



QAPI Implementation Self-Assessment

Use this tool to evaluate your organization's progress toward meeting the 2016 Reform of Requirements for Long-Term Care Facilities QAPI regulations. **All items listed below must be implemented by the date indicated to meet QAPI requirements.**

Nursing home name: _____

Nursing home address: _____

Date this self-assessment completed: _____

(Check all that apply) Our organization maintains documentation of a QAPI Plan that includes:

- Identification, reporting, investigation, analysis, and prevention of adverse events. by 11/28/2017
- Implementation and evaluation of corrective actions or performance improvement activities. by 11/28/2017

(Check all that apply) The design and scope of our organization's QAPI Plan addresses:

- All systems of care and management practices. by 11/28/2019
- Clinical care, quality of life, and resident choice. by 11/28/2019
- Use of the best available evidence to define and measure indicators of quality. by 11/28/2019
- Use of the best available evidence to define and measure facility goals that reflect processes of care. by 11/28/2019
- Use of the best available evidence to define and measure facility operations that have been shown to be predictive of desired resident outcomes. by 11/28/2019
- The complexities, unique care, and services that the facility provides. by 11/28/2019

(Check all that apply) Our organization has established and implemented written policies and procedures, including:

- A system to obtain and use feedback and input from direct care staff, other staff, residents, and resident representatives to identify problems that are high risk, high volume, areas that are problem prone, and other opportunities for improvement. by 11/28/2019
- Systems to identify, collect, and use data and information from all departments as part of the facility assessment, and includes how such information will be used to develop and monitor performance indicators. by 11/28/2019

- Facility development, monitoring, and evaluation of performance indicators, including the methodology and frequency for such development, monitoring, and evaluation. by 11/28/2019
- Facility adverse event monitoring, including identifying, reporting, tracking, investigating, and analyzing data and information and how the facility will use the data to develop activities to prevent adverse events. by 11/28/2019

(Check all that apply) To ensure that performance improvement is realized and sustained, our organization has developed and implemented policies addressing how we will:

- Use a systematic approach to determine underlying causes of problems impacting larger systems. by 11/28/2019
- Develop actions to effect change at the systems level to prevent quality of care, quality of life, safety problems. by 11/28/2019
- Monitor the effectiveness of performance improvement activities to ensure that improvements are sustained by measuring success and tracking ongoing performance. by 11/28/2019

(Check all that apply) Our organization's QAPI activities:

- Set priorities focusing on high-risk, high-volume, or problem-prone areas, considering the incidence, prevalence and severity of problems in those areas and affecting health outcomes, resident safety, resident autonomy, resident choice, and quality of care. by 11/28/2019
- Track medical errors and adverse resident events, analyze their causes, and implement preventive actions and mechanisms that include feedback and learning throughout the facility. by 11/28/2019
- Include distinct performance improvement projects. The number is determined by the facility's scope, complexity of the facility's services, and available resources as reflected in the facility assessment. by 11/28/2019
- Include at least annually an improvement project that focuses on high risk or problem-prone areas identified through data collection and analysis. by 11/28/2019

(Check all that apply) Our organization's governing body and/or executive leadership – or group or individual who assumes full legal authority and responsibility for operation of the facility – is responsible and accountable for ensuring that:

- QAPI is defined, implemented, and maintained, and ongoing, and addresses identified priorities. by 11/28/2019
- Adequate resources are available for QAPI, ensuring staff time, equipment, and technical training. by 11/28/2019
- QAPI is sustained during transitions in leadership and staffing. by 11/28/2019

- Problems and opportunities that reflect organizational process, functions, and services provided to resident based on performance indicator data, resident and staff input, and other information are identified and prioritized. by 11/28/2019
- Corrective actions address gaps in systems, and are evaluated for effectiveness. by 11/28/2019
- Clear expectations are set around safety, quality, rights, choice, and respect. by 11/28/2019

(Check all that apply) Our organization maintains a quality assessment and assurance committee that:

- Consists of the director of nursing services. by 11/28/2016
- Consists of the medical director or designee. by 11/28/2016
- Consists of at least 3 other members of the facility's staff, at least one of who must be the administrator, owner, a board member, or other individual in a leadership role. by 11/28/2016
- The infection control and prevention officer by 11/28/2019
- Reports activities to the facility's governing body, or designated persons functioning as a governing body. by 11/28/2019
- Meets at least quarterly and as needed to coordinate and evaluate activities under the QAPI program. by 11/28/2019
- Develops and implements appropriate plans of action to correct identified quality deficiencies. by 11/28/2019
- Regularly reviews and analyzes data, including data collected under the QAPI program, data resulting from drug regimen reviews. by 11/28/2019
- Acts on available data to make improvements. by 11/28/2019

(Check one) Based on this self-assessment, we would rate our QAPI implementation as:

- Not started
- Just started
- On our way
- Almost there
- Doing great

Lake Superior Quality Innovation Network serves Michigan, Minnesota, and Wisconsin, under the Centers for Medicare & Medicaid Services Quality Improvement Organization Program.

www.lsqin.org | Follow us on social media @LakeSuperiorQIN