



Quality Assurance Performance Improvement (QAPI) MINI SELF-ASSESSMENT

TIPS FOR USE:

1. Use this mini self-assessment with your QAPI committee to reflect on your QAPI structure, data utilization, and performance improvement projects.¹
2. Revisit semi-annually or annually to highlight and celebrate progress and establish the next priorities for continuous improvement.

How closely does each statement fit your facility?	Not started	Just starting	On our way	Almost there	Doing great
QAPI Structure					
1. My organization's written QAPI plan is helpful in leading my facility.					
2. Our QAPI plan describes a systematic and objective process for prioritizing opportunities for improvement. It incorporates feedback from various stakeholders, including residents, families, and healthcare professionals. The plan provides a structure for following up on identified issues that pose a significant risk.					
3. QAPI is integral to new hire orientation and annual training.					
4. Department orientation addresses each employee's role in assuring quality in service and care, pertinent quality measures and identifying opportunities to improve processes.					
5. The administrator and DON can clearly describe recent and current performance improvement projects and how frontline staff, residents and families are involved.					
Use of Data					
6. We have systems that effectively collect, analyze and display our data.					
7. Each department uses data to make decisions and drive improvements and uses measurement to evaluate the success and sustainability of improvement activities.					
Performance Improvement Projects					
8. <u>For each performance improvement project:</u>					
a. We create a project charter to provide the project team with a clear understanding of the project's scope and objectives.					
b. We test changes on a small scale before implementing them broadly. For example, we pilot changes with one nurse, one resident, or one unit, review the results, and decide whether to try a different test or expand the testing. This helps us accurately measure change's impact and make informed decisions.					

How closely does each statement fit your facility?	Not started	Just starting	On our way	Almost there	Doing great
c. We have a process for documenting what we have done, including highlights, progress and lessons learned.					
d. We use data to determine if changes to systems and processes were effective and sustained over time.					
9. There is a process for covering frontline staff to actively participate in improvement teams.					
Root Cause Analysis					
10. Our organization uses a structured root cause process to identify underlying causes of problems.					
11. Our organization uses Root Cause Analysis to investigate problems and identify system and process breakdowns without focusing on individual performance.					
12. When we identify breakdowns in systems and processes, we focus on linking corrective actions with the system and process breakdowns rather than solely relying on training, education, or asking caregivers to be more careful and remember a step.					

¹ This mini assessment was modified from the full CMS QAPI Self-Assessment. View the CMS comprehensive QAPI Self-Assessment Tool for semi- or annual evaluation of your organization's progress with QAPI available at [qapiselfassessment.pdf \(cms.gov\)](https://www.cms.gov/qapiselfassessment.pdf).