

## QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT PROGRAM

Self-Assessment Questions	YES	NO	N/A	Date/Initials	Comments
Is it the written responsibility of the hospital's governing body, the medical staff and administrative officials to assure the following: <ul style="list-style-type: none"> <li>a. the quality improvement program is defined, implemented and maintained?</li> <li>b. all quality improvement and patient safety activities are evaluated?</li> <li>c. clear expectations for safety are established?</li> <li>d. adequate resources are allowed for measuring, assessing, and sustaining performance and reducing risk to patients?</li> <li>e. a determined number of distinct improvement projects is conducted annually?</li> </ul> A-0309 COP §482.21(e)(1-5)	<input type="checkbox"/>                	<input type="checkbox"/>                	<input type="checkbox"/>                		
Is there evidence the hospital collects, analyzes and shows measurable improvement with processes of care, hospital service and operations? <ul style="list-style-type: none"> <li>a. can the hospital demonstrate that the governing body specified the frequency and detail of data collection?</li> <li>b. incorporate quality indicator data including patient care data, and other relevant data such as data submitted to or received from Medicare quality reporting and quality performance programs, including but not limited to data related to hospital readmissions and hospital-acquired conditions</li> </ul> A-0273 COP §482.21 (a) and (b)	<input type="checkbox"/>   	<input type="checkbox"/>   	<input type="checkbox"/>   		
At a minimum, does the program: <ul style="list-style-type: none"> <li>a. review the care, including outcomes, provided by medical and nursing staff and other healthcare professionals?</li> <li>b. review care provided by any clinical contracted services?</li> <li>c. include monitoring of administration of medications or biologicals hospital-wide?</li> <li>d. use quality of care measurements which are outcome- or process-based, specific to the hospital, which reflects the complexity of services provided, and to the identified needs and expectations of the patients and staff?</li> </ul>	<input type="checkbox"/>    	<input type="checkbox"/>    	<input type="checkbox"/>    		

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e. monitor that improvements are sustainable through reviews reassessments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
f. assure the collaboration of participants from appropriate departments and services, both clinical and nonclinical, including those services provided directly and under contract?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
g. provide for assessment and coordination of quality improvement activities through an established oversight team that meets on a periodic basis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
h. assure ongoing communication, reporting and documentation of patient care issues and quality improvement activities and their effectiveness to the governing body and medical staff at least quarterly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
i. provide for annual assessment of the effectiveness of the plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
j. show measurable improvement in outcome indicators?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
k. show measurable improvement in indicators that reduce medical errors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
l. track medical errors and adverse patient events, analyze their causes, implement preventative actions and mechanisms that include feedback and learning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
A-0263 COP §482.21 A-0273 COP §482.21 A-0283 COP §482.21 A-0286 COP §482.21 (c)(2) A-0385 COP §482.23					
Can you demonstrate that the number and scope of distinct, annual improvement projects are proportional to the scope and complexity of the hospital's services and operations? A-0297 COP §482.21(d)(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the hospital have a system for prioritizing performance improvement, patient safety and medical error reduction? A-0283 COP §482.21(c)(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Has the hospital set priorities for its performance improvement plan that: a. focuses on high-risk, high-volume, or problem-prone areas and consider the	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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<p>incidence, prevalence and severity of problems in those areas?</p> <p>b. affect health outcomes, patient safety and quality of care and patient safety?</p> <p>A-0283 COP §482.21(c)(1)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Does the hospital include corrective action plans from past survey findings in its QAPI program to ensure monitoring of sustainability? (See Task 4 in Appendix A under Survey Protocol.)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>If a hospital is not participating in a QIO project, are the hospital's projects comparable in effort to QIO projects?</p> <p>A-0297 COP §482.21(d)(4)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Does your hospital document:</p> <p>a. what quality improvement projects are being conducted?</p> <p>b. the reasons for conducting these projects?</p> <p>c. the measurable progress achieved on these projects?</p> <p>A-0297 COP §482.21(d)(3)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Does the hospital executive services, including the Governing Body and medical staff, ensure:</p> <p>a. the QI program is defined, implemented, and maintained</p> <p>b. the plan addresses priorities for improved quality of care, safety and outcomes</p> <p>c. the number of improvement projects is annually evaluated</p> <p>d. that adequate resources are allocated to the program</p> <p>A-0309, 0315 §482.21(e)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>For hospital systems with a unified and integrated QAPI program, having a system governing body. The program must:</p> <p>a. identify each member hospital's unique circumstances and any significant differences in patient populations and services offered</p> <p>b. establish and implement policies and procedures to address needs of each separately certified hospital</p> <p>A-0321 §482.21(f)(1)</p> <p>A-0322 §482.21(f)(2)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

## Key Resources and Links

- [COP §482.21](#)
- [QSO: Quality and Certification Oversight Reports \(QCOR\) Website Launch 17-43-ALL](#)
- [QSO: Survey and Certification Focus on Patient Safety and Quality-Draft Surveyor Worksheets 12-01-Hospitals](#)