

L-TAG	MEDICARE HOSPICE CoPs	INTERPRETIVE GUIDELINES
L566	<p>(c) Standard: Program activities. (1) The hospice's performance improvement activities must:</p>	
L567	<p>(i) Focus on high risk, high volume, or problem-prone areas.</p>	
L568	<p>(ii) Consider incidence, prevalence, and severity of problems in those areas.</p>	
L569	<p>(iii) Affect palliative outcomes, patient safety, and quality of care.</p> <p>(2) Performance improvement activities must track adverse patient events, analyze their causes, and implement preventive actions and mechanisms that include feedback and learning throughout the hospice.</p>	<p>Interpretive Guidelines §418.58(c)(1)(iii) Outcomes are the results of care provided; palliative outcomes are the results of palliative care provided.</p> <p>Interpretive Guidelines §418.58(c)(2) Hospices may choose to develop their own definition for the term "adverse event" or use a definition developed by a national accrediting organization or industry organization. Once a hospice has identified the definition of an adverse event, it is responsible for adhering to the definition when tracking and analyzing these events and when implementing preventive actions. In general, an adverse event would be any action or inaction by a hospice that caused harm to a hospice patient. However, hospices are not bound to use this generic description.</p>
L570	<p>(3) 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.</p>	<p>Interpretive Guidelines §418.58(c)(3) Hospices must consider how often certain quality issues arise and the severity of potential harm when prioritizing opportunities for improvement. When adverse event monitoring reveals a problem area, the hospice must implement changes designed to decrease occurrence of the adverse event. The hospice must assure that the new process is implemented hospice-wide and that it is effective in reducing the adverse event. For performance improvement in all areas of operations, the hospice must monitor the level of improvement over time to be sure that it is sustained.</p> <p>Procedures and Probes §418.58(c)(3)</p> <ul style="list-style-type: none"> • Determine if the hospice has taken appropriate action to correct problems identified by the QAPI program. Examine reports and minutes of QAPI meetings to determine if the hospice has documented the remedial action and its outcome. Examples of appropriate remedial action may include, but are not limited to changes in policies and procedures.

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		<ul style="list-style-type: none"> • Is there evidence that the hospice continues to monitor performance to ensure that improvements are sustained?
L571	<p>(d) Standard: Performance improvement projects. Beginning February 2, 2009 hospices must develop, implement, and evaluate performance improvement projects.</p>	
L572	<p>(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, must reflect the scope, complexity, and past performance of the hospice's services and operations.</p>	
L573	<p>(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.</p>	<p>Interpretive Guidelines §418.58(d)(2)</p> <p>There is no requirement for hospices to conduct a specific number of performance improvement projects. They must select the number and topics of projects based on the results of their quality monitoring and other quality information such as the results of State or accreditation surveys. Performance improvement projects must be documented in written form and include the elements outlined in the standard.</p> <p>Procedures and Probes §418.58(d)(2)</p> <p>Do the number and scope of performance improvement projects conducted by the hospice accurately reflect the scope, complexity and past performance of the hospice? Are all performance improvement projects appropriately documented?</p>
L574	<p>(e) Standard: Executive responsibilities. The hospice's governing body is responsible for ensuring the following:</p> <p>(1) That an ongoing program for quality improvement and patient safety is defined, implemented, and maintained, and is evaluated annually.</p>	
L575	<p>(2) That the hospice-wide quality assessment and performance improvement efforts address priorities for improved quality of care and patient safety, and that all improvement actions are evaluated for effectiveness.</p>	
L576	<p>(3) That one or more individual(s) who are responsible for operating the quality assessment and performance improvement program are designated.</p>	<p>Interpretive Guidelines §418.58(e)(3)</p> <p>The governing body is responsible for assuring that the QAPI program is working to address any problem areas in patient care and hospice operations,</p>

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		<p>and to improve performance in these areas. The governing body must also appoint individuals who will operate the QAPI program for the hospice.</p> <p>Probes §418.58(e)(3)</p> <ul style="list-style-type: none"> • Do hospice records indicate that the hospice's governing body is involved in oversight of the QAPI program? • Is there an individual appointed by the governing body who is responsible for operating the QAPI program?
L577	§ 418.60 Condition of participation: Infection control.	
L578	<p>The hospice must maintain and document an effective infection control program that protects patients, families, visitors, and hospice personnel by preventing and controlling infections and communicable diseases.</p>	<p>Interpretive Guidelines §418.60</p> <p>The hospice infection control program must identify risks for the acquisition and transmission of infectious agents in all settings where patients reside. There needs to be a system to communicate with all hospice personnel, patients, families and visitors about infection prevention and control issues including their role in preventing the spread of infections and communicable diseases through daily activities.</p> <p>The hospice's infection control program may include, but not be limited to the following:</p> <ul style="list-style-type: none"> • Educating staff on the science of infectious disease transmission; • Protocols for addressing patient care issues and prevention of infection related to infusion therapy, urinary tract care, respiratory tract care, and wound care; • Guidelines on caring for patients with multi-drug resistant organism; • Policies on protecting patients, staff and families from blood borne or airborne pathogens; • Monitoring staff for compliance with hospice policies and procedures related to infection control; and • Protocols for educating staff and families in standard precautions and the prevention and control of infection.