

Prioritization Worksheet for Performance Improvement Projects



Directions: This tool will assist in choosing which potential areas for improvement are the highest priority based on the needs of the residents and the organization. Follow this systematic assessment process below to identify potential areas for PIPs. This process will consider such factors as high-risk, high-volume, or problem-prone areas that affect health outcomes and quality of care. This tool is intended to be completed and used by the QAPI team that determines which areas to select for PIPs. Begin by listing potential areas for improvement in the left-hand column. Then score each area in the following columns based on a rating system of 1 to 5 as defined below:

1 = very low	2 = low	3 = medium	4 = high	5 = very high
---------------------	----------------	-------------------	-----------------	----------------------

Rating is subjective and is meant to be a guide and to stimulate discussion. Finally, add the scores across the row and tally in the final column.

Potential improvement areas with a higher score indicate a higher priority.

POTENTIAL AREAS FOR IMPROVEMENT Consider areas identified through: Dashboard(s) Feedback from staff, families, residents, other Incidents, near misses, unsafe conditions Survey deficiencies	PREVALENCE The frequency at which this issue arises in our organization.	RISK The level to which this issue poses a risk to the well-being of our residents.	COST The cost incurred by our organization each time this issue occurs.	RELEVANCE The extent to which addressing this issue would affect resident quality of life and/or quality of care.	RESPONSIVENESS The likelihood an initiative on this issue would address a need expressed by residents, family and/or staff.	FEASIBILITY The ability of our organization to implement a PIP on this issue, given current resources.	CONTINUITY The level to which an initiative on this issue would support our organizational goals and priorities.	TOTAL SCORE TALLY
Foley catheter use is not reassessed daily	5	4	4	5	2	5	4	29
Full implementation of care plans is not monitored regularly	3	5	3	5	4	3	5	28
Ineffective communication when a resident's condition is declining (intra- and inter-departmental)	4	5	4	5	5	3	5	29
Not following recommended antibiotic prescribing practices (using antibiogram)	4	4	2	3	1	2	4	20

Disclaimer: Use of this tool is not mandated by CMS, nor does its completion ensure regulatory compliance.

Additional factors to take into account:

1. What existing standards or guidelines are available to provide direction for this initiative?
2. What measures can be used to monitor progress?
3. Is the topic publicly reported on Nursing Home Compare and/or is it a goal of the Advancing Excellence in America's Nursing Homes campaign?
4. Which type of changes primarily will be involved (i.e., system changes, environmental changes, staffing changes)?
5. Which staff will be most affected by the initiative? What training needs will this initiative present?
6. Is there an identified champion(s) for this initiative?