**Plan for** Click or tap here to enter text. **[organization name]**

**Vision (optional)**

A vision statement is sometimes called a “picture” of your organization in the future; it is your inspiration and the framework for your strategic planning.

| Our vision: Click or tap here to enter text. |
| --- |

**Mission (optional)**

A mission statement describes the purpose of your organization. The mission statement should guide the actions of the organization, spell out its overall goal, provide a path, and guide decision-making. It provides the framework or context within which the company’s strategies are formulated.

| Our mission: Click or tap here to enter text. |
| --- |

**Guiding Principles (optional)**

The guiding principles or values are the defined actions that all staff will perform. It’s guidance for everyone in the organization and frames the culture in the organization. Use this to assure that those crucial elements, repeatedly represented in the guidance, are addressed. Include as many or as few as necessary.

 **Guiding Principle #1**

| Click or tap here to enter text. |
| --- |

**Guiding Principle #2**

| Click or tap here to enter text. |
| --- |

**Guiding Principle #3**

| Click or tap here to enter text. |
| --- |

**Guiding Principle #4**

| Click or tap here to enter text. |
| --- |

**Guiding Principle #5**

| Click or tap here to enter text. |
| --- |

**Guiding Principle #6**

| Click or tap here to enter text. |
| --- |

**Purpose (required) *(from “How To” document: #1)***

A purpose statement describes how QAPI will support the overall vision and mission of the organization. If your organization does not have a vision or mission statement, the purpose statement can still be written and would state what your organization intends to accomplish through QAPI.

| Our purpose: Click or tap here to enter text. |
| --- |

**Design & Scope**

The scope of the QAPI program encompasses all segments of **Click or tap here to enter text.** (Facility Name), including resident/family feedback, staff satisfaction, individualized resident care plans, information technology, facility and maintenance plan and QAPI.

List all the services you provide and consider how your organization assures for quality and looks for opportunities for improvement in each service area: ***(from “How To” document: #2)***

| [ ] Administration | [ ] Pharmacy |
| --- | --- |
| [ ] Hospice | [ ] Infection Prevention and Control |
| [ ] Palliative care | [ ] Restorative care |
| [ ] Post-acute care/Transitional care | [ ] Activities |
| [ ] Long term care | [ ] Social Services |
| [ ] Dementia care and services | [ ] Nursing services |
| [ ] Dietary/Dining/Nutrition | [ ] Resident & Family Engagement |
| [ ] Housekeeping | [ ] Discharge planning/Return to the Community planning |
| [ ] Maintenance and Engineering | [ ] Rehabilitation services |
| [ ] Therapy | [ ] Other |
| [ ] Other | [ ] Other |

***(from “How To” document: #3 & 5)***

Describe how your QAPI Plan will address key issues of high-quality clinical care, individualized goals and approaches for care, quality of life and organizational management practices:

The QAPI plan includes the policies and procedures that describe how the organization will:

* Identify and use data to monitor its performance;
* Establish goals and thresholds for performance measurement;
* Utilize resident and staff input;
* Identify and prioritize problems and opportunities for improvement;
* Systematically analyze underlying causes of systemic problems and adverse events;
* Develop corrective action or performance improvement activities; and
* Utilize best available evidence.

| Our plan: Click or tap here to enter text. |
| --- |

**Governance and Leadership *(from “How To” document: #4 & #6)***

| **Quality Assessment and Assurance (QAA) Committee**  |
| --- |
| Executive LeadershipClick or tap here to enter text. |
| Medical DirectorClick or tap here to enter text. |
| Director of NursingClick or tap here to enter text. |
| Infection Preventionist (Phase 3)Click or tap here to enter text. |
| Others: Click or tap here to enter text. |
| Meeting frequency:Click or tap here to enter text. |
| QAPI Steering Committee: [ ] As Above[ ] Others: Click or tap here to enter text. |
| Meeting frequency: Click or tap here to enter text. |

**Essential Elements *(from “How To” document: #6, #7, #8, #9, & #11)***

* Systematic approach to gather input from staff, residents, families and stakeholders
* Adequate resources—time, money, etc.
* Ongoing and consistent staff training
* Accountability for processes and results
* Balance culture of safety and rights
* Instill a non-punitive culture, just culture

| Our plan: Click or tap here to enter text. |
| --- |

***(from “How To” document: #10)***

| **Report to/Communicate with:** | **Frequency:** | **Mode (written, verbal, dashboard, etc.):** |
| --- | --- | --- |
| Board of Directors/Corporate leadership | Click or tap here to enter text. | Click or tap here to enter text. |
| Manager Staff | Click or tap here to enter text.  | Click or tap here to enter text. |
| All Staff | Click or tap here to enter text. | Click or tap here to enter text. |
| Residents | Click or tap here to enter text. | Click or tap here to enter text. |
| Families | Click or tap here to enter text. | Click or tap here to enter text. |
| Other stakeholders | Click or tap here to enter text. | Click or tap here to enter text. |

**Feedback, Data and Monitoring *(go to “How To” document: #12)***

| Our plan: Click or tap here to enter text.**\*\*\*Add completed template from “How To” document #12 here or write a narrative outline these elements.** |
| --- |

**Performance Improvement Projects (PIPs)**

Considering all previous information, how will you conduct Performance Improvement Projects (PIPs)? Every department should have a current PIP in progress at all times.

1. Describe how potential topics for PIPs will be identified. ***(from “How To” document: #13)***
2. Describe criteria for prioritizing and selecting PIPs. ***(from “How To” document: #14 & #15)***

**Identifying and Prioritizing Opportunities for Improvement**

Aspects of service and care should be measured against established performance goals. The QAPI Steering Committee analyses performance to identify and follow-up on areas of opportunity.

Click or tap here to enter text. (Facility Name) continually seeks opportunities for improvement and uses the following criteria to prioritize opportunities:

[ ] Aspects of care occurring most frequently or affecting large numbers of residents

[ ] Diagnoses associated with high rates of morbidity or disability if not treated in accordance with accepted standards of care

[ ] Issues identified from demographic and epidemiological data

[ ] Access to care post-discharge

[ ] Resident/family expectations

[ ] Regulatory requirements

[ ] Availability of data

[ ] Ability to impact the problem and available resources

[ ] Critical incidents

[ ] Near misses

[ ] Safety concerns

[ ] Survey deficiencies scope and severity

CMS Prioritization Worksheet for Performance Improvement Projects:

[ ] Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Describe how and when PIP charters will be developed. ***(from “How To” document: #16)***
2. Describe how to designate PIP teams. ***(from “How To” document: #17)***
3. Describe how the designated team will conduct the PIP. ***(from “How To” document: #18)***

| Our plan: Click or tap here to enter text.**\*\*\*Add a sample of your PIP documentation format to QAPI Plan.** |
| --- |

1. Describe your process for documenting and communicating PIPs and trends in performance measures. You want to share highlights, progress and lessons learned from your PIP, as well as celebrate your team work and efforts. ***from “How To” document : #19)***

Results of PIP will be communicated via:

[ ] Dashboards

[ ] QAPI interdisciplinary meetings

[ ] Board meetings

[ ] Posters

[ ] Bulletin boards

[ ] Newsletters

[ ] Other

The team will report their progress to the e QAPI committee on a regular basis. The QAPI committee will ensure that the following groups are informed of PIPs and other QAPI activities:

[ ] Board members

[ ] Staff

[ ] Residents

[ ] Families

[ ] Volunteers

[ ] Community members

[ ] Others

**Systematic Analysis and Systemic Action**

It’s important to seek ongoing evaluation of your progress in QAPI implementation and improvement efforts and many of the data components already listed above will help with this. The Facility Assessment has been added to the ROP to be completely annually and as needed. Consider planning for ongoing evaluation of some of these additional indicators:

[ ] Facility Assessment

[ ] QAPI Self-Assessment

[ ] Resident Satisfaction

[ ] Staff Satisfaction

***(from “How To” document: #20)***

Describe how your organization will use a systematic approach to fully understand the root cause of an issue and the systems involved. When making any change, there are many tools which teams can use to identify the cause and contributing factors of issues, including:

[ ] Five Whys

[ ] Flowcharting

[ ] Fishbone Diagrams

[ ] Failure Mode and Effects Analysis (FMEA)

[ ] Cause and Effect Diagram

[ ] Driver Diagram

[ ] Run Charts/Control Charts

[ ] Scatter plotting

| Our plan: Click or tap here to enter text. |
| --- |

***(from “How To” document: #21)***

Describe your approach to preventing future events and promoting sustained improvement. To implement planned changes, many organizations choose one or more of the following courses of action:

[ ] Update policies and procedures that support the change

[ ] Clearly define roles and responsibilities for new actions

[ ] Communication the change(s) and its purpose to all those needing to carry out the new actions

[ ] Identify and correct barriers/roadblocks that may be in the way of doing things the new way

[ ] Integrate the new change(s) into new employee orientation and training

[ ] Ensure that there is adequate funding to support the change

[ ] Other

| Our plan: Click or tap here to enter text. |
| --- |

***(from “How To” document: #22)***

Describe your approach to ensure planned changes/interventions are implemented and effective. Many choose from the following courses of action to ensure that planned changes/interventions are implemented and effective:

[ ] Choose indicators/measures that tie directly to the new action

[ ] Conduct ongoing periodic measurement and review to ensure the new action has been adopted and is performed consistently

[ ] Review some measures more frequently (even daily) by staff to show incremental changes, which can serve as a reminder for the new action and provide encouragement and reinforcement

[ ] Based on measurement review, make changes in procedure(s) as needed to help facilitate the change

[ ] Other

| Our plan: Click or tap here to enter text. |
| --- |

**Current QAA Projects and QAPI Plan Goals for \_\_\_\_\_\_\_\_** (year or other time frame)

[QAPI Goal Setting](https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/QAPIGoalSetting.pdf)

**Current QI Projects**

| What are you currently working on? Click or tap here to enter text. |
| --- |

**Where will you focus your improvement energy for this year?**

**S**mart

**Organizational Goals**

Building/Physical Plant/Foundational

Staff stability

Consistent Assignment

Person-Center Care

Hospitalizations/Re-hospitalizations

**Clinical Goals**

Pain

Pressure Ulcers

Medication Use

Infections

Any QM or other clinical focus

**M**easurable

**A**ttainable

**R**elevant

**T**ime-bound

[ ] Complete QAPI Self-Assessment for this year.

Goal #1

| Click or tap here to enter text. |
| --- |

Goal #2

| Click or tap here to enter text. |
| --- |

Goal #3

| Click or tap here to enter text. |
| --- |

Goal #4

| Click or tap here to enter text. |
| --- |



This material was prepared by the Great Plains Quality Innovation Network, the Medicare Quality Improvement Organization North Dakota and South Dakota, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. 12S0W-GPQIN-12/0320