



QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT QAPI - FOR SLC

Background

For years, nursing facilities have used various methods to evaluate the care and services they provide to residents. Subsequently changes are implemented in order to improve policies and procedures. The existing Quality Assessment and Assurance (QAA) provisions at 42 CFR, Part 483.75(o) specifies the QAA committee composition and frequency of meetings in nursing facilities, and requires facilities to develop and implement appropriate plans of action to correct deficiencies. While this provision provides a rule, it does not give details or the steps taken to implement the QAA regulations.

CMS is now reinforcing the critical importance of nursing facilities establishing and maintaining accountability for developing and sustaining quality of care and quality of life for its residents. For this reason, nursing facilities are required to establish fully functional and transparent Quality Assurance and Performance Programs with specific elements.

Definitions

QAPI is a merger of Quality Assurance (QA) and Performance Improvement (PI). These are two complimentary approaches to quality but have key differences:

- QA refers to the process of meeting quality standards and assuring that care reaches an acceptable level. QA thresholds are typically set to meet regulatory requirements; however, facilities often seek to exceed these regulations. QA is considered a **reactive, retrospective effort** to examine why a facility failed to meet certain standards. Although QA activities may significantly improve quality, the efforts frequently end once the standard is met.
- PI (also synonymous with Quality Improvement – QI) refers to a **proactive and continuous examination** of processes with the goal of preventing or decreasing the chances of recurrence by identifying the root causes of persistent and systemic problems. The intent of the PI process is to make good quality even better.

QAPI relies on data and a proactive approach to improving the quality of life, care, and services in nursing homes. All members of the organization must be involved in the activities of QAPI for the program to successfully identify opportunities for improvement; address gaps in systems or process; develop and implement the improvement or corrective plan; and continuously monitor the effectiveness of interventions.

The Five Key Elements of QAPI

CMS developed the general framework for implementing a QAPI program in nursing homes based on **five key elements** of effective quality management. All five elements must be addressed in the facility's QAPI program.

ELEMENT 1: Design and Scope

The QAPI program must be ongoing and comprehensive, focusing on all the services offered by the facility, including all departments and management practices. The Quality Improvement Plan serves to accomplish the following:

- Assure care and services are provided in accordance with standards and regulations;
- Identify and solve problems using a team-centered approach that includes input from all departments and stakeholders (resident, families, physicians, staff, Ombudsman and regulatory agencies) involved;
- Enhance interdepartmental communication and teamwork by having leaders participate in cross-department Performance Improvement Project activities when analyzing problems, identifying solutions and assessing outcomes;
- Continuously improve resident outcomes;
- Establish a culture of resident safety;
- Establish a culture of continual learning; and
- Establish goals that are specific, measurable, attainable, relevant and time-lined.

ELEMENT 2: Governance and Leadership

The Administrator has jurisdiction and responsibility for the quality of care and services rendered in the facility. The Administrator, in collaboration with Senior Leadership and others, is responsible for setting expectations and priorities for: safety, quality, rights, choice and respect. The Administrator also will **foster a culture of safety**, in which staff is urged to identify and report issues that had or may potentially have a negative impact on residents or staff.

In order to fulfill these responsibilities, the Administrator has to implement and maintain an ongoing QAPI Committee designed to monitor and evaluate the quality of resident care/services, pursue methods to improve quality care, and to identify and resolve problems, issues, concerns through:

- Designating one or more persons to be accountable for PI (Committee Chair);
- Ensuring adequate leadership and staff training; and
- Establishing policies to sustain the program regardless of personnel changes and staff turnover.

The QAPI Committee meets at least quarterly and consists of the following individuals:

- Administrator
- Medical Director
- Director of Nursing
- ADON
- 1-2 front line staff
- Dietician
- Food Services Manager
- Admissions Director
- Staff Education/IC/Quality Assurance Nurse
- Directors of Social Services, Recreational Therapy, Rehabilitation, Environmental Services, Maintenance
- Consultant Pharmacist (notify prior to meetings)

Minutes of the meetings are maintained and are considered protected quality assurance material.

In order to streamline the reporting process, the QAPI committee forms sub-committees and charges them with the responsibility to identify various Performance Improvement Projects and to report on their progress (to the QAPI committee) at least quarterly. Examples of sub-committees include but are not limited to:

- Resident Satisfaction committee (includes food committee);

- Pharmacy Committee (medication administration/med error rate);
- Safety Committee (resident and staff injuries);
- Utilization Review Committee;
- Department Indicators (meal temperatures);
- Comparative Measures (looking at performance over a period of time);
- Regulatory Standards (performance on standard state surveys); and
- Other Performance Improvement Projects designated by the QAPI Committee for example fall reduction.

ELEMENT 3: Feedback, Data Systems and Monitoring

A system must be in place in order to monitor policies using the data gathered, including input from staff, residents, families and others as appropriate.

- Performance Indicators should be used to monitor the continuum of care and outcomes.
- Findings should be reviewed in the context of established benchmarks and/or targets established by the facility for performance.
- Adverse events also must be tracked and investigated every time they occur and action plans implemented to prevent recurrences.

ELEMENT 4: Performance Improvement Projects (PIPs)

A PIP is a concerted effort to focus on and resolve a particular problem in one area of the facility or facility-wide.

- Gather information systematically by using simple audit tools that you can create yourself or refer to the CMS website for samples;
- Clarify issues or problems with care and services by asking who, what, when where, why (Root Cause); and
- Come up with an intervention aimed at improving the identified issue and re-evaluate as needed.

ELEMENT 5: Systematic Analysis and Systemic Action

The Administrator and leaders will evaluate the QAPI Program on an ongoing basis to determine:

- If measurable objectives for improvement have been identified;
- If relevant data/information was gathered and analyzed/assessed;
- If pre-established objectives and criteria have been used properly;
- If conclusions based on findings are accurate and interventions for improvements have been implemented; and
- That improvement has resulted in desirable resident outcomes.

The Quality Improvement Plan will be re-evaluated at least once per year by the Quality Improvement Committee

Success Depends on Your Team

The success of your Quality Assurance and Performance Improvement (QAPI) program depends on each member of your team. Each employee regardless of job function must strive for personal excellence in the delivery of care and services geared toward quality outcomes. An effective QAPI plan creates a self-sustaining approach to improving safety and quality, while involving all

nursing home caregivers in proactive, creative and practical problem solving. Your QAPI results are generated from your own experiences, priority-setting and team spirit.

QAPI Tools

A Process Tool Framework has been created by CMS (in collaboration with the University of Minnesota and Stratis Health) to crosswalk each CMS Process Tool to the QAPI Five Elements. This framework includes a description of the purposes or goals for each tool. For further information visit:

www.cms.gov/QAPI

Additional reference

Dellefield ME, Kelly, A, Schnelle JF. Quality Assurance and Performance Improvement in Nursing Homes: Using Evidence-Based Protocols to Observe Nursing Care Processes in Real Time. 2012 Aug.17 (Epub ahead of print) PMID 22902936