

## QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT PROGRAM

Self-Assessment Questions	YES	NO	N/A	Date/Initials	Comments
Has the hospital developed and implemented an effective, ongoing, hospital -wide, data-driven quality assessment and performance improvement (QAPI) program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is the QAPI program maintained and updated on an ongoing basis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the QAPI program systematically examine the quality of care delivered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is there written documentation that the QAPI program is effective?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the QAPI program include all locations, all services, all departments covered by the hospital's Medicare provider agreement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the QAPI program cover contracted or under arrangement services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is there evidence that the hospital's governing body is actively involved in the QAPI program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the program focus on indicators related to improved health outcomes and the prevention and reduction of errors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
A0263 §482.21					
Is there evidence the QAPI program is ongoing and 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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. can leadership and the governing body explain how the data collected is used to monitor quality and safety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. is data received from adverse event reporting included?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
d. is quality indicator data including patient care data and data received from Medicare quality reporting and quality performance programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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<p>(including but not limited to data related to hospital readmissions and hospital-acquired conditions) incorporated?</p> <p>e. is there documentation that there is measurable improvement in the monitored quality indicators?</p> <p>f. are measures or indicators used reflective of the hospital's population?</p> <p>A-0273 COP §482.21 (a)(1)(2), §482.21 (b)(1), §482.21 (b)(2)(i), &amp; §482.21 (b)(3)</p>	<input type="checkbox"/>   <input type="checkbox"/>	<input type="checkbox"/>   <input type="checkbox"/>	<input type="checkbox"/>   <input type="checkbox"/>		
<p>At a minimum, does the program:</p> <p>a. use the data collected to</p> <ul style="list-style-type: none"> <li>- identify opportunities of continuous and ongoing improvements?</li> </ul> <p>b. set priorities for its a performance improvement activities that:</p> <ul style="list-style-type: none"> <li>- focuses on high risk, high volume, or problem prone areas?</li> <li>- considers the incidence, prevalence, and severity of problems in those areas?</li> <li>- affects health outcomes, patient safety, and quality of care?</li> </ul> <p>c. monitor that improvements are sustainable through reassessments?</p> <p>d. does QAPI staff, governing body and hospital leadership know and understand the CMS definitions of high-risk, high volume, problem-prone?</p> <p>Document in comment section which PI activities have been prioritized and the "why."</p> <p>A 0283 §482.21(b)(2), §482.21(b)(2)(ii), §482.21(c)(1), §482.21(c)(3)</p>	<input type="checkbox"/>            <input type="checkbox"/>	<input type="checkbox"/>            <input type="checkbox"/>	<input type="checkbox"/>            <input type="checkbox"/>		
<p>Does the hospital have a medical error/adverse event reporting system that:</p> <p>a. defines the difference between a medical error and adverse event?</p> <p>b. is guided by written policy and procedure?</p> <p>c. defines the type of systemic approaches that may be used (i.e., RCA, etc.)?</p> <p>d. allows the hospital to meaningfully track and analyze medical errors and adverse event reports?</p>	<input type="checkbox"/>    <input type="checkbox"/>	<input type="checkbox"/>    <input type="checkbox"/>	<input type="checkbox"/>    <input type="checkbox"/>		

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<p>e. Allows the hospital to analyze and trend the causes</p> <p>f. all staff and contract staff are educated on?</p> <p>Does the governing body and senior leadership, medical staff and QAPI staff ensure that clear expectations of safety are established?</p> <p>A-0286 §482.21(a)(1), 482.21(a)(2), 482.21(c)(2), &amp; 482.21(e)(3)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Can the hospital 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?</p> <p>A-0297 §482.21(d)(1)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Does the 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>If the QI project is a QIO cooperative project, document which project in the comment section.</p> <p>A-0297 COP §482.21(d)(3)</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>Describe in comments section why project is comparable.</p> <p>A-0297 §482.21(d)(4)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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<p>Is there evidence the governing body:</p> <p>a. ensures the program reflects the complexity of services offered?</p> <p>b. ensures the program involves all hospital departments including contracted services?</p> <p>Does the hospital maintain documentation of QAPI program for review?</p> <p>A-0308 §482.21</p>	<input type="checkbox"/>   <input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/>   <input type="checkbox"/>  <input type="checkbox"/>	<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 and patient safety program is defined, implemented, and maintained</p> <p>b. does the QI program include medical error reduction?</p> <p>c. the plan addresses priorities for improved quality of care, safety and outcomes</p> <p>d. the number of improvement projects is annually evaluated</p> <p>e. that adequate resources are allocated to the program</p> <p>A-0309 §482.21(e)(1), (2), (5) A-0315 §482.21(e)(4)</p>	<input type="checkbox"/>       <input type="checkbox"/>     <input type="checkbox"/>     <input type="checkbox"/>     <input type="checkbox"/>     <input type="checkbox"/>	<input type="checkbox"/>       <input type="checkbox"/>     <input type="checkbox"/>     <input type="checkbox"/>     <input type="checkbox"/>     <input type="checkbox"/>	<input type="checkbox"/>       <input type="checkbox"/>     <input type="checkbox"/>     <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-0320 §482.21(f) A-0321 §482.21(f)(1) A-0322 §482.21(f)(2)</p>	<input type="checkbox"/>   <input type="checkbox"/>	<input type="checkbox"/>   <input type="checkbox"/>	<input type="checkbox"/>   <input type="checkbox"/>		

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

- [Acute Hospital Regulations and Guidelines \(7/23\)](#)
- [QSO 15-2 Hospital Quality Worksheet](#)
- [QSO 23-09 Updated Interpretative Guidelines for QAPI](#)