HOSPITAL PATIENT SAFETY INITIATIVE

DRAFT RISK EVALUATION TOOL

Quality Assessment & Performance Improvement (QAPI)

State Agency Name _____

Instructions: The following is a list of items, broken down into separate Parts, which must be assessed during the on-site survey in order to determine compliance with the QAPI Condition of Participation. Items are to be assessed primarily by review of the hospital's QAPI program documentation and interviews with hospital staff. Direct observation of hospital practices plays a lesser role in QAPI compliance assessment, but may still be appropriate. The separate Parts can be assessed in any order. Within each Part there may also be flexibility to change the order in which the various items are assessed.

The interviews should be performed with the most appropriate staff person(s) for the items of interest (*e.g.*, unit/department staff should be asked how they participate in the hospital-wide QAPI program).

Please submit completed form by clicking the Submit Form button at the top of the page or by attaching the form to an email to Hospital_QAPI@AcumenLLC.com.

PART 1 – HOSPITAL CHARACTERISTICS

1.1 Hospital Name _____

1.2 Address, State and Zip Code

_____
Address

_____ ____ _____
City State Zip

1.3 CMS Certification Number (CCN) ☐☐☐☐☐☐

1.4 Date of site visit:

☐☐ / ☐☐ / ☐☐☐☐ to ☐☐ / ☐☐ / ☐☐☐☐

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1.5 Number of State Agency surveyors who participated in this survey: ☐☐

1.6 Approximate time spent on site performing this survey (hours): ☐☐

1.7 Does the hospital participate in Medicare via accredited "deemed" status?

- ○ YES
- ○ NO

1.8a If YES, which AO(s)? (Check all that apply)

- ○ American Osteopathic Association (AOA)/HFAP
- ○ DNV Healthcare (DNV)
- ○ The Joint Commission (TJC)

1.8b If YES, according to the hospital, what was the end date of the most recent accreditation survey? ☐☐ / ☐☐ / ☐☐☐☐ (m m / d d / y y y y)

PART 3: DATA COLLECTION AND ANALYSIS - QUALITY INDICATOR TRACERS			
Instructions for Part #3 Questions: **Select 3 quality indicators (not patient safety analyses) and trace them answering the following multipart question. Focus on indicators with related QAPI activities or projects. At least one of the indicators must have been in place long enough for most questions to be applicable.**			
Elements to be Assessed	**Indicator #1**	**Indicator #2**	**Indicator #3**
3.1 Write in indicator selected.			
Indicator selection identified through:	○ 1 ○ 3 ○ 5	○ 1 ○ 3 ○ 5	○ 1 ○ 3 ○ 5
3.1.a Can the hospital provide evidence that each quality indicator selected is related to improved health outcomes? (e.g. based on QIO, guidelines from a nationally recognized organization, hospital specific evidence, peer-reviewed research, etc.)	○ YES ○ NO	○ YES ○ NO	○ YES ○ NO
	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5

PART 3: DATA COLLECTION AND ANALYSIS - QUALITY INDICATOR TRACERS (CONTINUED)

Elements to be Assessed	Indicator #1	Indicator #2	Indicator #3
3.1.b Is the scope of data collection appropriate to the indicator, e.g., an indicator related to labor and delivery might be appropriate to all areas of that unit and the ED, but indicators related to hand hygiene would require data from multiple parts of the hospital.	○ YES ○ NO	○ YES ○ NO	○ YES ○ NO
	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
3.1.c Is the method (e.g., chart reviews, monthly observations, etc.) and frequency of data collection specified?	○ YES ○ NO	○ YES ○ NO	○ YES ○ NO
	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
3.1.d Is there evidence that the data are actually collected in the manner and frequency specified for this indicator? E.g., Is there evidence of late, incomplete, or wrong data collection?	○ YES ○ NO	○ YES ○ NO	○ YES ○ NO
	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5

PART 3: DATA COLLECTION AND ANALYSIS - QUALITY INDICATOR TRACERS (CONTINUED)

Elements to be Assessed	Indicator #1	Indicator #2	Indicator #3
3.1.e If unit staff play a role in data collection, is collection consistent with the specifications for how the data are to be collected?	○ YES ○ NO ○ N/A	○ YES ○ NO ○ N/A	○ YES ○ NO ○ N/A
	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
3.1.f Are data that has been collected aggregated in accordance with the hospital methodology specified for this indicator?	○ YES ○ NO	○ YES ○ NO	○ YES ○ NO
	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
3.1.g Are the collected data analyzed?	○ YES ○ NO	○ YES ○ NO	○ YES ○ NO
	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5

PART 3: DATA COLLECTION AND ANALYSIS - QUALITY INDICATOR TRACERS (CONTINUED)

Elements to be Assessed	Indicator #1	Indicator #2	Indicator #3
3.1.h If the indicator is the type that measures a rate, are rates calculated for points in time and over time, and are comparisons made to performance benchmarks when available (e.g. established by nationally recognized organizations)?	○ YES ○ NO ○ N/A	○ YES ○ NO ○ N/A	○ YES ○ NO ○ N/A
	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
3.1.i When feasible, is aggregated data broken down into subsets that allow comparison of performance among hospital units covered by the indicator? For example, a hand hygiene indicator should allow comparison among different inpatient units.	○ YES ○ NO ○ N/A	○ YES ○ NO ○ N/A	○ YES ○ NO ○ N/A
	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
If no to any of 3.1.a through 3.1.i, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.21(a)(1), (a)(2), (b)(1), & (b)(3) (Tag A-273)			

PART 3: DATA COLLECTION AND ANALYSIS - QUALITY INDICATOR TRACERS (CONTINUED)

Elements to be Assessed	Indicator #1	Indicator #2	Indicator #3
3.1.j If the data analysis identified areas needing improvement, is there evidence that the hospital instituted interventions (activities and/or projects) to address them? • Check N/A if analysis did not lead to interventions, but the hospital could demonstrate that other areas were of higher priority. • Check NO if analysis did not lead to interventions and the hospital could not demonstrate that other improvement activities were of higher priority.	○ YES ○ NO ○ N/A ○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ YES ○ NO ○ N/A ○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ YES ○ NO ○ N/A ○ 1 ○ 2 ○ 3 ○ 4 ○ 5
3.1.k Are interventions evaluated for success?	○ YES ○ NO ○ N/A ○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ YES ○ NO ○ N/A ○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ YES ○ NO ○ N/A ○ 1 ○ 2 ○ 3 ○ 4 ○ 5

PART 3: DATA COLLECTION AND ANALYSIS - QUALITY INDICATOR TRACERS (CONTINUED)

Elements to be Assessed	Indicator #1	Indicator #2	Indicator #3
3.1.l If interventions taken were not successful, were new interventions developed?	○ YES ○ NO ○ N/A	○ YES ○ NO ○ N/A	○ YES ○ NO ○ N/A
	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
3.1.m If interventions were successful, did evaluation continue longer to assess if success was sustained?	○ YES ○ NO ○ N/A	○ YES ○ NO ○ N/A	○ YES ○ NO ○ N/A
	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
If no to any of 3.1.j through 3.1.m, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.21(b)(2)(ii), (c)(1), & (c)(3) (Tag A-283)			

PART 4 – APPLYING QUALITY INDICATOR INFORMATION - ACTIVITIES AND PROJECTS			
Elements to be Assessed		**Manner of Assessment Code (Enter all that apply) & Surveyor Notes**	
4.1 Can the hospital provide evidence that its improvement activities focus on areas that are high risk (severity), high volume (incidence or prevalence), or problem-prone?	○ YES ○ NO	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	
If no to 4.1, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.21(c)(1)(i) & (ii) (Tag A-283)			
4.2 Can the hospital provide evidence that it conducts distinct performance improvement projects?	○ YES ○ NO	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	
4.3 Is the number of projects proportional to the scope and complexity of the hospital's services and operations? No fixed ratio is required, but smaller hospitals with a smaller number of distinct services would be expected to have fewer projects than a large hospital with many different services.	○ YES ○ NO	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	

Elements to be Assessed		Manner of Assessment Code (Enter all that apply) & Surveyor Notes	
4.4 Does the scope of projects reflect the scope and complexity of the hospital's services and operations? For example, if the hospital offers more complex services, such as neonatal intensive care, or open heart surgery, have there been QAPI project(s) related to any of those services?	○ YES ○ NO	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	
If no to any of 4.2 through 4.4, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.21(d)(1) (Tag A-297)			
4.5 Can the hospital provide evidence showing why each project was selected? *(NOTE: If the project is a QIO cooperative project or an IT project, such as computer ordered physician entry for medications or an electronic medical record, no rationale is required. Check N/A in these cases)*	○ YES ○ NO ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	
If no to 4.5, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.21(d)(3) (Tag A-297)			

PART 5 – PATIENT SAFETY – ADVERSE EVENTS AND MEDICAL ERRORS			
Elements to be Assessed		**Manner of Assessment Code (Enter all that apply) & Surveyor Notes**	
5.1 In this multipart question evaluate if the hospital's leadership sets expectations for patient safety? Specifically:			
5.1.a Is there evidence of widespread staff training or communication to convey expectations for patient safety to all staff? (e.g. training related to steps to take in a situation that feels unsafe, how to report medical errors (including near misses/close calls) adverse events, etc.)	○ YES ○ NO	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	
5.1.b Is there evidence that the hospital has adopted policies supporting a non-punitive approach to staff reporting of medical errors (including near misses/close calls), adverse events, and situations they consider unsafe?	○ YES ○ NO	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	
5.1.c On each unit surveyed, can staff explain what the hospital's expectations are for their role in promoting patient safety?	○ YES ○ NO	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	
If no to 5.1.a, 5.1.b, or 5.1.c, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.21(e)(3) (Tag A-286)			

PART 5: PATIENT SAFETY – ADVERSE EVENTS AND MEDICAL ERRORS (CONTINUED)

Elements to be Assessed		Manner of Assessment Code (Enter all that apply) & Surveyor Notes	
5.2. In this multipart question evaluate if the hospital has a systematic process to identify medical errors (including near misses/close calls) and adverse events on an ongoing basis? Specifically:			
5.2.a On each unit/program surveyed, can staff describe what is meant by medical errors (including near misses/close calls) and adverse events?	○ YES ○ NO	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	
5.2.b On each unit/program surveyed, can staff explain how and/or to whom they should report medical errors (including near misses/close calls) and adverse events?	○ YES ○ NO	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	
5.2.c Does the hospital employ methods, in addition to staff incident reporting, to identify possible medical errors (including near misses/close calls) and adverse events? (Examples of other methods include, but are not limited to, retrospective medical record reviews, review of claims data, unplanned readmissions, or patient complaints/grievances, interview or survey of patients, etc.)	○ YES ○ NO	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	

PART 5: PATIENT SAFETY – ADVERSE EVENTS AND MEDICAL ERRORS (CONTINUED)

Elements to be Assessed		Manner of Assessment Code (Enter all that apply) & Surveyor Notes	
5.2.d Can the hospital provide evidence of medical errors (including near misses/close calls) and adverse events identified through staff reports or other methods?	○ YES ○ NO	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	
If no to any 5.2.a through 5.2.d, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.21(a)(2) & 482.21(c)(2) (Tag A-286)			
5.3 Is there QAPI program collaboration with infection control officer(s) to identify and track avoidable healthcare-acquired infections?	○ YES ○ NO	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	
5.4 Is there evidence that problems identified by infection control officer(s) are addressed through QAPI program activities?	○ YES ○ NO	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	
If no to 5.3 or 5.4, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.42(b)(1) (Tag A-756) and 482.21(a)(2) (Tag A-286)			

PART 5: PATIENT SAFETY – ADVERSE EVENTS AND MEDICAL ERRORS (CONTINUED)

Elements to be Assessed		Manner of Assessment Code (Enter all that apply) & Surveyor Notes	
5.5 Does the QAPI program identify and track medication administration errors, adverse drug reactions, and drug related incompatibilities?	○ YES ○ NO	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	
If no to 5.5, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.25(b)(6) (Tag A-508) and 42 CFR 482.21(a)(2) (Tag A-286)			
5.6 Is there a QAPI program process for staff to report blood transfusion reactions, and reviews of reported blood transfusion reactions to identify medical errors (including near misses/close calls) and/or adverse events?	○ YES ○ NO	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	
If no to 5.6, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.23(c)(4) (Tag A-410) and at 42 CFR 482.21(a)(2) (Tag A-286)			
5.7 Did the survey team have prior knowledge of, or identify while on-site, serious preventable adverse events that the hospital failed to identify?	○ YES ○ NO	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	
If yes to 5.7, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.21(a)(2) (Tag A-286)			

Elements to be Assessed		Manner of Assessment Code (Enter all that apply) & Surveyor Notes	
5.8 Has the hospital conducted causal analyses of all serious preventable adverse events it has identified? Use as your sample all serious preventable events identified by the hospital in the period 12 months prior to the survey date? (Note: for events that occurred less than 2 months prior to the survey date, the hospital may have started, but not yet completed a causal analysis.)	○ YES ○ NO ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	
If no to 5.8, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.21(a)(2) (Tag A-286)			

PART 5: CAUSAL ANALYSIS TRACERS

Instructions for Questions #5.9 and 5.10: If the answer to Question #5.9 is "yes", select three causal analyses the hospital has completed for adverse events or near misses (close calls) during the last 12 - 24 months. Analyses may be of a single event/near miss or a group of similar types of events/near misses. Answer the questions in #5.10 for each analysis selected. (For at least one causal analysis selected, there should be sufficient time after implementation of preventive measures for the hospital to have evaluated the impact of those measures.) For initial certification surveys of new hospitals, this section may not apply, depending on whether any serious preventable adverse events have occurred and been identified.

5.9 Has the hospital conducted any causal analyses in the 12 – 24 months prior to the survey date? If yes continue, if no, skip 5.10 and all 5.10 sub-questions	○ YES ○ NO

Elements to be Assessed	Causal Analysis #1	Causal Analysis #2	Causal Analysis #3
5.10 Write in selected causal analysis, using a code or other means to avoid capturing identifiable information on this worksheet.			
Causal analysis selection identified through (check all that apply):	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5

PART 5: CAUSAL ANALYSIS TRACERS (CONTINUED)

Elements to be Assessed	Causal Analysis #1	Causal Analysis #2	Causal Analysis #3
5.10.a Has the hospital identified potential underlying causes?	○ YES ○ NO	○ YES ○ NO	○ YES ○ NO
	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
5.10.b Has the hospital identified all parts of the hospital utilizing similar processes/at similar risk?	○ YES ○ NO	○ YES ○ NO	○ YES ○ NO
	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
5.10.c Has the hospital developed and implemented preventive actions based on the analysis in at least one area of the hospital?	○ YES ○ NO	○ YES ○ NO	○ YES ○ NO
	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5

PART 5: CAUSAL ANALYSIS TRACERS (CONTINUED)

Elements to be Assessed	Causal Analysis #1	Causal Analysis #2	Causal Analysis #3
5.10.d Has the hospital evaluated the impact of the preventive actions, including tracking reoccurrences of similar events/near misses?	○ YES ○ NO	○ YES ○ NO	○ YES ○ NO
	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
5.10.e If evaluation showed the intervention(s) did not meet goals, did the hospital implement a revised intervention and evaluate it?	○ YES ○ NO ○ N/A	○ YES ○ NO ○ N/A	○ YES ○ NO ○ N/A
	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
5.10.f Has the hospital implemented preventive actions found to be effective in all parts of the hospital utilizing similar processes/at similar risk, unless there are documented reasons for not doing so?	○ YES ○ NO	○ YES ○ NO	○ YES ○ NO
	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	○ 1 ○ 2 ○ 3 ○ 4 ○ 5
If no to any, 5.10.a through 5.10.f, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.21(a)(1) & (a)(2) & (c)(2) (Tag A-286)			

PART 6 – BROAD QAPI REQUIREMENTS AND LEADERSHIP RESPONSIBILITIES			
Elements to be Assessed		**Manner of Assessment Code (Enter all that apply) & Surveyor Notes**	
6.1 Is there evidence that the hospital has a formal QAPI program - including written policies and procedures, budgeted resources, and clearly identified responsible staff - approved by the governing body after input from the CEO and medical staff leadership?	○ YES ○ NO	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	
If no to 6.1, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.21(e)(1) & (2) (Tag A-309)			
6.1.a Has the hospital maintained and made available for surveyor review evidence of its QAPI program?	○ YES ○ NO	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	
If no to 6.1.a, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.21 (Tag A-263)			
6.2 In this multipart question evaluate if the hospital's QAPI program is hospital-wide. Specifically:			
6.2.a Using information on services offered from the Hospital/CAH Data Base Worksheet, can the QAPI manager provide evidence of QAPI monitoring related to each service?	○ YES ○ NO	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	
If no to 6.2.a, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.21 (Tag A-263 or A-308)			

Elements to be Assessed		Manner of Assessment Code (Enter all that apply) & Surveyor Notes	
6.2.b Using information from the hospital identifying services provided under arrangement (contract), can the QAPI manager provide evidence of QAPI monitoring for each service related to clinical care provided under contract or arrangement? (Exclusively administrative contractual services, e.g., payroll preparation, are not required to be included in the QAPI program.)	○ YES ○ NO ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	
If no to 6.2.b, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.12(e) and 482.21 (Tags A-083 and either A-263 or A-308)			
6.3 Is there evidence that the governing body, hospital CEO, Medical Staff leadership, and other senior administrative officials, e.g., Director of Nursing, each play a role in QAPI program planning and implementation?	○ YES ○ NO	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	
If no to 6.3, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.21(e)(2) (Tag A-309)			
6.4 Is there evidence, e.g. in minutes, that the hospital's governing body:			
6.4.a Approves QAPI program indicators selected and frequency of data collection?	○ YES ○ NO	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	
If no to 6.4.a, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.21(b)(3) (Tag A-273)			

Elements to be Assessed		Manner of Assessment Code (Enter all that apply) & Surveyor Notes	
6.4.b Ensures the QAPI program annually determines the number of distinct QAPI projects to be conducted in the coming year?	○ YES ○ NO	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	
6.4.c Actively reviews the results of QAPI data collection, analyses, activities, projects and makes decisions based on such review?	○ YES ○ NO	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	
If no to either, 6.4.b or 6.4.c, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.21(e)(2) & (e)(5) (Tag A-309)			
6.4.d Holds the CEO accountable for the effectiveness of the QAPI program?	○ YES ○ NO	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	
If no to 6.4.d, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.21(e)(2) and 482.12(b) (Tags A-309 & A-057)			

Elements to be Assessed		Manner of Assessment Code (Enter all that apply) & Surveyor Notes	
6.5 Regarding resource allocation:			
6.5.a Is there evidence of the amount of resources (funding and personnel) dedicated to the hospital's QAPI program and the functions for which those resources are used?	○ YES ○ NO	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	
If no to 6.5.a, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.21(e)(4) (Tag A-315)			
6.5.b If there are condition-level QAPI program deficiencies, is there evidence that lack of QAPI resources are a significant contributing cause of these deficiencies?	○ YES ○ NO ○ N/A	○ 1 ○ 2 ○ 3 ○ 4 ○ 5	
If yes to 6.5.b, the hospital would be at risk on a non-PSI, non-pilot survey for a deficiency citation related to 42 CFR 482.21(e)(4) (Tag A-315)			