

QAPI Checklists

QAPI Program Checklist

1. Does the Governing Body define the focus and parameters of the QAPI Program?
Has the Governing Body approved the written QAPI Plan?
 - Does the focus determined by the Governing Body include both clinical and non-clinical areas for evaluation? Is the focus organization-wide?
 - Has the Governing Body selected industry-approved outcome measures/quality assessment areas to evaluate within the organization?
 - Has the Governing Body selected specific data to be collected and the frequency of collection?
 - Are policies and procedures in place to support QAPI activities?
 - Are sufficient resources allocated to implement the QAPI Program?
 - Is there evidence of this in the Governing Body meeting minutes?
2. Does the written QAPI Plan:
 - Refer to the mission of the organization?
 - Have objectives that reflect Medicare requirements for QAPI?
 - Assign responsibility for implementation of the QAPI Plan?
 - Define the role of a QAPI Committee?
 - Identify the methodology that will be used?
 - Describe how the QAPI Plan will be evaluated?
3. Has staff been oriented to QAPI requirements and a culture of quality?
4. Is there a process for performance monitoring?
 - Are routine indicators measured, analyzed and tracked?
 - Are adverse events measured, analyzed and tracked?
 - Are negative trends used to identify performance improvement opportunities?
5. Is the organization prepared to collect data via the Initial and Comprehensive Assessment?

Performance Improvement Projects Checklist

1. Do the performance improvement activities focus on:
 - High risk, high volume, problem prone areas?
 - Palliative outcomes?
 - Patient safety?
 - Quality of care?
 - Critical areas for performance improvement?
 - Areas related to mandatory quality reporting?
2. Does the organization have evidence of completed or in-process performance improvement projects? Are they clearly documented?
 - Has staff that are close to the area being studied been included on the QAPI team?
 - Have organization-approved forms/paperwork been appropriately completed?
 - Is the Aim Statement (see Chapter 4) clearly stated?
 - Are all aspects of the action plan clearly described?
 - Assignment
 - Accountability
 - Timeframe
 - Have implementation efforts been adequately documented?
 - Are monitors in place to ensure sustained improvement?
3. Is the number of Performance Improvement Projects reasonable given the size and complexity of the organization?
4. Have reports of completed and in-process Performance Improvement Projects been submitted to the Governing Body?
5. Have results of QAPI activities been communicated to all staff and volunteers?
6. Is there demonstrated evidence that performance has improved in one or more clinical and/or non-clinical areas?

QAPI Feedback Loop

Overarching the Cycle of Care is the QAPI Feedback Loop. As data is collected during the comprehensive assessments, it is used to make decisions for individual patient care. It is also aggregated (combined for all patients or a subgroup of patients) to provide QAPI data that can be studied for positive and negative trends.

