A Quality Assurance Plan

Valerie Palmer, RN, ACHRN, CWCN, CWS, CMBS, FACCWS

QUALITY MEASURES

Valerie Palmer, RN, ACHRN, CWCN, CWS, FACCWS, CMBS, UHMSADS
Director of Operations and Compliance
National Baromedical Services, Inc.

NO FINANCIAL CONFLICT
OF INTEREST TO DISCLOSE

Why Have A Performance Improvement Plan (QAPI)?

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

Why Have A Performance Improvement Plan (QAPI)?

- Medicare links reimbursement to quality indicators
- Medicaid has started 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
- 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

What is a Clinical Indicator?

A quantitative measure of an important process or outcome of care

Guides for Developing Indicators

- Required indicators by Medicare, Medicaid, JC, DNV, UHMS, NBDHMT
- New or updated standards by regulatory agencies
- JC NPGs (National Performance Goals)
- High risk, high volume, problem prone areas
- New or changed procedures in the department

QAPI Program Areas Required to be Addressed for Accreditation

UHMS	Joint Commission
Clinical	Environment of Care
Administrative	Infection Prevention and Control
Cost-of-Care Issues	Medication Management
Patient Outcomes	Provision of Care, Treatment, and Services

Required Areas of Evaluation

UHMS	Joint Commission
Unexpected results or complications of hyperbaric treatment	Adverse & Sentinel Events
Clinical performance & practice patterns of providers	Significant medication errors
Quality of care & completeness of entries in medical records	Significant adverse drug reactions
Other professional services provided	Patient perception of safety and quality of care, treatment and services
Patient satisfaction results	Additional areas for other parts of the hospital such as O.R. sentinel events, etc.
Staff concerns	
Accessibility of services provided	
Medical/Legal issues	
Wasteful practices	
Utilization review	
Patient grievances	

Examples of Indicators

- Appropriate utilization of HBO therapy
- Safe Provision of Hyperbaric Treatments
- 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 Committee report, 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 barotraumas	**2.00%**
Claustrophobic episode/attack	**2.00%**
Oxygen toxicity seizure	**0.01%**

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

2026	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
Appropriate utilization of HBO therapy.	Initial	Reassess	Reassess	Reassess	Reassess	Reassess	Reassess	Reassess	Reassess	Reassess	Reassess	Reassess
Adverse events			Initial			Reassess			Reassess			Reassess
Complaints/Misconduct			Initial			Reassess			Reassess			Reassess
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		

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
Key: √= did not occur Ø= 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:_____
# of HBOT Treatments Provided:_____
# of Patients Treated:_____
% HBOT Related Events:_____
% All other Related Events:_____

Signature of person(s) collecting data:
_____
_____

WOUND CENTER
PERFORMANCE IMPROVEMENT PLAN REPORT

Date:_____ Facility:_____

Indicator/Aspect of Care:_____

Data Review Findings:_____
_____
_____
_____
_____

Contributing Factors:_____
_____

Plan To Facilitate Improvement:_____
_____
_____

Person(s) Involved With Implementation Of Plan For Improvement:_____

Anticipated Completion Date:_____
Comparison To Last Review:_____

_____   _____
Wound Center Clinical Manager   Date

_____   _____
Wound Center 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 this review period:_____
_____

Strengths of departmental performance plan:_____
_____

Weaknesses of departmental performance plan:_____
_____

Changes recommended for next year:_____
_____
_____

_____   _____
Clinical Manager   Date

_____   _____
Medical Director   Date

QUESTIONS?