

QAPI Program Readiness Checklist

Overall Program Goals and Focus	Started	Partial	Complete	Actions needed to close the gap
The Agency QAPI Program is designed to monitor all agency services and processes; including contracted services.				
QAPI program is capable of improving outcomes, especially patient readmissions, emergent care and prevention of medical errors.				
Agency has documentary evidence of its QAPI program and can demonstrate its effectiveness to CMS.				
Standard - Executive Responsibility	Started	Partial	Complete	Actions needed to close the gap
The agency board and executives are responsible for ensuring that an ongoing program for quality improvement and patient safety is defined, implemented, and maintained. Executives modify their behavior to make quality a primary focus.				
Executives have appointed a QAPI accountable staff member.				
Executives and board have structured, reviewed and approved a QAPI plan for the agency.				
Executives and board have defined QAPI Committee goals, scope of responsibility, membership, monitoring and improvement actions and a meeting schedule.				
Executives have defined a budget and allocated time and training resources for the QAPI program.				

Standard – Executive Responsibility	Started	Partial	Complete	Actions needed to close the gap
Executives and Board have prioritized areas for improvement after review of performance on key indicators, and set improvement goals.				
Executives have taken steps to create a quality/patient safety culture.				
Executives have educated themselves about the PIP process and constructively guide and support PIP teams to achieve their goals.				
Executives and Board monitor adverse events and patient safety failures and ensure that causes have been identified and preventive activities instituted.				
Executives and Board monitor regulatory compliance, identify instances of fraud and abuse, institute improvements and report violations.				
Executives and Board evaluate the effectiveness of the QAPI program at least annually. This evaluation focuses on the achievement of improvement results.				
Standard - Program Scope	Started	Partial	Complete	Actions needed to close the gap
The QAPI program is capable of achieving measurable improvement in health outcomes, patient safety, and quality of care indicators.				
The QAPI indicators, including measures derived from OASIS, are selected by the agency based on adverse events, negative patient outcomes or processes that the agency wants to monitor.				

Standard - Program Scope	Started	Partial	Complete	Actions needed to close the gap
Each key indicator is measurable and uses data, in order to evaluate the effectiveness of any HHA change in procedure, policy or intervention.				
The HHA maintains an agency wide surveillance, investigation, and control of infectious and communicable diseases as an integral part of the QAPI program.				
The agency has a list of key indicators that includes: data definitions, defined measurement processes, a schedule for data collection and analysis.				
The HHA's performance improvement activities focus on high risk, high volume, or problem-prone areas, or those areas where there are performance gaps.				
The HHA uses the data collected to identify opportunities for improvement. The agency quantifies gaps between actual performance and goals.				
The agency has a robust, adverse event root cause analysis process that immediately corrects any problem that threatens the health and safety of patients.				
Performance improvement activities track adverse patient event trends, analyze their causes, and include preventive actions.				
The HHA selects the right methods for closing performance gaps. After implementing improvement, the HHA tracks performance to ensure that improvements are sustained and document results.				

Standard - Performance Improvement Projects	Started	Partial	Complete	Actions needed to close the gap
HHA conducts performance improvement projects annually. The number and scope of distinct improvement projects conducted reflects the scope, complexity, and past performance of the HHA's services and operations.				
The HHA has one performance improvement project either in development, on-going or completed each calendar year. The HHA decides, based on the QAPI program activities and data, what projects are indicated and the priority of the projects.				
The HHA documents the quality improvement projects undertaken, the reasons for conducting these projects, and the measurable progress achieved on these projects.				
The agency has adopted a standardized, evidence based, process improvement method.				
There agency has facilitators trained in the agency's preferred improvement methodology and group facilitation skills.				
Both senior management and the QAPI committee have been trained in process improvement.				
The agency allocates sufficient resources for the PIP team's work.				
The agency provides structured, scheduled guidance to PIP teams.				

Standard - Performance Improvement Projects	Started	Partial	Complete	Actions needed to close the gap
The HHA documents the quality improvement projects undertaken, the reasons for conducting these projects, and the measurable progress achieved on these projects.				
The agency continually identifies and eliminates barriers to patient safety, compliance, quality and positive outcomes.				

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