QAPI Overview

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Objectives

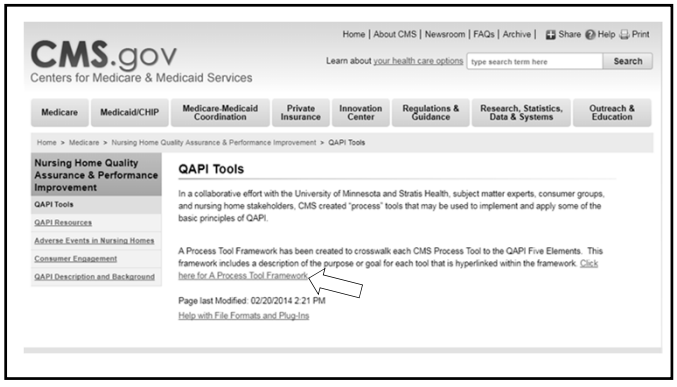
- Identify the 5 key elements that form the framework of a QAPI program
- Recognize process tools that can be used to implement and apply basic principles of QAPI
- Recall regulatory requirements for implementing QAPI in LTC facilities
- Distinguish the difference between quality assurance and performance improvement

QAPI

- Affordable Care Act of 2010
  - Requires facilities to have an acceptable QAPI plan within a year of the QAPI regulation becoming effective

QAPI

- Systematic, Interdisciplinary, Comprehensive, Data Driven approach to maintaining and improving safety and quality in nursing homes while involving residents and families, and all nursing home caregivers in practical and creative problem solving.



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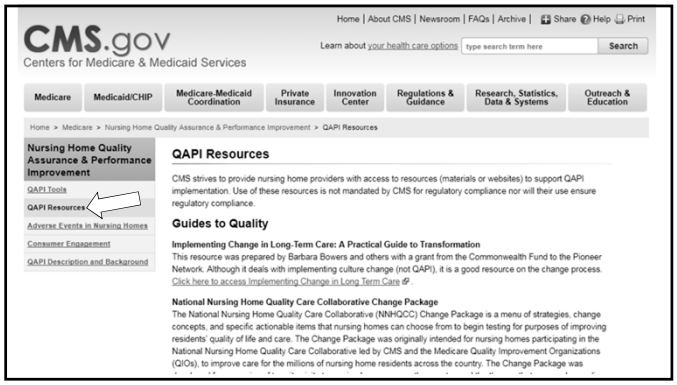
QAPI Five Elements	Goals	Tools
Element 1 – Design and Scope	**Learn the basics of QAPI** • Review QAPI five elements • Understand how QAPI coordinates with QAA	QAPI Five Elements QAPI at a Glance QAPI News Brief - Volume 1
	Assess QAPI in your organization	QAPI Self-Assessment Tool
	Create a structure and plan to support QAPI	Guide to Developing Purpose, Guiding Principles and Scope for QAPI Guide for Developing a QAPI Plan
Element 2 – Governance and Leadership	**Understand the QAPI business case**	CMS Video: Nursing Home QAPI – What's in it for you?
	Promote a fair and open culture where staff are comfortable identifying quality problems and opportunities • Know your current culture • Assess your individual skills, practice, attitude • Create a learning organization that drives and reinforces a process for organizational change	QAPI at a Glance QAPI News Brief - Volume 1



QA (Quality Assurance)
+
PI (Performance Improvement)
=
QAPI

QAPI

- Beginning November 28, 2017 facilities will be required to present their QAPI plan to the State Survey Agency or Federal surveyor at each annual recertification survey and upon request.
- Also would be required to present QAPI plan to CMS upon request

QAPI

- Documentation and evidence of program implementation and compliance with the QAPI requirements would be required to be provided to a State Survey Agency, Federal surveyor or CMS upon request.
  - "Surveyors can only require the facility to disclose QAA committee records if they are used to determine the extent to which facilities are compliant with the provisions for QAA."
  - Have to be able to provide evidence that the QAA committee identified high risk, high volume, and problem-prone quality deficiencies and are making a "good faith attempt" to correct them.

Quality Assurance vs Performance Improvement

	Quality Assurance	**Performance Improvement**
Motivation	Measuring compliance with standards	Continuously improving processes to meet standards
Means	Inspection	Prevention
Attitude	Required, reactive	Chosen, proactive
Focus	Individuals	Processes or systems
Scope	Medical provider	Resident care
Responsibility	Few	All

QAPI at a Glance

- QAPI is not another program in addition to your current QA program. Instead QA becomes the foundation for your QAPI program.

Possible Training Topics

- Facility Mission and Vision Statements
- QAPI
  - Regulatory requirements
  - Terminology
  - Tools (PDSA, measure development, root cause analysis, chartering PIPs)
- Teams
  - Roles and Responsibilities
- Communication

Training

- Meetings
  - Agendas
  - Reports
- Confidentiality

- QAPI Awareness Campaign

Documentation

- Data collection
- Data analysis
- PIP charters
- Meeting minutes

Meeting Roles

- Leader: leads discussion, keeps participants involved, distributes agenda, schedules meetings
- Time keeper: keeps track of time allocated for agenda items
- Record Keeper: Records main points and action items from the meeting
- Participant: Be involved

Ground Rule Examples

- Start and end on time
- Do not disturb
- Be prepared
- Set Up a parking Lot
- Stay focused
- Everyone's opinion is valued
- One person speaks at a time
- No sidebar conversation
- Keep an open mind
- Focus on processes not people
- Have fun

5 Elements of QAPI

- The strategic framework for developing, implementing, and sustaining QAPI
  - Design and Scope
  - Governance and Leadership
  - Feedback, Data Systems and Monitoring
  - Performance Improvement Projects
  - Systematic Analysis and Systemic Action

Element 1
Design and Scope

QAPI

F865

- Regulations require facilities to develop, implement, and maintain and effective, comprehensive, data-driven QAPI program
- Focus QAPI program on indicators of care and quality of life
- Maintain documentation and evidence of an ongoing program that meets the requirements set forth in the regulation

Self Assessment

- Helps the facility to establish a baseline in regards to QAPI implementation and then can be used to measure progress toward QAPI implementation.
- Recommended that the self assessment be completed by members from various department
- Complete initially then complete at least annually

Preamble to QAPI Plan

- Facility Mission and Vision Statement
- Purpose Statement
- Guiding Principles
- Scope of QAPI in the Organization

Preamble to QAPI Plan

- Vision statement
  - Inspiration and framework for your strategic planning
  - It is your facilities road map to what your facility would like to achieve or accomplish
- Mission statement
  - Purpose of your organization
  - What you do, for whom you do it, what is the benefit

Preamble to QAPI Plan

- Purpose Statement for QAPI
  - How QAPI supports your facilities vision and mission statement

Preamble to QAPI Plan

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).

Preamble to QAPI Plan

- Guiding Principles
  - Describe your facilities beliefs and philosophy pertaining to QAPI
  - Examples
    - Our organization uses quality assurance and performance improvement to make decisions and guide our day-to-day operations
    - In our organization, QAPI includes all employees, all departments and all services provided

Preamble to QAPI Plan

- Scope of QAPI in your facility
  - What types of care and services are provided in your facility that impact clinical care, quality of life, resident choice, and care transitions. Remember to include care and services delivered by all departments.

Preamble to QAPI Plan

- Scope of QAPI in your facility

24 Hour Skilled Nursing Services	Sue Smith, RN, DON
Medical Director Oversight	Dr. Helper
Restorative Nursing	Sallie Jones, LPN
Mental Health Care	Mental Health Services
Optometry Care	Eye Care
Podiatry Care	Foot Care
Transportation Services	One Two Three Transport
Resident Council Committee	Mr. Floyd Resident Council President
Therapy	Get Moving Therapy
Physical Therapy	Tom Walker, DPT
Occupational Therapy	Ollie ADL, OT
Speech Therapy	Sam Speech, ST
Pharmacy Services	Medication For You
Lab Services	We Draw Labs
Dietary and Specialized Meal Services	Earnestine Eatery RD

QAPI Plan

- The QAPI plan supports implementation of QAPI in the facility
- CMS Tool Guide for Developing a QAPI Plan

QAPI Plan

- Process for identifying and correcting quality deficiencies
  - Tracking and measure performance;
  - Establishing goals and thresholds for performance improvement;
  - Identifying and prioritizing quality deficiencies;
  - Systematically analyzing underlying causes of systemic qualify deficiencies;
  - Developing and implementing corrective action or performance improvement activities; and
  - Monitoring or evaluating the effectiveness of corrective action/performance improvement activities, and revising as needed

Setting Goals

- What problem are you trying to solve?
- Goals should follow the SMART formula
  - Specific (using the 3 W questions)
    - What do we want to accomplish?
    - Who will be involved/affected?
    - Where will it take place?
  - Measureable
    - What is the measure you will use?
    - What is our baseline for this measure?
    - Do we want to increase or decrease this rate?

Setting Goals

- Attainable
  - Is there a benchmark for this area?
  - Is the goal going to be challenging?
  - Is the goal unrealistic?
- Relevant
  - How does the goal address the problem we are wanting to solve?
- Time-Bound
  - What is the target date for achieving this goal?

- Example: Increase the number of residents that have a completed nursing admission assessment from 75% to 90% by August 31, 2017

Setting Goals

- CMS Tool: Goal Setting Worksheet

QAPI Scope

- How will QAPI be integrated into all care and services in our facility?
- How will QAPI address clinical care, quality of life and resident choice?
- How will QAPI aim for safety and high quality for all clinical interventions while emphasizing autonomy and choice in the resident's daily life?
- How will QAPI utilize the best available evidence to define and measure goals?

Element 2
Governance and Leadership

Governance and Leadership

- How is QAPI integrated into the responsibilities and accountabilities of top-level management and the Board of Directors (if applicable)?

Governance and Leadership

- Moving to a culture that supports QAPI begins with leadership
  - CMS Tool
    - Leadership Rounding Guide
      - Provides guidance on questions to ask during rounds in the facility in order to monitor the progress of QAPI initiatives

Leadership Rounding Guide Example

- PIP Reduction of nursing assistant turnover
  - What things are going well?
  - What is frustrating you?
  - What barriers do you see threatening this initiative? How should these barriers be addressed?
  - What additional resources are needed for the initiative?
  - Is there any colleagues that deserve special recognition for their work on this initiative?
  - Are there any colleagues that could be helped through training to make this initiative more successful?
  - Have you heard any feedback from residents or resident representatives regarding this initiative?
  - Is there anything else you would like leadership to know about this initiative?

Governance and Leadership

- Executive Leadership
  - Creates an environment that promotes QAPI
  - Develops a QAPI steering committee
  - Designate one or more persons accountable for QAPI leadership and coordination
  - Establishes a climate of open communication and respect
  - Ensures plans and goals are being carried out and communicated to the staff
  - Shares data and information on QAPI progress vertically and horizontally within the facility
  - Provides resources for QAPI

QAPI Budget

- Does your budget include resources for QAPI?
- Examples
  - Staff time to participate in QAPI
  - Equipment
  - Supplies
  - Training

QAA Committee

- Responsible for developing and modifying the QAPI plan
- Determines what performance data will be monitored
- Determines the schedule for monitoring data
- Reviews data and determines next steps
- Charters performance improvement projects

QAA Committee

- F868 Quality Assessment and Assurance Committee
  - Composition of the committee
  - Frequency of committee meetings

QAA Committee

- QAA committee must include a minimum of:
  - DON
  - Medical director or his/her designee
  - At least three other members of facility staff-one of whom must be the administrator, owner, a board member or other individual in a leadership role
  - Infection preventionist (Phase 3)

Medical Oversight

- Physician oversight, direction and involvement play an essential role in the QAPI process
- The Medical Director is accountable for providing leadership for QAPI and for being actively involved in QAPI implementation in the facility

Medical Oversight

- F841 Medical Director
  - Responsibilities include their participation in:
    - Issues related to the coordination of medical care identified through the facility's quality assessment and assurance committee and other activities related to the coordination of care;
    - Participate in the Quality Assessment and Assurance (QAA) committee or assign a designee to represent him/her

QAA Committee

- Reports its activities to the governing body, or designated person(s) functioning as a governing body

Governance and Leadership

- Oversight of the QAPI program is provided through a committee that is accountable to Executive Leadership.
- F867 (Phase 3)
  - The QAA committee reports to the facility's governing body, or designated person(s) functioning as a governing body regarding its activities, including implementation of the QAPI program
    - Committee must
      - Develop and implement appropriate plans of action to correct identified deficiencies;
      - Regularly review and analyze data, including data collected under the QAPI program and data resulting from drug regiment reviews, and act on available data to make improvements.

Staff Roles in QAPI

- All staff should know what their role in QAPI is
- CMS Tool
  - Examples of Performance Objectives for Job Descriptions and Performance Reviews

Element 3
Feedback, Data Systems and Monitoring

Feedback, Data and Monitoring

- Monitoring Care and Services
  - What data will you monitor?
  - How will the data be collected?
  - How often will the data be collected?
  - How will the data be analyzed and reviewed against benchmarks and targets?
  - How will the data be communicated?
  - Who will receive the information? How often will they receive the information?
  - How will you determine what needs to be worked on?

Feedback, Data and Monitoring

- F866 (Phase 3)
  - Policies and procedures for program feedback, data systems and monitoring (Phase 3)

Feedback, Data and Monitoring

- Policies and procedures
  - Facility maintenance of effective systems to obtain and use feedback and input from direct care staff, other staff, residents, and resident representatives
    - How information will be used to identify problems that are high risk, high volume, or problem-prone and opportunities for improvement
    - Use of facility assessment including how such information will be used to develop and monitor performance indicators
    - Methodology and frequency for development, monitoring and evaluation
    - Methods to identify, report, track, investigate, analyze and use data and information related to facility adverse events, including how data will be used to develop activities to prevent adverse events

Developing Measures

- CMS Tool Measure/Indicator Development Worksheet
- Indicator: provides evidence that a certain condition exists but does not clearly identify the situation or detail in any detail
- Measure: way to describe the concept being evaluated
- These two terms are used interchangeably

Developing Measures

- Name of measure/indicator
- Purpose or intent for measure/indicator
- Measure/indicator type
  - Structural Measure: characteristics of organization, its professionals and staff
  - Process Measure: assesses the steps or activities carried out in order to deliver care or services
  - Outcome Measure: focuses on the product (or outcome) of a process or system of care or services

Developing Measures

- Examples
  - Structural Measure: Number of departments within the facility that document using an electronic medical record
  - Process Measure: Percentage of residents that have a Braden scale completed on admission
  - Outcome Measure: The percentage of residents in the facility that have new or worsened pressure ulcers

Developing Measures

- Numerator: when will a person or event be counted as meeting the desired result
  - Number of departments that document using electronic medical record
- Denominator: Total persons or events that will be considered for the measure
  - Total number of departments in the facility
- Exclusion criteria: Is there any reason the person or event wound not be counted in the measure
  - Exclude the maintenance and housekeeping department because they do not document in the medical record

Developing Measures

- Result calculation
  - Numerator/Denominator x100 = percentage
- Indicator/Measure goal: the numerical goal to aim for
  - Example 100%
- Indicator/Measure threshold: the acceptable level of performance
  - Example 95%
- Data Source:
  - Example electronic medical record

Developing Measures

- Sample Size and Methodology: Sample or entire population being studied
- Frequency of Measurement: example daily, weekly, monthly, quarterly
- Duration: how long will you collect data?

Developing Measures

- CMS Tool Measure/Indicator Collection and Monitoring Plan
  - Measure/Indicator
  - Frequency
  - Data source
  - Person responsible for tracking the measure
  - Goal or aim
  - How will data be tracked and displayed

Goal Setting

- Benchmark: Standard
- Target: Goal
- Threshold: A measure felt to be achieved or you would be at risk

Sample Data Collection and Monitoring Plan

Data Element	Data Source	Data Collection Frequency	Who will compile the data?	Data analysis frequency	Displaying Data	Baseline	Goal
Grievances	Grievance Reports	With each occurrence	Social Services	Monthly	Excel run chart	25 per month	<5 per month
High Risk Pressure Ulcer Rates	Casper QM report	Monthly	MDS Coordinator	Monthly	Bar graph	13%	5.7%
Incorrect Medication Administered	Medication Error Reports	With each occurrence	DON	Monthly	Excel run chart	5 per month	0 per month
Nursing Assistant Turnover	PBJ data	Monthly	Staffing Coordinator	Monthly	Bar graph	35%	25%

Dashboards

- Easy to read way to display information regarding key indicators that the facility is monitoring.

Measure	Facility Score 4Q 2016	Facility Score 1Q 2017	State	Trend
Short stay residents who report moderate to sever pain	0.6%	0.4%	0.7%	
Percentage of long-stay residents experiencing one or more falls with major injury	6.7%	8.7%	2.6%	
Percentage of residents who were physically restrained	0%	0%	0.5%	

Dashboards

- CMS Tool Instructions to Develop a Dashboard

Prioritization

- Determine which areas are potential areas for improvement.
- What areas are the highest priority?

- CMS Tool Prioritization Worksheet for Performance Improvement Projects

Prioritization

- Each area is rated on a scale of 1-5 with 1 being very low and 5 being very high
  - Potential Areas for Improvement
  - Prevalence
  - Risk
  - Cost
  - Relevance
  - Responsiveness
  - Feasibility
  - Continuity

Element 4 Performance Improvement Projects

- Adverse Event: an untoward, undesirable, and usually unanticipated event that causes death or serious injury, or the risk thereof, which includes near misses.
- Near Miss: A potential harm event that did not reach a resident.
- High Risk: Care or service areas associated with significant risk to the health or safety of residents.
- High Volume: Care or service areas performed frequently or affecting a large population
- Problem Prone: Care or service areas that historically have repeated problems

Performance Improvement Projects (PIP)

- Through our prioritization we have decided a PIP is needed to address a specific area what do we do now?
- We charter a PIP
  - A charter outlines the goals, scope, timing, milestones, team roles and responsibilities

PIP Charter

- Name of the project
- Problem to be solved
- Background leading to the need for the PIP
- Goals for the project
- Scope (where project begins and ends)

PIP Charter

- Project Phases (each phase has a start and end date)
  - Initiation (charter developed and approved)
  - Planning: specific tasks and processes to achieve goals are defined
  - Implementation: Project carried out
  - Monitoring: Project progress observed and results documented
  - Closing: Project brought to a close and a summary report written

PIP Charter

- Project Team and Responsibilities
  - Project Sponsor: provide overall direction and oversee financing for the project
  - Project Director*: Coordinate, organize and direct all activities of the project team
  - Project Manager*: Manage day-to-day operations, including collecting and displaying data from the project
  - Team members: usually selected by the project manager based on the project interest, involvement in the process and availability

* may not always have both these roles

PIP Charter

- Resources needed
- Barriers (what could get in the way of success, what could be done about this)
- Project approval
  - Signatures of the administrator, project sponsor, project director, project manger
  - Signing establishes the document as the formal Project Charter and sanctions the work to begin on the project

PIP Tools

- CMS Tools
  - Worksheet to Create a PIP Charter
  - PIP Launch Checklist
    - A tool that helps the PIP leader make sure everything is in place before the project is started
  - PIP Inventory
    - A tool that helps track PIPs that are taking place in your facility

Teams

- Effective teams
  - Clear purpose
  - Defined roles
  - Commitment to active engagement
- Examples of types of teams
  - Executive Leadership team: advise and oversee the duties and responsibilities of the QAPI steering committee
  - QAPI Steering Committee (appointed by Executive Leadership team): plans, designs, implements, and coordinates consumer care, services and selects QAPI activities
  - Task oriented team or PIP teams: Members are determined based on the focus area

Teams

- Should be interdisciplinary
  - Composition of the team will be based on the focus area
  - Residents and/or resident representatives can be members of teams

PIP Tools

- CMS Tool
  - Plan-Do-Study-Act (PDSA) Cycle Template
    - This tool will help the PIP to document the progress that has taken place as part of the PIP
    - The tool is usually completed by the project leader/manager with input from the team
    - There may have to be multiple PDSA cycles completed as part of the PIP

PDSA

- What are we trying to accomplish?
- How will we know that the change is an improvement (measures)?
- What change can we make that will result in an improvement?

PDSA

- Plan:
  - What change are you testing?
  - What do you predict will happen and why?
  - Who will be involved in the PDSA?
  - Plan a small test of the change
  - How long will the change take to implement?
  - What resources are needed?
  - What data will be collected?

  - List out action steps in regards to these questions. For each of the action steps list who will be responsible and when the step should be completed

Generating Ideas for the Change

- CMS Tool Brainstorming, Affinity Grouping, and Multi-Voting Tool

- Brainstorming: generating a large number of ideas from a group of people
  - Each person takes turns stating an idea
  - Ideas are recorded so the group can see them
  - Keeping going until the ideas slow down
  - After all ideas have been listed clarify any that need clarifying and eliminate exact duplicates

Generating Ideas for the Change

- Affinity Grouping : helps organize ideas and identify common themes
  - Same process as brainstorming for having each person provide an idea
  - Each person looks for two items that seem related and places them together off to one side
  - Continue this process until all items have been grouped
    - Should be fewer than 10 groupings
  - Now discuss the items as a team coming up with short descriptive sentences that describe the group

Generating Ideas for the Change

- Multi-voting
  - Structured series of votes by a team, in order to narrow down a broad set of opinions
  - Brainstorm
  - Then combine similar items into groups
  - Number each item
  - Each person chooses 1/3 of the items. (can be done privately or by placing checks on the item)
  - Tally the votes
  - Eliminate items with few votes

Generating Ideas for the Change

- Multi-voting

Group Size (number of people)	Eliminate items with less than "x" votes
4 to 5	2
6 to 10	3
11 to 15	4
15 or more	5

- If the decision is clear stop, otherwise repeat the multi-voting process with the items that were not eliminated

Systems, Systems, Systems

PDSA

- DO
  - Carry out the small test
  - Document the findings (exactly what happened?)
  - Collect data that you identified during the planning step

PDSA

- Study
  - Analyze the data
  - Did you get the outcome you expected?
  - Did you learn any lessons from the test?

PDSA

- Act
  - Adapt: modify the changes and repeat the PDSA
  - Adopt: consider expanding the change
  - Abandon: change the approach and do another PDSA

Can you sustain the gain?

- CMS Tool Sustainability Decision Guide
- Useful when a test has been successful and you are trying to determine if the change can be adopted throughout the facility.
- Tool looks at Systems, People, Environment, Measurement
  - The more yes answers you have the higher the likelihood the change will be able to be sustained

Communication

- QAPI communication
  - Who
  - What
  - When
  - How
- CMS Tool Communications Plan Worksheet

Sample Communication Plan

Data Element	Data will be communicated with	Communicate data via	Frequency of communication
Grievances	Board Members, QAPI Committee	Meetings	Monthly
High Risk Pressure Ulcer Rates	Resdients, resident representatives, staff	Bulletin boards, dashboard, QAA and IDT Meetings	Monthly
Incorrect Medication Administered	Board members, staff	Staff meetings, dashboard, QAA meetings	Monthly or sooner if needed
Nursing Assistant Turnover	Board members, executive leadership	Staff meetings, dashboard, QAA meeting	Monthly

Communication Example

PIPs

QAPI Steering Committee

Executive Leadership

Board of Directors/Corporation

Communication

- One way to simply and clearly communicate what is taking place in a performance improvement project is through use of a storyboard.
  - The content is key to an effective storyboard, regardless what format is used to display the information
    - Problem
    - Aim
    - Interventions
    - Measure/Indicators
    - Results
    - Lessons Learned
    - Next Steps

Element 5
Systematic Analysis and Systemic Action

Systematic Analysis and Systemic Action

- Getting to the root cause of the problem- taking action at a systems level

QAPI

- F867 (Phase 3)
  - Program systematic analysis and systematic action
    - Identify quality deficiencies and develop and implement action plans to correct identified quality deficiencies

QAPI

- F867 (Phase 3)
  - Must take actions aimed at performance improvement and, after implementing those actions, measure its success, and track performance to ensure that improvements are realized and sustained
  - Develop policies
    - How a systematic approach will be used to determine underlying causes of problems impacting larger systems;
    - How corrective actions will be designed to effect change at the systems level to prevent quality of care, quality of life, or safety problems; and
    - How effectiveness of performance improvement activities will be monitored to ensure that improvements are sustained

QAPI

- F867 (Phase 3)
  - Must set priorities for its performance improvement activities that focus on high-risk, high-volume, or problem-prone areas; consider the incidence, prevalence, and severity of problems in those areas; and affect health outcomes, resident safety, resident autonomy, resident choice, and quality of care.
  - Performance improvement activities must track medical errors and adverse resident events, analyze their causes, and implement preventive actions and mechanisms that include feedback and learning throughout the facility.

QAPI

- F867 (Phase 3)
  - Must conduct distinct performance improvement projects. Number and frequency must reflect the scope and complexity of the facility's services and available resources, as reflected by the facility assessment. Must include at least annually a project that focuses on high risk or problem prone areas identified through data collection and analysis.

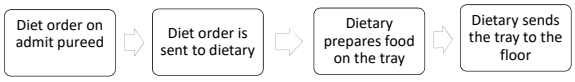
Tools

- CMS Tools
  - Guidance for Root Cause Analysis (RCA)
  - Guidance for Failure Mode and Effects Analysis (FMEA)
  - Flowcharting
  - Five Whys
  - Fishbone Diagram

Flowcharting

- Studying each step of a process to help identify where improvements can be made

Correct diet served to the resident



WHY

WHY WHY WHY

WHY

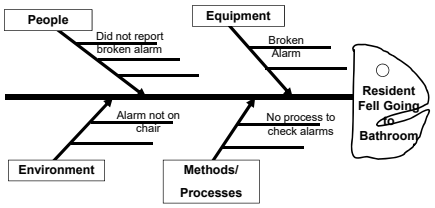
The 5 Why Approach

- The resident was eased to the floor during a transfer
  - Why? Because there was only one staff member transferring the resident
  - Why? Because the nursing assistant did not know the resident was a two person transfer
  - Why? Because the care plan had not been updated to reflect a change in the resident condition
  - Why? Because there was no one in the MDS office to make the change
  - Why? Because the MDS nurse called in sick and she does not have a back up

Fishbone Diagram

- Cause and effect diagram

Fishbone Diagram



Failure Mode and Effects Analysis (FMEA)

- Proactivily identify and reduce potential failures

Correct diet served to the resident

Diet order on admit pureed	Diet order is sent to dietary	Dietary prepares food on the tray	Dietary sends the tray to the floor
• Order did not get transcribed • Order did not get communicated to dietary • Incorrect order was communicated to dietary	• Order did not make it to dietary • Order did not get placed in the dietary computer • Order incorrectly put into the dietary computer	• No tray card printed so staff just prepared a regular tray	• Staff did not check the tray before giving it to the resident

Action Examples

- Weak: training/education
- Intermediate: checklist/prompts
- Strong: simplify-unit dose, physical changes-grab bar instillation

Monitoring

Action has been taken
Change has occurred
Now what?

Don't forget the monitoring

Action Steps to QAPI

- 1. Leadership Responsibility and Accountability
- 2. Develop a Deliberate Approach to Teamwork
- 3. Take Your QAPI "Pulse" with a Self-Assessment
- 4.Identify Your Organization's Guiding Principles
- 5. Develop your QAPI Plan
- 6. Conduct an QAPI Awareness Campaign

Action Steps to QAPI

- 7. Develop a Strategy for Collecting and Using QAPI Data
- 8. Identify Your Gaps and Opportunities
- 9. Prioritize Quality Opportunities and Charter PIPs
- 10. Plan, Conduct and Document PIPs
- 11. Getting to the "Root" of the Problem
- 12. Take Systemic Action

Resources

Adverse Drug Event Trigger Tool
https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/Downloads/Adverse-Drug-Event-Trigger-Tool.pdf

QAPI Written Plan How to Guide
https://www.lsqin.org/wp-content/uploads/2017/01/LS3-QAPIPlanHow-To-Guide.pdf

References

Process Tool Framework
https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/Downloads/ProcessToolFramework.pdf

Appendix PP
https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Advance-Appendix-PP-Including-Phase-2-.pdf

Hill Educational Services Inc.
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