stephens

### Selling, Syndicating and Other Hot Topics Relating to Your ASC

Mark Manigan, JD

### Infection Control in the Ophthalmic ASC

Elethia Charoo, RN, BSN, MBA

### Managing Workplace Risk

Kirk M. Flagg, JD

### ASC Corporate Partners: 'What's In It For Me?'

John R. Grant III, MBA, MHA

Many benchmarking organizations are available for comparison, including the ASC Association, the ASC Quality Collaboration, and the Outpatient Ophthalmic Surgery Society. Your accrediting board may provide benchmarking opportunities as well.

### QAPI Studies

QI studies are an important piece of your QAPI program. A QI study is a more in-depth look at a specific issue. The impetus for the study may be the result of ongoing evaluation (infection control surveillance), a risk management issue (incident/sentinel event or incident trend), an indicator result (increase in patient complaints), or any emerging issue that impacts the quality of care and services you provide.

A QI study should include the following steps:

- Identify the problem.
- Identify the goal or threshold.
- Collect and analyze data.
- Compare the data to your goal.
- Implement corrective action to correct problems or improve outcomes.
- Remeasure data.
- Evaluate the corrective action.
- Create a future plan, if warranted (such as a restudy).
- Communicate results to MEC/GB and staff.

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