Hospice QAPI Plan

Quality Assessment & Performance Improvement Program Plan — structured to 42 CFR §418.58

Hospice Name: _____

Address: _____

Medicare Provider (CCN) #: _____

Plan Effective Date: _____

Approved by Governing Body on: _____

QAPI Program Coordinator (name / title): _____

How to use this template: *replace every bracketed prompt with your hospice's specifics, complete the tables, and have your governing body approve and date the final plan. Sections map directly to the five standards of §418.58 so a surveyor can follow your program element by element. Review and re-approve at least annually.*

1. Purpose & Objectives

[State the purpose of the QAPI program: an ongoing, hospice-wide, data-driven program that measurably improves patient outcomes, patient safety, and quality of care across all services and settings, under the authority of the governing body.]

2. Program Scope — §418.58(a)

[List every service and setting this program covers: routine home care, continuous home care, general inpatient, respite, bereavement services, volunteer services, and all contracted services/vendors. State that the program measures indicators of quality of care, patient safety, and palliative outcomes across this full scope.]

3. Governance & Executive Responsibilities — §418.58(e)

[Describe governing body accountability: the board ensures the program is defined, implemented, and maintained; addresses identified priorities; and establishes clear expectations for patient safety. State how often QAPI reports go to the board (e.g., quarterly) and where that review is documented.]

QAPI Committee

[Meeting frequency, quorum requirement, and reporting relationship to the governing body.]

Name	Role / Title	Committee Role

4. Quality Indicators & Data Plan — §418.58(b)

[The program uses quality indicator data, including patient care data, to monitor effectiveness and identify opportunities. The governing body has approved the collection frequencies below.]

Indicator	Data Source	Frequency	Goal / Threshold	Owner

Common hospice indicators: *falls, infections, medication errors, unwanted hospitalizations, HIS/HOPE timeliness, pain management, wounds, patient & family grievances, staff incidents, vaccination compliance, bereavement contact compliance, survey scores.*

5. Program Activities: Analysis, Priorities & Adverse Events — §418.58(c)

[Describe how data is analyzed and trended each period; how priorities are set using the high-risk, high-volume, problem-prone test; the thresholds that trigger corrective action; and how adverse patient events are tracked, analyzed for cause, and acted upon.]

6. Performance Improvement Projects — §418.58(d)

[Describe how PIPs are selected and documented. Commit to a number and scope proportional to the hospice's size and complexity. Each PIP documents: reason selected, baseline data, interventions, remeasurement, results, and report to the governing body.]

PIP Title	Rationale	Start	Target Completion	Status

7. Annual Program Evaluation

[State that the QAPI program itself is evaluated annually: indicator performance, PIP outcomes, committee effectiveness, and whether the program improved outcomes — with results reported to the governing body and used to set next year's priorities and revise this plan.]

8. Approval

Governing Body Chair (signature / date): _____

Administrator / Executive Director (signature / date): _____

QAPI Coordinator (signature / date): _____

Maintaining this program by hand — quarterly data pulls, trending analyses, committee minutes, PIP documentation, the annual evaluation — is where most hospices struggle. QAPI360 automates all of it: indicators feed from your EMR, AI drafts survey-defensible trending analyses with citations, and your QAPI binder is always current. Free 7-day trial at qapi360.com.