

Skilled Nursing Facility Checklist

Quality Assurance & Performance Improvement

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)
 - o Facility Assessment Tool [HSAG](#)
 - o Leading Age Facility Assessment Template [3 Facility Assessment Template with Instructions.pdf \(leadingageil.org\)](#)
- 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:
 - Design and Scope of the QAPI Program
 - Governance and Leadership
 - Feedback, Data Systems, and Monitoring
 - Performance Improvement Projects (PIPs)
 - Systematic Analysis and Systematic Action
- Federal Regulations:
 - §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.
 - §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
 - SNF Quality Assurance & Performance Improvement [QAPI Shared Resource Library, QAPI Resource, QAPI Tools \(snfgapi.com\)](#)
 - 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
 - Sample Nursing Home QAPI Plan Template <https://www.hsag.com/QAPI>
 - 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 –
 - Root Cause Analysis Tools. VA National Center for Patient Safety. [RCA Step by Step Guide REV 07.01.2016 \(va.gov\)](#)
 - [Root Cause Analysis Toolkit for Long-Term Care - Stratis Health](#)
 - [Guidance for Performing Root Cause Analysis \(RCA\) with PIPs \(cms.gov\)](#)
 - 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 –
 - [Five Whys for RCA Tool \(cms.gov\)](#)
 - [Root Cause Analysis Toolkit for Long-Term Care - Stratis Health](#)
 - [How to Use the Fishbone Tool for Root Cause Analysis \(cms.gov\)](#)
 - Failure Mode and Effects Analysis Resource -
 - 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 \(cms.gov\)](#)



Infection Control

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

