

C-Tag Description	Met/Not Met	Gap/Thoughts to Ask Your Team	Responsible Person	Date Completed
Governing Body and Leadership				
<p>Governing Body or responsible individual responsible for CAH's QAPI program and... Responsible and accountable for ensuring that the QAPI program meets the requirements as defined in SOM</p>		<ul style="list-style-type: none"> Who is designated in CAHs bylaws/org chart as responsible? How is this determined? 		
<p>The Governing Board and Senior Leaders (including Med Staff) are educated and understand the QAPI program</p> <p><i>Note: this will also flow down to staff understanding at dept level</i></p>		<ul style="list-style-type: none"> Consider annual/biannually education Document in minutes, attendance, and method(s) to provide education 		
<p>Is Quality Director/designee determined by Governing Body?</p> <p>How is Quality Director/designee determined?</p> <p>Are there enough resources allocated for sufficient QAPI program for this Director/designee?</p>		<ul style="list-style-type: none"> Is the designee documented in minutes? Is there sufficient education provided for designated Quality person? Is quality person 'qualified' with necessary skills and expertise How do you demonstrate training, education and principles including data collection, analysis, and reporting...how to use root cause analysis, pareto etc. 		
<p>There are sufficient technology resources allocated to manage an effective QAPI program</p>		<ul style="list-style-type: none"> Think about how much is done manually versus using technology 		
<p>The Governing Board reviews and approves the annual QAPI plan</p>		<ul style="list-style-type: none"> What committees are part of your plan? Who all has to approve it before moving to the board? Can you identify easily how governing body, CEO, Med Staff, Senior Admin, each 		

		play a role in QAPI program planning, implementation and ongoing management?		
Is there evidence that the hospital has formal QAPI program		<ul style="list-style-type: none"> • Includes P&P, budgeted resources, clearly identified responsibilities of staff, all approved by governing body • Must also show how CEO and med staff are providing input 		
The Governing Board approves prioritization criteria for the QAPI projects.		<ul style="list-style-type: none"> • # of distinct QAPI projects identified (in minutes) • Are these priorities and projects appropriate for the scope and complexity of the CAH? • These are all reviewed at minimum annually 		
Governing Board actively reviews the results of QAPI data collection, analyses, activities, projects and makes decisions based on such review		<ul style="list-style-type: none"> • In minutes, signed off as approved • Review structure of what is reviewed on calendar • Reviews publicly reported data (how) 		
Review of data meets, exceeds organizational targets in strategic plan and/or external benchmarks		<ul style="list-style-type: none"> • What input is provided? • How is this measured and provided to governing body? 		
Indicators to look at: <ul style="list-style-type: none"> • Improved health outcomes / quality of care • Related to CAH acquired conditions 				

<ul style="list-style-type: none"> • Readmission data and transitions of care • Medication and/or medical errors 				
<p>Has hospital conducted a QAPI review, including implementing preventive actions for all serious preventable adverse events it has identified?</p> <p>How is governing body engaged and information shared?</p>		<ul style="list-style-type: none"> • How are preventable adverse events managed throughout organization • Ex. QAPI program process for staff to report blood transfusion reactions, identify errors etc. 		
Quality Committee				
<p>Role and purpose of committee and its members clearly defined; includes accountability, expectations and reporting structure</p>		<ul style="list-style-type: none"> • Is this outlined in QAPI? Minutes? • Is the Quality committee ensuring by its structure to ensure meeting scope and complexity of the CAH services (how can you tell?) 		
<p>Are members educated and knowledgeable about QAPI</p>		<ul style="list-style-type: none"> • How is this completed? 		
<p>Members include representation from various levels of organization</p>		<ul style="list-style-type: none"> • Administration? • Medical Staff? • Infection Control? • Board (ad hoc) 		
<p>Structure in place for committee to review and update QAPI at minimum annually</p>				
<p>Committee role in QAPI program</p>		<ul style="list-style-type: none"> • Prioritizing criteria • Benchmarks and data management 		

		<ul style="list-style-type: none"> Review and provides feedback of departmental QAPI program...feedback of all metrics house wide 		
Committee receives ongoing reports from various house wide initiatives; provides feedback for metrics not meeting expectations		<ul style="list-style-type: none"> Departmental Organizational priorities (on track with strategic plan?) Publicly reported data All outcome measures 		
Committee and ultimately governing body review all contracted services and determine continuation at minimum annually; review of contracted services projected and approve them		<ul style="list-style-type: none"> How is this completed? By who? What is in the minutes? How is data and targets being communicated from contracted services? 		
Committee has responsibility of corrective action plans		<ul style="list-style-type: none"> How is this managed? Communicated? Reported to governing body? Does a committee member take a lead role (champion an action plan) to achieve success? 		
Committee reviews the data collection, analysis and reporting for the QAPI program		<ul style="list-style-type: none"> Is this demonstrated in minutes? How is it completed? 		
Committee ensures all departments are educated about QAPI, data collection, metric determination, analysis and reporting		<ul style="list-style-type: none"> How are departments/service lines engaged in QAPI? How is data reported? Don't forget contracted services How are all staff educated and/or engaged? 		

		<ul style="list-style-type: none"> • How are organizational goals/objectives aligned and communicated to all depts/service lines/contracted services? 		
QAPI program includes population specific and service specific management...such as ICU, Swing, Infusion Center, Wound etc.		<ul style="list-style-type: none"> • How is this provided? 		
Committee ensures following quality process...such as PDSA, DMAIC, or other variations of performance improvement		<ul style="list-style-type: none"> • Is there a data metric for each indicator? • Metrics, measures and sample size are appropriate for the indicator • Target is appropriate (is there a national benchmark?) • In rounds can staff speak to the QAPI program for their dept? For CAH in general? • Can managers speak to corrective actions? When this would be necessary? Process in general... 		
Demonstrated reporting structure for all QAPI		<ul style="list-style-type: none"> • Can dept managers repeat how data is shared in organization • Can staff/manager articulate the board receives all data and ultimate responsibility of the data? • Is there a flow chart for managers to visually project how data is reported? 		
<p>What other committees report quality data to this committee?</p> <ul style="list-style-type: none"> • Infection Control • Antibiotic Stewardship 				

<ul style="list-style-type: none"> • Patient Safety • Others such as clinics? 				
How is periodic evaluation conducted and reported and aligned to the QAPI program?		<ul style="list-style-type: none"> • Who manages periodic eval? • Are services outlined in the review? • # patients serviced and volume of services provided? 		
Quality and appropriateness of Dx and Tx furnished by med staff		Evaluate your peer review process and is it mentioned in your QAPI program?		
All patient care services and other services affecting patient health and safety?		<ul style="list-style-type: none"> • Nurse leader reviews quality of care outcomes? • How is this displayed in QAPI program? 		

As you write/review your QAPI program be sure to speak to items like % of departments, contracted services, service lines, new services (for a yearly eval) that have at least one QAPI project; % of these departments etc. meeting benchmark, exceeding benchmark or other. How many staff are engaged in QAPI overall? By department? Any cross-functional projects? Multi-disciplinary engagement? Any strategic initiatives involving QAPI that were not met? Any new or changes in national metrics and reporting (such as MBQIP)?

Some outcomes to consider in your QAPI review: Changes/enhancement in program? Change in cycles or measurement (going from PDSA to Lean?); annual training completed...% of staff educated; Overall % of goals met (by organization and then by department); # of corrective action plans...and then completed without roll-over to next year? Any consequences or fall-outs such as reporting to state public health etc.

Consider challenges of not reporting timely...some say this should be in QAPI plan as corrective action (each CAH is different). Need to take action on depts that consistently do not report data and the impact this may ensue. How is this managed? Were any PIP teams initiated? Why and Outcome.