



QAPI Survey Readiness

Survey Readiness Webinar #2
Quality Corner Call

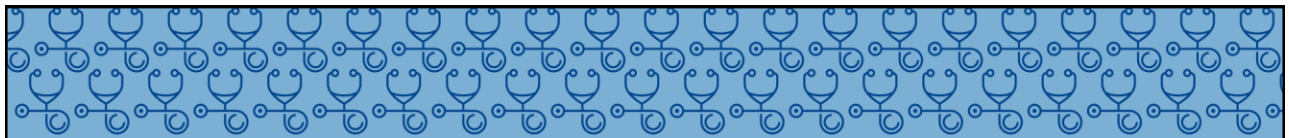
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Welcome



Today is about making your QAPI work visible, meaningful, and survey-ready.

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Why This Matters

- QAPI is a Condition of Participation for CAH, REH, and PPS hospitals
- Surveyors focus on whether QAPI is effective, not just documented
- QAPI findings often reveal deeper system or safety issues
- Strong QAPI programs demonstrate learning, action, and results
- QAPI CoP deficiencies are the third most frequently cited CoPs for Medicare-certified hospitals

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QAPI in Plain Language

- Quality Assurance (QA): Ensures reliable, consistent, evidence-based care
- Performance Improvement (PI): Drives intentional, data-guided change
- Quality Assurance Performance Improvement (QAPI): Combines both to improve safety, outcomes, and systems



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What Surveyors Expect QAPI to Demonstrate

- **Data:** Meaningful measures that reflect your services and risks
- **Learning:** Clear interpretation of what the data is telling you
- **Action:** Documented steps taken in response to what you learned
- **Results:** Evidence that actions led to improvement

Surveyors expect a living, active program — not a binder.



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Common QAPI Survey Challenges

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Top Findings from Recent Surveys

- QAPI plans are outdated or not aligned with current services
- Data is collected but not interpreted or trended over time
- Actions are not clearly documented or linked to data
- Project documentation lacks measurable goals or evidence of progress
- Contracted services are not fully included in QAPI
- Meeting minutes show activity but not learning or results
- Governing body oversight is limited — board members cannot describe QAPI priorities or recent improvement work.

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Why These Findings Occur

- Small teams and competing priorities limit QAPI bandwidth (CAH/REH)
- Large volumes of data make synthesis difficult (PPS)
- QAPI roles and expectations are not clearly defined
- Data is reviewed, but interpretation and follow-through are inconsistent
- Improvement work is happening, but not documented in a QAPI-friendly way
- Contracted services and off-site locations are easy to overlook



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Examples of What Surveyors Are Seeing

- Some departments have active improvement projects, while others only report QA activity — creating an uneven picture of improvement work.
- Data is reviewed monthly, but minutes only show numbers — not what the team learned or what actions were taken.
- Improvement work is happening informally, but none of it is documented in a way that connects to the QAPI plan or priorities.
- The governing board receives reports but cannot describe current QAPI priorities, risks, or recent improvement work.



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Federal QAPI Requirements

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CMS QAPI Requirements

- **PPS Hospitals (§482.21):**
Must develop, implement, and maintain an effective, data-driven QAPI program that includes all departments, services, and contracted providers.
- **CAH & REH (§485.641):**
Must maintain a QAPI program appropriate to the complexity of services and involving all departments, all services provided (including those furnished under contract or arrangement), and all staff.
- **All Hospitals:**
 - Use data to identify opportunities for improvement
 - Implement actions and track results
 - Involve leadership and medical staff
 - Maintain documentation that demonstrates effectiveness

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PPS Requirements

- QAPI program must be hospital-wide, data-driven, and reflective of the full scope of services
- Must include ongoing, proactive performance improvement activities
- Must track high-risk, high-volume, and problem-prone processes
- Must demonstrate leadership and governing body accountability for QAPI
- Must use evidence-based indicators to measure performance
- Must show data to analysis to action to follow-up to sustained improvement
- Must include contracted services in performance review
- Must integrate QAPI with patient safety, infection prevention, and grievance processes
- Surveyors expect department-level engagement and staff awareness of QAPI priorities



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CAH & REH QAPI Requirements

- QAPI program must be appropriate to the complexity of services
- Must involve all departments of the CAH/REH
- Must include all services provided, including those furnished under contract or arrangement
- Must demonstrate measurable improvement in patient care and safety
- Must show leadership and medical staff involvement
- Must maintain documentation that reflects data to analysis to action to follow-up to improvement
- Must integrate QAPI with patient safety and infection prevention activities (survey expectation)



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Patterns Seen in Kansas Surveys

- Surveyors consistently see variation in department-level engagement with QAPI – some departments demonstrate improvement work, others do not.
- Surveyors note that documentation often stops at data reporting, with limited evidence of interpretation, action, or follow-through.
- Surveyors frequently find that improvement efforts are not tied back to the QAPI plan, priorities, or measures.
- Surveyors observe that governing bodies receive information but may not be able to articulate QAPI priorities or recent improvement work.
- Surveyors often find that QAPI plans are outdated or not aligned with current services, priorities, or risks.



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What This Means for You

Readiness isn't about having a binder – it's about showing a story:

- Your data reflects your services and risks
- Your team can explain what the data means
- Your actions connect directly to what you learned
- Your documentation shows follow-through and results
- Your leadership is visibly engaged
- Your QAPI program is active, not episodic



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What Surveyors Look For

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What Surveyors Look For

Surveyors look for evidence that your QAPI program is active, aligned, and producing results.

- Learning that leads to action
- Clear priorities and accountability
- Evidence of follow-through
- A culture that notices problems and responds
- Staff who can explain their role in QAPI
- Documentation that shows improvement over time

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The Surveyor Lens

Surveyors use a consistent lens when they evaluate your QAPI program

How they approach QAPI

- They look for an *active* program, not a binder
- They follow the story: **data to learning to action to results**

What they ask for first

- QAPI plan
- Last 12 months of minutes
- Current Quality Projects for All Departments
- Evidence of follow-through



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What They Expect to See in Your QAPI Plan

Surveyors look for a QAPI plan that reflects your *current* work and priorities:

- Clear, current priorities
- Defined structure and responsibilities
- Evidence of annual review and updates
- Governing body approval and oversight
- Alignment with the work happening across the hospital



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What They Expect in Meeting Minutes

Surveyors expect your Quality Committee Meeting minutes to show the story of your work – not just record the activity of having a meeting.

- Data - what you learned
- What actions you took
- Evidence of follow-through
- Who is accountable for next steps



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What They Expect in Data Reviews

Surveyors want to see that you're learning from your data, not just reporting it.

- Trends over time (not one-month snapshots)
- Variation and patterns (not just averages)
- Interpretation – what the data is telling you
- Actions connected to what you learned



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What They Expect in Project Documentation

Surveyors expect project documentation that clearly shows how you moved from aim to action to results.

- Clear aim statement
- Defined measures
- Documented interventions
- Results over time
- Evidence of follow-through



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What They Ask Staff

Surveyors ask frontline staff three core questions:

- “Tell me about what your department is working on in quality.”
- “How do you know if you’re improving?”
- “What’s your role in QAPI?”



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What They Look for in Leadership Engagement

Leaders who:

- understand QAPI priorities
- ask about data, variation, and trends
- expect follow-through
- support improvement work

Governing Body Role

- Holds ultimate responsibility for QAPI and delegates day-to-day operations to the Quality Director



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Practical Steps

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A Simple QAPI Readiness Checklist

- Our QAPI plan matches our current priorities
- Our minutes show learning, not just reporting
- Our data reviews show trends and variation
- Our department projects have clear aims, measures, interventions, and results
- Our leaders and governing body understand their roles
- Our staff can describe what they're working on in quality



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A 30-Day QAPI Tune-Up Plan

Week 1 — Align the Story

- Update your QAPI plan
- Confirm priorities with leadership
- Make sure the plan matches the work

Week 2 — Strengthen the Evidence

- Review minutes for interpretation + action
- Tighten data reviews (trends + variation)
- Confirm project documentation is complete for all departments

Week 3 — Engage the Team

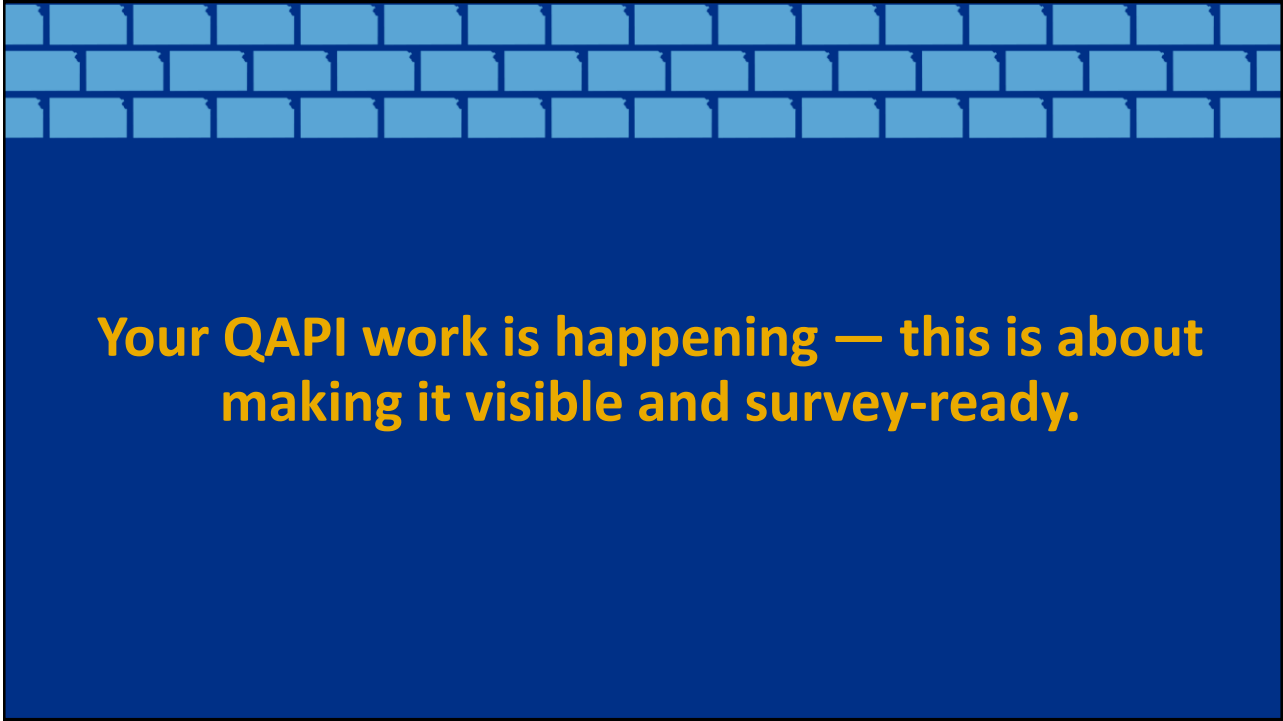
- Talk with department leaders about their quality work
- Prep staff for the three key surveyor questions
- Reinforce expectations for follow-through

Week 4 — Close the Loop

- Review progress with leadership
- Update the governing body
- Identify next steps and new priorities



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