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QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT PROGRAM YES Self-Assessment Questions NO N/A Date/Initials Comments Has the CAH developed and implemented an effective, ongoing, CAH-wide, data-driven quality assessment and performance improvement (QAPI) program? Is the QAPI program maintained and updated on an ongoing basis? Is there written documentation that the CAH that the QAPI program is effective? C-1300 §485.641 Has the QAPI program been designed to be appropriate for the complexity of the organization and the services provided by the CAH? C-1302 §485.641(b)(1) Is there documentation that the QAPI program is ongoing and comprehensive? C-1306 §485.641(b)(2) Is there documentation that the QAPI program involves all departments of the CAH? Is there documentation that all services provided by the CAH (including those services furnished through a contract or under arrangement) are involved in the QAPI program? C-1306 §485.641(b)(3) Has there been written objective measures developed to evaluate the CAH's organizational processes, functions, and services? C-1309 §485.641(b)(4) Does the QAPI program address indicators related to improving health outcomes of individuals served? Does the QAPI program address the prevention and reduction of medical errors? Does the QAPI program address the prevention and reduction of adverse events? Does the QAPI program address CAH-acquired conditions?

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QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT PROGRAM Self-Assessment Questions YES NO N/A Date/Initials Comments Does the QAPI program address transitions of care including readmissions? C-1311 §485.641(b)(5) Is there written documentation that demonstrates the CAH's governing body or responsible individual is responsible and accountable for ensuring the QAPI program meets all requirements. C-1313 §485.641(c) Does the QAPI program focus on measures related to improved health outcomes that are shown to be predictive of desired patient outcomes for each department and service provided? C-1315 §485.641(d)(1) Does the QAPI program use objective measures to analyze and track performance for each department and service provided? Does the QAPI program use objective measures to analyze and track performance for medical errors? Does the QAPI program use objective measures to analyze and track performance for adverse events? Does the QAPI program use objective measures to analyze and track performance for CAH acquired conditions? Does the QAPI program use objective measures to analyze and track performance for readmissions? C-1319 §485.641(d)(2) Has the CAH QAPI program set priorities for performance improvement, considering either high-volume, high-risk services, or problem-prone areas. C-1321 §485.641(d)(3) Does the QAPI program incorporate quality indicator data including patient care data, and other relevant data, in order to achieve the goals of the QAPI program. C-1325 §485.641(e)

CRITICAL ACCESS HOSPITALS

QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT PROGRAM					
Self-Assessment Questions	YES	NO	N/A	Date/Initials	Comments

Helpful Hints

Note: As of February 2024, CMS has not published interpretative guidelines for CAH QAPI COP. However interpretative guidelines have been published for acute hospitals and the regulations are nearly identical. CAH can utilize these guidelines to assist in further development of their QAPI program. This information is found https://www.cms.gov/files/document/qso-23-09-hospital.pdf

Another resource is the acute hospital QAPI surveyor worksheet which is available at https://www.cms.gov/medicare/provider-enrollment-and-certification/surveycertifi

Key Resources and Links

• §485.641 Condition of Participation