**Resource Tool**

**QA vs. QAA vs. QAPI**

**History and Background**

CMS, in the State Operations Manual, Appendix PP-Guidance to Surveyors for Long Term Care Facilities, defines QA in the context of Quality Assessment and Quality Assurance [F868, 483.75(g)]:

* QA: “**Quality Assessment”** is an evaluation of a process and/or outcomes of a process to determine if a defined standard of quality is being achieved.”
* QA: “**Quality Assurance**” is the organizational structure, processes, and procedures designed to ensure that care practices are consistently applied and the facility meets or exceeds an expected standard of quality. Quality assurance includes the implementation of principles of continuous quality improvement.”
* QA&A: **“Quality Assessment and Assurance** “is a management process that is ongoing, multi-level, and facility-wide. It encompasses all managerial, administrative, clinical and environmental services, as well as the performance of outside (contracted or arranged) providers and suppliers of care and services.” This process is continuous and had the following objectives prior to the Final Rule (Medicare and Medicaid Programs; Reform of Requirements for Long-Term Care Facilities):
  + To keep systems functioning “satisfactorily and consistently including maintaining current practice standards”
  + To prevent deviation from appropriate care processes
  + To determine and identify any issues and concerns with systems in the facility and
  + To correct inappropriate care processes”

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf>

* QAPI: **Quality Assurance and Performance Improvement,** waspassed by Congress in March of 2010 as part of the Affordable Care Act, Section 6102 (c): “QAPI is the coordinated application of two mutually-reinforcing aspects of a quality management system: Quality Assurance (QA) and Performance Improvement (PI). QAPI takes a systematic, comprehensive, and data-driven approach to maintaining and improving safety and quality in nursing homes while involving all nursing home caregivers in practical and creative problem solving.”
* CMS (Centers for Medicare and Medicaid) QAPI Description and Background: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/qapidefinition.html>

Traditionally, by requirement (F520), the facility QAA Committee, comprised of at least the DON, physician (in most cases the Medical Director) and at least 3 other facility employees would meet at least quarterly. The meeting would identify quality issues and put together a plan of action for implementation on any deficient areas for improvement. This process was primarily a reactive process, identifying deficient practice(s) for correction. QAPI, is a process intended to not only address deficient practices, but to identify potential concerns with quality and proactively work on an ongoing process/system for quality.

The Final Rule – Medicare and Medicaid Programs; Reform of Requirements for Long-Term Care Facilities, by the Centers for Medicare & Medicaid Services and published on October 4, 2016, has made a few changes to the QAA Committee Requirements. The QAA Committee is required to meet at least quarterly to identify issues and to develop and implement plans of action to correct identified deficiencies and to coordinate and evaluate activities under the QAPI program, to include performance improvement projects. The DON, the Medical Director or Designee and at least 3 other members of the facility staff (at least one must be the administrator, owner, a board member or other individual in a leadership role) are required to attend. This committee will report to the governing body or designated person who will function as a governing body activities of the committee and implementation of the QAPI program. Another requirement of the Committee is to regularly review and analyze data, to include data that is collected under the facility QAPI program as well as data from the drug regimen reviews and to act upon that date to make improvements.

Additionally, in the Final Rule, a new section was added to include: §483.75 Quality assurance and performance improvement. The requirements include:

* Each facility will need to develop, implement and maintain a QAPI program that is effective, data driven and comprehensive and will focus on “indicators of the outcomes of care and quality of life”
* The facility will need to maintain documentation and be able to demonstrate evidence that the program meets CMS requirements
* The facility will be required to present their QAPI plan to the State Survey Agency no later than 1 year after promulgation of the regulation
* The facility will be required to present their QAPI plan to a State Survey Agency or Federal surveyor during their annual recertification survey and at the request during any other survey or upon CMS request
* Present evidence in the form of documentation to substantiation the ongoing implementation and QAPI program compliance with regulations to the State Survey Agency, Federal Surveyor or CMS if requested
* 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>
* CMS: Medicare and Medicaid Programs; Reform of Requirements for Long-Term Care Facilities: <https://www.federalregister.gov/documents/2016/10/04/2016-23503/medicare-and-medicaid-programs-reform-of-requirements-for-long-term-care-facilities>
* Survey and Certification Group, Division of Nursing Homes (DNH), in 2013, posted a webpage for nursing homes with QAPI Tools and Resources to assist nursing homes in developing a QAPI program: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/qapitools.html>
* There are many good tools and resources identified under the “Process Tool Framework” link: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/Downloads/ProcessToolFramework.pdf>
* Especially helpful for facilities to start out is the “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, was published in 2013, outlining a description and explanation of what QAPI is, including the 5 Elements of QAPI: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/Downloads/QAPINewsBrief.pdf>
* Since that time, one additional QAPI News Brief was released for 2016 at: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/Downloads/QAPI-Newsbrief-Volume-2.pdf>
* The CMS Publication entitled, “CMS Survey and Certification Group 2016/2017 Nursing Home Action Plan” also identifies the requirements for nursing homes to develop and implement a QAPI program at: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandComplianc/Downloads/2016-2017-Nursing-Home-Action-Plan.pdf>

All of these resources, recommendations and regulatory requirements lead us to the present—which requires Nursing Homes to comply with the development and implementation of a solid Quality Assurance and Performance Improvement (QAPI) Program.