Crosswalk to Performance Improvement

CMS Quality Assurance Performance Improvement (QAPI) Elements	The Joint Commission Standards & Elements of Performance
Element I: Design and Scope A QAPI program must be ongoing and comprehensive, dealing with the full range of services offered by the facility, including the full range of departments. When fully implemented, the program should address all systems of care and management practices and should always include clinical care, quality of life, and resident choice. It aims for safety and high quality with all clinical interventions while emphasizing autonomy and choice in daily life for residents (or residents' agents). It utilizes the best available evidence to define and measure goals.	Leadership (LD) LD.01.03.01 Governance is ultimately accountable for the safety and quality of care, treatment, and services. EP 2: Governance provides for organization management and planning. EP 3: Governance approves the organization's written scope of services. EP 5: Governance provides for the resources needed to maintain safe, quality care, treatment, and services. EP 6: Governance works with other leaders to annually evaluate the organization's performance in relation to its mission, vision, and goals. LD.03.03.01 Leaders use organization-wide planning to establish structures and processes that focus on safety and quality. EP 3: Planning is systematic, and it involves designated individuals and information sources.
Element 2: Governance and Leadership The governing body and executive leadership of the nursing home develops and leads a QAPI program, working with input from facility staff, as well as from residents and their families and/or representatives. The governing body assures the QAPI program is adequately resourced to conduct its work. They are responsible for: establishing policies to sustain the QAPI program despite changes in personnel and turnover; setting priorities for the QAPI program and building on the principles identified in the design and scope; setting expectations around safety, quality, rights, choice, and respect by balancing a culture of safety and a culture of resident-	Leadership (LD) LD.01.03.01 Governance is ultimately accountable for the safety and quality of care, treatment, and services. EP 2: Governance provides for organization management and planning. EP 3: Governance approves the organization's written scope of services. EP 5: Governance provides for the resources needed to maintain

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centered rights and choice; and for ensuring that while staff are held accountable, there exists an atmosphere in which staff are encouraged to identify and report quality problems as well as opportunities for improvement.	safe, quality care, treatment, and services. EP 6: Governance works with other leaders to annually evaluate the organization's performance in relation to its mission, vision, and goals. LD.03.05.01 Leaders implement changes in existing processes to improve the performance of the organization. EP 1: Structures for managing change and performance improvements exist that foster the safety of patients and residents and the quality of care, treatment, and services. EP 3: The organization has a systematic approach to change and performance improvement. EP 7: Leaders evaluate the effectiveness of processes for the management of change and performance improvement. LD.04.04.01 Leaders establish priorities for performance improvement. EP 1: Leaders set priorities for performance improvement activities and patient and resident health outcomes. EP 3: Leaders reprioritize performance improvement activities in response to changes in the internal or external environment. EP 4: Performance improvement occurs organization-wide.
Element 3: Feedback, Data Systems, and Monitoring The facility puts in place systems to monitor care and services, drawing data from multiple sources. Feedback systems actively incorporate input from staff, residents, families, and others as appropriate. This element includes using Performance Indicators to monitor a wide range of care processes and outcomes, and	Leadership (LD) LD.03.02.01 The organization uses data and information to guide decisions and to understand variation in the performance of processes supporting safety and quality. EP1: Leaders set expectations for using data and information to

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reviewing findings against benchmarks and/or targets the facility has established for performance. It also includes tracking, investigating, and monitoring Adverse Events that must be investigated every time they occur, and action plans implemented to prevent recurrences.	improve the safety and quality of care, treatment, and services.

EP5: The organization uses data and information in decision making that supports the safety and quality of care, treatment, and services.

EP6: The organization uses data and information to identify and respond to internal and external changes in the environment.

EP 7: Leaders evaluate how effectively data and information are used throughout the organization.

Performance Improvement (PI)

PI.01.01.01 The organization collects data to monitor its performance.

EP 1: The leaders set priorities for data collection.

EP2: The organization identifies the frequency for data collection.

The organization collects data on the following:

EP3: Performance improvement priorities identified by leaders
EP9: The use of restraints

EP 12: Behavior management and treatment

EP 13: Quality control activities

EP 14: Significant medication errors

EP 15: Significant adverse drug reactions

EP 16: Patient and resident (and, as needed, the family) perception of the safety and quality of care, treatment, and services.

EP 30: The organization considers collecting data on the following: |

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	Staff opinion and needs, staff perceptions of risk to individuals, staff suggestions for improving patient and resident safety, staff willingness to report adverse events.
Element 4: Performance Improvement Projects (PIPs) The facility conducts PIPs to examine and improve care or services in areas that are identified as needing attention. A PIP project typically is a concentrated effort on a particular problem in one area of the facility or facility wide; it involves gathering information systematically to clarify issues or problems, and intervening for improvements. PIPs are selected in areas important and meaningful for the specific type and scope of services unique to each facility.	Performance Improvement (PI) PI.03.01.01 The organization improves performance. EP 2: The organization takes action on improvement priorities. EP 3: The organization evaluates whether action(s) taken resulted in improvement. EP 4: The organization takes action when it does not achieve or sustain planned improvements.
Element 5: Systematic Analysis and Systemic Action The facility uses a systematic approach to determine when in-depth analysis is needed to fully understand the problem, its causes, and implications of a change. The facility uses a thorough and highly organized/ structured approach to determine whether and how identified problems may be caused or exacerbated by the way care and services are organized or delivered. Additionally, facilities will be expected to develop policies and procedures and demonstrate proficiency in the use of Root-Cause Analysis. Systemic Actions look comprehensively across all involved systems to prevent future events and promote sustained improvement. This element includes a focus on continual learning and continuous improvement.	Performance Improvement (PI) PI.01.01.01 The organization collects data to monitor its performance. EP 1: The leaders set priorities for data collection. PI.02.01.01 The organization compiles and analyzes data. EP 3: The organization uses statistical tools and techniques to analyze and display data. EP 4: The organization analyzes and compares internal data over time to identify levels of performance, patterns, trends, and variations. EP 5: The organization compares data with external sources, when available. EP 8: The organization uses the results of data analysis to identify

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	improvement opportunities. EP 12: When the organization identifies undesirable patterns, trends, or variations in its performance related to the safety or quality of care (for example, as identified in the analysis of data or a single undesirable event), it includes the adequacy of staffing, including nurse staffing, in its analysis of possible causes. EP 13: When analysis reveals a problem with the adequacy of staffing, the leaders responsible for the organization-wide patient or resident safety program (as addressed at LD.04.04.05, EP 1) are informed, in a manner determined by the safety program, of the results of this analysis and actions taken to resolve the identified problem(s). EP 14: At least once a year, the leaders responsible for the organization-wide patient or resident safety program review a written report on the results of any analyses related to the adequacy of staffing and any actions taken to resolve identified problems. PI.03.01.01 The organization improves performance. EP 2: The organization takes action on improvement priorities. EP 3: The organization evaluates whether action(s) taken resulted in improvement. EP 4: The organization takes action when it does not achieve or sustain planned improvements. LD.04.04.05 The organization has an organization-wide, integrated patient and resident safety program. EP 7: The leaders define "sentinel event" and communicate this definition throughout the organization.

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	EP 8: The organization conducts thorough and credible root cause analyses in response to sentinel events. EP 10: At least every 18 months, the organization selects one high-risk process and conducts a proactive risk assessment.
Source: CMS, "QAPI at a Glance, 2013"	*Source: The Joint Commission Comprehensive Accreditation Manual for Nursing Care Centers, January 2014*