



**Quality Improvement  
Organizations**

Sharing Knowledge. Improving Health Care.  
CENTERS FOR MEDICARE & MEDICAID SERVICES

**Great Plains**



Quality Innovation Network

# **QAPI 101: *Where Do We Start?***

**Michelle Lauckner, RN-BA, RAC-CT**

Quality Improvement Specialist

March 19, 2015

# CE Requirements

- 1 continuing education hour available for nurses
- Must sign the attendance roster
- Must complete, sign and return evaluation form to receive certificate of attendance

# Questions to Run On . . .

*Refresh my memory . . .*

1. What is QAPI again?
2. Why do we care?
3. Where do we start?
4. What do we do next?

\*Pre-work—Watch CMS NH QAPI Video

# Refresh My Memory . . .

- F520 (OBRA 1987) – QAA
  - Purpose: To provide a framework for facility to evaluate their systems in order to prevent deviation in and correct inappropriate care processes
  - **Focus:** Meeting the minimum requirements
- Section 6102(c) of Affordable Care Act (2010)
  - Purpose: Strengthen a facility's capacity for data collection and analysis, strategy development, and action plans
  - **Focus:** Proactive effort to improve performance  
([Unified Agenda and Regulatory Plan](#))

# Quality Assurance/Performance Improvement (QAPI)

***“Transforming the lives of nursing home residents through continuous attention to quality of care and quality of life”***



# QAPI 101

## Quality Assurance

- Reactive
- Single episode
- Organizational mistake
- Prevents something from happening *AGAIN*
- Sometime anecdotal
- Retrospective
- Monitoring based on audits
- Sometimes punitive

## Performance Improvement

- Proactive
- Aggregate data
- Organizational process
- Improves overall performance
- Always measurable
- Concurrent
- Monitoring is continuous
- Positive change

*\*Table courtesy of Advancing Excellence Campaign*

# QAPI As A Foundation

- For person-centered care
  - Relies on the input of residents and families
  - Measurement of not only process but also outcomes
- For defining quality as “how work is done”
  - Broad scope—Entire organization (all staff and all departments)
  - Leadership expected to be a model
- For systems thinking
  - Proactive analysis
  - Data and measurement driven
  - Supported by tools

# Five Elements of QAPI

- Design and Scope
- Governance and Leadership
- Feedback, Data Systems and Monitoring
- Performance Improvement Projects (PIPs)
- Systematic Analysis and Systemic Action



## Five Elements

### Element 1: Design and Scope

A QAPI program must be ongoing and comprehensive, dealing with the full range of services offered by the facility, including the full range of departments. When fully implemented, the QAPI program should address all systems of care and management practices, and should always include clinical care, quality of life, and resident choice. It aims for safety and high quality with all clinical interventions while emphasizing autonomy and choice in daily life for residents (or resident's agents). It utilizes the best available evidence to define and measure goals. Nursing homes will have in place a written QAPI plan adhering to these principles.

### Element 2: Governance and Leadership

The governing body and/or administration of the nursing home develops a culture that involves leadership seeking input from facility staff, residents, and their families and/or representatives. The governing body assures adequate resources exist to conduct QAPI efforts. This includes designating one or more persons to be accountable for QAPI; developing leadership and facility-wide training on QAPI; and ensuring staff time, equipment, and technical training as needed. The Governing Body should foster a culture where QAPI is a priority by ensuring that policies are developed to sustain QAPI despite changes in personnel and turnover. Their responsibilities include, setting expectations around safety, quality, rights, choice, and respect by balancing safety with resident-centered rights and choice. The governing body ensures staff accountability, while creating an atmosphere where staff is comfortable identifying and reporting quality problems as well as opportunities for improvement.

### Element 3: Feedback, Data Systems and Monitoring

The facility puts systems in place to monitor care and services, drawing data from multiple sources. Feedback systems actively incorporate input from staff, residents, families, and others as appropriate. This element includes using Performance Indicators to monitor a wide range of care processes and outcomes, and reviewing findings against benchmarks and/or targets the facility has established for performance. It also includes tracking, investigating, and monitoring Adverse Events that must be investigated every time they occur, and action plans implemented to prevent recurrences.

### Element 4: Performance Improvement Projects (PIPs)

A Performance Improvement Project (PIP) is a concentrated effort on a particular problem in one area of the facility or facility wide; it involves gathering information systematically to clarify issues or problems, and intervening for improvements. The facility conducts PIPs to examine and improve care or services in areas that the facility identifies as needing attention. Areas that need attention will vary depending on the type of facility and the unique scope of services they provide.

### Element 5: Systematic Analysis and Systemic Action

The facility uses a systematic approach to determine when in-depth analysis is needed to fully understand the problem, its causes, and implications of a change. The facility uses a thorough and highly organized/ structured approach to determine whether and how identified problems may be caused or exacerbated by the way care and services are organized or delivered. Additionally, facilities will be expected to develop policies and procedures and demonstrate proficiency in the use of Root Cause Analysis. Systemic Actions look comprehensively across all involved systems to prevent future events and promote sustained improvement. This element includes a focus on continual learning and continuous improvement.

# Design and Scope

Characteristics of how QAPI is designed and the scope of what it includes:

- Vision, Mission and Purpose
- All staff/All departments
- Safety and best evidence for clinical practices
- RESIDENT CHOICE

# Governance and Leadership

Leadership actively engaged with setting expectations and priorities, including:

- Systematic approach to gather input from staff, residents, families and stakeholders
- Adequate resources—Time, money, other
- Ongoing and consistent staff training
- Accountability for process and results
- Balance culture of safety and rights
- Non-punitive culture

# Feedback, Data Systems and Monitoring

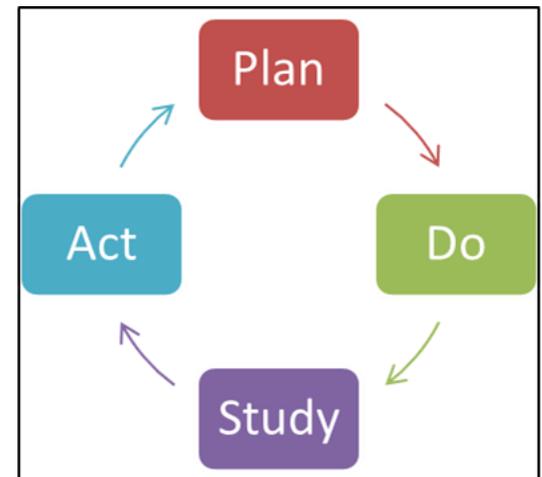
Systems to monitor a wide range of care and service drawing from multiple sources:

- Data from staff, residents, stakeholders and others
- Use of goals and benchmarks
- Ability to analyze, interpret and translate data into meaningful and actionable information
- Using data to systematically prioritize and select performance improvement projects (PIPs) appropriate for the nursing home

## Performance Improvement Projects

Conduct Performance Improvement Projects (PIPs) to improve care or services in areas relevant for your residents:

- Gather information systematically to clarify issues and identify opportunities
- Test and implement changes
- Data



# Systematic Analysis and Systematic Action

Create real impact and long-lasting improvement as the result of QAPI through:

- Taking into consideration all aspects of the organization when making changes
- Addressing errors at the systems level rather than looking for an individual
- Linking outcomes of QAPI efforts to policies and procedures, staff orientation and ongoing education, performance expectations and strategic planning

# Questions and Discussion

# Where Do We Start?

## Centers for Medicare & Medicaid Services QAPI

## QAPI

### Quality Assurance & Performance Improvement

Effective QAPI programs are critical to improving the quality of life, and quality of care and services delivered in nursing homes. Please visit us often, as materials on this website will expand over time.

### QAPI Tools & Resources

Tools

Resources

#### Newsbrief

Volume 1

#### Learn More

[QAPI Description and Background](#)

[Nursing Home Quality Initiatives - Frequently Asked Questions](#)

### Featured video

\*\*It is recommended to view the video below with Flash disabled in Chrome, Firefox, or Internet Explorer 11 browsers, due to known usability issues with other browsers.



# 2015 North Dakota Nursing Home Quality Initiative Crosswalk

	Great Plains Quality Care Collaborative/ ND NHQCC	Advancing Excellence	Partnership to Improve Dementia Care	ND Culture Change Coalition	NDLTCA/ AHCA	QHA Care Coordination & Medication Safety
Advanced Care Planning	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Antipsychotic Medication Reduction	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Consistent Assignment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Falls	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
HAIs: CAUTI, MRSA, CDI	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Hospital Readmissions	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Immunizations	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>
Leadership	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Pain	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>
Person-Centered Care/Planning and Decision Making	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Pressure Ulcers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
QAPI	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Resident Mobility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Physical Restraints	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Staff Retention/Stability/Turnover	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

# Where Do We Start, Part II?

- Facility Self-Assessment
  - [CMS QAPI Self-Assessment Tool](#)
  - Good Samaritan Society
  - The Compliance Store
  - [Great Plains QIN Sharepoint](#) site

# QAPI Self Assessment

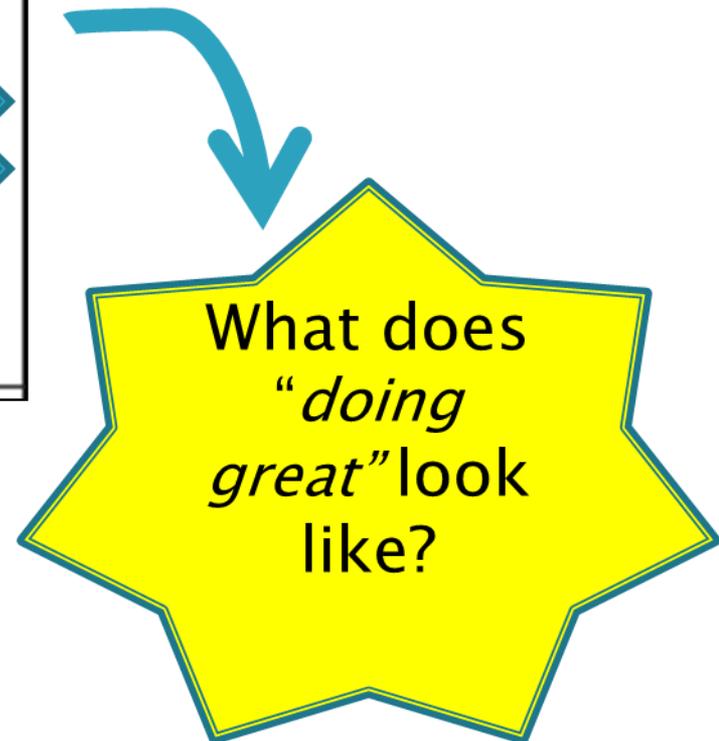
- Identifies gaps in the “puzzle”
- Evaluates the components already in place
- Completed by leadership
- Review examples
  - Not gold standards
- Discuss strengths/weaknesses of examples
- QAPI self-assessment survey monkey option

QAPI Self-Assessment Tool					
Rate how closely each statement fits your organization					
	Not started	Just starting	On our way	Almost there	Doing great
Our organization has developed principles guiding how QAPI will be incorporated into our culture and built into how we do our work. For example, we can say that QAPI is a method for approaching decision making and problem solving rather than considered as a separate program. Notes:					
Our organization has identified how all service lines and departments will utilize and be engaged in QAPI to plan and do their work. For example, we can say that all service lines and departments use data to make decisions and drive improvements, and use measurement to determine if improvement efforts were successful. Notes:					
Our organization has developed a written QAPI plan that contains the steps that the organization takes to identify, implement and sustain continuous improvements in all departments; and is revised on an ongoing basis. For example, a written plan that is done purely for compliance and not referenced would not meet the intent of a QAPI plan. Notes:					
Our board of directors and trustees (if applicable) are engaged in and supportive of the performance improvement work being done in our organization. For example, it would be evident from meeting minutes of the board or other leadership meetings that they are informed of what is being learned from the data, and they provide input on what initiatives should be considered. Other examples would be having leadership (board or executive leadership) representation on performance improvement projects or teams, and providing resources to support QAPI. Notes:					

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

# What Does “Doing Great” Look Like?

Not started	Just starting	On our way	Almost there	Doing great
				✘



# Self Assessment Question: Focus

*When addressing performance improvement opportunities, our organization focuses on making changes to systems and processes rather than focusing on addressing individual behaviors. For example, we avoid assuming that education or training of an individual is the problem, instead we focus on what was going on at the time that allowed a problem to occur and look for opportunities to change the process in order to minimize the chance of the problem recurring.*

# Self Assessment Question: Culture

*Our organization has established a culture in which caregivers are held accountable for their performance, but not punished for errors and do not fear retaliation for reporting quality concerns. For example, we have a process in place to distinguish between unintentional errors and intentional reckless behavior, and only the latter is addressed through disciplinary action.*

# Self Assessment Question: Approach to QAPI

*Leadership can clearly describe, to someone unfamiliar with the organization, our approach to QAPI and give accurate and up-to-date examples of how the facility is using QAPI to improve quality and safety of resident care. For example, the administrator can clearly describe the current performance improvement projects and how work is guided by caregivers involved in the topic as well as input from residents and families.*

# Self Assessment Question: Data

*Our organization has identified all sources of data and information relevant to our organization to use for QAPI. This includes data that reflects measures of clinical care; input from caregivers, residents, families, and stakeholders; and other data that reflects the services provided by our organization. For example, we have listed all available measures, indicators, or sources of data and carefully selected those that are relevant to our organization that we will use for decision making. Likewise, we have excluded measures that are not currently relevant and that we are not actively using in our decision making process.*

# Self Assessment Question: Goals and Thresholds

*For the relevant sources of data we identify, our organization sets targets or goals for desired performance, as well as thresholds for minimum performance. For example, our goal for residents' rating for recommending our facility to family and friends is 100% and our threshold is 85% (meaning we will revise the strategy we are using to reach our goal if we fall below this level.)*

# Self Assessment Question: Prioritization

*From our identified opportunities for improvement, we have a systematic and objective way to prioritize the opportunities in order to determine what we will work on. This process takes into consideration input from multiple disciplines, residents and families. This process identifies problems that pose a high risk to residents or caregivers, is frequent in nature, or otherwise impacts the safety and quality of life of the residents.*

# Self Assessment Question: Chartering

*When a performance improvement opportunity is identified as a priority, we have a process in place to charter a project. This charter describes the scope and objectives of the project so the team working on it has a clear understanding of what they are being asked to accomplish.*

# Self Assessment Question: Documentation

*For our performance improvement projects, we have a process in place for documenting what we have done, including highlights, progress, and lessons learned. For example, we have project documentation templates that are consistently used and filed electronically in a standardized fashion for future reference.*

# What Do We Do Next?

- Join ND Nursing Home Quality Care Collaborative
- Complete Pre-Work:
  - Educational needs assessment
  - Facility QAPI team
  - QAPI Self-Assessment
- Join us for the [Kick-off Event](#):
  - Friday, April 10, 2015, 1:30-2:30 p.m. CT

# Need help? Contact me any time!

Michelle Lauckner, RN-BA, RAC-CT  
Quality Improvement Specialist  
[michelle.lauckner@area-a.hcqis.org](mailto:michelle.lauckner@area-a.hcqis.org)

3520 North Broadway  
Minot, ND 58703

P: 701-852-4231

F: 701-857-9755