



Linking QAPI, Infection Prevention, and Patient Safety Under a Unified System

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Introductions



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Quick Facts

ACHC has grown from a NC-based accreditor of home care agencies to an international accreditor serving the continuum of care.



ACHC Founded
1986



Total Accredited Locations
29,000+



Hospital Accreditation
Program Founded:
1945

(ACQUIRED BY ACHC IN 2020)



Annual Surveys
6,200+



Affiliated Entities:



EDUCATIONAL RESOURCES



CLINICAL LABORATORY RESOURCES



LEARNING MANAGEMENT SYSTEM

Settings and Programs



HOME-BASED CARE

- Dentistry
- DMEPOS*
- Home Care
- Home Health*
- Home Infusion Therapy*
- Hospice*



- In-Home Hospital Care
- Palliative Care
- Telehealth
- Sleep



INPATIENT/RESIDENTIAL CARE

- Acute Care Hospital*
- Assisted Living
- Behavioral Health
- Cardiac Care†
- Clinical Laboratory*
- Critical Access Hospital*
- Compounding Pharmacy
- Dentistry
- DMEPOS*
- Hospice

- Joint Replacement†
- Lithotripsy†
- Pharmacy
- Renal Dialysis*
- Stroke Care†
- Telehealth†
- Wound Care†



OUTPATIENT CARE

- Ambulatory Care
- Ambulatory Surgery Center*
- Behavioral Health
- Clinical Laboratory*
- Compounding Pharmacy



- Ambulatory Care
- Ambulatory Surgery Center*
- Behavioral Health
- Clinical Laboratory*
- Compounding Pharmacy
- Dentistry
- Joint Replacement†
- Lithotripsy†
- Office-Based Surgery
- Palliative Care
- Pharmacy
- Renal Dialysis*
- Sleep*
- Telehealth†
- Wound Care†



DIGITAL SOLUTIONS

- Remote Patient Monitoring
- Distant Location Clinical Support
- Telehealth Patient Encounters

* CMS Deeming Authority/Accepted by CMS. † Certification

Learning Objectives

- 1 Describe CMS and accreditation requirements to support a unified system for quality and infection prevention
- 2 Map cross functional data and supporting structures to enhance performance improvement and patient safety
- 3 Apply gap analysis tools and case study example for a unified system-wide evaluation and compliance

Definitions

CMS CCN

This is your hospital unique certification number

Unified System

Refers to a structure where multiple separately certified hospitals operate under an integrated framework

- Governing Body
- Leadership
- Integrated Policies and Procedures
- Shared Services
- Coordinated Programs

A Snapshot in History



Part I – Pre 2019

Part II – The 2019 Final Rule Publication

Part III – 2022 Guidance

Burden Reduction in new and exciting ways!

CMS Requirement

A hospital system with multiple separately certified hospitals can choose one unified QAPI program under a single governing body (if permitted under state law).

- The system governing body is responsible for to ensure each hospital meets the CMS requirements including:
 - The hospital program reflects differences in patient populations and services.
 - There are processes in place to address issues at individual hospital.

CMS Reference: §482.21(f), §482.21(f)(1-2)

Key Takeaway: A unified QAPI program is permitted, but must function effectively at the individual hospital level, not only the system



QAPI- A Unified Model

Compliance Assessment

■ Interview

- What does this model look like at your hospital? Describe the Committee structure.
- How does the system ensure that each individual hospital is addressed within the quality plan?
- Describe the quality management leadership position(s) and organizational structure?
- How does the hospital ensure adequate resources for the program?
- How are PI projects selected and how do they relate to the scope of services for each individual hospital?
- Describe the system governing body responsibilities for QAPI and patient safety

■ Quality Plan Review

- Each hospital and contracted service is addressed, includes applicable unique patient population
- Outlines the process for integrating quality reports
- Performance improvement projects
- Annual approval via the governing body

Compliance Assessment

■ Quality Committee Review

- System level and/or local level
- Committee minutes
- Departmental and patient care contracted service data reporting
- Culture of safety, reporting of patient safety events, near miss, adverse events, and medical errors
- Governing body reporting

■ Data Analysis

- Site and location specific
- Comparative performance between hospitals
- Tracking and trending, outliers, and leadership reporting schedule

QAPI Case Study Scenario

From a Health System with 4 Separately Certified Hospitals

- System-level dashboard
 - Infection Rates: CLABSI, CAUTI, SSI
 - Readmission Rates
 - Patient Safety Events: Falls, Medication Errors
- Surveyor Assessment
 - Tracking and trending
 - Documented actions and improvement
 - Comparative performance between hospitals
 - Leadership Review

QAPI Case Study Scenario

From a Health System with 4 Separately Certified Hospitals

- Hospital A has higher CAUTI rates than others
 - Review of Hospital A unit level data
 - Meeting minutes evidencing review of data and discussion
 - Evidence of interventions (i.e. protocols, staff education)
 - Follow up data of improvement

- Local evidence within the unified model
 - Hospital specific QAPI reports or scorecards
 - Hospital specific leadership review
 - Hospital specific PI

QAPI Case Study Scenario

From a Health System with 4 Separately Certified Hospitals

- Integration with system oversight
 - Individual hospital QAPI is reported to system governing body or QAPI Committee
 - Tracked
 - System provides support and resources (in this case study ensuring involvement via an infection preventionist)
- Local evidence within the unified model
 - Location specific QAPI reports or scorecards
 - Local leadership review
 - Hospital specific PI

Unified Quality / QAPI Program

Hub-and-Spoke Model for a Multisystem Health Network



WORKING TOGETHER FOR HIGHER QUALITY, SAFER CARE, AND BETTER PATIENT OUTCOMES

Image ChatGPT 2026

Unified QAPI Program

Frequent Opportunities for Improvement

- No hospital-level data analysis
- No hospital-level reporting to System QAPI Committee nor Governing Body
- No documented actions or PI evidenced within minutes
- System averages are reported, lacking evidence of hospital specific performance



Evaluations ensure a layered data review, system wide visibility combined with hospital specific analysis, action, and follow up.



Infection Prevention A Unified Model

CMS Requirement

A hospital system with multiple separately certified hospitals may implement one unified IP and Antibiotic Stewardship Program under a single governing body, if permitted by state law.

- The system governing body is responsible for to ensure each hospital meets the CMS requirements including:
 - The program is specific to the patient population and services
 - Considers the needs and concerns of each hospital
 - Has processes to identify and address issues unique to each hospital

CMS Reference: §482.42(d)(1-3)

CMS Requirement

- Each hospital must designate a qualified individual(s) with expertise in infection prevention and antibiotic stewardship.
- These individuals are responsible for communicating within the system's program, implementing and maintaining policies, and educating staff on infection control and antibiotic stewardship practices.

CMS Reference: §482.42(d)(4)

Key Takeaway: A unified IP/AMS program is permitted, but must function effectively at the individual hospital level, not only the system.

Compliance Assessment

■ Interview

- Describe the model of your unified IP/AMS system program.
- Describe the committee structure and function.
- How frequently does the committee meet?
- How do you maintain accountability at the local level?
- How is hospital specific IP/AMS program information communicated to the multi-system governing body?
- What are the core responsibilities of IP AMS leaders at your respective hospitals?

■ Infection Prevention and AMS Plan Review

- The Plans and associated risk assessments reflect the hospitals' patient population and services.
- Outlines the process for integrating reports.
- Performance improvement projects.
- Annual approval via the governing body.

Compliance Assessment

■ Committee Review

- System level and/or local level
- Committee minutes
- Governing body reporting

■ Data Analysis

- Site and location specific
- Comparative performance between hospitals
- Tracking and trending, outliers, and leadership reporting schedule

Unified Infection Prevention & Antibiotic Stewardship Program



Image ChatGPT 2026

Stronger Together: Patient Safety



Unified Multi-Hospital System

PROGRAM COORDINATION

- *Example:* ASP is unified across all hospitals
- Impact:
 - ✓ Standardized policy to restrict inappropriate broad-spectrum antibiotic use across the system (prescribing guidelines and/or monitoring tools)
 - ✓ Reduces antimicrobial resistance
 - ✓ Lowers hospital acquired infections
 - ✓ Improves patient outcomes and length of stay
 - ✓ Shared experts (pharmacy)

Stronger Together: Patient Safety



Unified Multi-Hospital System

POLICY & PROTOCOL STANDARDIZATION

- *Example:* All system hospitals adopt the same central line insertion bundle
- Impact:
 - ✓ Reduction in CLABSI across all locations
 - ✓ Consistent patient care
 - ✓ Minimalizes preventable complications and mortality
 - ✓ Staff training and competency

Stronger Together: Patient Safety



Unified Multi-Hospital System

SYSTEM WIDE SURVEILLANCE AND DATA SHARING

- *Example:* Central dashboard tracks infection rates
- Impact:
 - ✓ Early identification of trends
 - ✓ Improved intervention
 - ✓ Benchmarking between hospitals drives improvement

Stronger Together: Patient Safety



Unified Multi-Hospital System

CENTRALIZED QAPI INITIATIVES

- *Example: A system-wide initiative targets reducing sepsis using early recognition tools and standardized protocols.*
- Impact:
 - ✓ Faster treatment
 - ✓ Reduced mortality from sepsis
 - ✓ Improved coordination across emergency and inpatient settings

Stronger Together: Patient Safety



Unified Multi-Hospital System

SHARED RESOURCES (QAPI)

- *Example: Centralized expertise, tools, and infrastructure so all hospitals in a system operate with consistent standards and capabilities.*
- Impact:
 - ✓ Reduction in duplication
 - ✓ Improvement in efficiency
 - ✓ Shared data analytics and reporting infrastructure
 - ✓ Standardized QI methodology (e.g., Lean Six Sigma, PDSA Cycles)
 - ✓ Project management support
 - ✓ Shared quality toolkits
 - ✓ Strengthen patient safety outcomes
 - ✓ Shared regulatory and accreditation support

Resources and Tools

UNIFIED MULTI-SYSTEM QAPI, INFECTION PREVENTION, AND ANTIBIOTIC STEWARDSHIP



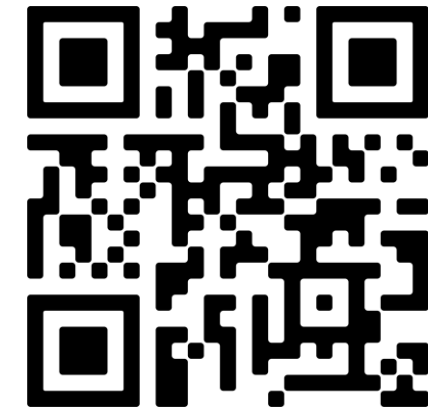
ACUTE CARE HOSPITAL



CRITICAL ACCESS HOSPITAL

Use this checklist to audit your operations related to a multi-system unified quality and infection prevention model to ensure compliance with hospital accreditation requirements. This checklist can also help you determine if your organization is in compliance with applicable local, state, and federal laws and regulations. It is not intended to replace your own comprehensive review of Accreditation Standards and does not guarantee a successful accreditation decision. For any areas found to be out of compliance, it is recommended that an internal plan of correction be implemented and results monitored for compliance.

Infection Prevention and Antibiotic Stewardship	Met	Not Met
A unified multi-hospital infection prevention program is approved by the system governing body and in accordance with all applicable state and local law.	<input type="checkbox"/>	<input type="checkbox"/>
Each separately certified hospital is responsible for independently meeting all requirements in the infection prevention Conditions of Participation, even if operating as a unified program.	<input type="checkbox"/>	<input type="checkbox"/>
Infection Prevention and Control Leadership	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> Designated Infection Control Officer(s) 		
<ul style="list-style-type: none"> Qualified by documented training and experience. 		



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Thank You