

QAPI: Quality Assurance & Performance Improvement

Skilled Nursing Facility (SNF)

Quality Measure (QM) Self-Assessment Using QAPI Principles



Facility Name: _____ CCN: _____ Assessment Date: _____ Completed by: _____

Work with your department leadership team to complete the following assessment to determine if your facility is maintaining an effective, comprehensive, QM data-driven program. Each item relates QMs to the five elements of QAPI appearing in the Centers for Medicare & Medicaid Services (CMS) reform of requirements for long-term care facilities. Select the level of implementation status on the right for each assessment item. Once this form is complete, please go online and enter your answers.

Assessment Items	Not implemented/ no plan	Plan to implement/ no start date set	Plan to implement/ start date set	In place less than 6 months	In place 6 months or more
A. Design and Scope					
1. Your facility revises its QAPI plan on an ongoing basis using lessons learned from implementing performance improvement projects (PIPs). ⁱ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Your facility engages all relevant departments and staff members to improve QM performance (e.g., certified nursing assistants [CNAs], food and nutrition, housekeeping, maintenance, nursing, pharmacy, etc.). ⁱⁱ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Governance and Leadership					
3. Your QAPI committee reports to the facility's governing body more frequent than quarterly to evaluate QM data and coordinate quality-improvement activities. ⁱⁱⁱ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Your leadership provides adequate resources to improve QMs, including: ^{iv}					
a. Staff time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Equipment (e.g., pulse oximeter, in-bed scale, patient lift, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Technical training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Assessment Items	Not implemented/ no plan	Plan to implement/ no start date set	Plan to implement/ start date set	In place less than 6 months	In place 6 months or more
C. Feedback, Data Systems, and Monitoring					
5. Your organization maintains an effective system where all staff members can regularly review your Quality Star Rating and the 15 contributing QMs. ^v	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Your organization identifies opportunities for improving your QM Star Rating through benchmarking performance targets (e.g., state/national averages). ^{vi}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. PIPs					
7. Your QAPI committee initiates/charters and documents PIPs focusing on QMs. ^{vii}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Every QM-related PIP measures outcomes to identify effective changes in resident care and/or quality of life (QOL). ^{viii}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Systematic Analysis and Systemic Action					
9. Your organization uses root-cause analysis (RCA) to determine underlying causes for underperforming QMs. ^{ix}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Your organization monitors performance improvement for sustainability (e.g., audit schedule and plan for monitoring). ^x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Open Response:

1. What do you believe is going well in your organization related to QMs or quality star rating? *(Please upload any tools you are using)*

2. What are some of the barriers you are facing with improving or maintaining your organization's quality star rating?

3. What are your organizational goals surrounding quality star rating?

This material was prepared by Health Services Advisory Group, the Medicare Quality Innovation Network-Quality Improvement Organization for Arizona and California, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. Publication No. QN-12SOW-XC-06122020-01

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- i **Rationale:** The QAPI plan will guide your facility’s overall performance improvement. It is a living document that the facility will continue to refine and revisit.
References: Guide to develop purpose, guiding principles, and scope for QAPI. <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/QAPIPurpose.pdf>
- Guide to developing a QAPI plan. <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/QAPIPlan.pdf>
 - Sample Nursing Home QAPI plan template. https://www.hsag.com/contentassets/cf3caa92784541d287d94da0ae266697/nhqcc_sample-qapi-work-plan_2016_template.docx
 - QAPI Five Elements. <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/qapifiveelements.pdf>
 - QAPI Self-Assessment. <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/QAPISelfAssessment.pdf>
- ii **Rationale:** A QAPI program must be ongoing and comprehensive, dealing with the full range of services offered by the facility, including the full range of departments.
References: Guide to develop purpose, guiding principles, and scope for QAPI. <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/QAPIPurpose.pdf>
- Guide to developing a QAPI plan, p. 1. <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/QAPIPlan.pdf>
 - Sample nursing home QAPI plan template. https://www.hsag.com/contentassets/cf3caa92784541d287d94da0ae266697/nhqcc_sample-qapi-work-plan_2016_template.docx
 - QAPI Five Elements. <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/qapifiveelements.pdf>
 - QAPI Self-Assessment. <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/QAPISelfAssessment.pdf>
 - QAPI meeting agenda guide. <https://www.hsag.com/contentassets/221d31dfefba402488c41f56e565aeb4/qaaqapimeetingagendaguidefinal.pdf>
- iii **Rationale:** The governing body and/or administration of the nursing home develops a culture that involves leadership seeking input from facility staff, residents, and their families and/or representatives.
References: QAPI at a Glance Pages 8–10 and 17–20. <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/Downloads/QAPIAtaGlance.pdf>
- QAPI Leadership Rounding Tool. <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/Downloads/ProcessToolFramework.pdf>
 - F Tag 865—QAPI - 483.75(f) Governance and Leadership. <https://www.federalregister.gov/documents/2019/07/18/2019-14946/medicare-and-medicaid-programs-requirements-for-long-term-care-facilities-regulatory-provisions-to>
 - F Tag 867—QAPI - 483.75(g) The QAPI committee reports to the facility’s governing body. <https://www.federalregister.gov/documents/2019/07/18/2019-14946/medicare-and-medicaid-programs-requirements-for-long-term-care-facilities-regulatory-provisions-to>
 - HSAG PIP Guide <https://www.hsag.com/contentassets/0de8e0acb3524235ab5ddc8633b0b7c5/performance-improvement-plan-worksheet.pdf>
- iv **Rationale:** “The governing body assures adequate resources exist to conduct QAPI efforts. This includes designating one or more persons to be accountable for QAPI; developing leadership and facility-wide training on QAPI; and ensuring staff time, equipment, and technical training as needed.”
References: RAI 3.0 User’s Manual Version 1.17.1. https://downloads.cms.gov/files/mds-3.0-rai-manual-v1.17.1_october_2019.pdf
- F Tag 944—QAPI program mandatory training. <https://www.federalregister.gov/documents/2019/07/18/2019-14946/medicare-and-medicaid-programs-requirements-for-long-term-care-facilities-regulatory-provisions-to>

v **Rationale:** The facility puts in place systems to monitor care and services, drawing data from multiple sources.

References: QAPI at a glance (pages 13–16). <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/Downloads/QAPIAtAGlance.pdf>

- Corresponding tools for Element 3. <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/Downloads/ProcessToolFramework.pdf>
 - Measure/Indicator Development Worksheet
 - Measure/Indicator Collection and Monitoring Plan
 - Instructions to Develop a Dashboard
 - Goal Setting Worksheet
 - Prioritization Worksheet for PIPs
- Nursing Home Compare. <https://www.medicare.gov/nursinghomecompare/search.html?>
- HSAG QM presentation, QM dashboard, QM tip sheets. <https://www.hsag.com/en/medicare-providers/states-of-service/california/nursing-homes/>
- MDS/CASPER reports
- HSAG readmission report

vi **Rationale:** This element includes using Performance Indicators to monitor a wide range of care processes and outcomes, and review findings against benchmarks and/or targets the facility has established for performance.

References: QAPI at a glance (pages 13–16). <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/Downloads/QAPIAtAGlance.pdf>

- Corresponding tools for Element 3. <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/Downloads/ProcessToolFramework.pdf>
 - Measure/Indicator Development Worksheet
 - Measure/Indicator Collection and Monitoring Plan
 - Instructions to Develop a Dashboard
 - Goal Setting Worksheet
 - Prioritization Worksheet for Performance Improvement Projects
- Nursing Home Compare. <https://www.medicare.gov/nursinghomecompare/search.html?>
- HSAG QM presentation, QM dashboard, QM tip sheets. <https://www.hsag.com/en/medicare-providers/states-of-service/california/nursing-homes/>
- MDS/CASPER reports
- HSAG readmission report

vii **Rationale:** A PIP is a concentrated effort on a particular problem in one area of the facility or facility-wide. It involves gathering information systematically to clarify issues or problems and intervening for improvements. The facility conducts PIPs to examine and improve care or services in areas that the facility identifies as needing attention.

References: PIP Charter Worksheet. <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/PIPCharterWkshtdebedits.pdf>

- PIP Guide. <https://www.hsag.com/contentassets/0de8e0acb3524235ab5ddc8633b0b7c5/performance-improvement-plan-worksheet.pdf>
- Storyboard Guide for PIPs. <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/PIPStoryBdGuide.pdf>
- PIP Launch Check List. <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/PIPLaunchChecklistdebedits.pdf>
- PIP Inventory. <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/PIPInventorydebedits.pdf>
- QAPI at a Glance. <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/Downloads/QAPIAtAGlance.pdf>

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- viii **Rationale:** When fully implemented, the QAPI program should address all systems of care and management practices, and should always include clinical care, quality of life, and resident choice. It aims for safety and high quality with all clinical interventions while emphasizing autonomy and choice in daily life for residents (or resident’s agents).
References: PDSA Cycle Template. <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/PDSACycledebedits.pdf>
- QAPI Companion Guide. https://www.hsag.com/contentassets/ad48e6068e6148de909773f9d89892b1/hsag-qapi_companion.pdf
 - Brainstorming, Affinity Grouping, and Multi-Voting Tool. <https://www.snfqapi.com/assets/media/12-steps/BrainAffinGrpMultVot.pdf>
 - University of Pittsburgh QOL Structured Resident Interview Program Materials. <http://www.improvingqol.pitt.edu/program-materials>
- ix **Rationale:** The facility uses a systematic approach to determine when in-depth analysis is needed to fully understand the problem, its causes, and implications of a change. The facility uses a thorough and highly organized/structured approach to determine whether and how identified problems may be caused or exacerbated by the way care and services are organized or delivered.
References: Guidance for Performing RCA with PIPs. <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/Downloads/GuidanceforRCA.pdf>
- Five Whys Tool for RCA. <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/Downloads/FiveWhys.pdf>
 - How to Use the Fishbone Tool for RCA. <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/Downloads/FishboneRevised.pdf>
 - Guidance for Performing Failure Mode and Effects Analysis with PIPs. <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/Downloads/GuidanceForFMEA.pdf>
 - Brainstorming, Affinity Grouping, and Multi-Voting Tool. <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/Downloads/BrainAffinGrpMultVot.pdf>
 - Flowchart Guide. <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/Downloads/FlowchartGuide.pdf>
 - HSAG QM tip sheets. <https://www.hsag.com/en/medicare-providers/states-of-service/california/nursing-homes/>
- x **Rationale:** Systemic Actions look comprehensively across all involved systems to prevent future events and promote sustained improvement.
References: Sustainability Decision Guide. <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/Downloads/SustainDecisGdedebredits.pdf>
- Storyboard Guide for PIPs. <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/Downloads/PIPStoryBdGuide.pdf>
 - Improvement Success Story Template. <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/Downloads/ImproveSuccessStorydebedits.pdf>