



[Year] Quality Assurance & Performance Improvement (QAPI) Plan for [Name of Facility]

Vision

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

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

Mission

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.

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.

Purpose

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

Example: The purpose of QAPI in our organization is to take a proactive approach to continually improve 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].



Guiding Principles

The Guiding Principles describe your facility's beliefs and philosophy pertaining to QAPI. The principles should guide what your facility does, why it does it, and how.

For Example:

Guiding principle #1: Our organization uses quality assurance and performance improvement to make decisions and guide our day-to-day operations.

Guiding principle #2: The outcome of QAPI in our organization is to improve the quality of care and the quality of life of our residents.

Guiding principle #3: In our organization, QAPI includes all employees, all departments, and all services provided.

Guiding principle #4: QAPI focuses on systems and processes, rather than individuals. The emphasis is on identifying system gaps rather than on blaming individuals.

Guiding principle #5: 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 #6: Our organization sets goals for performance and measures progress toward those goals.

Guiding principle #7: 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 #8: 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.



Scope

The scope of the QAPI program encompasses all segments of care and services provided by [Name of Facility] that impact clinical care, quality of life, resident choice, and care transitions with participation from all departments.

For Example:

Segments of Care	Services Rendered
Clinical Care Services	We provide comprehensive clinical care to residents with acute and chronic disease, rehabilitative needs, as well as end-of-life care. All care is resident-centered and focused around choice and individualized treatment plans. We strive to meet each resident's goals of care, including developing and executing a transitional plan for discharge back to the community.
Dietary	We provide nutritious meals under the supervision of a licensed dietician. We consider resident choices and preferences by providing several options for meals and embrace open dining hours.
Pharmacy Services	We provide supervision and collaborate with the medical and nursing team at [Name of Facility] by reviewing, dispensing, and monitoring medication effectiveness to ensure therapeutic goals are maintained for each and every resident.
Maintenance and Engineering	We provide comprehensive building safety, repairs, and inspections to ensure all aspects of safety are enforced, assuring the safety and well-being for each resident, visitor, and staff who enters the building.
Housekeeping	We provide and ensure that all health, sanitation, and OSHA requirements are met through regular cleaning, disinfection, and sanitation of all aspects of the building.
Administration	We align all business practices to ensure every resident has individualized care, and we work to support the providers with the resources and equipment to meet the care goals of those we care for.

The QAPI program at [Name of Facility] 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), by ensuring our data collection tools and monitoring systems are in place and are consistent for a proactive analysis. We will utilize the best available evidence (such as data from the CASPER Report, national benchmarks, published best practices, clinical guidelines, etc.) to define and measure our goals.



QAPI Plan

The QAPI plan will guide your facility's performance improvement efforts. This is a living document that you will continue to refine and revisit.

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

Example goal 1: [Name of Facility] will work to develop a stable work force by decreasing nursing staff turnover from 35 percent to 20 percent by [include date here].

Example goal 2: [Name of Facility] will reduce the quality measure rate for falls with major injury from 7 percent to 3 percent by [include date here].

Example goal 3: [Name of Facility] will work to develop a stable leadership team by decreasing turnover from 26 percent to 12 percent by [include date here].

Example goal 4: [Name of Facility] will reduce the quality measure rate for long-term residents currently on antipsychotic medications from 12 percent to 5 percent by [include date here].

Example goal 5: [Name of Facility] will 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 [include date here].

Governance and Leadership

The governing body and/or administration of the nursing home will develop 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.

For Example:

[Name of Facility]'s governing body is ultimately responsible for overseeing the QAPI Committee. The owner/president has direct oversight responsibility for all functions of the QAPI Committee and reports directly to the governing body. The QAPI Committee, which includes the medical director, is ultimately responsible for assuring compliance with federal and state requirements and continuous improvement in quality of care and customer satisfaction.

A facility-wide training will be conducted to inform everyone in the facility about the QAPI plan at [Name of Facility]. These trainings will be conducted often and in multiple ways through (e.g., regular all-staff meetings, department staff in-services, change-of-shifts report time, dialogue, examples, exercises, etc.). Every caregiver will be made to understand that they are expected to raise quality concerns, that it is safe to do so, and that everyone is encouraged to think about systems.

The QAPI approach at [Name of Facility] will also be communicated to consultants, contractors, and collaborating agencies, to make them understand that they each have a role in the QAPI plan.

[Name of Facility] will ensure that all residents and families are aware of the facility's QAPI program, and that their views are sought, valued, and considered in facility decision-making and process improvements. The QAPI



program will be announced and discussed at the resident and family council meetings, and other resident and family events/venues.

Feedback, Data Systems, and Monitoring

[Name of Facility] will put in place systems to monitor care and services, drawing data from multiple sources. Feedback systems will actively incorporate input from staff, residents, families, and others as appropriate. It will include using performance indicators to monitor a wide range of care processes and outcomes, and reviewing findings against benchmarks and/or goals the facility has established for performance. It also includes tracking, investigating, and monitoring adverse events every time they occur, and action plans implemented through the plan, do, study, act (PDSA) cycle of improvement to prevent recurrences.

The QAPI team at [Name of Facility] will decide what data to monitor routinely. Areas to consider may include, but not be limited to, the following examples:

- Clinical care areas (e.g., pressure ulcers, falls, infections)
- Medications (e.g., those that require close monitoring, antipsychotics, narcotics)
- Complaints from residents and families
- Hospitalizations and other service use
- Resident satisfaction
- Caregiver satisfaction
- Care plans, including ensuring implementation and evaluation of measurable interventions
- State survey results and deficiencies
- Results from MDS resident assessments
- Business and administrative processes (e.g., financial information, caregiver turnover, caregiver competencies, and staffing patterns, such as permanent caregiver assignment). Data related to caregivers who call out sick or are unable to report to work on short notice, caregiver injuries, and compensation claims may also be useful.

Targets for performance in the areas that are being monitored will be set by the QAPI team. The target will usually be stated as a percentage.

Benchmarks for performance such as the Nursing Home Compare (www.medicare.gov/nhcompare), CASPER report, facility's own performance, etc. will be used to monitor the facility's progress.

Performance Improvement Projects

The QAPI team at [Name of Facility] will review our sources of information to determine if gaps or patterns exist in our systems of care that could result in quality problems; or if there are opportunities to make improvements.

Examples of potential areas to consider when reviewing data include:

- MDS data for problem patterns
- Nursing Home Compare (provides quality information about every certified nursing home in the country)
- State survey results and plans of correction
- Resident care plans for documented progress towards specified goals



- Trends in complaints
- Resident and family satisfaction for trends
- Patterns of caregiver turnover or absences
- Patterns of emergency room visits and/or hospital use

Based on the result of the review of information, the QAPI team at [Name of Facility] will prioritize opportunities for improvement, taking into consideration the importance of the issues (high risk, high frequency, and/or problem prone). The QAPI team will determine which problems will become the focus for a performance improvement project (PIP).

Depending on the PIP to be started, the QAPI team will charter a PIP Team who is entrusted with a mission to look into a problem area and come up with plans for correction and/or improvement to be implemented.

Systematic Analysis and Systemic Action

[Name of 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. [Name of Facility] applies 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. [Name of Facility]'s approach comprehensively assesses all involved systems to prevent future events and promote sustained improvement. [Name of Facility] also has developed policies and procedures regarding expectations for the use of root cause analysis when problems are identified. This element includes a focus on continual learning and continuous improvement.

Examples of root cause analysis tools:

- Fish bone
- Five whys
- Generic root cause analysis forms

Communication

At a minimum, the executive leadership will report annually on the status of the current QAPI plan, the proposed QAPI plan, and goals for the coming year. This report will be made available to:

- Corporation/Board of Directors
- Entire management team of [Name of Facility]
- Staff
- Resident/family council
- Other stakeholders, as designated

At a minimum, the QAPI Steering Committee will report the progress on the established QAPI goals, PDSA cycles, and current data trends to the following:

- [Name of Facility] executive leadership
- Entire management team of [Name of Facility]



- Staff
- Resident/family council

Evaluation

At a minimum, the executive leadership and facility management teams, along with the assistance of the QAPI Steering Committee, will conduct a facility-wide systems evaluation using the QAPI Self-Assessment. The team will thoughtfully and thoroughly consider the progress made in the last year toward achieving the designated QAPI goals and current status of measurement in meeting and sustaining the performance indicators. Other factors to consider will be current trends in the long-term care industry as well as strategic goals for the facility. Gaps in systems and processes will be identified and addressed in the coming year's QAPI plan.

References

1. The Centers for Medicare & Medicaid Services. QAPI at a Glance: A Step by Step Guide to Implementing Quality Assurance and Performance Improvement (QAPI) in Your Nursing Home. <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-13-05.pdf>. Accessed August 18, 2014.
2. The Centers for Medicare & Medicaid Services. QAPI Process Tool Framework. <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/Downloads/ProcessToolFramework.pdf>. Accessed August 18, 2014.
3. Carolinas Center for Medical Excellence. Atlantic Quality Innovation Network: Action Collaborative for Excellence in Long-Term Care 2014 QAPI Plan.