Quality Assurance & Performance Improvement (QAPI) and Quality Assessment & Assurance (QAA) Review

This review occurs at the end of the survey, after completion of investigation into all other requirements. However, identification of systemic concerns to be reviewed during the QAPI and QAA review should begin with Offsite Preparation and occur throughout the survey.

Team Meetings: During end of day team meetings, the survey team discusses potential systemic issues or shared concerns for further investigation, or those that have been validated for incorporation into the QAPI and QAA review.

- ☐ Were any offsite concerns validated during the survey?
- ☐ Were new systemic, high-risk, or problem-prone concerns validated (concerns which will likely be cited at pattern or widespread, substandard quality of care, or any substantiated or actual incidents of abuse, neglect, exploitation, or misappropriation of resident property) during the survey?
- ☐ Has more than one surveyor identified and validated the same concern?

Performing the QAPI and QAA review: once the investigation into all other requirements are completed, initiate the QAPI and QAA Review.

- ☐ Request the QAPI Plan and program policies and procedures (P&P).
- ☐ Follow the tasks below to evaluate and determine compliance with the QAPI and QAA requirements.

QAPI Program *Policies & Procedures,* Activities, Analysis and Action

Interview the QAPI contact person, as well as other members of the QAA committee if needed, to determine:

- ☐ When a deviation from expected performance or a negative trend occurs how does the QAA committee know?
- ☐ Is there a mechanism for staff to report quality concerns to the QAA committee?
- ☐ How the facility decides which issues to work on *(i.e., establish priorities)*?
- ☐ How the facility knows corrective action has been implemented, is effective, and improvement is *sustained* ?

Request and review the documentation for the QAPI program and QAA Committee activities to determine the following:

- ☐ Does the facility take actions aimed at improving performance? *If no, review the P&Ps for developing corrective actions designed to effect change at the systems level.*
- ☐ Does the facility track adverse events and medical errors, analyze their causes, and implement preventive actions? *If no, review the P&Ps for how the facility uses systematic approaches (such as root cause analysis or reverse tracker methodology) to assist in determining underlying causes of problems.*

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☐ Does the facility collect, use, and monitor data for the QAPI program that represents its full range of facility care and services? *If no, review the P&Ps for how the facility identifies, collects, analyzes, and routinely (e.g., quarterly) monitors data for systemic high-risk, high-volume, and/or problem-prone areas, including adverse events, and based on the facility assessment (F838).*

☐ Does the facility use feedback (e.g., from residents, resident representatives and staff) as part of its QAPI program? *If no, review the P&Ps for how the facility obtains and uses feedback from residents and staff to identify issues and improvement opportunities.*

☐ After implementing actions to improve performance, does the facility measure its success and track performance to ensure improvements are realized and sustained? *If no, review the P&Ps for how the facility monitors the effectiveness of its performance improvement activities to ensure improvements are sustained.*

☐ Does the facility conduct at least one performance improvement project (PIP) annually that focuses on high-risk or problem-prone areas, identified by the facility, through data collection and analysis?

☐ Does the QAA committee regularly review and analyze data collected under the QAPI program and resulting from drug regimen reviews, *prioritize activities,* and *develop and implement plans of action to correct identified quality deficiencies*?

Note: For concerns related to the development and implementation of policies and procedures to coordinate with the QAPI program regarding situations of abuse, neglect, misappropriation of resident property, and exploitation, see F607 (§483.12(b)(4)).

1. **Did the facility develop *and implement P&Ps* for data collection systems, *feedback,* monitoring, *analysis, and action,* including adverse event monitoring?** ☐ **Yes** ☐ **No F867** *(if the surveyor is able to validate QAPI activities and is not prompted to review P&Ps, mark Yes)*

2. **Did the facility/QAA committee prioritize its improvement activities; develop and implement action plans; measure the success of actions, and track performance; conduct at least one PIP annually; and regularly review, analyze, and act on data collected?** ☐ **Yes** ☐ **No F867**

Investigation of Identified Non-Compliance at the Systems Level

Note: Disclosure of documents generated by the QAA committee may be requested by surveyors only to determine compliance with QAPI regulations. Surveyors must not use documentation provided by the facility during the QAPI/QAA review to identify additional concerns not previously identified by the survey team during the current survey.

For each area of *systems-level* non-compliance identified by the survey team, prior to initiating the QAPI/QAA Review, interview the QAA contact person and review evidence to answer the following questions:

☐ Is the QAA committee aware of this issue?

☐ If the QAA committee is aware of the issue, did they *develop and* implement corrective action*(s)*?

☐ Is the QAA committee monitoring *and analyzing* results of the actions *to ensure improvements are realized and sustained*?

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☐ Does the committee revise the corrective actions if results have not yielded the expected improvement (consider whether the facility has had a reasonable amount of time to address their interventions)?

For each systems-level area of non-compliance identified by the survey team related to resident care and/or coordination of medical care, ask the medical director:

☐ *Were you aware of [surveyor to identify the systems-level area of concern related to resident care and/or medical care validated during the survey]? If yes, what steps or actions did you take in response to the issue?*

☐ *Do you or your designee participate in the QAA committee meetings (if no, cite F868)?*

3. ***For each area of systemic non-compliance identified by the survey team, did the facility identify the issue prior to the survey?*** ☐ ***Yes*** ☐ ***No F865***

4. **For each *systemic* issue identified that the QAA Committee was aware of, did the facility make good faith attempts to correct quality deficiencies?** ☐ **Yes** ☐ **No F865**

5. ***Did the medical director fulfill his/her responsibilities for the implementation of resident care policies and/or coordination of medical care in the facility?*** ☐ ***Yes*** ☐ ***No F841*** ☐ ***N/A,*** *there were no concerns identified regarding resident care policies or coordination of medical care during the survey*

QAA Committee

After interview with the QAA contact person and review of QAA records, determine:

☐ Does the QAA committee include the required members?

- Director of Nursing Services;
- Medical Director or his/her designee;
- Nursing home administrator, owner, board member, or other individual in a leadership role;
- Infection Preventionist (IP), and
- Two other staff members.

☐ Does the committee meet as frequently as needed, but not less than quarterly, to identify issues and coordinate and evaluate QAPI activities?

☐ Does the QAA committee report its activities to the facility's governing body?

6. **Does the facility have a QAA committee that consists of the minimum required members *and* meets at least quarterly?** ☐ Yes ☐ **No F868**

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QAPI Program, Plan, Disclosure, and Governance and Leadership

Consider all of the information obtained through interviews and record review, and determine the following:

☐ Has the facility developed, implemented, and maintained an effective QAPI program which:

- addresses the full range of care and services, including unique care and services, the facility provides;
- is comprehensive, data-driven and ongoing; and
- focuses on indicators of outcomes of care, quality of life, and resident choice?

☐ Is the facility able to provide its QAPI plan to the Federal or State surveyors during *a* recertification survey or upon request?

☐ Does the facility maintain documentation and is able to present evidence of its ongoing QAPI program implementation and activities to demonstrate compliance with requirements?

☐ Does the facility's governing body and/or executive leadership maintain oversight of the QAPI program and activities per §483.75(f)(1)-6)?

7. Did the facility implement and maintain a comprehensive QAPI program and plan, disclose records upon request, and have governance and leadership oversight? ☐ Yes ☐ **No F865**

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