Goals:
To provide high quality patient care through systematic, ongoing monitoring, thereby identifying problems or potential problems with care or with individual competence and through the evaluation of the data collected, track sources of the difficulties and effect resolutions.

Responsibility:
The Administrator shall be responsible for the implementation of the QAPI in the department. There shall be a designated quality assurance person in the department to help the supervisor carry out the implementation and functions of the Clinic QAPI program.

Scope of Patient Services:
The Clinic Department will provide services to all patients who have been recommended by a medical staff, consulting, or other qualified physician to have such tests performed.

Functions:
The functions of the Clinic Department will be to:
- To design effective mechanisms for identification, assessment, resolution, evaluation and performance improvement of nursing practice.
- Providers will adhere to Government quality regulations (MACRA, ACO).
- To develop effective systems for the documentation and dissemination of quality assessment and performance improvement activity findings to appropriate persons and/or committees.
- To enhance skills and knowledge of health care through performance improvement and educational opportunities.
- To minimize potential for malpractice and liability claims.
**Action:**
Clinic staff will perform a continual assessment of performance with implementation of solutions, assessment of the effectiveness of the solutions, and evaluations to determine what can be done better. If a problem is identified, an analysis of the cause will follow and action will be taken to correct the problem with a follow-up to determine the effectiveness of the action. Any problem that cannot be resolved within the department shall be referred to the Administrator or QUAPI Coordinator.

**Reporting:**
The Clinic shall submit a report of its Quality Assessment and Performance Improvement Activities to the QAPI Coordinator on a scheduled basis or as indicated. This will consist of the results of monitoring, identification of problems based on an analysis of the results, steps taken to correct the problem and whether the problem was corrected.

**Program Evaluation:**
The Clinic shall review their entire Quality Assessment/Performance Improvement Program on a scheduled basis for effectiveness, assessment of critical indicators, effective checking to ensure problems are not lost or ignored and sustained elimination or reduction of problems. The use of findings from the QAPI programs may be used in the individual clinical competence of its employees.

*This policy was developed as a guide for the delivery of health services and is not intended to define the standard of care. This policy should be used as a guide for the delivery of service, although hospital personnel may deviate from this guide to provide appropriate individualized care.*
Patient Care Services Quality Assessment/Performance Improvement Program

Goals:
The Patient Care Quality Assessment/Performance Improvement (QAPI) Program is a part of the hospital wide QAPI program. The goal of the plan is to develop and establish a well defined, organized patient care service QAPI program designed to enhance patient care and assess appropriate allocation of healthcare resources through ongoing objective assessment of important aspects of patient care and the performance improvement of identified problems.

Objectives:
- To assess the delivery of inpatient, surgical services, outpatient and emergency room care at an optimally achievable level of quality in a safe and cost-effective manner.
- To design effective mechanisms for identification, assessment, resolution, evaluation and performance improvement of nursing practice.
- To identify, assess and resolve problems in patient care areas.
- To include in the quality assessment and performance improvement of the patient care departments, the review that nursing care practices and professional competency are routinely and reliably evaluated.
- To develop effective systems for the documentation and dissemination of quality assessment and performance improvement activity findings to appropriate persons and/or committees.
- To enhance skills and knowledge of nursing staff through performance improvement and educational opportunities.
- To minimize potential for malpractice and liability claims.

Major Aspects of Care:
- To identify important or potential problems or related concerns in the care of patients.
- To assess objectively the cause and scope of problems/concerns, including the determination of priorities for both investigating and solving problems.
- To implement by appropriate individuals, or through designating mechanisms, decisions or actions designed to reduce or eliminate identified problems.
• To monitor activities designed to assess and improve desirable results that have been achieved and sustained.
• To document and reasonably substantiate the effectiveness of the overall program to enhance patient care and assess and improve sound clinical performance.
• To monitor discharge planning for continuity of care for the patient during the post hospital phase.

**Responsibility:**

The Director of Nursing will appoint nursing staff to research and report on a specific quality assessment indicator needing improvement. The staff member(s) will give the completed report to the Director of Nursing.

Other responsibilities will include, but are not limited to:

• Reviewing proposed monitoring activities to prevent unnecessary duplication, avoid conflicts within and outside the nursing department and assist in the identification of potential multi-disciplinary studies.
• Facilitating and coordinating nursing monitoring activities.
• Assisting in generating and coordinating ideas for monitoring activities.
• Coordinating a schedule of monitoring activities based on their impact to patient care.
• Assisting in the selection/development of criteria for monitoring activities.
• Accounting for the completion of objectives of the Patient Care Quality Assessment/Performance Improvement Program.

**Action:**

Once a problem is identified, an analysis of the cause will follow and action will be taken to correct the problem with a follow up to determine the effectiveness and performance improvement of the action. Actions shall result in the sustained alleviation of elimination of the problem. Any problem that cannot be resolved within the department shall be referred to the Administrator or QAPI Coordinator.

**Reporting:**

The Nursing Department shall submit a report of its Quality Assessment and Performance Improvement Activities to the QAPI Coordinator on a yearly basis. This will consist of the results of monitoring, identification of problems based on an analysis of the results, steps taken to correct the problem and whether the problem was corrected.

**Meetings:**

At the nursing staff meeting, the nursing staff members will report to the general nursing staff any outcomes of studies which may benefit or change any existing policies/protocols.

**Program Evaluation:**

The Director of Nursing shall review the entire Quality Assessment/Performance Improvement Program on an annual basis for effectiveness, assessment of critical indicators, effective checking to ensure problems are not lost or ignored and sustained elimination or reduction of problems. The use of findings from the QAPI program may be used in the individual clinical competence of its employees.