



THE NEVER-ENDING QUEST FOR QUALITY

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In recent years, surgery centers have heightened their focus on quality. An active Quality Assessment and Performance Improvement (QAPI) program has always been required for accredited surgery centers. Fortunately, the Medicare requirements effected in 2009 (*416.43 Condition for Coverage: Quality Assessment and Performance Improvement*) aligned with existing accreditation quality standards.

HOW ASC AND MEDICARE QUALITY STANDARDS INTERSECT

Here are the key characteristics of an ASC QAPI program:

- Ongoing and data driven
 - Facility-wide
 - Focus on high risk and problem prone areas
 - Use of quality indicators or performance measures
 - Retrospective analysis and prospective improvement activities
 - Demonstrable-impact health outcomes, patient safety, and quality of care
 - Engagement of the governing body
- A Medicare survey deficiency in QAPI is often accompanied by deficiencies in *416.42 Condition for Coverage: Surgical Services* and *416.41 Condition for Coverage: Governing Body and Management*. The Surgical Services condition demands a safe environment of care. Your QAPI program monitors safety indicators to improve patient safety. The Governing Body and Management condition mandates active Governing Body engagement in and accountability for the QAPI program.

Since a deficiency in QAPI can result in two additional deficiencies, it behooves you to get it right.

The essential elements of a QAPI program are

- Quality assurance
- Quality improvement
- Peer review
- Risk management
- Infection control

All of these elements, while distinct, are also interrelated. For instance, poor hand hygiene compliance is an infection control issue that can compromise patient safety by increasing the risk of infection. Post-op infections are documented as incidents (risk management), and must be investigated (infection control), and analyzed (peer review). The results of the infection control investigation may trigger a staff education

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activity or policy and procedure change (quality improvement).

Many nurses tell me they find QAPI overwhelming and don't know where to start. Let's break it down.

QUALITY ASSURANCE

Quality assurance is tracking and reporting of key quality indicators to retrospectively validate quality care. There are many established ASC quality indicators; some include complete and accurate medical record documentation, patient satisfaction, and pain management. Your ASC also has some latitude to identify and track quality standards specific and appropriate to your scope of care.

For instance, ophthalmic ASCs often track and report unplanned anterior vitrectomy rates. Quality assurance data is best reported in a visual format, which quickly reveals trends and deviations from trends. When this happens, it is an opportunity to launch a quality improvement project.

QUALITY IMPROVEMENT

Quality improvement is an activity designed to address a quality assurance problem, and this is where most centers seem to get stuck. Quality assurance tracking and reporting is not enough. When your data reveal a failure to meet established quality indicators, the appropriate response is a quality improvement activity designed to raise your performance.

Let's say your quarterly medical record audit finds complete and accurate medical records 70% of the time over two quarters. You failed to meet your quality indicator 30% of the time over six months. Upon further investigation, you

find the deficiencies are incomplete anesthesia drug totals and missing physician signatures on the patient discharge order. You might send a memo to your medical staff about this. You might decide to redesign your medical record forms to make it more conducive to capturing that documentation. You might develop a checklist for your PACU nurses to verify these entries while the patient is in PACU, so you can capture missing documentation while the physicians are still on site. Once you develop and implement your QI activity, re-measurement (i.e., additional quality assurance) to validate performance improvement is essential.

PEER REVIEW

Peer review is critical to assuring quality of care through random retrospective case review and review of exceptions, such as post-op infections, complications, hospital transfers, etc. It is important to address peer review issues. This may involve a letter from the Medical Director to the provider, proctoring for a period of time, or even restriction or suspension of privileges. Failure to take action to address identified peer review issues increases the facility's exposure.

RISK MANAGEMENT

Risk management is a process. It identifies, analyzes, and eliminates potential hazards within the facility. The goal of risk management is to identify potential hazards and eliminate them before they have a negative impact, or to reduce the likelihood of recurrence. This is accomplished through analysis and evaluation of incidents, followed by action to minimize potential losses or exposure.

All ASCs have incidents. I have seen ASCs log fewer than 10 and more than 400 incidents annually. These are cases of under- and over-reporting. It is important to educate your staff on the definition of an incident, with examples, and to encourage reporting as an important component of your QAPI program.

INFECTION CONTROL

Infection control includes ongoing surveillance and measurement of infection control compliance and outcomes. Particularly in ophthalmology, post-op infections can be devastating. It is not enough to rely on the surgeons to self-report. An active surveillance program includes ongoing queries of your surgeon staff.

SUCCESSING AT QAPI

A successful QAPI program includes broad staff engagement and active medical staff leadership. CMS demands allocating sufficient time and resources to develop and maintain a robust QAPI program. Data drives the effort, but that is only the first step.

For your program to positively impact quality in your center, the key is responding to your data findings with thorough analysis and action. An annual review and summary of your data, along with an analysis of your program efficacy, will provide the foundation for future program planning.

The quest for quality is never-ending. A vigorous QAPI program is the most powerful tool we can leverage to make a positive impact. **AE**



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