Quality Assurance & Performance Improvement (QAPI) and Quality Assessment & Assurance (QAA) Review

This review should occur at the end of the survey, after completion of investigation into all other requirements. However, identification of systemic concerns to be reviewed during the QAPI and QAA review should begin with Offsite Preparation and occur throughout the survey.

Offsite: Make note of concerns identified during offsite preparation, which will be further investigated during the survey (e.g., repeat deficiencies, ombudsmen concerns, and complaints/facility-reported incidents). These represent possible systemic issues, which if validated during the survey, should be cited under the relevant outcome tag, and incorporated into the QAPI and QAA review for investigation.

Team Meetings: During end of day team meetings, the survey team discusses potential systemic issues or shared concerns for further investigation, or those that have been validated for incorporation into the QAPI and QAA review.

- ☐ Were any offsite concerns validated during the survey?
- ☐ Were new systemic, high-risk, or problem-prone concerns validated (concerns which will likely be cited at pattern or widespread, substandard quality of care, or any substantiated or actual incidents of abuse, neglect, exploitation, or misappropriation of resident property) during the survey?
- ☐ Has more than one surveyor identified and validated the same concern?

Performing the QAPI and QAA review: once the investigation into all other requirements are completed, initiate the QAPI and QAA Review.

- ☐ Request and review the QAPI Plan and program policies and procedures.
- ☐ Follow the tasks below to evaluate and determine compliance with the QAPI and QAA requirements.

QAPI Policies and Procedures

Review the written policies and procedures (P&P) for feedback, data collection systems, and monitoring, including adverse event monitoring.

- ☐ Does the facility have written P&P for feedback, data collection systems, and monitoring (including adverse events)?
- ☐ Do the P&P include how the facility obtains and uses feedback from residents, resident representatives, and staff to identify high-risk, high-volume, or problem prone issues as well as opportunities for improvement?
- ☐ Do the P&P include how the facility will maintain effective systems to identify, collect, use and monitor data for all departments, and based on the facility assessment (F838)?
- ☐ Do the P&P describe how the facility will identify, report, track, investigate and analyze adverse events, and high risk, high volume, and/or problem-prone concerns?
- ☐ Does the facility have P&P for developing, monitoring and evaluating performance indicators, which include the frequency and how the facility develops, monitors, and evaluates its performance indicators?
- ☐ Do the P&P describe how the facility uses systematic approaches (such as root cause analysis, reverse tracker methodology, or health-care failure and effects analysis) to assist in determining underlying causes of problems impacting larger systems?

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☐ Do the P&P describe how the facility develops corrective actions that are designed to effect change at the systems level to prevent quality of care, quality of life, or safety problems?

☐ Do the P&P describe how the facility monitors the effectiveness of its performance improvement activities to ensure improvements are sustained?

Note: For concerns related to the development and implementation of policies and procedures to coordinate with the QAPI program regarding situations of abuse, neglect, misappropriation of resident property, and exploitation, see F607 (§483.12(b)(4)).

1. Did the facility develop written policies and procedures for feedback, data collection systems, and monitoring, including adverse event monitoring? ☐ Yes ☐ **No F867**

QAPI Program Activities, Analysis and Action

Conduct interviews of the QAPI contact person provided during the entrance conference, as well as other members of the QAA committee if needed, to determine:

☐ When a deviation from expected performance or a negative trend occurs how does the QAA committee know?

☐ Is there a mechanism for staff to report quality concerns to the QAA committee?

☐ How the facility decides which issues to work on?

☐ How the facility know that corrective action has been implemented, is effective, and improvement is occurring?

Request and review the documentation for the QAPI program and QAA Committee activities to determine the following:

☐ Does the facility take actions aimed at improving performance?

☐ Does the facility establish priorities for its improvement activities that focus on high-risk, high-volume or problem-prone areas, as well as health outcomes, resident safety, choice, autonomy and quality of care?

☐ Does the facility track adverse events and medical errors, and analyze their causes, and implement preventive actions and mechanisms that include feedback and learning throughout the facility?

☐ Does the facility collect, use, and monitor data for the QAPI program that represents its full range of facility care and services?

☐ Does the facility use feedback (e.g., from residents, resident representatives and facility staff) as part of its QAPI program?

☐ Are plans of action developed and implemented by the QAA Committee to correct identified quality deficiencies or potential problems?

☐ After implementing actions to improve performance, does the facility measure its success and track performance to ensure improvements are realized and sustained?

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☐ Does the facility conduct at least one performance improvement project (PIP) annually that focuses on high-risk or problem-prone areas, identified by the facility, through data collection and analysis?

☐ Does the QAA committee regularly review and analyze data collected under the QAPI program and resulting from drug regimen reviews, and act on the data to make improvements?

Note: Disclosure of documents generated by the QAA committee may be requested by surveyors only to determine compliance with QAPI regulations. Surveyors must not use documentation provided by the facility during the QAPI/QAA review to identify additional concerns not previously identified by the survey team during the current survey.

For each area of non-compliance identified by the survey team, prior to initiating the QAPI/QAA Review, interview the QAA contact person and review evidence to answer the following questions:

☐ Is the QAA committee aware of this issue?

☐ If the QAA committee is aware of the issue, did they implement corrective action?

☐ Is the QAA committee monitoring to ensure the corrective action has been implemented and analyze results of the actions?

☐ Does the committee revise the corrective actions/interventions if results have not yielded the expected improvement (consider whether the facility has had a reasonable amount of time to address their interventions)?

☐ Does the facility track performance to ensure improvements are realized and sustained?

2. Did the facility/QAA committee prioritize its improvement activities; develop and implement action plans; measure the success of actions, and track performance; conduct at least one PIP annually; and regularly review, analyze, and act on data collected?
☐ Yes ☐ **No F867**

3. For each issue identified that the QAA Committee was aware of, did the facility make good faith attempts to correct quality deficiencies? ☐ Yes ☐ **No F865**

QAA Committee

After interview with the QAA contact person and review of QAA records, determine:

☐ Does the QAA committee include the required members?

- Director of Nursing Services;
- Medical Director or his/her designee;
- Nursing home administrator, owner, board member, or other individual in a leadership role;
- Infection Preventionist (IP), and

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- Two other staff members.

☐ Does the committee meet as frequently as needed, but not less than quarterly, to identify issues and coordinate and evaluate QAPI activities?

☐ Does the QAA committee report its activities to the facility's governing body?

☐ Does the IP participate on the QAA committee and report on the Infection Prevention and Control Program (IPCP) on a regular basis?

4. Does the facility have a QAA committee that consists of the minimum required members, meets at least quarterly, and receives reports from the infection preventionist on the IPCP? ☐ Yes ☐ **No F868**

QAPI Program, Plan, Disclosure, and Governance and Leadership

Consider all of the information obtained through interviews and record review, and determine the following:

☐ Has the facility developed, implemented, and maintained an effective QAPI program which:

- addresses the full range of care and services, including unique care and services, the facility provides;
- is comprehensive, data-driven and ongoing; and
- focuses on indicators of outcomes of care, quality of life, and resident choice.

☐ Is the facility able to provide its QAPI plan to the Federal or State surveyors during recertification survey or upon request?

☐ Does the facility maintain documentation and is able to present evidence of its ongoing QAPI program implementation and activities to demonstrate compliance with requirements?

☐ Does the facility's governing body and/or executive leadership maintain oversight of the QAPI program and activities per §483.75(f)(1)-6)?

5. Did the facility implement and maintain a comprehensive QAPI program and plan, disclose records upon request, and have governance and leadership oversight? ☐ Yes ☐ **No F865**