

Use columns for each measure/indicator that you choose to collect and monitor for QAPI, answer the following questions. The information you provide on the questions will help you determine how best to track, display and assess or evaluate the results of these various measures you have chosen for QAPI. If you have a relatively small number of measures or indicators that you are tracking, you may wish to include all measures in one table and use this as a universal tool that could be completed by the person coordinating QAPI in your organization. Alternatively, you may choose to use this table for individual measures or groupings of measures that address similar topics.

What is the measure/indicator being tracked?	When is it being tracked?	How do we measure this indicator? (How are data being collected?)	Who is responsible for tracking on this measure?	What is your preferred method of display?	How will status/monitoring be tracked and reported?
Example: High risk pressure ulcers	Quality indicator (QI) - monthly report	Data comes from HEDIS recommendations	QAPI	-data	QAPI uses HEDIS data that is inputted to computer monthly rates over time. Data is tracked and graphs the number of in-house acquired versus skin that pressure ulcers develop and time to heal. Results are provided on chart committee and posted on "board" conference rooms
Example: Staff satisfaction	Survey - April	Cooperative satisfaction survey	Administration	Partial patient rates, HEDIS, Overall satisfaction survey	Administration uses bar chart to show results for individual satisfaction

How To Write A Qapi Plan

Roman Wölfel



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