**Quality Assurance and Performance Improvement**

**Policy and Procedure Checklist**

**Purpose and Intent of §483.75(a-g)**

The purpose of the Quality Assurance and Performance Improvement (QAPI) policy is to outline a process for development of a QAPI plan. These requirements are intended to ensure facilities develop a plan that describes the process for conducting QAPI/QAA activities, such as identifying and correcting quality deficiencies as well as opportunities for improvement, which will lead to improvement in the lives of nursing home residents, through continuous attention to quality of care, quality of life, and resident safety.

To assure that the individual facility has followed all the required steps for the development and implementation of a Quality Assurance and Performance Improvement Plan in accordance to the new Requirements of Participation (RoP), the following checklist captures specific action items for successful completion. The left column represents the actual Requirements of Participation (RoP) language and the right column indicates specific leadership strategies for successful completion and implementation of the revised RoP. When preparing updated policies and procedures, it is recommended to include actual RoP language as applicable.

**Suggested Checklist**

**Program and Policy and Procedure**

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| **Regulation**   | **Recommended Actions**  |
| **F865****§483.75(a) Quality assurance and performance improvement (QAPI) program** **§483.75(a)(1)**Maintain documentation and demonstrate evidence of its ongoing QAPI program that meets the requirements of this section. This may include but is not limited to systems and reports demonstrating systematic identification, reporting, investigation, analysis, and prevention of adverse events; and documentation demonstrating the development,implementation, and evaluation of corrective actions or performance improvement activities; **§483.75(a)(2)**Present its QAPI plan to the State Survey Agency no later than 1 year after the promulgation of this regulation; [§483.75(a)(2) implemented November 28, 2017 (Phase 2)]**§483.75(a)(3)**Present its QAPI plan to a State Survey Agency or Federal surveyor at each annual recertification survey and upon request during any other survey and to CMS upon request;**§483.75(a)(4)**Present documentation and evidence of its ongoing QAPI program's implementation and the facility's compliance with requirements to a State Survey Agency, Federal surveyor or CMS upon request.**§483.75(b)** Program design and scope. A facility must design its QAPI program to be ongoing, comprehensive, and to address the fullrange of care and services provided by the facility. It must:**§483.75(b)(1)** Address all systems of care and management practices;**§483.75(b)(2)** Include clinical care, quality of life, and resident choice;**§483.75(b)(3)** Utilize the best available evidence to define and measure indicators of qualityand facility goals that reflect processes of care and facility operations that have been shown to be predictive of desired outcomes for residents of a SNF or NF.**§483.75(b)(4)** Reflect the complexities, unique care, and services that the facility provides. | * Review, develop and/or implement the Quality Assurance and Performance Improvement Plan in accordance with the (RoP). See regulatory requirements as well as template plan, policy and procedure. Due by November 28, 2017.
* Assure that plan describes the process for identifying and correcting quality deficiencies and contains the necessary components such as:
1. Tracking and measure performance;
2. Establishing goals and thresholds for performance measurement;
3. Identifying and prioritizing quality deficiencies;
4. Systematically analyzing underlying causes of systemic quality deficiencies;
5. Developing and implementing corrective action or performance improvement activities; and
6. Monitoring or evaluating the effectiveness of corrective action/performance improvement

 activities, and revising as needed.* Educate all staff and the interdisciplinary team about the Quality Assurance and Performance Improvement plan and their role in development and implementation of interventions. Include correlation to Facility Assessment, Emergency Preparedness Plan, facility wide policies, corporate compliance, ethics
* Review the Quality Assurance and Performance Improvement Plan with the Medical Director in conjunction with the Quarterly Quality Assurance Committee meeting
* Update staff education materials for orientation, annual education, and agency staff orientation, as needed.
* Update policies and procedures per department to reflect QAPI process and plan
* Update additional polices or programs including but not limited to: Grievance, business office, corporate compliance, ethics, quality measures, Facility Assessment, Emergency Preparedness
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| **§483.75(f) Governance and leadership.** The governing body and/or executive leadership (or organized group or individual who assumes full legal authority and responsibility for operation of the facility) is responsible and accountable for ensuring that:**§483.75(f)(1)** An ongoing QAPI program is defined, implemented, and maintained and addresses identified priorities. **§483.75(f)(2**) The QAPI program is sustained during transitions in leadership and staffing;**§483.75(f)(3)** The QAPI program is adequately resourced, including ensuring staff time, equipment, and technical training as needed;**§483.75(f)(4)** The QAPI program identifies and prioritizes problems and opportunities that reflect organizational process, functions, and services provided to residents based on performance indicator data, and resident and staff input, and other information. **§483.75(f)(5)** Corrective actions address gaps in systems, and are evaluated for effectiveness;and **§483.75(f)(6)** Clear expectations are set around safety, quality, rights, choice, and respect.**§483.75(h)** Disclosure of information. | * Review, develop and/or implement plan/policy as it relates the Quality Assurance and Performance Improvement
* Assure that the policy contains the essential components defined under §483.75(f) in the left column.
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| **F866****§483.75(c) Program feedback, data systems and monitoring.** **(§483.75(c)** will be implemented during Phase 3)A facility must establish and implement written policies and procedures for feedback, data collections systems, and monitoring, including adverse event monitoring. The policies andprocedures must include, at a minimum, the following:**§483.75(c)(1)** Facility maintenance of effective systems to obtain and use of feedback and input from direct care staff, other staff, residents, and resident representatives, including how such information will be used to identify problems that are high risk, high volume, or problem-prone, and opportunities for improvement.**§483.75(c)(2)** Facility maintenance of effective systems to identify, collect, and use data and information from all departments, including but not limited to the facility assessment required at **§483.70(e)** and including how such information will be used to develop and monitor performance indicators. **§483.75(c)(3)** Facility development, monitoring, and evaluation of performance indicators, including the methodology and frequency for such development, monitoring, and evaluation. **§483.75(c)(4)** Facility adverse event monitoring, including the methods by which the facility will systematically identify, report, track, investigate, analyze and use data and information relating to adverse events in the facility, including how the facility will use the data to develop activities to prevent adverse events. | * Phase 3 implementation
* Assure that the policy contains the essential components defined under §483.75(c) in the left column.
* Ensure there is a process in place to obtain feedback from staff, residents, and resident representatives.
* Educate staff, residents, and resident representatives on how to share feedback
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| **F867** **§483.75(d)** Program systematic analysis and systemic action.**(§483.75(d)** will be implemented during Phase 3) **§483.75(d)(1)** The facility must take actions aimed at performance improvement and, after implementing those actions, measure its success, and track performance to ensure that improvements are realized and sustained. **§483.75(d)(2)** The facility will develop and implement policies addressing:**(i)** How they will use a systematic approach to determine underlying causes of problems impacting larger systems; **(ii)** How they will develop corrective actions that will be designed to effect change at the systems level to prevent quality of care, quality of life, or safety problems; and **(iii)** How the facility will monitor the effectiveness of its performance improvement activities to ensure that improvements are sustained.**§483.75(e) Program activities.****(§483.75(e)** will be implemented during Phase 3)**§483.75(e)(1)** The facility must set priorities for its performance improvement activities that focus on high-risk, high-volume, or problem-prone areas; consider the incidence, prevalence, and severity of problems in those areas; and affect health outcomes, resident safety, resident autonomy, resident choice, and quality of care. **§483.75(e)(2)** Performance improvement activities must track medical errors and adverse resident events, analyze their causes, and implement preventive actions and mechanisms that include feedback and learning throughout the facility. **§483.75(e)(3)** As part of their performance improvement activities, the facility must conduct distinct performance improvement projects. The number and frequency of improvement projects conducted by the facility must reflect the scope and complexity of the facility's services and available resources, as reflected in the facility assessment required at §483.70(e). Improvement projects must include at least annually a project that focuses on high risk or problem-prone areas identified through the data collection and analysis described in paragraphs (c) and (d) of this section | * Phase 3 implementation
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| **§483.75(g) Quality assessment and assurance.****§483.75(g)(2)** The quality assessment and assurance committee reports to the facility'sgoverning body, or designated person(s) functioning as a governing body regarding itsactivities, including implementation of the QAPI program required under paragraphs (a)through (e) of this section. The committee must:**(ii)** Develop and implement appropriate plans of action to correct identified quality deficiencies; **(iii)** Regularly review and analyze data, including data collected under the QAPI program and data resulting from drug regimen reviews, and act on available data to make improvements | * Ensure a system for monitoring departmental performance data routinely to identify deviations in performance and adverse events.
* Prioritize identified issues to determine which concerns pose a high risk to resident safety, health, and well-being, those which are problem-prone, and those which are high volume (occur with frequency)
* Ensure that corrective actions address the underlying cause of the issue comprehensively, at the systems level.
* Review Facility Assessment and Quality Measures Policies and procedures to include QAPI
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| **F868****§483.75(g)** Quality assessment and assurance.**§483.75(g)(1)** A facility must maintain a quality assessment and assurance committeeconsisting at a minimum of:**(i)** The director of nursing services;**(ii)** The Medical Director or his/her designee;**(iii)**At least three 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; and **(iv)** The infection Preventionist.**[483.75(g)(1)(iv)** Implemented beginning November 28, 2019(Phase 3)]**§483.75(g)(2)** The quality assessment and assurance committee reports to the facility's governing body, or designated person(s) functioning as a governing body regarding its activities, including implementation of the QAPI program required under paragraphs (a) through (e) of this section. The committee must: **(i)** Meet at least quarterly and as needed to coordinate and evaluate activities under the QAPI program, such as identifying issues with respect to which quality assessment and assurance activities, including performance improvement projects required under the QAPI program, are necessary. | * Ensure that at a minimum, the required individuals attend the QAA meetings.
* QAA meetings are held at least quarterly and with enough frequency to conduct required QAPI/QAA activities.
* Describe how the QAA committee will develop and implement corrective action, and monitor to ensure performance goals or targets are achieved, and revise corrective action when necessary.
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The below areas serve as a cross reference for facility leaders to conduct additional policy and procedure review across departments to incorporate the changes set forth in **F865-F868 §483.75(a) Quality assurance and performance improvement (QAPI).** This listing is not all encompassing however should serve as a resource for leaders as they update their internal policies, procedures and operational processes.

Cross Reference: (additional areas for review)

CMS Regulations

State and Local Regulations

Employee Orientation

Annual Training Requirements

Facility Assessment

Quality Measures

Emergency Preparedness Plan

All IDT Policies and Procedures

Admission Policy

Corporate compliance

Postings

Resident Council

Family Council

Resident Rights

Grievance Policy

Medical Director

Staff Training and Education

**References**

CMS State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities:

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Advance-Appendix-PP-Including-Phase-2-.pdf>

CMS. (2017). CMS S&C Memo 17-36-NH. Retrieved August, 2017, from <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Survey-and-Cert-Memo-Revision-SOM-Appendix-PP-Phase-2.pdf>

“Process Tool Framework” link: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/Downloads/ProcessToolFramework.pdf>

 “QAPI Self-Assessment Tool”, located at: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/QAPISelfAssessment.pdf>

The first QAPI News Brief, Volume 1

 <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/Downloads/QAPINewsBrief.pdf>

QAPI News Brief released for 2016 at: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/Downloads/QAPI-Newsbrief-Volume-2.pdf>