Developing a Quality Assurance Performance Improvement (QAPI) Plan

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Providigm, LLC

QAPI RESOURCES

Currently no regulation specifies what must be in your QAPI Plan
CMS has provided technical information for plan development

CMS.gov
Search QAPI Nursing Home

CMS.gov Website
• http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/NHQAPI.html
QAPI Tools

CMS.gov

QAPI Resources

QAPI Tools

CMS.gov

QAPI Resources

CMS.gov
QAPI Resources
Websites

Are you and your staff ready for change?
Assessing Readiness for Change

- How does your staff currently view their role in making improvements?
- What is your nursing home's current approach to making improvements?

Readiness Survey and Organizational Assessment

- Stimulate discussion
- Anonymous submission
- After reviewing similarities and differences, select staff members to assist in assessing your organizational climate

Staff Readiness Survey

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<th>Readiness Survey</th>
<th>Strongly Agree</th>
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(Staff Readiness Survey questions are not fully transcribed due to the format of the image.)
Exercise
Staff Readiness Survey
• Individual Activity
• Take 5 minutes and complete the staff readiness survey
• Will your staff’s viewpoint differ from management’s?

Assessing Organizational Climate
• What are our values, attitudes and beliefs of our staff about making changes to the way we do our work?
• What are the values, attitudes and beliefs of our leaders about making changes to the way we do our work?
• Do we perceive a need to change our systems or processes of care in order to improve the care we deliver?
• Are we ready to make change?
• Do we have existing teams that study ways we can make change

Assessing Organizational Climate
• What is your organizational climate assessment?
• Based on the assessment, what will you do to become ready for change?
Facility Self-Assessment

QAPI Self-Assessment Tool

DEVELOPING AN ORGANIZATIONAL QAPI PLAN
QAPI plan is an administrative document that guides quality efforts and implementation of QAPI.

Corporations may develop a general plan for nursing homes in the group. Plans must be flexible and individualized for each facility.
Guide for Developing Purpose, Guiding Principles and Scope

In order to best develop a QAPI Plan:

- Useful to establish purpose, guiding principles and scope
- Assists you to understand how QAPI will be used and integrated
- Assists in plan development

Steps for Developing Purpose, Guiding Principles and Scope

1. Locate or develop organization's vision statement
2. Locate or develop organization's mission statement
3. Develop a purpose statement for QAPI
4. Establish guiding principles
5. Define the scope of QAPI
6. Assemble document
Preamble for QAPI Plan

VISION STATEMENT

Vision Statement

A Vision Statement is sometimes called a picture of your organization in the future; it is your inspiration and framework for your strategic planning.
Carmelite System Vision

Vision:
The Carmelite System will be a beacon of Catholic health care to the aged and infirm and to all those whose lives we touch. It will proclaim the value of life and the beauty and dignity of old age and will strive to maintain a leadership role in the shaping and delivery of services and programs of care for the elderly.

Good Samaritan Society

Our Vision:
To create an environment where people are loved, valued and at peace.

Golden Living Vision

We pride ourselves in continuously striving to provide clinical excellence, positive outcomes and evidence-based practice at more than 300 facilities in 21 states.
Life Care Centers
Philosophy

About Life Care – The Life Care Difference

Not loved one is unique. No one else in the world will ever be your mom, your dad, your aunt or brother or spouse. No one else will ever feel the same pain in your heart. Each one is too exactly the same characteristics, habits or needs.

That's why we think a cookie-cutter approach to elderly care simply doesn't work. Since the opening of our very first Life Care Center in 1995, we've responded to the ever-changing senior care industry with changes of our own.

We're made adjustments when necessary, with openness to new technology, new ideas and updated methods. And we're always practicing our commitment to personal, individualized treatment for each of our residents.

We believe that responsiveness is what sets us apart from other companies, and what helps make our nursing home one of the premier facilities in America.

At the same time, we think the traditional values our parents taught us are still important: Respect our elders. Treat everyone with courtesy and compassion. Work hard. Listen to people who are older and wiser. Be kind. Always lend a helping hand.

We constantly strive to live by those principles. And we believe that's what turns our nursing care facilities into nursing homes.

Genesis HealthCare
Vision

Vision

Genesis HealthCare will set the standard in nursing and rehabilitation care through clinical excellence and responsiveness to the unique needs of every patient we serve. We will be the recognized leader in clinical quality and customer satisfaction in every market we serve.

MISSION STATEMENT
Mission Statement

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.

Carmelite System Mission

Mission:
The Carmelite System fosters the healing ministry of Christ in Catholic health care by proclaiming the value and dignity of the aged and infirm and providing collaborative ways to meet the needs of today’s elderly. A commitment to compassionate, loving care of the highest standards with wise stewardship of resources is the hallmark of programs and services rendered.

Carmelite System Values

Values:
The Carmelite System adheres to the following values:

- **Dignity**: Respect each person as an individual, valuable member of the human community and as a unique expression of human life;
- **Collegiality**: Encourage all those in the System to share in the responsibility for and welfare of the whole organization by providing a forum for dialogue and discussion;
- **Excellence**: Foster personal and professional accountability, motivation, team work and commitment to quality;
- **Collaboration**: Build value-based partnerships based upon mutual relationships for the sake of proclaiming the Gospel by improving long-term health care in the community;
- **Service**: Provides for the needs of the aged and infirm.
Golden Living

Our Mission
To share our passion for improving quality of life through innovative healthcare — one person, one family and one community at a time.

Life Care Centers of America

About Life Care – Mission & Values
Life Care Centers of America is committed to being a premier provider of long-term healthcare. It is our desire to be the facility of choice in any community in which we operate. Our programs, services and buildings must be designed and operated with superior quality in order to satisfy the needs of our customers.

Life Care Centers Values

Our Values

1. Professionalism
2. Respect
3. Collaboration
4. Integrity
5. Dependability
6. Transparency
7. Innovation
8. Service

We believe in the health, safety and well-being of our residents and work together to achieve the best possible outcomes for each resident.

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Genesis HealthCare

Our Mission

We improve the lives we touch... through the delivery of high quality healthcare and everyday compassion.

Our employees are the vital link between Genesis HealthCare and our patients and residents. They’re the service we provide and the product we deliver. They’re our most valuable resource. Achievement of our vision comes only through the talents and extraordinary dedication our employees bring to their jobs each and every day.

Genesis HealthCare

Core Values

- Care & Compassion for every life we touch;
- Respect & Appreciation for each other;
- Teamwork & Enjoyment in working together;
- Focus & Discipline on improving the quality of care;
- Creativity & Innovation to develop effective solutions;
- Honesty & Integrity in all dealings.

PURPOSE STATEMENT
Purpose Statement for QAPI

A purpose statement describes how QAPI will support the overall vision and mission of the organization. Reflects what your organization intends to accomplish through QAPI.

Purpose Statement

The purpose of QAPI in our organization is to take a proactive approach to continually improving the way we care for and engage with our residents, caregivers, and other partners so that we may realize our vision to (add vision reference). To do this, all employees will participate in ongoing QAPI efforts which support our mission by (reference mission).

GUIDING PRINCIPLES
Establishing Guiding Principles

Guiding principles describe the organization’s beliefs and philosophy pertaining to quality assurance and performance improvement. The principles should guide what the organization does, why it does it and how.

QAPI Guiding Principles

• QAPI has a prominent role in our management and board functions, on par with monitoring reimbursement and maximizing revenue.
• Our organization uses QAPI to make decisions and guide our day-to-day operations.

QAPI Guiding Principles

• The outcome of QAPI in our organization is the quality of care and the quality of life of our residents.
• QAPI includes all employees, all departments and all services provided.
• QAPI focuses on systems and processes, rather than individuals. The emphasis is on identifying system gaps rather than on blaming individuals.
QAPI Guiding Principles

• Our organization makes decisions based on data, which includes the input and experience of caregivers, residents, health care practitioners, families and other stakeholders.
• Our organization sets goals for performance and measures progress toward those goals.

QAPI Guiding Principles

• Our organization supports performance improvement by encouraging our employees to support each other as well as be accountable for their own professional performance and practice.
• Our organization has a culture that encourages, rather than punishes, employees who identify errors or system breakdowns.

SCOPE
Define the Scope of QAPI

The scope outlines what types of care and services are provided by the organization that impact clinical care, quality of life, resident choice, and care transitions. Incorporate care and services delivered by all departments.

QAPI Plan - Scope

- Areas of Care and Service (key parts of your business).
- Skilled Care
  - Skilled Nursing
  - Skilled Rehab
  - Cardiac Care
  - Respiratory
  - Neuro (CVA)
  - End of Life
- Dementia
- Long Term Care
- Is it a key part of your business?
- Is it a core competency?
- Are you known for this service?

Carmelite Services
Golden Living Services

Scope of Services

- From Rehabilitation Therapy in Transitional Care Units to specialized rehabilitation in cardiac, orthopedic or pulmonary, we help our patients get back home. We also offer Long Term Care options, including specialized Alzheimer’s / Dementia Care or you can choose the freedom and companionship offered at our Assisted/Senior Living Communities.

Genesis HealthCare

Five Elements for Framing QAPI in Nursing Homes

1. Systematic Analysis and Systemic Action
2. Feedback, Data Systems and Monitoring
3. Governance and leadership
4. Design and Scope
5. Performance Improvement Projects

Quality of Care, Quality of Life, Resident Units
DESIGN AND SCOPE OF QAPI PROGRAM

1. Design and Scope

<table>
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<tr>
<th>QAPI</th>
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<tr>
<td>QAPI is Ongoing and Comprehensive within the facility.</td>
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<td>Deals with all services offered and all departments.</td>
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<td>Should include Clinical Care, Quality of Life, Resident Choice.</td>
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<td>Utilizes the best available evidence to define and measure goals.</td>
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<td>Nursing homes will have in place a written QAPI plan.</td>
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GUIDE FOR DEVELOPING A QAPI PLAN
Guide for Developing a QAPI Plan

CMS Guide for Developing a QAPI Plan

I. QAPI Goals
II. Scope
III. Guidelines for Governance and Leadership
IV. Feedback, Data Systems, and Monitoring
V. Guidelines for Performance Improvement Projects (PIPs)
VI. Systematic Analysis and Systemic Action
VII. Communications
VIII. Evaluation
IX. Establishment of Plan

QAPI GOALS
QAPI Goals

• Based on the Guide to Develop Purpose, Guiding Principles and Scope for QAPI, indicate the QAPI goals that your plan will strive to meet.

Sample QAPI Plans
OptumHealth

OPTUMHealth
Salt Lake County

FY2012 Quality Assessment and Performance Improvement (QAPI) Plan

Goals of QAPI
OptumHealth

• The overall goals of the OptumHealth’s QAPI program are to improve the quality of care and services delivered to consumers, promote safe clinical practices, improve satisfaction, enhance cultural competency, and meet the needs and expectations of consumer, provider and other stakeholders.
Goals of the QAPI Program
OptumHealth

- Build partnerships with and involve consumers, providers and other stakeholders in the planning and development of the QAPI program.
- Afford Consumers their rights and the dignity they deserve in receiving care.
- Improve collaboration with primary care.
- Increase consumer voice, choice and satisfaction.

QAPI SCOPE

Scope
QAPI Plan

- Describe how QAPI is integrated into all care and service areas of your organization.
- Describe how the plan will address:
  - Clinical Care
    - Quality Measures, patient interviews, regulatory information, audits, rounds
  - Quality of Life
    - Spiritual, preferences
  - Resident Choice
    - Individualized goals for care
**Scope**

**QAPI Plan**

- Describe how QAPI will aim for safety and high quality with all clinical interventions while emphasizing autonomy and choice in daily life for residents (or resident’s agents)
- Describe how QAPI will utilize the best available evidence (e.g. data, national benchmarks, published practices, clinical guidelines) to define and measure goals.

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**Scope Sample Statement**

**OptumHealth**

- The scope of the QAPI program encompasses all segments of the OptumHealth, including customer service, care management, care coordination, network management, credentialing, recovery and resiliency, provider relations, information technology and QAPI.

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**Sample Scope Statement (con’t)**

**OptumHealth**

- The population affected includes all consumers, youth and families accessing mental health services at all levels of care, including crisis intervention, inpatient care, residential treatment, and outpatient services. Aspects of services and care are measured against established performance goals. Key monitors are measured and trended on a quarterly and/or annual basis.
Exercise
Design & Scope

- 15 Minutes
- Based on your identified systems of care, develop a scope statement including:
  - Clinical Care
  - Quality of Life
  - Resident Choice (Individualized goals for care)
  - Safety
  - Utilize best available evidence to define and measure goals
- Share with the group
2. Governance and Leadership

QAPI
Administration leads QAPI with input from staff, residents, families.
Provide training and equipment as needed for QAPI.
Establish policies to sustain the QAPI program despite changes in personnel and turnover.
Set priorities for improvement.
Ensures QAPI is adequately resourced with one or more persons accountable.
Set expectations around safety, quality, rights, choice and respect.
Ensures that while staff are held accountable, there exists an atmosphere in which staff are not punished for errors and do not fear retaliation for reporting quality concerns.

Governance and Leadership QAPI Plan

• Describe how QAPI is integrated into the responsibilities and accountabilities of top-level management and the Board of Directors (if applicable)
  ➢ Governing body, medical oversight, day to day guidance

Examples of Performance Objectives for Job Descriptions
**QAPI Responsibilities**

**OptumHealth**

- As required in the Salt Lake County Contract for mental health services, oversight of the QAPI program is provided through a committee structure that is accountable to United Behavioral Health (UBH) Executive Leadership. The UBH Board of Directors fully delegates responsibility for oversight of the QAPI program to UBH Executive leadership, who provides the Board of Directors with an annual report on the QI program at its annual meeting.

**QAPI Responsibilities**

**OptumHealth**

- The UBH Executive Leadership fully delegates oversight of the QI Program to the national Clinical Policy and Operations committee (CP&O). The CP&O has delegated to the OptumHealth Executive Director all of the operational and management responsibilities for implementation of the QAPI program. The executive Director in turn has delegated full authority for the day-to-day operations and implementation of the QAPI program to the QAPI Committee, co-chaired by the QAPI Manager and Medical Director.

**Governance and Leadership**

**QAPI Plan**

- Describe how QAPI will be adequately resourced
  - Designate one or more persons accountable for leadership and coordination
  - Indicate the plan for developing leadership and facility-wide training on QAPI
Governance and Leadership
QAPI Plan

• Describe the plan to provide caregivers time, equipment and technical training as needed for QAPI
• Indicate how you will determine if resources are adequate
• Describe how caregivers will become and remain proficient with process improvement tools and techniques. How will you assess their level of proficiency?

Staff Skills Assessment

Assessing, Diagnosing and Treating Your Long Term Care Facility: Clinical Microsystems A Path to Healthcare Excellence

QAPI Work Plan Evaluation
OptumHealth

• The QAPI work plan evaluation is conducted annually and is presented to the QAPI Committee for endorsement
• The evaluation analyzes the effectiveness of the organizations:
  › Activities to continuously improve the quality of care and services delivered to consumers
  › Processes for consumer access to needed care
  › Actions to improve consumer and clinical satisfaction
The QAPI Work Plan Evaluation considers relevant input from the QAPI Committee structure, providers, consumers, families and other stakeholders.

The QAPI Work Plan Evaluation includes:

- A description of completed and ongoing QAPI activities that address the quality of and safety of clinical care and the quality of service.
- Trending of measures to assess performance in the quality and safety of clinical care and the quality of service.
- An analysis of whether there have been demonstrated improvements in the quality and safety of clinical care and quality of service to consumers.
- An evaluation of the overall effectiveness of the QAI program, including progress toward influencing safe clinical practices throughout the network.

Joint Commission.org

Clinical Microsystems
A Path to Healthcare Excellence

Draft
Assessing, Diagnosing and Treating Your Long Term Care Facility
Governance and Leadership
QAPI Plan

- Identify the group of individuals who will be the backbone (steering committee)

FORM YOUR LEAD TEAM

- Establishing a format and frequency of meetings
- Establishing a method for communication between meetings
- Establishing a designated way to document and track plans and discussions addressing QAPI
Governance and Leadership QAPI Plan

- Describe how the QAPI activities will be reported to the governing body, i.e. Board of Directors, owner

QAPI Leadership Rounding Guide

QAPI Leadership Rounding

- Leadership rounding is a process where leaders (e.g., administrator, department heads, and nurse managers) are out in the building with staff and residents, talking with them directly about care and services provided in the organization including QAPI initiatives.
QAPI Leadership Rounding

- Effects of Rounding
  - Hear first hand what is going well and what needs to be addressed
  - Signals leadership’s commitment to performance improvement, and promotes a culture of QAPI in the organization

Five Elements for Framing QAPI in Nursing Homes

- OAS has identified five strategic elements that are basic building blocks to effective QAPI. These provide a framework for QAPI development.

Feedback, Data Systems, and Monitoring

- Systematic Analysis and Systems Action
- Feedback, Data Systems and Monitoring
- Governance and Leadership

Quality of Care, Quality of Life, Resident Choice
3. Feedback, Data Systems, and Monitoring

- QAPI
  - Facility puts into place systems to monitor care and services, drawing data from multiple sources.
  - Feedback systems actively incorporate input from staff, residents, families, and others as appropriate.
  - Performance indicators monitor a wide range of care processes and outcomes.
  - Findings are reviewed against benchmarks and/or targets the facility has established for performance.
  - Includes tracking, investigating, and monitoring adverse events.

Feedback, Data Systems, and Monitoring QAPI Plan

- Describe the overall system that will be put in place to monitor care and services, drawing data from multiple sources

OPTUMHealth System for Monitoring Care

- QAPI activities are implemented in accordance with the Annual QAPI Work Plan, under the oversight of the QAPI Committee. The work plan is reviewed and approved by the QAPI committee. All clinical QAPI activities are developed and implemented with continuous and substantial involvement of the practicing mental health clinicians, consumers, family members and advocates, under the direction of the Medical Director and the QAPI Manager.
Data vs. Information

- Data are the abstract representation of things, facts, concepts and instructions that are stored in a defined format and structure on a passive medium (e.g. paper, computer).

- Information is obtained when data are translated into results and statements that are useful for decision making. For information to be meaningful, data must be considered within the context of how they were obtained and how they are to be used.

Benchmarks

- “Benchmarking is the comparison of an organization’s or individual practitioner’s results against a reference point”
  - The organization’s or practitioner’s results remain the same
  - Value can change by comparison to different standards

Benchmarks

- You can use external results that represent best practices and performances, often, around quality, time and cost as the standards for setting benchmarks. Benchmarking is the process of comparing a set of results to these best practices and performances.
Benchmarks

• Benchmark for physical restraints might be zero.
• Benchmark for consistent nursing assistant assignment set by Advancing Excellence is no more than 8 assistants for one resident over a four week period.

Target

• A target refers to an internal goal that refers to a specific level of performance that an organization is trying to reach.

• Determine a target based on internal improvement over time as an organization tracks its progress while implementing changes.
• Base target on an intermediate, more achievable goal, if current performance is considerably worse than the benchmark.
• Base target on the current national or state average, if currently below this target.
Threshold

- Thresholds are a measure of quality performance that the facility feels must be achieved or their facility is a risk. A threshold is a level which performance results must not go above or below.

Measure/Indicator Development Worksheet

Measure/Indicator Development Worksheet

Structure, Process and Outcome

- Structure
  - Context in which Care Provided
  - Buildings, Staff, Financing, Equipment

- Process
  - Transactions between Patients and Provider
  - Steps Carried out in treatment to deliver care

- Outcome
  - Effects of Healthcare on patients and populations
  - Results of Care
Feedback, Data Systems, and Monitoring QAPI Plan

- Identify the sources of data that you will monitor through QAPI
  - Input from caregivers, residents, families and others
  - Adverse events
  - Performance indicators
  - Survey findings
  - Complaints

Exercise - Feedback, Data Systems and Monitoring

- Group Activity
- 10 Minutes
- Brainstorm and list sources of data that you will monitor through a QAPI program
  - Identify what benchmarks are available for that data
- Share with the group

Feedback, Data Systems, and Monitoring QAPI Plan

- Describe the process for collecting the above information
- Describe the process for analyzing the above information, including how findings will be reviewed against benchmarks and/or targets established by the facility
Measure/Indicator Collection Monitoring Plan

Goal Setting Worksheet

Feedback, Data Systems, and Monitoring QAPI Plan

• Describe the process to communicate the above information. What types of reports will be used?
  ➢ Use of a dashboard or dashboards for individual performance improvement projects may be useful.
Develop a Dashboard

Instructions to Develop a Dashboard

Feedback, Data Systems, and Monitoring QAPI Plan

- Identify who will receive this information
  - Executive leadership
  - QAPI leadership
  - Residents
  - Family
  - Staff

- In what format?
- How frequently?

Five Elements for Framing QAPI in Nursing Homes

CMS has identified five strategic elements that are basic building blocks to effective QAPI. These provide a framework for QAPI development.
PERFORMANCE IMPROVEMENT PROJECTS (PIPS)

4. Performance Improvement Projects (PIPs)

QAPI
The facility conducts Performance Improvement Projects (PIPs) to examine and improve care in areas that are identified as needing attention.

A PIP project is a concentrated effort on a particular problem.

A PIP involves gathering information systematically to clarify issues or problems, and intervening for improvements.

Performance Improvement Process

- Develop a Goal Statement
- Describe the Current Process
- Do Root Cause Analysis
- Identify Changes that will lead to Improvement
- Develop Implementation Strategy
- Pilot Testing
- Evaluate Pilot Test
- Implement Change
- Monitor Improvement
- Evaluate Improvement

Develop a Goal Statement

Develop a Goal Statement
Guidelines for PIPs
QAPI Plan

- Describe the overall plan for conducting PIPs to improve care and services

OptumHealth
PIP Plan

- The QAPI Committee annually prioritizes activities, endorses or re-endorses policies and procedures and continually monitors for improvement. To ensure an adequate scope of QAPI activities, OptumHealth assesses the demographic characteristics and health risks of its covered population to select and prioritize PIPs that reflect the health needs of significant groups within their covered population.

OptumHealth
PIP Plan

- Quality activities are also developed in collaboration with or with the support of providers, consumers, their families and consumer advocates. PIPs are implemented in accordance with CMS’ protocol for conducting PIPs, including:
OptumHealth 
PIP Plan 
1. Measurement of performance using objective quality indicators 
2. Implementation of system interventions to achieve improvement in quality 
3. Evaluation of the effectiveness of the interventions 
4. Planning and initiation of activities for increasing or sustaining improvement 

Guidelines for PIPs 
QAPI Plan 
• Indicate how potential topics for PIPs will be identified 
  ➢ High Risk 
  ➢ High Volume 
  ➢ Problem Prone 
  ➢ Related to mission 
  ➢ Consumer relevancy 

Guidelines for PIPs 
QAPI Plan 
• Describe the criteria for prioritizing and selecting PIPs 
  ➢ Areas important and meaningful for the specific type and scope of services unique to that facility 
  ➢ Requires a concentrated effort on a particular problem in one area of the facility or facility wide
OptumHealth
Prioritize Opportunities
• Aspects of care occurring most frequently or affecting large numbers of consumers
• Diagnoses associated with high rates of morbidity or disease if not treated in accordance with standards of practice
• Issues identified from local demographical and epidemiological data

OptumHealth
Prioritize Opportunities
• Regulatory requirements
• Access to care
• Stakeholder expectations
• Availability of data
• Ability to impact the problem
• Available resources
• Critical incidents

Prioritization Worksheet for PIPs
Sustainability Decision Guide

Brainstorming, Affinity Grouping and Multi-Voting Tool

Guidelines for PIPs

QAPI Plan

• Indicate how and when PIP charters will be developed
Guidelines for PIPs

QAPI Plan

- Describe the process for reporting the results of PIP
  - Who will receive this information
    - Quality committee, resident/family council, caregivers
  - In what format
  - How frequently disseminated
Guidelines for PIPs
QAPI Plan

• Describe how to designate PIP teams and establish and describe a process for assembling teams to work on specific PIPs

Guidelines for PIPs
QAPI Plan

• Define the required characteristics for any PIP team
  ➢ Interdisciplinary
  ➢ Resident/family participation as appropriate
  ➢ Qualified team leader selected
    ▪ Ability to coordinate, organize and direct project team activities

Guidelines for PIPs
QAPI Plan

• Describe the process for documenting PIPs
  ➢ Highlights
  ➢ Progress reports
  ➢ Lessons learned
  ➢ Minutes
  ➢ Measures
  ➢ Root Cause
  ➢ Project templates
  ➢ Standardized filing
PDSA Cycle Template

**Steps for Improvement:**

1. What are we trying to accomplish (goal)?
   - State your goal clearly and include your desired change or improvement.

2. How will we know that change is an improvement (measurability)?
   - Define the measurable outcomes you want to achieve.

3. What change can we make that will result in these improvements?
   - Identify the specific actions or interventions to implement.

Before implementing the changes, test your process using a pilot or simulation.

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PIP Inventory

**Performance Improvement Project (PIP) Inventory**

Directions: Use this template for high-level tracking of all PIPs occurring within your organization. This document may be particularly useful for leadership, committees, or others responsible for overall monitoring of the program. Consider updating the status columns on a regular basis, i.e., quarterly. This may be helpful to visually track the status of each PIP and identify any that are not progressing as planned.

<table>
<thead>
<tr>
<th>Status</th>
<th>Description</th>
<th>Date Initiated</th>
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Five Elements for Framing QAPI in Nursing Homes

CMS has identified five strategic elements that are basic building blocks to effective QAPI. These provide a framework for QAPI development:

1. **Design and Scope**
2. **Governance and Leadership**
3. **Performance Improvement Projects**
4. **Feedback, Data Systems, and Monitoring**
5. **Systematic Analysis and Systemic Action**

These elements work together to ensure a comprehensive approach to QAPI in nursing homes.
5. Systematic Analysis and Systemic Action

**QAPI**

The facility uses a systematic approach to determine when in-depth analysis is needed.

The facility uses an organized approach to determine if identified problems are caused by the way care is delivered.

Systemic Actions look comprehensively across all involved systems to prevent future events and promote sustained improvement.

Facilities will be expected to develop policies and procedures and demonstrate proficiency in the use of Root Cause Analysis.

---

**Systematic Analysis and Systemic Action – QAPI Plan**

- Any change that is made has the potential to have broader impact than intended. If you are trying to make a change to a specific system or process, it is important to recognize any “unintended” consequences of your actions.
- Describe how your organization will identify these consequences which may be either positive or negative.
Guidance for Performing Failure Mode and Effects Analysis with PIPs

Systematic Analysis and Systemic Action – QAPI Plan

- Describe the process you will use to ensure you are getting at the underlying causes of issues, rather than applying quick fixes that address symptoms only

Root Cause Analysis Steps

1. Identify the event to be investigated and gather preliminary information
2. Charter and select team facilitator and team members
3. Describe what happened
4. Identify the contributing factors
5. Identify root causes
6. Design and implement changes to eliminate the root cause
7. Measure the success of changes
Guidance for Performing Root Cause Analysis with PIPs

How to Use the Fishbone Tool for Root Cause Analysis

Root Cause Analysis Tool
Five Whys Tool for Root Cause Analysis

Flowchart Guide
Systematic Analysis and Systemic Action – QAPI Plan

• Describe how you will monitor to ensure that interventions or actions are implemented and effective in making and sustaining improvements.

OptumHealth Service and Care Monitoring

• Specific aspects of service and care monitored through the QAPI program are listed in the QAPI Work Plan. QAPI activities are imbedded in all OptumHealth core processes. Services provided to consumers, youth and families are implemented at a local level, assuring that the needs of the local delivery system are met. Specific metrics are established in the QAPI Work Plan which can be updated throughout the year to reflect progress on QAPI activities and input from the healthcare delivery system.

Communications QAPI Plan

• Outline the audience for QAPI communications and the frequency and format of these communications.
**Evaluation**

**QAPI Plan**

- Describe the process for assessing QAPI in your organization on an ongoing basis
  - QAPI Self-Assessment Tool

---

**Establishment of Plan**

**QAPI Plan**

- Date of your plan
- Determine when you will revisit the plan
  - Minimum annually
- Determine how you will track revisions or updates to the plan

---

**Putting our Heads Together**
**Exercise - Design and Scope**

- Small Group Exercise
- Take 20 minutes
- Considering Design & Scope and Governance & Leadership, brainstorm a list of ways you can enhance QAPI activities in your organization
- Report back to larger group

**Exercise - Systems of Care**

- Small Group Activity
- Take 20 minutes
  - Brainstorm a list of work systems performed in your organization
- Share your list with the larger group
  - Where is there a degree of agreement?
  - Where are the differences?

**Exercise - Performance Improvement Projects**

- Small Group Activity
- 20 Minutes
- Brainstorm and list areas for potential PIPS
  - High Risk
  - High Volume
  - Problem-Prone
Exercise - Root Cause Analysis

- Small Group Activities
- Take 20 minutes
- Flow chart the step of a process
  - How to make a P&J sandwich
  - How to bake cupcakes
  - How to change a flat tire
  - Getting to work on time
- Share your flowchart with another small group

Assessing Organizational Climate

- Individual Activity
- Take 15 minutes
- Based on your assessment, complete the worksheet for Assessing Organizational Climate

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VP Sales and Marketing, Providigm  
8055 East Tufts Avenue, Suite 1200  
Denver, CO 80237  
720-240-9920  
esandler@providigm.com
<table>
<thead>
<tr>
<th>QAPI Five Elements</th>
<th>Goals</th>
<th>Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Element 1 – Design and Scope</strong></td>
<td>Learn the basics of QAPI</td>
<td>QAPI Five Elements</td>
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<td></td>
<td>• Review QAPI five elements</td>
<td>QAPI at a Glance</td>
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<td>• Understand how QAPI coordinates with QAA</td>
<td>QAPI News Brief - Volume 1</td>
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<td></td>
<td>Assess QAPI in your organization</td>
<td>QAPI Self-Assessment Tool</td>
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<td></td>
<td>Create a structure and plan to support QAPI</td>
<td>Guide to Developing Purpose, Guiding Principles and Scope for QAPI</td>
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<td>Understand the QAPI business case</td>
<td>Guide for Developing a QAPI Plan</td>
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<td><strong>Element 2 – Governance and Leadership</strong></td>
<td>Promote a fair and open culture where staff are comfortable identifying quality problems and opportunities</td>
<td>QAPI at a Glance</td>
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<td></td>
<td>• Know your current culture</td>
<td>QAPI News Brief - Volume 1</td>
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<td>• Assess your individual skills, practice, attitude</td>
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<td>• Create a learning organization that drives and reinforces a process for organizational change</td>
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<td>• Distinguish between human error, at risk, and reckless behavior, and respond differently/ appropriately to each</td>
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<tr>
<td>QAPI Five Elements</td>
<td>Goals</td>
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<tr>
<td>Element 2 – Governance and Leadership</td>
<td>Create a Culture that embraces the principles of QAPI</td>
<td>QAPI at a Glance</td>
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<td>QAPI News Brief - Volume 1</td>
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<td>QAPI Leadership Rounding Tool</td>
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<td>Promote engagement and commitment of staff, residents and families in QAPI</td>
<td>QAPI at a Glance</td>
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<td>Examples of Performance Objectives for Job Descriptions and Performance Reviews</td>
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<td>Involve residents and families</td>
<td>QAPI at a Glance</td>
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<td>• Focus on the customer needs and expectations</td>
<td>QAPI News Brief - Volume 1</td>
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<td>Examples of Performance Objectives for Job Descriptions and Performance Reviews</td>
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<td>Element 3 – Feedback, Data Systems and Monitoring</td>
<td>Use and make data meaningful</td>
<td>Measure/Indicator Development Worksheet</td>
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<td>• Identify what you need to monitor</td>
<td>Measure/Indicator Collection and Monitoring Plan</td>
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<td>• Collect, track, and monitor measures/indicators</td>
<td>Instructions to Develop a Dashboard</td>
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<td>• Set goals, benchmarks, thresholds</td>
<td>Goal Setting Worksheet</td>
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<td>• Identify gaps and opportunities</td>
<td>Prioritization Worksheet for Performance Improvement Projects</td>
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<td>• Prioritize what you will work to improve</td>
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<td>• Use data to drive decisions</td>
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<tr>
<td>QAPI Five Elements</td>
<td>Goals</td>
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| **Element 4 – Performance Improvement Projects** | Implement performance improvement projects | Worksheet to Create a PIP Charter  
PID Launch Checklist: Helpful hints for project leaders, managers, and coordinators  
Plan-Do-Study-Act (PDSA) Cycle Template  
PI P Inventory  
Sustainability Decision Guide  
Brainstorming, Affinity Grouping, and Multi-Voting Tool |
|                     | • Focus on topics that are meaningful and address the needs of residents and staff  
• Charter PIP teams  
• Support staff in being effective PIP team members. Use tools that support effective teamwork.  
• Plan, implement, measure, monitor, and document changes, using a structured PI approach |       |
| **Element 5 – Systematic Analysis and Systemic Action** | Understand and focus on organizational processes and systems | Guidance for Failure Mode and Effects Analysis (FMEA)  
Guidance for Root Cause Analysis (RCA)  
Flowcharting  
Five Whys  
Fishbone Diagram |
|                     | • Model and promote systems thinking  
• Practice RCA – get to the root of problems  
• Take action at the systems-level |       |
Appendix A: QAPI Tools

Disclaimer: Use of these tools is not mandated by CMS for regulatory compliance nor does their completion ensure regulatory compliance.
**QAPI Self-Assessment Tool**

**Directions:** Use this tool as you begin work on QAPI and then for annual or semiannual evaluation of your organization’s progress with QAPI. This tool should be completed with input from the entire QAPI team and organizational leadership. This is meant to be an honest reflection of your progress with QAPI. The results of this assessment will direct you to areas you need to work on in order to establish QAPI in your organization. You may find it helpful to add notes under each item as to why you rated yourself a certain way.

Date of Review: ________________  
Next review scheduled for: ________________

<table>
<thead>
<tr>
<th>Rate how closely each statement fits your organization</th>
<th>Not started</th>
<th>Just starting</th>
<th>On our way</th>
<th>Almost there</th>
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<tr>
<td>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:</td>
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<td>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:</td>
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<td>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:</td>
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<td>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:</td>
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<td>QAPI is considered a priority in our organization. For example, there is a process for covering caregivers who are asked to spend time on improvement teams.</td>
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<td>QAPI is an integral component of new caregiver orientation and training. For example, new caregivers understand and can describe their role in identifying opportunities for improvement. Another example is that new caregivers expect that they will be active participants on improvement teams.</td>
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<td>Training is available to all caregivers on performance improvement strategies and tools.</td>
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<td>Notes:</td>
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<td>When conducting performance improvement projects, we make a small change and measure the effect of that change before implementing more broadly. An example of a small change is pilot testing and measuring with one nurse, one resident, on one day, or one unit, and then expanding the testing based on the results.</td>
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<td>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.</td>
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<td>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 actions.</td>
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Rate how closely each statement fits your organization

| 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 initiatives, or projects, and how the work is guided by caregivers involved in the topic as well as input from residents and families. |
| Notes: |
| | Not started | Just starting | On our way | Almost there | Doing great |
| Our organization has identified all of our 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. |
| Notes: |
| 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 resident ratings 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). |
| Notes: |
| We have a system to effectively collect, analyze, and display our data to identify opportunities for our organization to make improvements. This includes comparing the results of the data to benchmarks or to our internal performance targets or goals. For example, performance improvement projects or initiatives are selected based on facility performance as compared to national benchmarks, identified best practice, or applicable clinical guidelines. |
| Notes: |
| Our organization has, or supports the development of, employees who have skill in analyzing and interpreting data to assess our performance and support our improvement initiatives. For example, our organization provides opportunities for training and education on data collection and measurement methodology to caregivers involved in QAPI. |
| Notes: |
### Rate how closely each statement fits your organization

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<tr>
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<tr>
<td>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 impact the safety and quality of life of the residents.</td>
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<td>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.</td>
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<td>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.</td>
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<td>For every Performance Improvement Project, we use measurement to determine if changes to systems and process have been effective. We utilize both process measures and outcome measures to assess impact on resident care and quality of life. For example, if making a change, we measure whether the change has actually occurred and also whether it has had the desired impact on the residents.</td>
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<td>Our organization uses a structured process for identifying underlying causes of problems, such as Root Cause Analysis.</td>
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<tr>
<td>When using Root Cause Analysis to investigate an event or problem, our organization identifies system and process breakdowns and avoids focus on individual performance. For example, if an error occurs, we focus on the process and look for what allowed the error to occur in order to prevent the same situation from happening with another caregiver and another resident. Notes:</td>
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<td>When systems and process breakdowns have been identified, we consistently link corrective actions with the system and process breakdown, rather than having our default action focus on training education, or asking caregivers to be more careful, or remember a step. We look for ways to assure that change can be sustained. For example, if a policy or procedure was not followed due to distraction or lack of caregivers, the corrective action focuses on eliminating distraction or making changes to staffing levels. Notes:</td>
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<td>When corrective actions have been identified, our organization puts both process and outcome measures in place in order to determine if the change is happening as expected and that the change has resulted in the desired impact to resident care. For example, when making a change to care practices around fall prevention there is a measure looking at whether the change is being carried out and a measure looking at the impact on fall rate. Notes:</td>
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<td>When an intervention has been put in place and determined to be successful, our organization measures whether the change has been sustained. For example, if a change is made to the process of medication administration, there is a plan to measure both whether the change is in place, and having the desired impact (this is commonly done at 6 or 12 months). Notes:</td>
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Guide for Developing Purpose, Guiding Principles, and Scope for QAPI

Directions: Use this tool to establish the purpose, guiding principles and scope for QAPI in your organization. The team completing this worksheet should include senior leadership. Taking time to articulate the purpose, develop guiding principles, and define the scope will help you to understand how QAPI will be used and integrated into your organization. This information will also help your organization to develop a written QAPI plan. Use these step-by-step instructions to create a separate document that may be used as a preamble to your QAPI plan.

STEP 1. LOCATE OR DEVELOP YOUR ORGANIZATION’S VISION STATEMENT

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. Consider involving staff in the development of your vision statement. Post it for everyone to view.

For example, the vision of the Good Samaritan Society is to create an environment where people are loved, valued and at peace.

STEP 2. LOCATE OR DEVELOP YOUR ORGANIZATION’S MISSION STATEMENT

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. As above, get caregivers involved in establishing your organizations mission.

For example, Meadowlark Hills is each resident’s home. We are committed to enhancing quality of life by nurturing individuality and independence. We are growing a value-driven community while leading the way in honoring inherent senior rights and building strong and meaningful relationships with all whose lives we touch.

STEP 3. DEVELOP A PURPOSE STATEMENT FOR QAPI

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.

For example, the purpose of QAPI in our organization is to take a proactive approach to continually improving the way we care for and engage with our residents, caregivers and other partners so that we may realize our vision to [reference aspects of vision statement here]. To do this, all employees will participate in ongoing QAPI efforts which support our mission by [reference aspects of mission statement here].
STEP 4. ESTABLISH GUIDING PRINCIPLES

Guiding Principles describe the organization’s beliefs and philosophy pertaining to quality assurance and performance improvement. The principles should guide what the organization does, why it does it and how.

For example:

- **Guiding Principle #1**: QAPI has a prominent role in our management and Board functions, on par with monitoring reimbursement and maximizing revenue.
- **Guiding Principle #2**: Our organization uses quality assurance and performance improvement to make decisions and guide our day-to-day operations.
- **Guiding Principle #3**: The outcome of QAPI in our organization is the quality of care and the quality of life of our residents.
- **Guiding Principle #4**: In our organization, QAPI includes all employees, all departments and all services provided.
- **Guiding Principle #5**: QAPI focuses on systems and processes, rather than individuals. The emphasis is on identifying system gaps rather than on blaming individuals.
- **Guiding Principle #6**: Our organization makes decisions based on data, which includes the input and experience of caregivers, residents, health care practitioners, families, and other stakeholders.
- **Guiding Principle #7**: Our organization sets goals for performance and measures progress toward those goals.
- **Guiding Principle #8**: Our organization supports performance improvement by encouraging our employees to support each other as well as be accountable for their own professional performance and practice.
- **Guiding Principle #9**: Our organization has a culture that encourages, rather than punishes, employees who identify errors or system breakdowns.

Add any additional Guiding Principles that may be important to your nursing home. Review the five QAPI elements to ensure you identify and capture guiding principles for your organization.
STEP 5. DEFINE THE SCOPE OF QAPI IN YOUR ORGANIZATION

The **Scope** outlines what types of care and services are provided by the organization that impact clinical care, quality of life, resident choice, and care transitions. Be sure to incorporate the care and services delivered by all departments.

**For example:**

<table>
<thead>
<tr>
<th>Post-acute care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dementia care and services</td>
</tr>
<tr>
<td>Dietary</td>
</tr>
<tr>
<td>Dining</td>
</tr>
</tbody>
</table>

Once the list of care and service area has been identified, you can determine how each will use QAPI to assess, monitor and improve performance on an ongoing basis.

STEP 6. ASSEMBLE DOCUMENT

Once you’ve completed steps 1-5, assemble the vision and mission statements, guiding principles, and scope of QAPI into a separate document that may be used as a preamble to your QAPI plan. This document will help you articulate the goals and objectives of your organization; QAPI will help you get there. Consider posting for all to see.

The next step is to develop a written QAPI plan that will meet your purpose, guiding principles and comprehensive scope described above. See “Guide for Developing a QAPI Plan.”
Guide for Developing a QAPI Plan

DIRECTIONS:

The QAPI plan will guide your organization’s performance improvement efforts. Prior to developing your plan, complete the Guide to Develop Purpose, Guiding Principles, and Scope for QAPI. Your QAPI plan is intended to assist you in achieving what you have identified as the purpose, guiding principles and scope for QAPI, therefore this information is needed before you begin working on your plan. This is a living document that you will continue to refine and revisit. Use these step-by-step instructions to create your QAPI plan. This plan should reflect input from caregivers representing all roles and disciplines within your organization.

I. QAPI Goals
   Based on the Guide to Develop Purpose, Guiding Principles, and Scope for QAPI, indicate the QAPI goals that your plan will strive to meet. Goals should be specific, measurable, actionable, relevant, and have a time line for completion. (See Goal Setting Worksheet).

II. Scope
   a. Describe how QAPI is integrated into all care and service areas of your organization.
   b. Describe how the QAPI plan will address:
      i. Clinical care
      ii. Quality of life
      iii. Resident choice (i.e., individualized goals for care)
   c. Describe how QAPI will aim for safety and high quality with all clinical interventions while emphasizing autonomy and choice in daily life for residents (or resident’s agents).
   d. Describe how QAPI will utilize the best available evidence (e.g., data, national benchmarks, published best practices, clinical guidelines) to define and measure goals.

III. Guidelines for Governance and Leadership
   a. Describe how QAPI is integrated into the responsibilities and accountabilities of top-level management and the Board of Directors (if applicable).
   b. Describe how QAPI will be adequately resourced.
      i. Designate one or more persons to be accountable for QAPI leadership and for coordination.
      ii. Indicate the plan for developing leadership and facility-wide training on QAPI.
      iii. Describe the plan to provide caregivers time, equipment, and technical training as needed for QAPI.
      iv. Indicate how you will determine if resources are adequate for QAPI.
      v. Describe how your caregivers will become and remain proficient with process improvement tools and techniques. How will you assess their level of proficiency?
c. QAPI Leadership  
   i. While everyone in the organization is involved in QAPI, you will likely have a small group of individuals who will provide the backbone or structure for QAPI in your organization. Who will be part of this group? Many of these individuals may be on your current QAA committee.
   
   ii. Describe how this group of people will work together, communicate, and coordinate QAPI activities. This could include but is not limited to:
       - Establishing a format and frequency for meetings
       - Establishing a method for communication between meetings
       - Establishing a designated way to document and track plans and discussions addressing QAPI.
   
   iii. Describe how the QAPI activities will be reported to the governing body; i.e., Board of Directors, owner.

IV. Feedback, Data Systems, and Monitoring  
   a. Describe the overall system that will be put in place to monitor care and services, drawing data from multiple sources.
   
   b. Identify the sources of data that you will monitor through QAPI  
      i. Input from caregivers, residents, families, and others
      ii. Adverse events
      iii. Performance indicators
      iv. Survey findings
      v. Complaints
   
   c. Describe the process for collecting the above information.
   
   d. Describe the process for analyzing the above information, including how findings will be reviewed against benchmarks and/or targets established by the facility.
   
   e. Describe the process to communicate the above information. What types of reports will be used? One way to accomplish this is to use a dashboard or dashboards for individual performance improvement projects.
   
   f. Identify who will receive this information (i.e., executive leadership, QAPI leadership, resident/family council, and a center’s caregivers), in what format, and how frequently information will be disseminated.

V. Guidelines for Performance Improvement Projects (PIPs)  
   a. Describe the overall plan for conducting PIPs to improve care or services.
      i. Indicate how potential topics for PIPs will be identified.
      
      ii. Describe criteria for prioritizing and selecting PIPs: areas important and meaningful for the specific type and scope of services unique to the facility, requires a concentrated effort on a particular problem in one area of the facility or facility wide.
      
      iii. Indicate how and when PIP charters will be developed.
      
      iv. Describe the process for reporting the results of PIPs. Identify who will receive this information (i.e., quality committee, resident/family council, and a center’s caregivers), in what format, and how frequently information will be disseminated.
b. Describe how to designate PIP teams and establish and describe a process for assembling teams to work on specific PIPs.

c. Define the required characteristics for any PIP team. This may include that the team be interdisciplinary (i.e., representing each of the job roles affected by the project), that it include resident representation (as appropriate), and that a qualified team leader is selected (i.e., ability to coordinate, organize and direct all activities of the project team). Describe how PIP teams should document and report their work.

d. Describe your process for documenting PIPs, including highlights, progress, and lessons learned. For example, what project documentation templates will you use consistently and file electronically in a standardized fashion for future reference.

VI. Systematic Analysis and Systemic Action

a. Any change that is made has the potential to have broader impact than intended. If you are trying to make a change to a specific system or process, it is important to recognize any “unintended” consequences of your actions. Describe how your organization will identify these consequences which may be either positive or negative.

b. Describe the process you will use to ensure you are getting at the underlying causes of issues, rather than applying quick fixes that address symptoms only.

c. Describe how you will monitor to ensure that interventions or actions are implemented and effective in making and sustaining improvements.

VII. Communications

Outline the audiences for QAPI communications and the frequency and format of these communications.

VIII. Evaluation

a. Describe the process for assessing QAPI in your organization on an ongoing basis. [See QAPI Self-Assessment Tool.]

b. Describe the purpose of this evaluation – to help your organization to expand your skills in QAPI and increase the impact of QAPI in your organization.

IX. Establishment of Plan

a. Date your plan.

b. Determine when you will revisit the plan (i.e., at least annually).

c. Determine how you will track revisions or updates to the plan.
**Goal Setting Worksheet**

**Directions:** Goal setting is important for any measurement related to performance improvement. This worksheet is intended to help QAPI teams establish appropriate goals for individual measures and also for performance improvement projects. Goals should be clearly stated and describe what the organization or team intends to accomplish. Use this worksheet to establish a goal by following the SMART formula outlined below. Note that setting a goal does **not** involve describing what steps will be taken to achieve the goal.

Describe the business problem to be solved:

Use the SMART formula to develop a goal:

**SPECIFIC**

Describe the goal in terms of 3 ‘W’ questions:

- What do we want to accomplish?
- Who will be involved/affected?
- Where will it take place?

**MEASURABLE**

Describe how you will know if the goal is reached:

- What is the measure you will use?
- What is the current data figure (i.e., count, percent, rate) for that measure?
- What do you want to increase/decrease that number to?
ATTAINABLE
Defend the rationale for setting the goal measure above:

<table>
<thead>
<tr>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did you base the measure or figure you want to attain on a particular best practice/average score/benchmark?</td>
</tr>
<tr>
<td>Is the goal measure set too low that it is not challenging enough?</td>
</tr>
<tr>
<td>Does the goal measure require a stretch without being too unreasonable?</td>
</tr>
</tbody>
</table>

RELEVANT
Briefly describe how the goal will address the business problem stated above.

TIME-BOUND
Define the timeline for achieving the goal:

<table>
<thead>
<tr>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the target date for achieving this goal?</td>
</tr>
</tbody>
</table>

Write a goal statement, based on the SMART elements above. The goal should be descriptive, yet concise enough that it can be easily communicated and remembered.

[Example: Increase the number of long-term residents with a vaccination against both influenza and pneumococcal disease documented in their medical record from 61 percent to 90 percent by December 31, 2011.]

Tip: It’s a good idea to post the written goal somewhere visible and regularly communicate the goal during meetings in order to stay focused and remind caregivers that everyone is working toward the same aim.
<table>
<thead>
<tr>
<th>Circle the number that best indicates the extent to which you agree with each statement.</th>
<th>Strongly Agree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Problem solving is an important aspect of my every day work at this nursing home.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>2. I think that improving the way we do things should be more strongly encouraged at our nursing home.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>3. Someone in our nursing home has the vision, leadership and authority to help me make improvements in the way I currently provide care.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>4. I do not have adequate time to fix the root cause of problems that interfere with my ability to do my job.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>5. I have access to information and ideas that I need in order to solve problems and make improvements in the way I do my job.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>6. Nurses at our nursing home regard making improvement to clinical processes as one of their main tasks.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>7. Physicians at our nursing home regard making improvement to clinical processes as one of their main tasks.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>8. Our nursing home is not willing to allocate resources (time, training, personnel and space) to improving the way we do things.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>9. Internal communication is strong among staff at our nursing home.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>10. A sense of teamwork does not exist among staff members at our nursing home.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>11. My supervisor is not interested in hearing my ideas for how we could improve the way we provide care.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>12. Our nursing home has successfully implemented specific changes as a result of a quality improvement initiative in the past.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>13. Our nursing home only makes changes as a result of decisions made by the Administrator or department directors.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>14. We have a quality assurance system in place to assess and improve service delivery (e.g., Continuous Quality Improvement [CQI]; Total Quality Management [TQM]).</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>15. We collect data that help us determine which areas of our nursing home or our work need improvement.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>16. We use data in making decisions about which problems we need to fix in order to improve the care we provide.</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
</tbody>
</table>

Worksheet for Assessing Organizational Climate

1. What are the values, attitudes and beliefs of our staff about making changes to the way we do our work? Does our staff resist change, or are they willing to try new things?

_________________________________________________________________________________________________

_________________________________________________________________________________________________

_________________________________________________________________________________________________

_________________________________________________________________________________________________

2. What are the values, attitudes and beliefs of our leaders (Administrator, Director of Nursing, Department directors) about making changes to the way we do our work? Do they resist change, or are they willing to try new things?

_________________________________________________________________________________________________

_________________________________________________________________________________________________

_________________________________________________________________________________________________

_________________________________________________________________________________________________

3. Do we perceive a need to change our systems or processes of care in order to improve the care we deliver? Why or why not?

_________________________________________________________________________________________________

_________________________________________________________________________________________________

_________________________________________________________________________________________________

_________________________________________________________________________________________________

4. Are we ready to make a change? Why or why not?

_________________________________________________________________________________________________

_________________________________________________________________________________________________

_________________________________________________________________________________________________

_________________________________________________________________________________________________

5. Do we have existing teams that study the ways that we can make change in our facility? Do they work well? Why or why not?

_________________________________________________________________________________________________

_________________________________________________________________________________________________

_________________________________________________________________________________________________