

CMS Webinar Series

# Understanding CMS Quality Assessment and Performance Improvement (QAPI) Program Requirements

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- “The organization's governing body must have an ongoing commitment to creating safe systems of care. The IOM report, “To Err is Human,” states, “Senior level leadership should define program objectives, plans, personnel and budget, and should monitor QAPI activities by requiring reports to the executive committee and board of directors.” The executive responsibilities standard clarifies that **it is the responsibility of the hospital's governing body to establish a culture of safety and quality and to define the importance of QAPI activities throughout the institution.**”



**Center for Clinical Standards and Quality/Quality, Safety & Oversight Group**

**Ref: QSO-23-09-Hospital**

**DATE:** March 9, 2023

**TO:** State Survey Agency Directors

**FROM:** Director, Quality, Safety & Oversight Group (QSOG)

**SUBJECT:** Revision to State Operations Manual (SOM), Hospital Appendix A - Interpretive Guidelines for 42 CFR 482.21, Quality Assessment & Performance Improvement (QAPI) Program

**Memorandum Summary**

- CMS is committed to consistent implementation and oversight of the QAPI requirements as a part of our **patient safety initiative**.
- **QAPI Guidance Released:** CMS is releasing the updated interpretive guidance for State Operations Manual (SOM) Hospital Appendix A for the QAPI CoP
- The QAPI CoP requires a hospital to “maintain and demonstrate evidence of its QAPI program for review by CMS, as well as the governing body oversight of the program in **an effort to deliver safe, quality patient care and prevent adverse events and patient harm.**” (42 CFR 482.21)

# QSO-23-09-Hospital – March 9, 2023

- “In addition to its focus on the importance of a sustainable QAPI program to promote patient safety and reduce harm, the updated QAPI CoP interpretive guidance emphasizes the integral role hospital leadership plays in advancing a sustained program for improvement throughout the hospital. A component of the successful execution of a hospital QAPI program requires engagement by the hospital’s governing body. **Leadership oversight in the development and ongoing planning of a hospital’s QAPI activities is an essential component. This includes ensuring that clear expectations for safety are established and communicated hospital-wide.** “

# CFR § 482.21 Condition of participation: QAPI

Ongoing, hospital-wide, data-driven QAPI program

Reflect complexity of the hospital's organization & services

QAPI

Involve all hospital departments and services (including contract or arrangement)

Focus on indicators related to improving health outcomes & prevention & reduction of medical errors

# QAPI Condition of Participation (CoP)

# Condition of Participation

- “The hospital must develop, implement, and maintain an effective, ongoing, hospital wide, data-driven quality assessment and performance improvement program. The hospital’s governing body must ensure that the program reflects the complexity of the hospital’s organization and services; involves all hospital departments and services (including those services furnished under contract or arrangement); and focuses on indicators related to improved health outcomes and the prevention and reduction of medical errors. The hospital must maintain and demonstrate evidence of its QAPI program for review by CMS.”

- §482.21

# Condition of Participation

- Documentation supports and reflects the QAPI program:
  - Based/reflects hospital complexity and size
  - Hospital-wide (including services under contract/agreement)
  - Data-driven
  - Quality indicators/measures



# Program Scope

- Ongoing program that shows measurable improvement in indicators for which there is evidence that it will improve health outcomes.
- Measure, analyze, and track quality indicators and performance that assess processes of care, service and operations.
  - §482.21(a)(1)&(2)

# Program Data

- Incorporate quality indicator data including patient care data, and other relevant data such as data submitted to or received from Medicare quality reporting and quality performance programs, including but not limited to data related to hospital readmissions and hospital-acquired conditions.
  - Use the data to monitor the effectiveness and safety of services and quality of care.
  - The hospital must use the data collected to identify opportunities for improvement and changes that will lead to improvement.
- §482.21(b)(1)&(2)

# Program Scope & Data

- The frequency and detail of data collection *must* be specified by the hospital's governing body.
    - What data will be collected.
    - What the data is intended to measure.
    - What areas of the hospital the data will be collected.
    - How frequently the various types of data will be collected.
- §482.21(b)

# Quality Improvement Activities

- Set priorities for performance improvement activities that:
  - Focus on high-risk, high-volume, or problem-prone areas;
  - Consider the incidence, prevalence, and severity of problems in those areas; and
  - Affect health outcomes, patient safety, and quality of care.
- Take actions aimed at performance improvement.
  - Measure success, and track performance to ensure that improvements are sustained.

- §482.21(c)

# Quality Improvement Activities

- Leadership demonstrates improvement activities are focused on high-risk, high-volume, or problem-prone areas
  - Data to support selection of focus areas
  - Affect health outcomes through improving quality and safety
- Activities initiated based on data reported through medical error/adverse event tracking system
- Tracks data for identified indicators

# Patient Safety, Medical Errors & Adverse Events

- Ongoing program that shows measurable improvement in indicators for which there is evidence that it will:
    - Identify and reduce medical errors.
  - The hospital must measure, analyze, and track
    - Adverse patient events.
  - Improvement activities must track medical errors and adverse patient events, analyze their causes, and implement preventive actions and mechanisms that include feedback and learning throughout the hospital.
- §482.21(a)(1)&(2) & §482.21(c)

# Performance Improvement Projects

- Performance improvement projects.
  - Number and scope must be proportional to the scope and complexity of the hospital's services and operations.
  - May develop and implement an IT system explicitly designed to improve patient safety and quality of care.
  - Document what quality improvement projects, reasons for the projects, and measurable progress achieved.
  - Not required to participate in a QIO cooperative project, but its own projects are required to be of comparable effort.
- §482.21(d)(1),(2),(3)&(4)

# Executive Responsibilities

- Governing Body (Board), medical staff, and administrative officials are responsible and accountable for ensuring:
  - Ongoing program for quality improvement and patient safety, including the reduction of medical errors, is defined, implemented, and maintained.
  - QAPI efforts address priorities for improved quality of care and patient safety and that all improvement actions are evaluated.
  - That clear expectations for safety are established.
  - Determine number of distinct improvement projects.

- §482.21(e)(1),(2),(3)&(5)



# Governing Body & QAPI

Actively engaged in the oversight & periodic review of QAPI program

QAPI plan is developed, implemented & maintained

Annual projects based on complexity & scope of services

Frequency & detail of data collection

Effectiveness of implemented improvement actions

High-risk, high-volume, or problem-prone areas

Documenting & evidence of active engagement

# Executive Responsibilities

- QAPI program administrative oversight (Governing Body/Board, Medical Staff, CEO, COO, and CNE/CNO)
  - Meeting minutes
  - Agendas
  - Annual QAPI program review
  - Approve number of QAPI projects annually
  - Make decisions based on QAPI

# Exec Responsibilities – Contract/Agreement

- Clear safety expectations for services provided under contract/agreement
- Services provided under contract/agreement included QAPI program
- Governing Body (Board), medical staff, and CEO, COO, and CNE/CNO periodically receive and review contractor quality data
- Contract/agreement include hospital's expectations for QAPI
- Does contractor data reflect positive outcomes

# Executive Responsibilities

- Governing Body (Board) medical staff, and administrative officials are responsible and accountable for ensuring adequate resources are allocated for measuring, assessing, improving, and sustaining the hospital's performance and reducing risk to patients.

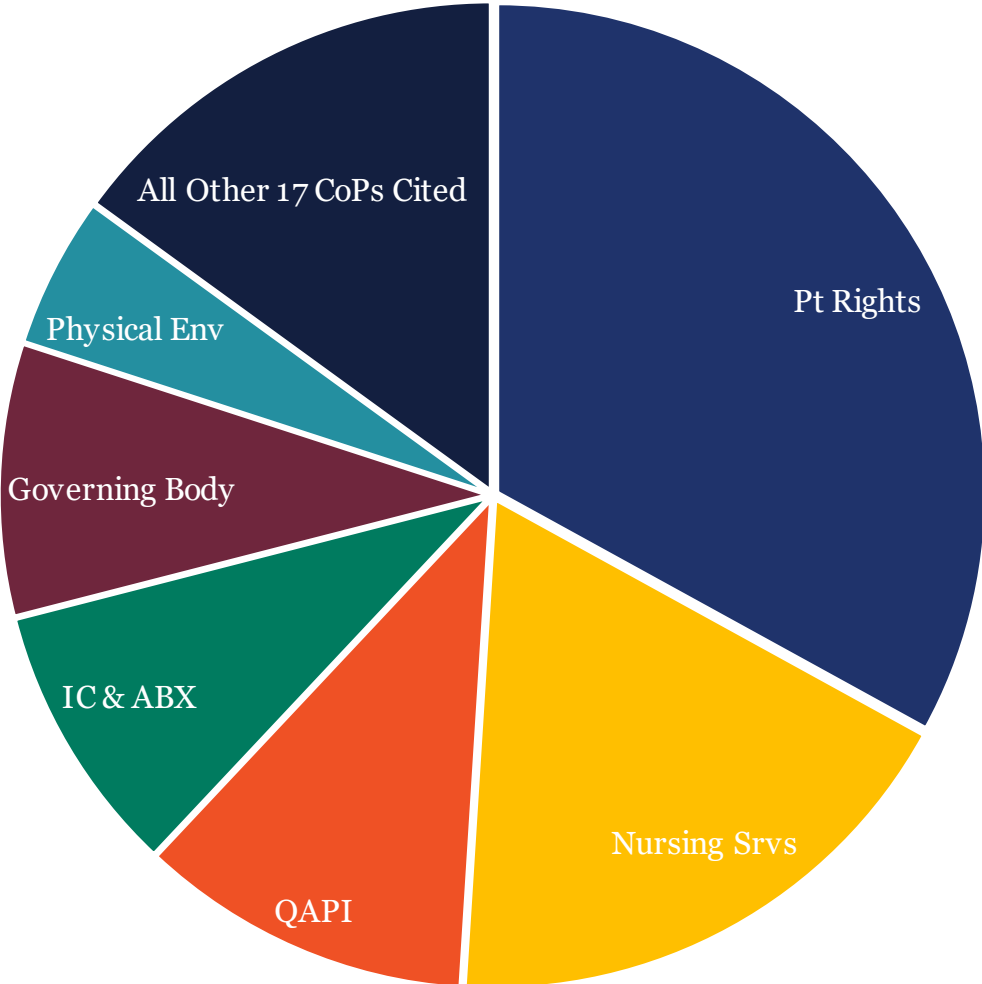
- §482.21(e)(4)

# Unified and Integrated QAPI Program

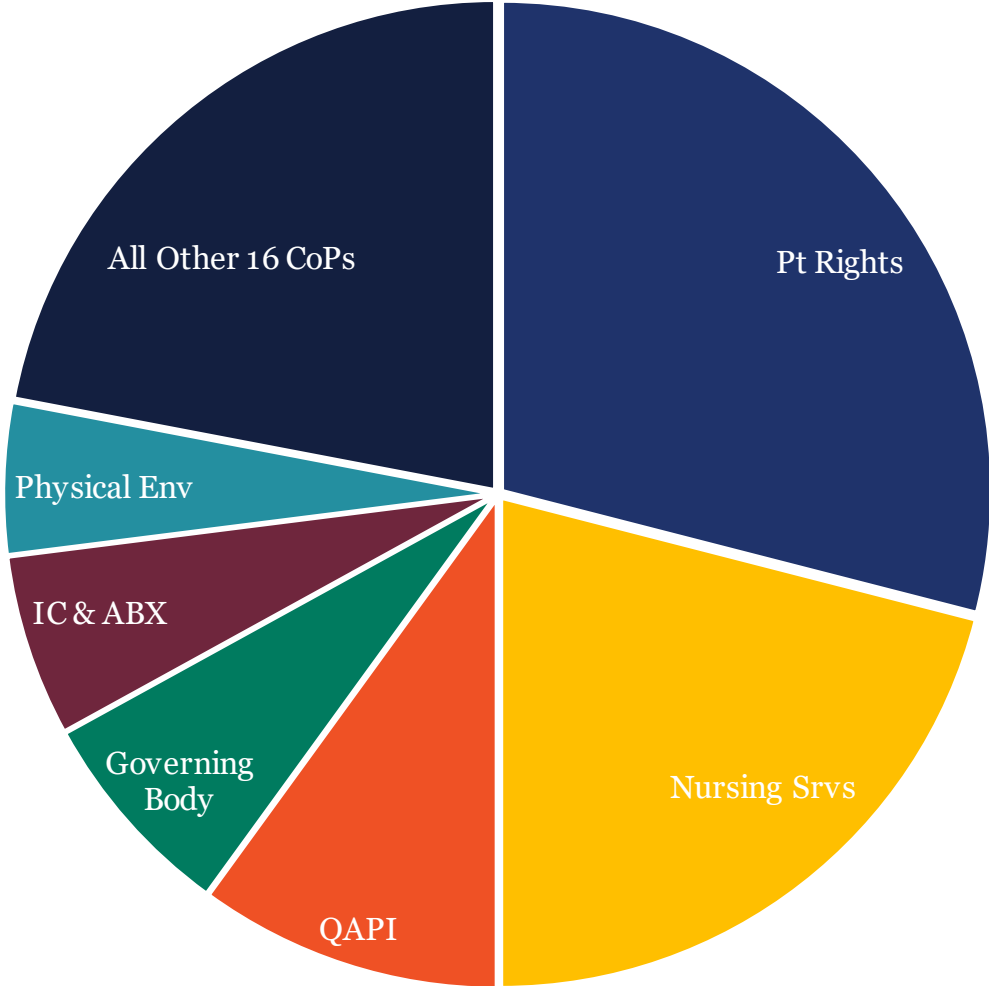
- Hospital system (multiple separately certified hospitals) with a system Governing Body:
  - Consider each hospital's unique circumstances and significant differences
  - Policies and procedures ensure needs and concerns of each separately certified hospitals are given due consideration, and that the QAPI program ensures issues localized to particular hospitals are duly considered and addressed
- §482.21(f)(1)&(2)

# Examples of QAPI Deficiencies

# Top CoPs Cited 2022



# Top CoPs Cited 2023





# Examples – QAPI Findings

- The Hospital failed to analyze adverse patient safety event, where a patient required CPR and emergent medical care after a wrong medication administration, and did not implement preventive action in order to prevent reoccurrence
- The hospital failed to identify causative factors surrounding patient safety events and implement preventative actions. Specifically, the facility failed to analyze potential causes and implement preventative measures for three of three adverse patient events reviewed with the quality department

# Examples - QAPI

- A patient had multiple consecutive missed blood glucose checks; their blood glucose was later found to be 37, the patient decompensated and eventually died. The patient safety committee reviewed the case and determined no preventable patient safety concerns were identified and no further action was necessary.

# Compliance Strategies – QAPI

- QAPI is a top-down process.
- Measure and track adverse patient events, analyze their cause, and implement preventative actions and mechanisms that include feedback and learning hospital-wide...prevent problems from reoccurring.
- Ensure clear expectations for safety are established by the Governing Body and communicated to staff.
- In addition to incident/event reporting mechanisms for adverse events, close calls, medical errors and unsafe conditions, there should be tool/activities to identify hazards and adverse events proactively.
- Why did this occur...causes and contributing factors.
- What might go wrong and how to prevent it.

# Thank You

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