

**South Carolina Department of Health and Human Services**  
**Quality Assurance Performance Improvement (QAPI) Guide**

**Mission Statement:** To be boldly innovative in improving health and quality of life for South Carolinians.

**Vision Statement:** To improve the quality of care and quality of life provided to our members we serve in South Carolina.

**Guiding values or principles:**

1. **Guiding Principle #1:** Our organization uses quality assurance and performance improvement to make decisions and guide our day-to-day operations.
2. **Guiding Principle #2:** Our organization makes decisions based on data, which includes the input and experience of the organization, Managed Care Organizations (MCOs) and other stakeholders.
3. **Guiding Principle #3:** In our organization, the Quality Assurance and Performance Improvement (QAPI) committee will include all staff, departments, and all services provided.
4. **Guiding Principle #4:** The QAPI committee will focus on systems and processes, rather than individuals. The emphasis is on identifying system gaps.
5. **Guiding Principle #5:** The outcome of the QAPI committee in our organization is the quality of care and the quality of life of the people we serve.
6. **Guiding Principle #6:** Our organization sets goals for performance and measures progress toward those goals.

**Purpose:** Our organization's written QAPI plan provides guidance for our overall quality improvement program. Quality assurance performance improvement principles will drive the decision making within our organization. Decisions will be made to promote excellence in quality of care, quality of life, and member directed care. Focus areas will include all systems that affect members' satisfaction, quality of care and services provided, and all areas that affect the quality of life for persons receiving and providing services in our organization.

The administrator will assure that the QAPI plan is reviewed minimally on an annual basis by the committee. Revisions will be made to the plan ongoing, as the need arises, to reflect current practices within our organization. These revisions will be made by the committee.

Revisions to the QAPI plan will be communicated as they occur to stakeholders, families, and staff through meetings and newsletters.

**Scope:** QAPI activities will be integrated across all the care and service areas of our organization. Each area will have a representative on the committee. Our service areas will work together whenever possible to integrate care and services across our continuum of care to better meet the needs of our members we serve. Our QAPI activities will cross service areas and departments and we will work together to assure we address all concerns and strive to continuously improve the provided services. On an annual basis, and as needed, an assessment will be conducted to include an overview of the services that are provided. Any new service or changes in population or service areas identified during the assessment will be included in our QAPI plan.

Our service areas include:

- Managed Care
- Behavioral Health
- Community Long-term Care
- Case Management Care
- Eligibility
- BabyNet
- South Carolina Birth Outcome Initiatives
- Quality Through Technology and Innovation in Pediatrics (Q-TIP)
- Office of Civil Rights
- Office of Appeals & Hearing
- Bureau of Internal Audits and Program Integrity
- Bureau of Provider and Support Services
- Office of Quality Assurance and Compliance
- Office of Communication and Public Relations

Our organization provides services across the continuum of care. These services have an impact on the clinical care and quality of life for members in our community. All departments and services will be involved in QAPI activities and the organization's efforts to continuously improve services. Our QAPI plan includes the policies and procedures used to:

- Identify and use data to monitor our performance
- Establish goals and thresholds for our performance measurement
- Identify and prioritize problems and opportunities for improvement
- Systematically analyze underlying causes of systemic problems and adverse events
- Develop corrective action or performance improvement activities

The principles of QAPI will be shared with all staff, stakeholder, MCOs who make up the committee on an ongoing basis. The organization will partner with stakeholders, MCOs, departments to achieve our goals. When the need is identified, we will implement corrective action plans or performance improvement projects to improve processes, systems, outcomes, and

satisfaction. We will solicit and utilize staff, and stakeholders input into all aspects of our QAPI committee.

The QAPI committee will review data from areas within the organization we believe it needs to monitor on a quarterly basis to assure systems are being monitored and maintained to achieve the highest level of quality for our organization.

Our QAPI committee will use the best available evidence and data to benchmark our organization, establish goals and define measurements for improvement. The QAPI Committee will review data from our corporation, state, and national sources to compare our organization against. When establishing goals, defining measurement and choosing interventions, we will use the best available evidence-based practices and guidelines to guide our decision-making.

The QAPI committee will meet quarterly. QAPI activities and outcomes will be on the agenda of every meeting and shared with stakeholders, leadership, and staff. The minutes from all meetings will be posted organization's website. The QAPI committee will have responsibility for reviewing data, suggestions, and input from stakeholder, leadership and staff. The QAPI committee will prioritize opportunities for improvement and determine which performance improvement projects will be initiated. When an issue or problem is identified that is not systemic and does not require a performance improvement project, the committee will decide how to correct the issue or problem. These corrections may include an easy decision, and a corrective action plan.

Our organization is a learning environment. We believe in the practices and principles of a fair and just culture. All managers will promote staff involvement in improving quality. Staff will be encouraged to bring concerns, issues, and opportunities for improvement to any supervisor/manager. The managers will respond in a consistent manner to encourage, and not discourage, staff to bring forward opportunities for improvement. Staff will be encouraged to report errors and near misses to allow the organization to learn from those occurrences and make systemic changes to prevent recurrences. Staff will be held accountable for their behavioral choices and reckless behavior will not be tolerated. Our goal is to improve the systems that drive our actions.

## Feedback, Data Systems, and Monitoring

<b>Data Sources</b>	<b>Data Collection frequency</b>	<b>Benchmarks to analyze this data source</b>	<b>Who will analyze the data?</b>	<b>Data analysis frequency</b>	<b>Data will be communicated with</b>	<b>Communicate data analysis via</b>	<b>Frequency of communication</b>
	<ul style="list-style-type: none"> <li>• <i>Weekly</i></li> <li>• <i>Monthly</i></li> <li>• <i>Quarterly</i></li> <li>• <i>Annually</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>National data</i></li> <li>• <i>State data</i></li> <li>• <i>Organization identified performance indicators</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>QAPI committee</i></li> <li>• <i>Leadership</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Weekly</i></li> <li>• <i>Monthly</i></li> <li>• <i>Quarterly</i></li> <li>• <i>annually</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Stakeholders</i></li> <li>• <i>Community</i></li> <li>• <i>Executive leadership</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>QAPI committee</i></li> <li>• <i>dashboards</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Weekly</i></li> <li>• <i>Monthly</i></li> <li>• <i>Quarterly</i></li> <li>• <i>annually</i></li> </ul>

The QAPI committee will conduct review of Performance Improvement Projects (PIPs) that are designed to take a systematic approach to revise and improve care or services in areas that the MCOs identify as needing attention. The MCOs will conduct clinical and non-clinical PIPS that will lead to changes and guide corrective actions in the systems, which cross multiple departments, and have impact on the quality of life and quality of care for members in our community. We will conduct PIPs that will improve care and service delivery, increase efficiencies, lead to improved organization and member outcomes, and lead to greater staff satisfaction. An important aspect of the PIPs is a plan to determine the effectiveness of our performance improvement activities and whether the improvement is sustained.

The QAPI committee will review data and input on a quarterly basis to review PIPs. We will monitor and analyze data, and review feedback and input from staff, leadership, and stakeholders. We will look at issues, concerns, and areas that need improvement as well as areas that will improve the quality of life and quality of care and services for the organization and members in our community. Factors we will consider:

- quality of care and services
- areas that affect the organization

The QAPI committee will use the CMS Prioritizing Worksheet for Performance Improvement Projects to review PIPs. The QAPI committee will provide guidance on how to address issues that arise and need immediate recommendation/corrective action.

For ongoing monitoring of the PIPs, we will use the CMS PIP Inventory to include milestones, outcomes, and other lessons learned from the PIPs. Information about PIPs will be shared via our quality improvement dashboard (Knowli), staff, and discussed during the QAPI committee quarterly meetings.

To prevent future events and promote sustained improvement our organization will develop actions to address the identified root cause and/or contributing factors of an issue/event that will affect change at the systems level.

To ensure the planned changes/interventions are implemented and effective in making and sustaining improvements, our organization will choose indicators/measures that tie directly to the new action and conducts ongoing periodic measurement and review to ensure that the new action has been adopted and is performed consistently.