QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT PROGRAM

Self-Assessment Questions	YES	NO	N/A	Date/Initials	Comments
Is there evidence the hospital collects, analyzes and tracks quality indicators that assess and **shows measurable improvement** with processes of care, hospital service and operations? a. can the hospital demonstrate that the governing body has had an active role in specifying the frequency and detail of data collection? b. can leadership and the governing body explain how the data collected is used to monitor quality and safety? c. is data received from adverse event reporting included? d. is quality indicator data including patient care data and data received from Medicare quality reporting and quality performance programs (including but not limited to data related to hospital readmissions and hospital-acquired conditions) incorporated? A-0273 COP §482.21 (a), §482.21 (b)(1), §482.21 (b)(2)(i), & §482.21 (b)(3)	❑ ❑ ❑ ❑	❑ ❑ ❑ ❑	❑ ❑ ❑ ❑		Other data sources may include HCAHPS, maternal morbidity, sepsis, safe opioid practices, etc. The Guidance states the quality indicators used must show measurable improvement. The hospital is not required to use any specific set of measures or indicators, but they must be reflective of the hospital's population.

At a minimum, does the program:
a. use the data collected to:
  - review the care, including outcomes, provided by medical and nursing staff and other healthcare professionals, including contracted staff?
  - identify opportunities of continuous and ongoing improvements?
b. prioritize a performance improvement plan that:
  - focuses on high risk, high volume, or problem prone areas?
  - considers the incidence, prevalence, and severity of problems in those areas?
  - affects health outcomes, patient safety, and quality of care?
c. monitor that improvements are sustainable through reviews reassessments?
A 0283 §482.21(b)(2), §482.21(b)(2)(ii), §482.21(c)(1), §482.21(c)(3)
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					Surveyors will ask to see a list of current or recent PI activities; ask for evidence that prioritization on high-risk, high-volume, or problem prone areas occurs based on data; ask for evidence that activities were based on adverse events.
					
					May focus on blood transfusion reactions, drug reactions, errors in medication administration and infection control related errors.

QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT PROGRAM

Self-Assessment Questions	YES	NO	N/A	Date/Initials	Comments
Does the hospital have a medical error/adverse event reporting system that: a. defines the difference between a medical error and adverse event? b. is guided by policy and procedure? c. defines the type of systemic approaches that may be used (i.e., RCA, etc.)? d. allows the hospital to meaningfully track and analyze medical errors and adverse event reports? e. all staff and contract staff are educated on? A-0286 §482.21(a)(1), 482.21(a)(2), 482.21(c)(2), & 482.21(e)(3)	❑ ❑ ❑ ❑ ❑	❑ ❑ ❑ ❑ ❑	❑ ❑ ❑ ❑ ❑		CMS would expect the event reporting system to be able to analyze errors/events by type, by shift, by unit, by date, and to trend over time. The question pertaining to "guided by policy and procedures? Means, does the hospital have a policy and procedure for identifying, tracking, and analyzing medical errors and adverse event reports.
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 §482.21(d)(1)	❑	❑	❑		
Does your hospital document: a. what quality improvement projects are being conducted? b. the reasons for conducting these projects? c. the measurable progress achieved on these projects? A-0297 COP §482.21(d)(3)	❑ ❑ ❑	❑ ❑ ❑	❑ ❑ ❑		
If a hospital is not participating in a QIO project, are the hospital's projects comparable in effort to QIO projects? A-0297 §482.21(d)(4)	❑	❑	❑		
Is there evidence the governing body: a. has set clear expectations for a culture of safety? b. ensures the program reflects the complexity of services offered? c. ensures the program involves all hospital departments including contracted services? A-0308 §482.21	❑ ❑ ❑	❑ ❑ ❑	❑ ❑ ❑		List evidence (i.e., date of minutes where information was discussed, etc.):

QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT PROGRAM

Self-Assessment Questions	YES	NO	N/A	Date/Initials	Comments
Does the hospital executive services, including the Governing Body and medical staff, ensure: a. the QI program is defined, implemented, and maintained b. the plan addresses priorities for improved quality of care, safety and outcomes c. the number of improvement projects is annually evaluated d. that adequate resources are allocated to the program A-0309 §482.21(e)(1), (2), (5) A-0315 §482.21(e)(4)	❑ ❑ ❑ ❑	❑ ❑ ❑ ❑	❑ ❑ ❑ ❑		
For hospital systems with a unified and integrated QAPI program, having a system governing body. The program must: a. identify each member hospital's unique circumstances and any significant differences in patient populations and services offered establish and implement policies and procedures to address needs of each separately certified hospital A-0321 §482.21(f)(1) A-0322 §482.21(f)(2)	❑	❑	❑		

Note: The QAPI CoP requires a hospital to "maintain and demonstrate evidence of its QAPI program for review by CMS, as well as the governing body oversight of the program in an effort to deliver safe, quality patient care and prevent adverse events and patient harm."

Key Resources and Links

- COP §482.21
- QSO:Revision to State Operations Manual, Hospital Appendix A-Interpretive Guidelines for 42 CFR 482.21, QSO-23-09-Hospital
- 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
- MHA QAPI Guide