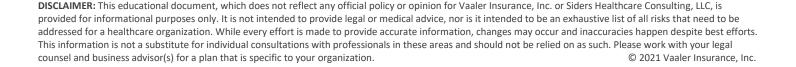# QUALITY ASSURANCE & PERFORMANCE IMPROVEMENT CHECKLIST | SKILLED NURSING

QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT

- ☐ The **Facility Assessment** is updated at least annually and with changes in services, programming and changes in resident care provided.
  - o Date of last update _____
  - o Date the Facility Assessment was reviewed and approved by the Quality Assessment and Assurance Committee _____
- ☐ The Facility Assessment reflects facility specific information including, but not limited to:
  - o **Resident profile -** reflecting diseases/conditions, physical and cognitive disabilities, acuity, and ethnic/cultural/religious factors that are important considerations in providing care
  - o **Services and care offered** based on resident needs (includes types of care your resident population requires)
  - o **Facility resources needed** to provide quality care for residents, including staff, staffing plan, staff training/education and competencies, physical environment, equipment needs, building needs, third-party contracts, and other resources
  - • Sources for sample Facility Assessment Templates
    - o [Facility Assessment Tool | Quality Improvement Organizations (qioprogram.org)](https://qioprogram.org/facility-assessment-tool) https://qioprogram.org/facility-assessment-tool
    - o https://www.hsag.com/en/medicare-providers/nursing-home/facility-assessment-tool/
    - o [3 Facility Assessment Template with Instructions.pdf (leadingageil.org)](https://leadingageil.org)

- ☐ The **Quality Assurance and Performance Improvement Plan (QAPI)** is updated at least annually and with changes in services, programming and changes in resident care provided.
  - o Date of last update _____
  - o Date the Quality Assurance and Performance Improvement Plan was reviewed and approved by the Quality Assessment and Assurance Committee _____

- ☐ The QAPI Plan describes:
    - o Design and Scope of the QAPI Program
    - o Governance and Leadership
    - o Feedback, Data Systems, and Monitoring
    - o Performance Improvement Projects (PIPs)
    - o Systematic Analysis and Systematic Action
- • Federal Regulations:
    - o §483.75(e)(1) The facility must set priorities for its 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, resident safety, resident autonomy, resident choice, and quality of care.
    - o §483.75(e)(2) Performance improvement activities must track medical errors and adverse resident events, analyze their causes, and implement preventive actions and mechanisms that include feedback and learning throughout the facility.

        Source - State Operations Manual Appendix PP - Guidance to Surveyors for Long Term Care Facilities (Rev. 11-22-17) https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Appendix-PP-State-Operations-Manual.pdf

- • Sources for Quality Assurance and Performance Improvement
    - o Quality Assurance & Performance Improvement an Electronic Resource Library qapi-quick-reference-manual_508.pdf (hsag.com)
    - o CMS.gov - QAPI at a Glance: A Step by Step Guide to Implementing Quality Assurance and Performance Improvement (QAPI) in Your Nursing Home https://www.cms.gov/.../QAPI/Downloads/QAPIAtaGlance.pdf
- • Sources for sample Quality Assurance and Performance Improvement Plans
    - o Sample Nursing Home QAPI Plan Template https://www.hsag.com/QAPI
    - o Pendulum Resource Document Quality Assurance & Performance Improvement (QAPI) Program/Plan (Sample) https://resourcesforrisk.com/vaaler/client/site

QUALITY ASSESSMENT AND ASSURANCE COMMITTEE

- ☐ The **Quality Assessment and Assurance (QAA) Committee** meets at least quarterly, monthly is recommended
- ☐ The Multidisciplinary committee includes at a minimum
    - • Director of Nursing Services
    - • Medical Director
    - • Nursing home administrator, owner, board member, or other individual in a leadership role
    - • Two other staff members
    - • The Infection Prevention and Control Officer

☐ A formal agenda is used that includes
  ☐ Scope of services provided including clinical care, quality of life, and resident choice
  ☐ Risk, Quality and Safety Measures including - falls, skin injuries and wounds, elopements, psychotropic medications and resident behaviors, readmissions and emergency room care, quality audits, infection prevention and control reports, compliance issues, incidents, grievances/complaints, plant and life safety issues, results of environment of care rounds, etc.

Topic	PIP Owner	Measure	Goal	Current State
Re-Hospitalizations	DON	Percentage of short-stay residents who were re-hospitalized after a nursing home admission	Below State and National Averages	

☐ Meeting minutes reflect analysis of trended risk/quality/safety data, including discussion, actions taken, and resolutions. Data trending is presented using a tracking tool or dashboard to compare month-to-month or quarter-to-quarter data.
  • Sample Quality Assurance and Assessment (QAA)/Quality Assurance & Performance Improvement (QAPI) Meeting Minute and Agenda Guide - HSAG

ROOT CAUSE ANALYSIS

☐ The facility maintains a written Root Cause Analysis Process
☐ Managers and Leaders have been trained in Root Cause Analysis
  • Training Sources –
    o Root Cause Analysis Tools. VA National Center for Patient Safety. RCA Step by Step Guide REV 07.01.2016 (va.gov)
    o Root Cause Analysis Toolkit for Long-Term Care - Stratis Health
    o Guidance for Performing Root Cause Analysis (RCA) with PIPs (cms.gov)
    o American Society for Healthcare Risk Management – Root Cause Analysis Playbook Publications, Textbooks & Playbooks for Risk Managers | ASHRM
☐ Root Cause Analysis tools and processes are used as part of Daily Team Meetings, Weekly Interdisciplinary Meetings, Quality Meetings, and Performance Improvement Plans
  • Root Cause Analysis Tool Resources –
    o Five Whys for RCA Tool (cms.gov)
    o Root Cause Analysis Toolkit for Long-Term Care - Stratis Health
    o How to Use the Fishbone Tool for Root Cause Analysis (cms.gov)
  • Failure Mode and Effects Analysis Resource -
    o Guidance for Performing Failure Mode and Effects Analysis with Performance Improvement Projects (Proactive Process) Guidance for Performing Failure Mode and Effects Analysis with Performance Improvement Projects (cms.gov)

ANALYSIS & DATA

- ☐ The **Infection Prevention and Control Plan** is updated at least annually and with changes in services, programming and changes in resident care provided.
  - o Date of last update _____
  - o Date the Infection Prevention and Control Plan was reviewed and approved by the Quality Assessment and Assurance Committee _____
  - • Sources for developing an Infection Prevention and Control Plan
    - o Content of an Infection Prevention and Control Plan.
      Content_of_an_Infection_Prevention_and_Control_Plan.pdf (apic.org)
    - o Best Practices and Good Ideas: Infection Control in Nursing Homes infection-control-nursing-homes.pdf (nyc.gov)
- ☐ Infection Prevention and Control **Policies and Procedures** are updated annually and with changes in services, programming, CDC and Public Health guidance, and changes in resident care provided.
  - o Date of last update _____
  - o Date the Infection Prevention and Control Policies and Procedures were reviewed and approved by the Quality Assessment and Assurance Committee _____
- • The **Infection Prevention and Control Risk Assessment** is completed at least annually
  - o Date of last update _____
  - o Date the Infection Prevention and Control Risk Assessment was reviewed by the Quality Assessment and Assurance Committee _____
  - • Sources for conducting and Infection Prevention and Control Risk Assessment
    - o Infection Prevention and Control Risk Assessment - IPC-RiskAssessment.xlsx (live.com)
    - o CDC Infection Prevention and Control Assessment Tool for Long-term Care Facilities CDC_IC_Assessment_Tool_LTCF_v1_3
- ☐ There is a designated employee(s) assigned responsibility for the Infection Prevention Program
  - o Name of the person(s) _____
- ☐ The designated employee(s) has participated in formal Infection Prevention training
  - o What training has been completed? _____
- ☐ The Medical Director or other designated physician oversees the Infection Prevention Program
  - o Are responsibilities included in the Medical Director Contract? _____
- ☐ The Quality Assessment and Assurance Committee oversees the Infection Prevention Program
  - o What information is reviewed at the QAA Committee? _____

- ☐ Infection prevention and control training is provided at least annually for all employees
  - o What topics are included in training? _____