

QAPI Plan

[Blank] is not just a nursing home facility, but the actual home of our residents where our goal is to provide them an environment where they are comfortable and can enjoy daily living activities. We have developed a Quality Assurance and Program Improvement (QAPI) plan in order to help us realize our vision of providing quality health care services to our residents. This involves assisting each one of them to live the best quality of life possible. Our goal is to nurture them individually and foster independence.

Our QAPI plan is ongoing, enabling us to provide the highest possible quality of care to our residents and improve our interaction with them as well as with their family members, caregivers and responsible parties. We honor the rights of each individual and focus on building strong relationships with those entrusted to our care as well as their loved ones.

The purpose of the QAPI plan is to improve the quality of care and services provided which results in an overall improvement in the quality of life of our residents. Our vision is to provide quality health care services while at the same time encouraging independence, socialization and individual choice in a safe, supervised long-term care facility.

We foster an environment that provides a comfortable home-like environment that is safe while encouraging our residents to enjoy a sense of physical, emotional and spiritual well-being. To achieve this, all individuals who are involved, including management, staff, our residents and those they rely on, will be involved in implementation and improvement of the QAPI plan.

QAPI Guiding Principles

1. QAPI is equally as important to the owners and managers of [blank] as is maximizing revenue and reimbursements.
2. Our day-to-day operations and decision making are guided by our QAPI plan.
3. The outcome of QAPI depends on the quality of care and quality of life enjoyed by our residents which is achieved primarily by promoting resident choice.
4. QAPI includes management, ownership, staff members, all employees and all departments who interact with and provide services to our residents.
5. The goal of QAPI is to identify systems and processes that need improvement without casting blame on any individuals or departments.
6. In order to make decisions for change as needed under QAPI, we will collect data that includes input from staff, residents, family members of residents and other caregivers, health care practitioners, stakeholders and anyone involved with providing services at [Blank].
7. [Blank] establishes goals for residents and performance of staff members and continually monitors progress made toward achieving these goals.
8. In addition to requiring employees to be responsible for their own performance and professional practices, we encourage them to be supportive of each other.
9. Employees at [Blank] are encouraged to provide input as to program improvement and to identify system breakdowns or errors. We foster an environment of improvement, not punishment and blame.
10. [Blank] encourages and welcomes input from residents, family members, visitors and responsible parties.

11. We build on residents goals for themselves in the areas of daily activities, overall health and quality of life.
12. Residents and their family members have important roles to play in goal setting and progress evaluation.
13. A major guiding principle at [Blank] is to promote and encourage resident choice.

Five Elements of a QAPI Plan

A QAPI plan uses a proactive approach to improving the quality of life for our residents at [Blank]. This involves owners, managers, staff, all service providers as well as residents and their family members in identifying areas that need improvement or corrective action. The plan's effectiveness is continuously monitored and required interventions identified. There are five elements to a successful QAPI plan: 1) Design and scope; 2) Governance and leadership; 3) Feedback, data systems and monitoring; 4) Performance improvement plans (PIPs); and, 5) Systematic analysis and systemic action.

Element 1: QAPI Design and Scope

A. QAPI Design

The design and scope of the QAPI plan is ongoing and comprehensive. Its purpose is to correct identified deficiencies in quality of services and put mechanisms in place so that our performance can consistently be improved. The plan involves all segments of services and types of care provided by all departments at [Blank] including services that impact clinical care, quality of life, resident choice and transitions in care.

We seek feedback from direct care staff who can provide valuable information necessary to the success of the QAPI plan. They work up-close with our residents and have daily personal daily interactions with them. The staff that is involved in daily direct resident care has the input that is required for QAPI planning and problem-solving.

We also request feedback from residents and their family members and guests as we strive to develop and implement an individualized care plan for each resident. An overview of the areas that are included in the QAPI plan include:

Clinical care services: We provide comprehensive clinical care to our residents with care centered on individualized care plans and resident choice.

- Skilled nursing care
- Fall and pressure sore prevention
- Medication management
- Individualized care plans
- Treatments
- Physician communication
- Discharge planning
- Hospice contracts
- Pharmacy consultations
- Nurse consultants
- Dietician consultants

Quality of life: Emphasis will be on resident care which will improve as staff attitudes improve. Staff is given the opportunity to provide feedback. Family members and caregivers will be involved in planning and their communication within and among departments will be fostered. Plans will be tailored to improve the quality of life for residents of all ages no matter what their needs are or the level of their abilities.

- Dementia care and services
- Dining experiences
- Housekeeping services
- Laundry
- Group activities
- Individual activities
- Social services
- Assistance with activities of daily living
- Risk management
- Community outings

Individual resident choice: Opportunities for our residents to make their own choices will be improved through communication and staff involvement. Residents will be given a voice to be sure that all staff in all departments recognize the need for and offer resident choice. There will be positive reinforcement of staff who listen to each individual resident's needs and wants. Residents will be given as much autonomy as possible. Some ways this will be implemented include:

- Individualized health care plans
- Establishment of goals for each resident based on their own health care needs and daily activities
- Dietary choices
- Activity programs that are individualized

Care transitions

- Continuum of care will be assessed
- Reduction in weight loss
- Reduction in UTIs
- Reduction in anti-anxiety/hypnotic medications
- Alarm elimination

B. QAPI Scope

QAPI will be part of all care and services as it aims for safety and high quality. All the best available data will be accumulated and used to define the goals and measure levels of achievement. There will be inter-department communication and all staff, residents and responsible parties will be involved. Some tools that will be used will include in-service education for staff and the focus will be on rewarding successful outcomes as well as analyzing the reasons for negative outcomes.

Element 2: Governance and Leadership

A. Overview

The administrator and top level management have the responsibility for integrating the QAPI plan. Department heads will meet weekly with the administrator to discuss the QAPI. The administrator will then send a weekly report to the owner. Quarterly reports will be sent to all QAA committee members.

B. QAPI Governance

The facility administrator has the ultimate responsibility for the QAPI plan. The administrator must make sure there is a plan in place and that all department heads are aware of their individual responsibilities according to the plan. Department heads will evaluate the individual PIPs and meet together weekly to discuss how the plan is working. The administrator will:

- Designate a staff member to be responsible for the QAPI plan.
- Develop facility-wide training on the implementation of the QAPI plan as well as how it is monitored.
- Ensure that staff members have the time and equipment as well as the technical training they need for the plan to work.
- Establish smooth transition for sustaining QAPI when there is a turnover in personnel. The owners and managers must create an environment where staff is comfortable with identifying quality problems and making suggestions for improvements without fear of retaliation.

C. QAPI Leadership

Administrator: The administrator has received training on QAPI and used the Centers for Medicare and Medicaid Services (CMS) and American Health Care Association (AHCA) websites for research. The following department heads have been named to the QAPI leadership team and taught what their individual roles within the program are.

- [insert name and department]
- [insert name and department]

The leadership team has developed the QAPI plan and will meet weekly to discuss the status of the plan. An open-door policy for staff will improve communication and involve staff in the daily working of the QAPI plan. Staff opinions will be honored and appreciated.

Staff members: All staff members will receive the training and equipment they need for QAPI as well as adequate time to complete their projects. Adequate staff will be in place so that Performance Improvement Plan (PIP) meetings are not interrupted with other duties.

PIP team members will determine the necessary tools they need for project completions and recommend them to QAPI leadership. The leadership will review the recommendations and authorize the purchase and use of the tools necessary to meet the QAPI goals.

PIP and Quality Measure (QM) outcomes will be monitored to determine if resources that have been allotted to them are adequate.

Caregivers: Caregivers will be given the tools they need and taught the techniques that are required in order to assess both positive and negative outcomes of PIPs. Whether or not goals have been accomplished will be assessed, including how long it took to accomplish the goals. There will be random PIP audits and reports to the QAPI leadership will be required.

These groups will coordinate their QAPI activities by way of weekly meetings and daily reports given at stand up meetings. Appropriate departments will be provided communication sheets with documentation of what is happening with QAPI. The sheets will be stored in a QAPI binder.

Residents and their families will have opportunities to meet with the staff so that the facility leadership can keep them informed of the QAPI plan updates and provide opportunities for discussion. Updates may be provided through newsletters, the [blank] website and any other method designed to communicate the QAPI plan to those involved.

Element 3: Feedback, Data Systems and Monitoring

We use a range of performance indicators to monitor care and services. We use data from all available sources, such as that provided by caregivers, residents, families and any other appropriate parties. This allows us to determine the outcomes of our modifications and implementations to determine whether the outcomes are satisfactory or adverse.

We track adverse outcomes and investigate each one that occurs. We then make an action plan for correction and implement measures to prevent recurrences.

Our QAPI plan identifies how the data will be collected, who will collect it and how it will be used, analyzed and interpreted. In obtaining feedback and evaluating and monitoring our QAPI plan, we will use:

- Certification and Survey Provider Enhanced Reporting (CASPER) reports.
- Quality Measures (QM).
- Department reports.
- Data from all PIPs.
- Surveys.
- Updates on corrective measures taken on adverse events and complaints received.
- Performance indicators.
- Any other helpful and relevant data.

We will make sure that all residents and their families are aware that their views are sought and will provide them specific opportunities for giving us feedback. We want to know if they have any quality concerns that need to be addressed. We will establish methods of communicating QAPI information to residents and families on a regular and routine basis.

Element 4: Performance Improvement Projects (PIPs)

PIPs establish task-oriented teams to investigate a particular identified problem, gather data and offer specific suggestions for problem solving. Each team, as much as possible and depending on the type of problem addressed, will be composed of members from all disciplines.

Residents and family members may also be team members; however, resident privacy and confidentiality concerns may limit the role other residents and family members are able to play and information to which they have access.

Each PIP team will have a leader. Effective teams will have a clear purpose with defined roles assigned to each team member. Each team member must be committed to the team and be actively engaged in the problem-solving process.

Different types of PIP teams may be formed. A team may address only one particular problem so that the work is specifically focused and limited. Other teams may be formed for long-term projects. Topics to be addressed by PIPs will be identified by reviewing QMs, CASPER reports, complaints from residents or their family members or visitors, suggestions provided by employees or in response to an adverse event. The administrator will determine which PIPs are necessary and prioritize the issues according to importance.

The administrator may ask for volunteers to work on PIPs, but PIP team members will ultimately be assigned based on expertise, scope of the work, time commitment required and the need for interdisciplinary personnel.

The PIP team leader will schedule meetings and make certain that minutes of the meeting are recorded. The leader will report to the QAPI leadership who will then review the weekly accomplishments and make plans for tasks that need to be accomplished in the following week.

All PIPs will clearly state their goals as well as specifically identify what tasks need to be accomplished, who will be involved in accomplishing the tasks and what assessments will be used to determine if the goals have been met after the tasks have been completed. This will be done by attaching a SMART goal sheet to each PIP. SMART stands for specific, measurable, attainable, relevant and time-bound.

Pips will also be accompanied by a Quality Improvement Plan (QIP) which will assess the problem, the steps taken to resolve it and whether the resolution is complete.

Element 5: Systemic Analysis and Systemic Action

At [Blank], we will use Root Cause Analysis (RCA) as a systematic process to determine the underlying cause of a problem. In some cases, there may be more than one cause of a system failure or the identified problem may be just one component of a larger issue. We will determine how a problem impacts individual departments and the facility as a whole.

We will focus on changes that need to be made rather than on individuals who may have erred. We will continuously monitor interventions that are implemented and determine those that are effective in making improvements and sustaining them. If interventions have not been successful, we will analyze why not and find new ones that will work. When modifications are necessary, we will integrate them. A major factor in determining whether interventions have been successful is whether or not our residents are satisfied.

Communication

The [Blank] leadership will communicate the QAPI plan to all involved. The QAPI plan and results of improvement modifications and implemenations will be provided in newsletters, on bulletin boards in employee break rooms, at in-service meetings, at family meetings and any other method designed to relay the relevant messages to those that need to be informed.

Evaluation

[Blank] will continually evaluate and monitor the QAPI plan in order to expand its skills and increase opportunities for improvement. A facility-wide systems evaluation will be implemented annually using the QAPI Self-Assessment tool.

Establishment of the plan

The [Blank] QAPI plan was established on 00/00/2014 and will be updated on a quarterly basis or as needed. Revisions of the plan will be tracked and each revision will be dated.

Sources: <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/QAPINewsBrief.pdf>, <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/QAPIPlan.pdf>, http://www.ahcancal.org/quality_improvement/QAPI/Pages/default.aspx, http://files.acecqa.gov.au/files/National-Quality-Framework-Resources-Kit/2014/NQF04%20Guide%20to%20Develop%20QIP_web.pdf, <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/Downloads/QAPIGoalSetting.pdf>