

**Quality Assessment and Performance Improvement (QAPI) Plan
Annual Report
Start Date to End Date**

<u>Introduction</u>	485.641	C-0330
	485.641(a)(2)	C-0335

The purpose of the Quality Assessment and Performance Improvement Plan at **Critical Access Hospital (CAH)** is to provide a framework for all quality assessment and performance improvement activities throughout the organization. The Plan specifically addresses all patient care disciplines including contracted services. An additional objective of the periodic evaluation is to determine whether the utilization of services was appropriate, that established policies were followed, and that any changes that were needed have been made. The performance improvement process uses a coordinated, systematic organization-wide approach which includes: planning, measuring, assessing, prioritizing and improving as essential activities. The Plan is governed by the **CAH** Board of Directors and is reviewed annually.

<u>Process</u>	485.641	C-0331
	485.64(b)(5)(iii)	C-0342
	485.641(b)(5)(iii)	C-0343

Information used for this periodic evaluation (Annual Report) has been obtained through the following mechanisms: (1) utilization review, (2) peer review, (3) consultative reports, (4) Committee and Team minutes, (5) Hospital Department meetings, (5) CMS Quality Improvement Organization correspondence and reports, (6) incident and variance reports, (7) patient satisfaction and grievances, (8) input from supervisory personnel, (9) statistical reports, and (10) other sources as applicable.

In collaboration with the **CAH Quality Management Committee**, the **Director of Quality Management** develops the initial draft review. The periodic evaluation is then reviewed at the **CAH Quality Management Committee** with an opportunity for input from members. Upon completion of this review, the periodic evaluation is forwarded to the **CAH Board of Directors** for review and approval. Appropriate remedial actions are implemented and documented to address deficiencies found through the periodic evaluation.

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Utilization of Services 485.641(a)(1)(i) C-0332

During the **200x Fiscal Year**, the following services were utilized at **CAH**:

	<u>200x</u>	<u>200x</u>	<u>% Change</u>
Total Admissions (sub categories)			
Emergency Dept Visits			
Outpatient Visits			
Observation Patients			
Surgical Patients			

Patient Satisfaction

CAH utilizes a **type of patient satisfaction tool** to evaluate how the facility meets patient expectations in both the inpatient and outpatient settings. The survey also solicits feedback that can be utilized in the quality assessment and performance improvement process. Summary information is provided periodically to the **CAH Quality Management Committee** and other **CAH Committees**.

Summary of **200x** patient satisfaction survey results:

PROVIDE SUMMARY INFORMATION

All returned patient satisfaction surveys are forwarded to the applicable department **Director** and their **Vice President** for review and remediation as necessary.

<u>Clinical Record Review</u>	485.641(a)(1)(ii)	C-0333
	485.641(b)	C-0336
	485.641(b)(3)	C-0339
	485.641(b)(4)	C-0340
	485.641(b)(5)(1)	C-0341

A representative sample of both active and closed clinical records is used for evaluation purposes. All inpatient clinical records are reviewed utilizing **Interqual** criteria by the **Clinical Review Department** (utilization review). Closed clinical records are reviewed by the following departments of this **Critical Access Hospital**: **Clinical Review, Nursing, Medical Records, Quality**, and others as applicable. Peer review records are selected for review by indicator and presented at the appropriate Medical Staff Committee. Clinical records are also reviewed by the Northeast Health Care Quality Foundation (a CMS Quality Improvement Organization), Clinical Data Abstract Center (CDAC) utilizing the CMS Abstraction and Reporting Tool (CART), the Medicare Fiscal Intermediary (Anthem) and other commercial payors.

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The applicable Medical Staff Committee is responsible for the review of the quality and appropriateness of care provided by Allied Health Professionals. The **Credentials Committee** conducts review of provisional appointments and has an established recertification process. Dependent practitioners are supervised by a member of the Medical Staff who is a doctor of medicine or osteopathy. Peer review findings (including QIO findings) are used in determination of clinical privileges, continued membership on this **Critical Access Hospital's** Medical Staff, or other corrective or remedial action as appropriate.

Clinical Records Reviewed for Peer Review During This Reporting Period

Autopsy	1
Clinical Pertinence	55
Emergency	18
Laboratory	11
Medicine	
AMI	20
CHF	20
Pneumonia	20
Mortality	5
Radiology	8
Readmission	10
Surgical	
Ob/Gyn	20
SIP	20
Transfer	15
<u>Utilization Review</u>	<u>10</u>
Total	233

Unduplicated Admissions	2012
Peer Review Cases	233
Peer Review Percentage	12%

<u>Health Care Policy Review</u>	485.641(a)(1)(iii)	C-0334
	485.641(a)(2)	C-0335

Policies are reviewed in accordance with **CAH Policy Title**. Patient care policies are reviewed at the applicable **CAH committee** and such review is reflected in the Committee Minutes. Policies, procedures and practices are added, deleted or revised as a result of review at the Committee level or during periodic evaluation as applicable.

The following patient care policies were added, deleted or revised as a result of Committee review:

LIST POLICIES or APPEND TABLE

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Evaluation of Patient Care Services 485.641(b)(1) C-0337

The **Medical Staff Committee structure** is responsible for the evaluation of patient care services. Department representatives present **quarterly** reports to their respective **CAH Oversight Committee** for review, recommendation and follow-up action.

Evaluation of Nosocomial Infections 485.641(b)(2) C-0338

CAH Committee is responsible for the evaluation of nosocomial infections. **SUMMARY FINDINGS**

Evaluation of Medication Therapy 485.641(b)(2) C-0338

CAH Committee is responsible for the evaluation of medication therapy. **SUMMARY FINDINGS**

200x Patient Safety Initiatives

SUMMARY (Include CMS Patient Safety Measures)