

QAPI IN ACTION


Susan Runyan, CEO, Runyan Health Care Quality Consulting

ORH CAH Quality Workshop

April 15, 2026

LEARNING OUTCOMES

- Recall the Core Concepts of QAPI: Recognize the fundamental principles and importance of integrating quality assurance and performance improvement in healthcare settings
- Identify the Five Elements of QAPI: Identify the tools necessary to implement the essential components of a successful QAPI program in their own organizations
- Describe a Comprehensive QAPI Program Self-Assessment: discuss their organization's current Quality Assurance and Performance Improvement (QAPI) practices to identify strengths and areas for improvement



QAPI PROGRAM CORE CONCEPTS

INTRODUCTION TO QUALITY ASSURANCE/PERFORMANCE IMPROVEMENT (QAPI)

- Quality is everyone's responsibility
- All departments participate in selecting and working on projects
- QAPI priorities guide improvement work for the year
- QI tools (like PDSA) help us test and refine changes
- Continuous improvement is part of daily operations

How do your teams stay connected to your QAPI priorities throughout the year?

PURPOSE

- Your mission, vision, and values
- A proactive approach to improving care and experience
- Participation from all employees
- Alignment with what matters most to your patients and community

Where does your QAPI plan explicitly connect back to your mission or values?

GUIDING PRINCIPLES - A STRONG QAPI PROGRAM.....

- Is central to leadership and board oversight
- Uses data and evidence to guide decisions
- Focuses on systems, not individuals
- Encourages reporting, learning, and accountability
- Includes all departments and all staff

Which of these principles is strongest in your organization - and which needs attention?

PERFORMANCE METRICS AND DATA MANAGEMENT

- Key performance indicators (KPIs) you track
- How data is reviewed and compared to targets
- How trends are monitored over time
- How data informs improvement work

How do you decide which metrics matter for your hospital?

BOARD RESPONSIBILITY, ACCREDITATION AND REGULATORY STANDARDS

- How the board oversees quality
- How new board members are oriented
- How quality activities are reported
- How often the board receives QAPI updates
- How you meet accreditation and regulatory requirements

How does your board receive and engage with QAPI information?

QUALITY ASSURANCE (QA) VS QUALITY IMPROVEMENT (QI)

Quality Assurance (QA)

- Ensures systems work as intended
- Uses audits and checks
- Reactive

Quality Improvement (QI)

- Improves or redesigns systems
- Uses data and feedback
- Proactive

How does staff know when something moves from QA to QI?

CLINICAL GUIDELINES AND BEST PRACTICES

- How evidence and benchmarks guide improvement
- How Standard Operating Procedures support consistency
- How best practices are implemented and monitored
- How clinical guidelines are reviewed or updated

What sources of evidence or benchmarks do you use most often?

PATIENT EXPERIENCE AND SATISFACTION

- Includes patient and family voice
- Uses feedback to guide improvement
- Improves communication and engagement across the care experience

How does patient voice show up in your QAPI plan – and in daily practice?

TEAMWORK AND COMMUNICATION

- How all departments participate in QI
- How improvement work is shared across the organization
- How communication supports teamwork
- How QI successes are celebrated or shared

What are your best ways of sharing quality work across departments?

RISK MANAGEMENT

- How risk reports are reviewed
- How trends are identified
- When a risk issue becomes a QI project
- How safety is monitored and trended

How do you connect risk management findings to improvement work?

FEEDBACK AND CONTINUOUS LEARNING

- How staff, leaders, and providers give input
- How you assess readiness and knowledge
- How you observe processes and identify opportunities
- How staff are prepared for survey readiness
- How staff are supported with education and resources

What are your best ways of gathering staff input about quality?



FIVE ELEMENTS OF A QAPI PROGRAM

DESIGN
AND
SCOPE



DESIGN AND SCOPE

- Covers all areas of care and all departments
- Uses the best available evidence to guide decisions
- Focuses on safety, quality of life, and patient choice
- Reflects the actual complexity of your CAH

How does your QAPI plan show the full scope of your hospital – not just clinical care, but everything you do?

GOVERNANCE
AND
LEADERSHIP

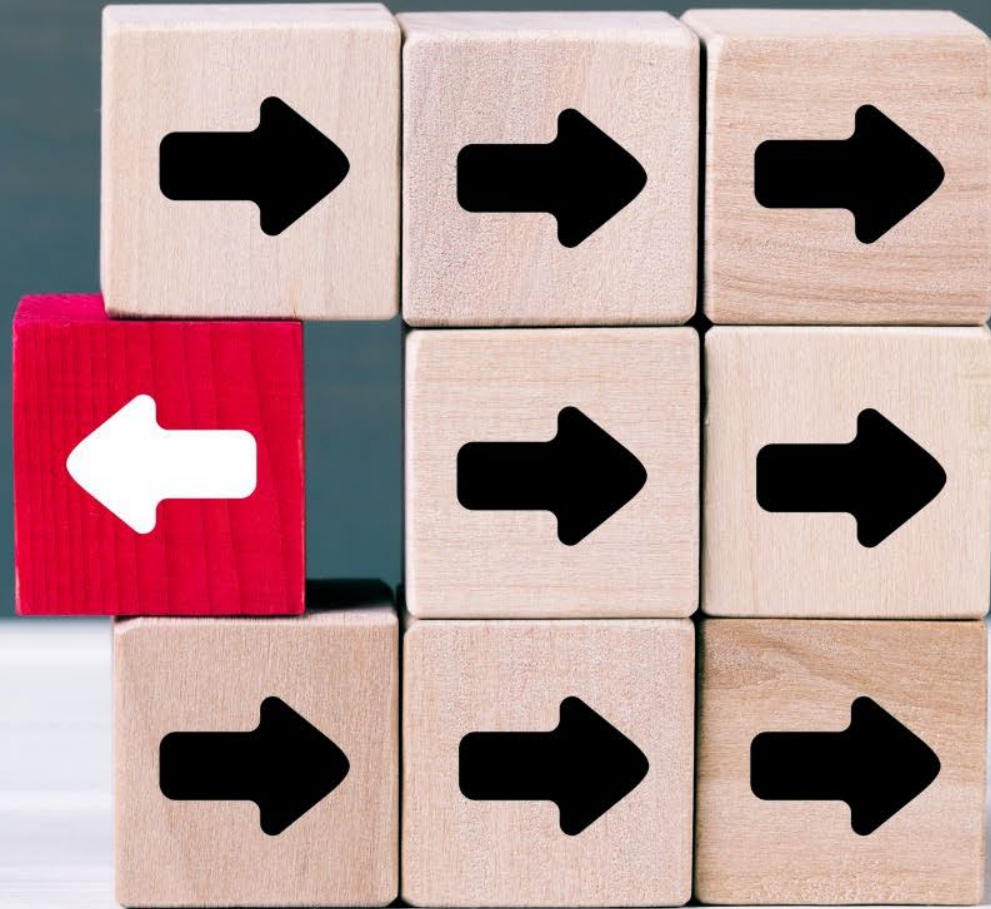


GOVERNANCE AND LEADERSHIP

- Resources and accountability for QAPI
- A culture where staff feel safe reporting concerns
- Training so all staff understand their QAPI role
- Board engagement and oversight

What does leadership involvement look like in your hospital's QAPI plan - and in daily practice?

FEEDBACK,
DATA
SYSTEMS
AND
MONITORING



FEEDBACK, DATA SYSTEMS AND MONITORING

- Gathers feedback from staff, providers, patients, and families
- Uses performance indicators and benchmarks
- Has clear processes for collecting, analyzing, and sharing data
- Tracks trends over time, not just isolated events

Where in your QAPI plan do you describe how data is collected, reviewed, and shared?

PIPS AND PDSAS



PERFORMANCE IMPROVEMENT PROJECTS (PIPS)/PLAN-DO-STUDY-ACT (PDSA)

- How you identify areas needing improvement
- How departments choose and report PIPs
- How PDSA cycles are used to test and refine changes
- How progress is monitored and shared

How do you decide which projects are PIPs vs PDSA – is that written into your plan?

SYSTEMATIC
ANALYSIS AND
SYSTEMIC
ACTION



SYSTEMATIC ANALYSIS AND SYSTEMIC ACTION

- Root cause analysis when needed
- Policies, procedures, and standard work
- Monitoring to ensure improvements stick
- A commitment to ongoing learning and improvement

What does your QAPI plan say about how you analyze problems and ensure improvements last?



Take a moment to reflect before we move into the self-assessment

A close-up photograph of a hand holding a red marker, drawing checkmarks on a document. The document is slightly out of focus, showing several rows of checkmarks already drawn. The text 'QAPI PROGRAM SELF-ASSESSMENT' is overlaid in white, serif font across the middle of the image.

QAPI PROGRAM SELF-ASSESSMENT

ASSESSING YOUR QAPI PROGRAM

As I read each item aloud, ask yourself:

- "Where is this written in our plan?"
- "How do we show this in daily practice?"
- "Would CMS see evidence of this?"

CRITICAL ACCESS HOSPITALS

QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT PROGRAM					
Self-Assessment Questions	YES	NO	N/A	Date/Initials	Comments
Has the CAH developed and implemented an effective, ongoing, CAH-wide, data-driven quality assessment and performance improvement (QAPI) program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is the QAPI program maintained and updated on an ongoing basis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is there written documentation that the CAH that the QAPI program is effective? C-1300 §485.641	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Has the QAPI program been designed to be appropriate for the complexity of the organization and the services provided by the CAH? C-1302 §485.641(b)(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is there documentation that the QAPI program is ongoing and comprehensive? C-1306 §485.641(b)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

<p>Is there documentation that the QAPI program involves all departments of the CAH?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Is there documentation that all services provided by the CAH (including those services furnished through a contract or under arrangement) are involved in the QAPI program? C-1306 §485.641(b)(3)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Has there been written objective measures developed to evaluate the CAH's organizational processes, functions, and services? C-1309 §485.641(b)(4)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Does the QAPI program address indicators related to improving health outcomes of individuals served?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Does the QAPI program address the prevention and reduction of medical errors?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Does the QAPI program address the prevention and reduction of adverse events?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Does the QAPI program address CAH-acquired conditions?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

CRITICAL ACCESS HOSPITALS

QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT PROGRAM					
Self-Assessment Questions	YES	NO	N/A	Date/Initials	Comments
Does the QAPI program address transitions of care including readmissions? C-1311 §485.641(b)(5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is there written documentation that demonstrates the CAH's governing body or responsible individual is responsible and accountable for ensuring the QAPI program meets all requirements. C-1313 §485.641(c)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the QAPI program focus on measures related to improved health outcomes that are shown to be predictive of desired patient outcomes for each department and service provided? C-1315 §485.641(d)(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the QAPI program use objective measures to analyze and track performance for each department and service provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the QAPI program use objective measures to analyze and track performance for medical errors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the QAPI program use objective measures to analyze and track performance for adverse events?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the QAPI program use objective measures to analyze and track performance for CAH acquired conditions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the QAPI program use objective measures to analyze and track performance for readmissions? C-1319 §485.641(d)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Missouri Hospital Association, QAPI Self-Assessment Tool. Used with attribution for educational purposes.



<p>Has the CAH QAPI program set priorities for performance improvement, considering either high-volume, high-risk services, or problem-prone areas.</p> <p>C-1321 §485.641(d)(3)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Does the QAPI program incorporate quality indicator data including patient care data, and other relevant data, in order to achieve the goals of the QAPI program.</p> <p>C-1325 §485.641(e)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

CRITICAL ACCESS HOSPITALS

QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT PROGRAM					
Self-Assessment Questions	YES	NO	N/A	Date/Initials	Comments

Helpful Hints

Note: As of February 2024, CMS has not published interpretative guidelines for CAH QAPI COP. However interpretative guidelines have been published for acute hospitals and the regulations are nearly identical. CAH can utilize these guidelines to assist in further development of their QAPI program. This information is found <https://www.cms.gov/files/document/qso-23-09-hospital.pdf>

Another resource is the acute hospital QAPI surveyor worksheet which is available at <https://www.cms.gov/medicare/provider-enrollment-and-certification/surveycertificationgeninfo/downloads/survey-and-cert-letter-15-12-attachment-2.pdf>

Key Resources and Links

- [§485.641](#) Condition of Participation



WHAT ARE YOU SEEING?

- What surprised you?
- What feels strong?
- What needs attention?
- Turn to someone near you and share one insight

WHAT'S THE ONE THING YOU
WANT TO WORK ON???



CLOSING THOUGHT

An effective QAPI Plan helps you select the high priority issues for focused review and improvement vs feeling you must do everything at once

Questions





Contact Me

Susan Runyan, MHCL, MICT

Runyan Health Care
Quality Consulting

runyanhcquality@gmail.com

Phone: 620-222-8366

Funding Acknowledgement

The Health Resources and Services Administration, Department of Health and Human Services provided financial support for this project. The award provided 100% of total costs and totaled \$13,000. The contents are those of the author. They may not reflect the policies of the Department of Health and Human Services or the U.S. government.

RESOURCES

- QAPI Written Plan How-To-Guide: https://www.superiorhealthqa.org/wp-content/uploads/QAPI-Plan-How-To-Guide_010423_reviewed.pdf
- CMS QAPI at a Glance: <https://www.cms.gov/medicare/provider-enrollment-and-certification/qapi/downloads/qapiataglance.pdf>
- MHA QAPI CAH Self-Assessment: developed by the Missouri Hospital Association; original link no longer active; used here with full attribution for educational purposes
- Updated SOM - Hospital Appendix A: <https://www.cms.gov/files/document/qso-23-09-hospital.pdf>