

§418.58(b) Standard: Program data

§418.58(b)(1) The program must use quality indicator data, including patient care, and other relevant data, in the design of its program.

Interpretive Guidelines §418.58(b)(1)

Hospices must not limit their QAPI data collection efforts to the data collected during patient assessments. Data collection must look beyond patient assessment data to examine all facets of a hospice's operation. All patient services and all activities that may impact patient/family care should be evaluated as part of the QAPI program. This would include but not be limited to:

- physician services,
- nursing services,
- medical social services,
- counseling services,
- clinical records,
- infection control,
- pharmaceutical services,
- durable medical equipment (DME),
- patient rights,
- administrative services,
- contract services,
- volunteers,
- hospice aide and
- adverse events.

Whatever measures the hospice chooses to assess quality should be monitored regularly so that opportunities for improvement can be identified and prioritized. Data should be collected in a timely manner so that measures can be reported on the schedule set up by the hospice.
