

# Facility Assessment: Quality Assurance Performance Improvement

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## Facility Assessment: QAPI Integration

### Reference F Tags

#### F838

§483.70(e) Facility assessment. The facility must conduct and document a facility-wide assessment to determine what resources are necessary to care for its residents competently during both day-to-day operations and emergencies. The facility must review and update that assessment, as necessary, and at least annually. The facility must also review and update this assessment whenever there is, or the facility plans for, any change that would require a substantial modification to any part of this assessment. The facility assessment must address or include:

#### **§483.70(e)(1) The facility's resident population, including, but not limited to,**

- (i) Both the number of residents and the facility's resident capacity;
- (ii) The care required by the resident population considering the types of diseases, conditions, physical and cognitive disabilities, overall acuity, and other pertinent facts that are present within that population;
- (iii) The staff competencies that are necessary to provide the level and types of care needed for the resident population;
- (iv) The physical environment, equipment, services, and other physical plant considerations that are necessary to care for this population; and
- (v) Any ethnic, cultural, or religious factors that may potentially affect the care provided by the facility, including, but not limited to, activities and food and nutrition services.

#### **§483.70(e)(2) The facility's resources, including but not limited to,**

- (i) All buildings and/or other physical structures and vehicles;
- (ii) Equipment (medical and non-medical);
- (iii) Services provided, such as physical therapy, pharmacy, and specific rehabilitation therapies;
- (iv) All personnel, including managers, staff (both employees and those who provide services under contract), and volunteers, as well as their education and/or training and any competencies related to resident care;
- (v) Contracts, memorandums of understanding, or other agreements with third parties to provide services or equipment to the facility during both normal operations and emergencies; and
- (vi) Health information technology resources, such as systems for electronically managing patient records and electronically sharing information with other organizations.



**§483.70(e)(3) A facility-based and community-based risk assessment, utilizing an all-hazards approach.**

**INTENT §483.70(e)**

The intent of the facility assessment is for the facility to evaluate its resident population and identify the resources needed to provide the necessary care and services the residents require.

**F865**

**§483.75(a) Quality assurance and performance improvement (QAPI) program. [§483.75 and all subparts will be implemented beginning November 28, 2019 (Phase 3), unless otherwise specified] Each LTC facility, including a facility that is part of a multiunit chain, must develop, implement, and maintain an effective, comprehensive, data-driven QAPI program that focuses on indicators of the outcomes of care and quality of life. The facility must:**

§483.75(a)(1) Maintain documentation and demonstrate evidence of its ongoing QAPI program that meets the requirements of this section. This may include but is not limited to systems and reports demonstrating systematic identification, reporting, investigation, analysis, and prevention of adverse events; and documentation demonstrating the development, implementation, and evaluation of corrective actions or performance improvement activities;

**§483.75(a)(2) Present its QAPI plan to the State Survey Agency no later than 1 year after the promulgation of this regulation; [§483.75(a)(2) implemented November 28, 2017 (Phase 2)]**

§483.75(a)(3) Present its QAPI plan to a State Survey Agency or Federal surveyor at each annual recertification survey and upon request during any other survey and to CMS upon request; and

§483.75(a)(4) Present documentation and evidence of its ongoing QAPI program's implementation and the facility's compliance with requirements to a State Survey Agency, Federal surveyor or CMS upon request.

§483.75(b) Program design and scope. A facility must design its QAPI program to be ongoing, comprehensive, and to address the full range of care and services provided by the facility. It must:

§483.75(b)(1) Address all systems of care and management practices;

§483.75(b)(2) Include clinical care, quality of life, and resident choice;

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§483.75(b)(3) Utilize the best available evidence to define and measure indicators of quality and facility goals that reflect processes of care and facility operations that have been shown to be predictive of desired outcomes for residents of a SNF or NF.

§483.75(b)(4) Reflect the complexities, unique care, and services that the facility provides.

§483.75(f) Governance and leadership. The governing body and/or executive leadership (or organized group or individual who assumes full legal authority and responsibility for operation of the facility) is responsible and accountable for ensuring that:

§483.75(f)(1) An ongoing QAPI program is defined, implemented, and maintained and addresses identified priorities.

§483.75(f)(2) The QAPI program is sustained during transitions in leadership and staffing;

§483.75(f)(3) The QAPI program is adequately resourced, including ensuring staff time, equipment, and technical training as needed;

§483.75(f)(4) The QAPI program identifies and prioritizes problems and opportunities that reflect organizational process, functions, and services provided to residents based on performance indicator data, and resident and staff input, and other information.

§483.75(f)(5) Corrective actions address gaps in systems, and are evaluated for effectiveness; and

§483.75(f)(6) Clear expectations are set around safety, quality, rights, choice, and respect.

§483.75(h) Disclosure of information.

**Each nursing home, including facilities which are a part of a multi-chain organization, should tailor its QAPI plan to reflect the specific units, programs, departments, and unique population it serves, as identified in its facility assessment.**

**§483.75(c)(2) Facility maintenance of effective systems to identify, collect, and use data and information from all departments, including but not limited to the facility assessment required at §483.70(e) and including how such information will be used to develop and monitor performance indicators.**

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**§483.75(e)(3) As part of their performance improvement activities, the facility must conduct distinct performance improvement projects. The number and frequency of improvement projects conducted by the facility must reflect the scope and complexity of the facility's services and available resources, as reflected in the facility assessment required at §483.70(e). Improvement projects must include at least annually a project that focuses on high risk or problem-prone areas identified through the data collection and analysis described in paragraphs (c) and (d) of this section**

## **INTENT OF THE QAPI SECTION**

Each facility must have a QAPI Plan developed by November 28, 2018. The QAPI plan focus should be based on the scope and complexity of services defined by the Facility Assessment. The overall intent of the review of the facility assessment for development of the QAPI plan is to identify the high risk, problem prone and high volume areas to evaluate for improvement and identify, collect and use data relevant to the unique characteristic and needs of the residents.

## **QAPI PLAN USING THE FACILITY ASSESSMENT**

Development of the QAPI plan includes a description of how the plan will address the facility's clinical care, resident quality of life and residents' choice. Development of the QAPI plan is based on the same data used to develop the Facility Assessment.

- I. Data used for the Facility Assessment and the QAPI plan
  - a. Number of residents and resident capacity
    - i. Describe the census and bed capacity to define the scope and breadth of the QAPI plan
  - b. Care required by the facility's resident population
    - i. Describe the unique characteristics of the resident populations and data, standards and benchmarks to use to monitor quality and focus improvement efforts.
    - ii. Use the Facility Assessment information about the resident's needs to identify the areas to monitor and measure
      1. Diseases and conditions
      2. Physical and cognitive disabilities



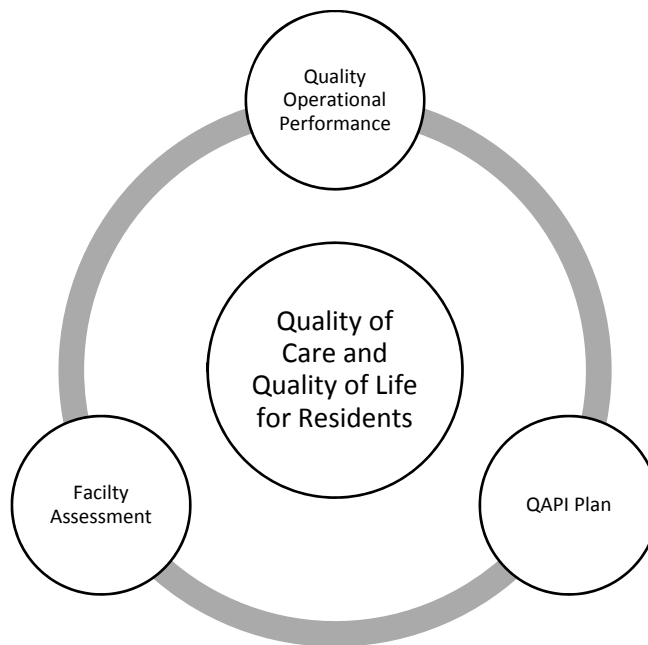
3. Overall acuity
4. Other pertinent facts
- c. Staff competencies
  - i. Describe in the QAPI plan the methods to validate and update staff competencies at the time of hire and periodically
    1. Routine monitoring of competencies as a measure of care quality
    2. Competency testing to identify gaps in knowledge, skills and abilities when there are identified issues, adverse outcomes or measures that exceed desired benchmarks
- d. Physical environment
  - i. The QAPI plan must encompass all aspects of the facility's operations. Include processes for monitoring and improving aspects of the physical environment on a routine basis and when there are identified issues, or adverse outcomes.
    1. Equipment
    2. Services
    3. Other physical plan considerations
- e. Ethnic, cultural and religious considerations
  - i. The QAPI Plan encompasses resident quality of life. Ensure that residents provide input into the QAPI Plan to prioritize the areas to monitor and measure that reflect the resident's preferences, ethnic, cultural and religious considerations.
- f. Facility Resources
  - i. One aspect of the QAPI plan is to improve areas where there are issues, adverse events or quality measured at a lower than desired benchmark. Routine review of the physical structures, buildings and vehicles can establish the baseline for the facility structures and identify and investigate problems using root cause analysis.
    1. Buildings and physical structures and vehicles



2. Preventive maintenance is part of quality assurance. When there are identified issues or an improvement is desired the facility will use the performance improvement process as described by the QAPI plan to address equipment, both medical and non-medical.
- ii. Services provided under contract
    1. The contracted service providers should participate in the QAPI process but contributing data and information and collaborating for root cause analysis and performance improvement. Describe the roles of the major contracted providers in the QAPI plan.
    2. Review the contracts and letters of agreement for contracted service providers to ensure that they are obligated to participate in QAPI. Providers may include:
      - a. Physical Therapy
      - b. Pharmacy
      - c. Other rehab services
      - d. Dentist
      - e. Podiatrist
      - f. Hospice
      - g. Diagnostic services
  - iii. Facility personnel
    1. The Facility Assessment identifies the numbers, credentials and competencies needed to meet the needs of the facility resident population. Describe how the QAPI plan will use this information to monitor staff quality and investigate adverse events. Include all staff: managers, staff and contract staff and volunteers.
    2. Competency validation is key to assuring quality care and services. Review the plan for competency validation and testing at least annually in the QAPI Committee meeting to ensure that competencies are met and new competencies are added to the program as needed.
  - iv. Health information technology



1. The QAPI plan should address how the systems to manage records will be defined and periodically reviewed. Describe how the QAPI plan will monitor the HIM systems for effectiveness and security.
- v. Facility-based and community-based risk assessment utilizing an all-hazards approach
  1. Describe in the QAPI plan the mechanism for conducting the Hazard Risk Assessment. Include the findings of major risk areas and how the Committee will assure that the risks are addressed.



**See the Facility Assessment Template SAMPLE related to the inclusion of the necessary information obtained via this process for the completion of the Facility Assessment.**





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## References

**State Operations Manual (SOM) Appendix PP for Phase 2, F-Tag Revisions, and Related Issues**

[www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Advance-Appendix-PP-Including-Phase-2-.pdf](http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Advance-Appendix-PP-Including-Phase-2-.pdf)

**Quality Improvement Organizations, Facility Assessment Tool (2017)** <http://qioprogram.org/facility-assessment-tool>

**The “QAPI Guide for Developing a QAPI Plan”**

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/QAPIPlan.pdf>

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