|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Metric** | **Met/Not Met** | **Gap** | **Responsible Person** | **Date Completed** | **Notes** |
| **Management and Leadership** |  |  |  |  |  |
| **Strategic** |  |  |  |  |  |
| Assess and develop organizational quality culture |  |  |  |  |  |
| Departmental vision/mission statement |  |  |  |  |  |
| Develop goals and objectives that align with quality |  |  |  |  |  |
| Evaluate applicable performance improvement models (PDCA, IDEA, DMAIC, etc.) |  |  |  |  |  |
| Develop and use performance measures (scorecard, dashboard etc.) |  |  |  |  |  |
| Develop a performance improvement plan |  |  |  |  |  |
| Link performance improvement activities with strategic plan |  |  |  |  |  |
| Ability to facilitate change within the organization |  |  |  |  |  |
| Demonstrate financial benefits of quality program |  |  |  |  |  |
| **Operational** |  |  |  |  |  |
| Facilitate performance improvement oversight groups |  |  |  |  |  |
| Identify and facilitate performance improvement teams |  |  |  |  |  |
| Contributes in developing a risk management program |  |  |  |  |  |
| Written plan for case/care/disease/utilization management plan |  |  |  |  |  |
| Written plan for infection control/antimicrobial stewardship |  |  |  |  |  |
| Coordinate survey processes |  |  |  |  |  |
| **Information Management** |  |  |  |  |  |
| Maintains confidentiality of PI activities, records etc. |  |  |  |  |  |
| Organize information for committee meetings |  |  |  |  |  |
| Coordinates data inventory listing of who/what is due etc. |  |  |  |  |  |
| Perform/coordinates data collection methodology |  |  |  |  |  |
| Aggregate/summarize data for analysis |  |  |  |  |  |
| **Measurement** |  |  |  |  |  |
| Use of process analysis tools to display data (e.g. fishbone, run chart, control chart etc.) |  |  |  |  |  |
| Use of statistical techniques |  |  |  |  |  |
| **Analysis** |  |  |  |  |  |
| Comparative data utilized for measuring and analyzing performance |  |  |  |  |  |
| Interpret benchmarking data |  |  |  |  |  |
| Interpret incidence/occurrence reports |  |  |  |  |  |
| **Communication** |  |  |  |  |  |
| Interacts with medical staff and personnel with patient issues |  |  |  |  |  |
| Compile and write PI reports |  |  |  |  |  |
| Facilitate communication with accrediting and regulatory bodies |  |  |  |  |  |
| **Performance Measurement and Improvement** |  |  |  |  |  |
| **Planning** |  |  |  |  |  |
| Facilitate priorities for PI activities/action plans and projects |  |  |  |  |  |
| Use of evidence-based practice guidelines |  |  |  |  |  |
| Participate in clinical guidelines |  |  |  |  |  |
| **Implementation** |  |  |  |  |  |
| Participate in PI teams |  |  |  |  |  |
| Participates in the process of:  Medication usage and review  Medical record review  Infection control processes  Peer review  Service specified review (path, radiology, pharmacy, nursing etc.)  Patient satisfaction |  |  |  |  |  |
| Risk Management:  Risk prevention  Risk identification  Mortality review  FMEA  Collaboration with quality/risk team |  |  |  |  |  |
| **Education and Training** |  |  |  |  |  |
| Provides house wide PI training |  |  |  |  |  |
| Evaluates the effectiveness of the current PI structure |  |  |  |  |  |
| Provides annual and new Board of Directors Education |  |  |  |  |  |
| Provide training for New Employees and annual requirements |  |  |  |  |  |
| Develop/provide survey prep training |  |  |  |  |  |
| **Evaluation/Integration** |  |  |  |  |  |
| Evaluate team performance |  |  |  |  |  |
| Coordinate complaint analysis and implementation of process |  |  |  |  |  |
| Incorporate findings from PI into the credentialing/ appointment/privilege delineation process |  |  |  |  |  |
| Integrates outcomes from risk management, utilization management, data analysis into performance improvement process |  |  |  |  |  |
| Integrates quality findings into governance and management activities (bylaws, admin policies, procedures etc.) |  |  |  |  |  |
| Integrate regulatory recommendations into the organization. |  |  |  |  |  |
| **Patient Safety** |  |  |  |  |  |
| **Strategic** |  |  |  |  |  |
| Facilitate and develop patient safety culture and program |  |  |  |  |  |
| Identify applicable patient safety goals. |  |  |  |  |  |
| Integrate patient safety goals with strategic plan |  |  |  |  |  |
| **Operational** |  |  |  |  |  |
| Contribute to a written plan for patient safety program |  |  |  |  |  |
| Coordinates/participates in assessment of technology to enhance patient safety program |  |  |  |  |  |
| Assists in risk management:  Incident report review  Sentinel/near miss events  Root cause analysis |  |  |  |  |  |
| **MBQIP** |  |  |  |  |  |
| **Patient Safety/Inpatient** |  |  |  |  |  |
| HCP/OP-27 Influenza Vaccine for HCW |  |  |  |  |  |
| Antibiotic Stewardship |  |  |  |  |  |
| Inpatient ED-2 Admit time to ED Departure time |  |  |  |  |  |
| **Patient Engagement** |  |  |  |  |  |
| HCAHPS |  |  |  |  |  |
| **Care Transitions** |  |  |  |  |  |
| EDTC |  |  |  |  |  |
| **Outpatient** |  |  |  |  |  |
| AMI OP-2  AMI OP-3 |  |  |  |  |  |
| ED Throughput  OP-18  OP-22 |  |  |  |  |  |
| **Other Additional Measures** |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Test Knowledge and Review QAPI Plan Cheat Sheet

Evaluate each department for Quality of Care measures; patient care data and other relevant data to achieve goals of QAPI plan

How is the QAPI program maintained…reported….measured etc. This is what I look for.

* Governance and Leadership § 485.641(c)
  + Clear expectations of safety
  + Resources identified to sustain performance and reducing risk
  + Identification of number of distinct quality improvement projects
  + P&P address actions the staff should take
* Program Activities § 485.641(d)
  + Focus on measures related to improved health outcomes
  + How CAH measures to analyze and track its performance (incl. each dept)
  + Set priorities for PI, high-volume, high-risk, or problem-prone
  + How often analyses is completed…regular intervals (annually?) to identify areas or opportunities
* Performance Improvement Projects § 485.641(e)
  + Distinct PI Projects that are proportional to the scope and complexity of the CAHs services and operations
  + Maintain and demonstrate written or electronic evidence and documentation of QAPI projects
* Program Data Collection and Analysis § 485.641(f)
  + Demonstrate that the data collected measures the quality of patient care
  + Incorporate quality indicator data including patient care data, quality measures data, and other relevant data
  + Use the data collected to monitor the effectiveness and safety of services provided and quality of care
  + Identify opportunities for improvement and changes that will lead to improvement
  + CAH's governing body or responsible individual must approve the frequency and the details of data collection