

Implementing Quality Assurance/Performance Improvement (QAPI)

The 12 Action Steps

Completed	Steps	Implementation Examples
<input type="checkbox"/>	<p>STEP 1</p> <p>Leadership, Responsibility & Accountability</p> <p><i>“The Governing Body, Administrator, DON & Medical Director along with senior leaders must create an environment that promotes QAPI and involves all caregivers”</i></p>	<ul style="list-style-type: none"> ■ Conduct QAPI roll out meetings with residents, families, and staff ■ Select QAPI Champions/Leaders ■ Establish a QAPI organizational chart
<input type="checkbox"/>	<p>STEP 2</p> <p>Develop a Deliberate Approach to Teamwork</p> <p><i>“QAPI relies on different types of teams - task oriented teams for short term work with a limited focus and Performance Improvement Projects for longer term work”</i></p> <p>Characteristics of effective teams include:</p> <ul style="list-style-type: none"> • a clear purpose • defined roles for team members • active engagement from each member 	<ul style="list-style-type: none"> ■ Identify make-up and parameters for task-oriented QAPI teams, i.e. team of nurse managers formed to conduct medication pass observations ■ Identify make-up and parameters for Performance Improvement Project (PIP) teams, i.e. team of multidisciplinary staff, residents, and family members formed to identify quality of life improvements ■ Support QAPI teams through actions and resources: enable staff to complete daily tasks, provide clinical care and participate on QAPI teams
<input type="checkbox"/>	<p>STEP 3</p> <p>Take your QAPI “Pulse” with a Self-Assessment</p> <p><i>“To establish QAPI in your organization, it is helpful to conduct a self-assessment and then periodically evaluate the QAPI plan to assure the organization is on track”</i></p>	<p>Leadership will put together a team to complete the QAPI Self-Assessment.</p> <p>The QAPI self-assessment evaluates the extent to which components of QAPI are in place within the organization and identifies areas requiring further development.</p>
<input type="checkbox"/>	<p>STEP 4</p> <p>Identify Your Organization’s Guiding Principles</p> <p><i>“Establish a purpose and guiding principles that will unify the center by tying the work being done to a fundamental purpose or philosophy”</i></p>	<p>Combine all of the following into the Preamble to the QAPI plan:</p> <ul style="list-style-type: none"> ■ Define the organizations’ mission, vision and purpose statements ■ Establish guiding principles related to QAPI ■ Define the scope of QAPI
<input type="checkbox"/>	<p>STEP 5</p> <p>Develop a Written QAPI Plan</p> <p><i>“A written QAPI plan guides the nursing home’s quality efforts and serves as the main document to support implementation of QAPI”</i></p>	<p>Work with your QAPI team to draft a written QAPI plan, which should:</p> <ul style="list-style-type: none"> ■ Describe the guiding principles ■ Reflect the unique characteristics and services of the center ■ Be tailored to fit all units, programs and resident groups ■ Create quality of life for all resident regardless of age, abilities or needs
<input type="checkbox"/>	<p>STEP 6</p> <p>Conduct a QAPI Awareness Campaign</p> <p><i>“Let everyone know about the QAPI plan—often and in multiple ways...Convey the message that QAPI is about systems of care, management practices, and business practices—systems should support quality and/or acceptable business practices, or they must change.”</i></p>	<p>Identify strategies to convey the QAPI message, including:</p> <ul style="list-style-type: none"> ■ Provide ongoing staff, resident and family education ■ Communicate your QAPI approach to consultants, contractors and collaborators ■ Convey the message that every caregiver is expected to raise concerns ■ Convey the message to residents/families that their views are valued and desired ■ Share QAPI information at Resident Councils and in communications with families

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<input type="checkbox"/>	STEP 7 Develop a Strategy for Collecting and Using QAPI Data <i>“The QAPI team will decide what data to monitor and how the data will be systematically organized and interpreted in order to achieve meaningful reporting and action”</i>	<ul style="list-style-type: none"> ■ Set performance targets and identify performance benchmarks ■ Identify who and how data will be collected, analyzed and used ■ Identify what performance metrics will be monitored ■ Develop a process for organizing & interpreting data ■ Review CASPER reports & Quality Measures for areas to target ■ Utilize INTERACT 3 tools to target trends of concern
<input type="checkbox"/>	STEP 8 Identify Gaps & Opportunities <i>“Review sources of information to determine if gaps or patterns exist in systems of care that could result in quality problems or opportunity for improvements”</i>	<ul style="list-style-type: none"> ■ Conduct gap analyses to identify areas for improvement ■ Determine who will review data and how often ■ Identify how the data will be used to improve the organization ■ Select areas in need of improvement to monitor
<input type="checkbox"/>	STEP 9 Prioritize Quality Opportunities & Charter Performance Improvement Project (PIP) Teams <i>“Prioritizing opportunities for improvement is a key step in the process of translating data into action”</i>	<ul style="list-style-type: none"> ■ Prioritize work based on priority – areas that affect residents first; high risk areas and opportunities for improvement ■ Charter PIP teams to address in-depth issues and establish how the PIP team will function; team leaders, timeframes, resources/budget needed, etc. ■ Have each PIP team establish a SMART goal(s)
<input type="checkbox"/>	STEP 10 Plan, Conduct & Document PIP Teams <i>“Careful planning of PIP teams includes identifying areas to work on through comprehensive data review which are meaningful and important to your residents. It is important to focus PIP teams by defining the scope”</i>	<ul style="list-style-type: none"> ■ Utilize a problem solving model to organize the work of PIP teams ■ Focus work and create realistic timelines for PIP teams ■ Identify and provide information, supplies and/or equipment needed ■ Select measurement tools and plan how results will be documented ■ Identify a Steering Committee to oversee & guide work of PIP Team ■ Teach a problem solving methodology such as Plan-Do-Study-Act (PDSA)
<input type="checkbox"/>	STEP 11 Get to Root of Problem <i>“Process improvement requires getting to the root or heart of the problem or opportunity”</i>	<p>Provide staff and management with Root Cause Analysis training.</p> <p>Utilize Root Cause Analysis to:</p> <ul style="list-style-type: none"> ■ Thoroughly explore all possible causes of the problem before choosing a solution. Multiple factors may be the basis of the problem or the problem may be a component of a larger issue ■ Understand if and how the problem impacts all departments center wide
<input type="checkbox"/>	STEP 12 Take Systemic Action <i>“Implement changes or corrective actions that will result in improvement or reduce the chance of the event recurring”</i>	<p>Classify possible actions:</p> <ul style="list-style-type: none"> ■ Weak – depend on staff training or new policy – only enforces existing processes ■ Intermediate – depend on staff remembering to do the right thing – modifies existing processes ■ Strong – change or redesign processes and have built in warnings to prevent problems from occurring – main focus to develop & pilot test strong actions <ul style="list-style-type: none"> ■ Pilot test Strong Actions before launching center-wide ■ Monitor for any unintended changes ■ Evaluate effectiveness of actions using evidence-based tools ■ Launch changes center-wide ■ Re-evaluate outcomes periodically to assure integration needed modifications

For more information on each step, please visit www.ahcancal.org/quality_improvement/QAPI

*The 12 Action Steps are from the Centers for Medicare and Medicaid Services' resource QAPI at a Glance:
<http://cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/Downloads/QAPIAtaGlance.pdf>