

Centers for Medicare & Medicaid Services

Hospital Quality Assessment Performance Improvement (QAPI) Worksheet

State Agency Name

Instructions: The following is a list of items, broken down into separate Parts, which must be assessed during the on-site survey in order to determine compliance with the QAPI Condition of Participation. Items are to be assessed primarily by review of the hospital's QAPI program documentation and interviews with hospital staff. Direct observation of hospital practices plays a lesser role in QAPI compliance assessment, but may still be appropriate. The separate Parts can be assessed in any order. Within each Part there may also be flexibility to change the order in which the various items are assessed.

The interviews should be performed with the most appropriate staff person(s) for the items of interest (*e.g.*, unit/department staff should be asked how they participate in the hospital-wide QAPI program).

PART 1 – HOSPITAL CHARACTERISTICS

1.1 Hospital Name

1.2 Address, State and Zip Code

Address

City

State

Zip

1.3 CMS Certification Number (CCN)

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1.4 Date of survey site visit:

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1.5 Total number of State Agency surveyors who participated on the combined PSI survey:

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1.6 Approximate time spent on site performing the combined PSI surveys (total number of hours):

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1.7 Does the hospital participate in Medicare via accredited "deemed" status?

- YES
- NO

1.8a If YES, which AO(s)? (Check all that apply)

- American Osteopathic Association (AOA)/Healthcare Facilities Accreditation Program (HFAP)
- Center for Improvement in Healthcare Quality (CIHQ)
- Det Norske Veritas Healthcare (DNV)
- The Joint Commission (TJC)

1.8b If YES, according to the hospital, what was the end date of the most recent accreditation survey?

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PART 2: DATA COLLECTION AND ANALYSIS - QUALITY INDICATOR TRACERS

Instructions for Part #2 Questions:

Select 3 distinct quality indicators (not patient safety analyses) and trace them answering the following multipart question. Focus on indicators with related QAPI activities or projects. At least one of the indicators must have been in place long enough for most questions to be applicable.

Elements to be Assessed	Indicator #1	Indicator #2	Indicator #3
Write in indicator selected:			
2.1.a Can the hospital provide evidence that each quality indicator selected is related to improved health outcomes? (e.g., based on QIO, guidelines from a nationally recognized organization, hospital specific evidence, peer-reviewed research, etc.)	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
2.1.b Is the scope of data collection appropriate to the indicator, e.g., an indicator related to labor and delivery might be appropriate to all areas of that unit and the ED, but indicators related to hand hygiene would require data from multiple parts of the hospital.	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
2.1.c Is the method (e.g., chart reviews, monthly observations, etc.) and frequency of data collection specified?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO

Elements to be Assessed	Indicator #1	Indicator #2	Indicator #3
2.1.d Is there evidence that the data are actually collected in the manner and frequency specified for this indicator? For example, is there evidence of late, incomplete, or wrong data collection?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
2.1.e If unit staff play a role in data collection, is collection consistent with the specifications for how the data are to be collected?	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
2.1.f Are data that have been collected aggregated in accordance with the hospital methodology specified for this indicator?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
2.1.g Are the collected data analyzed?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
2.1.h If the indicator is the type that measures a rate, are rates calculated for points in time and over time, and are comparisons made to performance benchmarks when available (e.g. established by nationally recognized organizations)?	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A

Elements to be Assessed	Indicator #1	Indicator #2	Indicator #3
<p>2.1.i When feasible, are aggregated data broken down into subsets that allow comparison of performance among hospital units covered by the indicator? For example, a hand hygiene indicator should allow comparison among different inpatient units.</p>	<p><input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A</p>	<p><input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A</p>	<p><input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A</p>
<p>If no to any of 2.1.a through 2.1.i, cite at 42 CFR 482.21(a)(1),(a)(2), (b)(1), & (b)(3) (Tag A-273)</p>			
<p>2.1.j If the data analysis identified areas needing improvement, is there evidence that the hospital instituted interventions (activities and/or projects) to address them?</p> <ul style="list-style-type: none"> • Check N/A if analysis did not lead to interventions, but the hospital could demonstrate that other areas were of higher priority. • Check NO if analysis did not lead to interventions and the hospital could not demonstrate that other improvement activities were of higher priority. 	<p><input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A</p>	<p><input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A</p>	<p><input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A</p>

Elements to be Assessed	Indicator #1	Indicator #2	Indicator #3
2.1.k Are interventions evaluated for success?	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
2.1.l If interventions taken were not successful, were new interventions developed?	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
2.1.m If interventions were successful, did evaluation continue longer to assess if success was sustained?	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A

If no to any of 2.1.j through 2.1.m, cite at 42 CFR 482.21(b)(2)(ii), (c)(1), & (c)(3) (Tag A-283)

PART 3 – APPLYING QUALITY INDICATOR INFORMATION - ACTIVITIES AND PROJECTS

Elements to be Assessed		Space for Surveyor Notes (if needed)
3.1 Can the hospital provide evidence that its improvement activities focus on areas that are high risk (severity), high volume (incidence or prevalence), or problem-prone?	<input type="radio"/> YES <input type="radio"/> NO	
If no to 3.1, cite at 42 CFR 482.21(c)(1)(i) & (ii) (Tag A-283)		
3.2 Can the hospital provide evidence that it conducts distinct performance improvement projects?	<input type="radio"/> YES <input type="radio"/> NO	
3.3 Is the number of projects proportional to the scope and complexity of the hospital's services and operations? No fixed ratio is required, but smaller hospitals with a smaller number of distinct services would be expected to have fewer projects than a large hospital with many different services.	<input type="radio"/> YES <input type="radio"/> NO	
3.4 Does the scope of projects reflect the scope and complexity of the hospital's services and operations? For example, if the hospital offers more complex services, such as neonatal intensive care, or open heart surgery, have there been QAPI project(s) related to any of those services?	<input type="radio"/> YES <input type="radio"/> NO	
If no to any of 3.2 through 3.4, cite at 42 CFR 482.21(d)(1)(Tag A-297)		
3.5 Can the hospital provide evidence showing why each project was selected? (NOTE: If the project is a QIO cooperative project or an IT project, such as computerized physician order entry or an electronic medical record, no rationale is required. Check N/A in these cases.)	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
If no to 3.5, cite at 42 CFR 482.21(d)(3) (Tag A-297)		

PART 4 – PATIENT SAFETY – ADVERSE EVENTS AND MEDICAL ERRORS

Elements to be Assessed		Space for Surveyor Notes (if needed)
4.1 Evaluation regarding whether the hospital’s leadership sets expectations for patient safety:		
4.1.a Is there evidence of widespread staff training or communication to convey expectations for patient safety to all staff? (e.g. training related to steps to take in a situation that feels unsafe, how to report adverse patient events, medical errors, near misses/close calls, etc. that they are expected to report internally)	<input type="radio"/> YES <input type="radio"/> NO	
4.1.b Is there evidence that the hospital has adopted policies supporting a non-punitive approach to staff reporting of adverse patient events, medical errors, near misses/close calls, etc. , and situations they consider unsafe?	<input type="radio"/> YES <input type="radio"/> NO	
4.1.c On each unit surveyed, can staff explain what the hospital’s expectations are for their role in promoting patient safety?	<input type="radio"/> YES <input type="radio"/> NO	
If no to 4.1.a, 4.1.b, or 4.1.c, cite at 42 CFR 482.21(e)(3) (Tag A-286)		
4.2.Evaluation regarding hospital processes to identify adverse patient events, medical errors, near misses/close calls, etc.:		
4.2.a On each unit/program surveyed, can staff describe the types of adverse patient events, medical errors, near misses/close calls, etc. they are expected to report internally?	<input type="radio"/> YES <input type="radio"/> NO	
4.2.b On each unit/program surveyed, can staff explain how and/or to whom they are expected to report adverse patient events, medical errors, near misses/close calls, etc.?	<input type="radio"/> YES <input type="radio"/> NO	

Elements to be Assessed		Space for Surveyor Notes (if needed)
<p>4.2.c Does the hospital employ methods, in addition to staff incident reporting, to identify possible adverse patient events, medical errors, near misses/close calls, etc.?</p> <p>(Examples of other methods include, but are not limited to, retrospective medical record reviews, review of claims data, unplanned readmissions and patient complaints/grievances, interview or survey of patients, etc.)</p>	<input type="radio"/> YES <input type="radio"/> NO	
<p>4.2.d Can the hospital provide evidence of adverse patient events, medical errors, near misses/close calls, etc. identified through staff reports or other methods?</p>	<input type="radio"/> YES <input type="radio"/> NO	
<p>If no to any of 4.2.a through 4.2.d, cite at 42 CFR 482.21(a)(2) &482.21(c)(2) (Tag A-286)</p>		
<p>4.3 Is there QAPI program collaboration with infection control officer(s) to identify and track avoidable healthcare-acquired infections?</p>	<input type="radio"/> YES <input type="radio"/> NO	
<p>4.4 Is there evidence that problems identified by infection control officer(s) are addressed through QAPI program activities?</p>	<input type="radio"/> YES <input type="radio"/> NO	
<p>If no to 4.3 or 4.4, cite at 42 CFR 482.42(b)(1) (Tag A-756) and 482.21(a)(2) (Tag A-286)</p>		

Elements to be Assessed		Space for Surveyor Notes (if needed)
4.5 Does the QAPI program identify and track medication administration errors, adverse drug reactions, and drug related incompatibilities?	<input type="radio"/> YES <input type="radio"/> NO	
If no to 4.5, cite at 42 CFR 482.25(b)(6) (Tag A-508) and 42 CFR482.21(a)(2) (Tag A-286)		
4.6 Is there a QAPI program process for staff to report blood transfusion reactions, and reviews of reported blood transfusion reactions to identify medical errors (including near misses/close calls) and/or adverse events?	<input type="radio"/> YES <input type="radio"/> NO	
If no to 4.6, cite at 42 CFR 482.23(c)(4) (Tag A-410) and 42 CFR 482.21(a)(2) (Tag A-286)		
4.7 Did the survey team have prior knowledge of, or identify while on-site, serious preventable adverse events that the hospital failed to identify?	<input type="radio"/> YES <input type="radio"/> NO	
If yes to 4.7, cite at 42 CFR 482.21(a)(2) (Tag A-286)		
4.8 Has the hospital conducted a QAPI review, including implementing preventive actions for all serious preventable adverse events it has identified? Use as your sample all serious preventable events identified by the hospital in the period 12 months prior to the survey date? (Note: for events that occurred less than 2 months prior to the survey date, the hospital may have started, but not yet completed its review.)	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
If no to 4.8, cite at 42 CFR 482.21(a)(2) (Tag A-286)		

PART 4: PATIENT SAFETY TRACERS

Instructions for Questions #4.9 and 4.10: If the answer to Question #4.9 is “yes”, the Surveyor should select up to three significant adverse events or close calls/near misses the hospital reviewed for QAPI purposes during the last 12 - 24 months (“cases”). Do not let the hospital select the adverse events/close call reviews to be used for the Tracer.

The reviews may be of single events/close calls (e.g., a wrong site surgery that actually occurred or that came close to occurring on a particular patient), groups of similar kinds of events/close calls (e.g., all inpatient falls with injury during the first quarter), or a combination of both types of review.

Answer all of the questions in #4.10 for each “case” selected. (For at least one, there should be sufficient time after implementation of preventive measures for the hospital to have evaluated the impact of those measures.)

4.9 Has the hospital conducted any QAPI reviews of adverse patient events/close calls in the 12 – 24 months prior to the survey date?	<input type="radio"/> YES -IF YES, CONTINUE. <input type="radio"/> NO - IF NO, SKIP ALL 4.10 SUB-QUESTIONS.
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Elements to be Assessed	Case #1	Case #2	Case #3
4.10 Select the number of hospital conducted QAPI reviews of adverse events/close calls that were reviewed for this survey.	<input type="radio"/> One “case” reviewed.	<input type="radio"/> Two “cases” reviewed.	<input type="radio"/> Three “cases” reviewed.
Write in a general description of each case. Avoid using any identifiable information on this worksheet. Answer all of the questions below for each “case.”	Case #1 General Description:	Case #2 General Description:	Case #3 General Description:
4.10.a Has the hospital identified potential underlying causes or contributing factors?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO

Elements to be Assessed	Case #1	Case #2	Case #3
4.10.b Has the hospital identified all parts of the hospital utilizing similar processes/at similar risk?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
4.10.c Has the hospital developed and implemented preventive actions based on its review in at least one area of the hospital?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
4.10.d Has the hospital evaluated the impact of the preventive actions, including tracking reoccurrences of similar events/close calls/near misses?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
4.10.e If evaluation showed the intervention(s) did not meet goals, did the hospital implement a revised intervention(s) and evaluate it?	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
4.10.f For preventive actions the hospital found to be effective, has the hospital implemented them in all parts of the hospital utilizing similar processes/at similar risk, unless there are documented reasons for not doing so?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO

If no to any of 4.10.a through 4.10.f, cite at 42 CFR 482.21(a)(1) & (a)(2) & (c)(2) (Tag A-286)

PART 5 – BROAD QAPI REQUIREMENTS AND LEADERSHIP RESPONSIBILITIES

Elements to be Assessed		Space for Surveyor Notes (if needed)
5.1 Is there evidence that the hospital has a formal QAPI program - including written policies and procedures, budgeted resources, and clearly identified responsible staff - approved by the governing body after input from the CEO and medical staff leadership?	<input type="radio"/> YES <input type="radio"/> NO	
If no to 5.1, cite at 42 CFR 482.21(e)(1) & (2) (Tag A-309)		
5.1.a Has the hospital maintained and made available for surveyor review sufficient evidence of its QAPI program to allow compliance assessment?	<input type="radio"/> YES <input type="radio"/> NO	
If no to 5.1.a, cite at 42 CFR 482.21 (Tag A-263)		
5.2 Evaluation regarding whether the QAPI program is hospital-wide:		
5.2.a Using information on services offered from the Hospital/CAH Data Base Worksheet, can the QAPI manager provide evidence of QAPI monitoring related to each service?	<input type="radio"/> YES <input type="radio"/> NO	
If no to 5.2.a, cite at 42 CFR 482.21 (Tag A-263 or A-308)		
5.2.b Using information from the hospital identifying services provided under arrangement (contract), can the QAPI manager provide evidence of QAPI monitoring for each service related to clinical care provided under contract or arrangement? (Exclusively administrative contractual services, e.g., payroll preparation, are not required to be included in the QAPI program.)	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
If no to 5.2.b, cite at 42 CFR 482.12(e) and 482.21 (Tags A-083 and either A-263 or A-308)		

Elements to be Assessed		Space for Surveyor Notes (if needed)
5.3 Is there evidence that the governing body, hospital CEO, Medical Staff leadership, and other senior administrative officials, e.g., Director of Nursing, each play a role in QAPI program planning and implementation?	<input type="radio"/> YES <input type="radio"/> NO	
If no to 5.3, cite at 42 CFR 482.21(e)(2) (Tag A-309)		
Is there evidence, e.g. in minutes, that the hospital's governing body:		
5.4.a Approves QAPI program indicators selected and frequency of data collection?	<input type="radio"/> YES <input type="radio"/> NO	
If no to 5.4.a, cite at 42 CFR 482.21(b)(3) (Tag A-273)		
5.4.b Ensures the QAPI program annually determines the number of distinct QAPI projects to be conducted in the coming year?	<input type="radio"/> YES <input type="radio"/> NO	
5.4.c Actively reviews the results of QAPI data collection, analyses, activities, projects and makes decisions based on such review?	<input type="radio"/> YES <input type="radio"/> NO	
If no to either 5.4.b or 5.4.c, cite at 42 CFR 482.21(e)(2) & (e)(5) (Tag A-309)		
5.4.d Holds the CEO accountable for the effectiveness of the QAPI program?	<input type="radio"/> YES <input type="radio"/> NO	
If no to 5.4.d, cite at 42 CFR 482.21(e)(2) and 482.12(b) (Tags A-309 & A-057)		

Elements to be Assessed		Space for Surveyor Notes (if needed)
5.5 Regarding resource allocation:		
5.5.a Is there evidence of the amount of resources (funding and personnel) dedicated to the hospital's QAPI program and the functions for which those resources are used?	<input type="radio"/> YES <input type="radio"/> NO	
If no to 5.5.a, cite at 42 CFR 482.21(e)(4) (Tag A-315)		
5.5.b If there are condition-level QAPI program deficiencies, is there evidence that lack of QAPI resources are a significant contributing cause of these deficiencies?	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
If yes to 5.5.b, cite at 42 CFR 482.21(e)(4) (Tag A-315)		
5.6 Did the hospital at any time during the course of this survey refuse to provide requested information, claiming it was protected Patient Safety Work Product under the Federal Patient Safety and Quality Improvement Act?	<input type="radio"/> YES <input type="radio"/> NO	
For information only; no citation risk.		