Quality Assurance and Performance Improvement (QAPI) Self-assessment, with comments by the Healthcare-Acquired Conditions (HAC) in Nursing Homes Network Team

| **QAPI Self-assessment Statements** | **Action items/QAPI**  **plan steps taken** | **Comments by the HAC Team and a listing of tools on the HAC Network website** |
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| Our organization has developed principles guiding how QAPI will be incorporated into our culture and work processes.  For example, we can say that QAPI is a method for approaching decision-making and problem-solving, rather than considered as a separate program.  {QAPI Element 1: Design & Scope} |  | **How are your mission, vision and values factored into the QAPI plan?**  Tools:   * Guide for Developing Purpose * Guiding Principles and Scope for QAPI * Change Package - Strategy 1: Lead with a   sense of purpose   * View QAPI Video Tutorial:*Why Focus on* * *Quality Improvement?* * [Improving Health Care: The Model for Improvement](http://texasqio.tmf.org/portals/0/Resource%20Center/Healthcare-Acquired%20Conditions%20in%20Nursing%20Homes/Improving%20Healthcare.pdf) |
| Our organization has identified how all service lines and departments will use and be engaged in QAPI to plan and do their work.  For example, we can say that all service lines and departments use data to make decisions and drive improvements, and use measurement to determine if improvement efforts were successful.  {QAPI Element 1: Design & Scope} |  | **This encompasses ALL departments (contract or otherwise).**  Tools:   * Guide for Developing Purpose * Guiding Principles, and Scope for QAPI * Change Package - Strategy 1: Lead with a sense of purpose * Change Package - Strategy 5: Be a continuous learning organization * View QAPI Video Tutorial: *Measuring Quality Improvement* |
| Our organization has developed a written QAPI plan that contains the steps the organization takes to identify, implement and sustain continuous improvement in all departments, which is revised on an ongoing basis.  For example, a written plan that is done purely for compliance and not referenced would not meet the intent of a QAPI plan.  {QAPI Element 1: Design & Scope} |  | **This plan should be broad in scope and deep in action. Despite a corporate template, your facility should customize it, as you will have unique population considerations, community issues, physicians and family concerns that need to be addressed.**  Tools:   * Guide for Developing Purpose, Guiding Principles and Scope for QAPI * Guide for Developing a QAPI Plan * Change Package - Strategy 5: Be a continuous learning organization * View QAPI Video Tutorial:*Why Focus on Quality Improvement?* |
| Our board of directors and trustees (if applicable) are engaged in and supportive of the performance improvement work done in our organization.  For example, it would be evident from board meeting minutes or other leadership meetings that they are informed of what is being learned from the data, and they provide input on what initiatives should be considered. Other examples would be having leadership (board or executive) representation on performance improvement projects or teams, and providing resources to support QAPI.  {QAPI Element 2: Governance and Leadership} |  | **You need to determine how the top leadership in the organization will be engaged and kept informed throughout. This may include your corporate consultants.**  Tools:   * Change Package - Strategy 4: Nourish teamwork and communication |
| QAPI is considered a priority in our organization.  For example, there is a process for covering caregivers who are asked to spend time on improvement teams.  {QAPI Element 2: Governance and Leadership} |  | **When are your meetings for the overall guiding committee, and how do you include staff at all levels? Do you give them time to work on project committees? How do you cover their shift when they are at the meetings and doing committee work? Do you provide for staff of all shifts to work on teams?**  Tools:   * Change Package - Strategy 4: Nourish teamwork and communication |
| QAPI is an integral component of new caregiver orientation and training.  For example, new caregivers understand and can describe their role in identifying opportunities for improvement. Another example is that new caregivers expect to be active participants on improvement teams.  {QAPI Element 2: Governance and Leadership} |  | **Consider creating a mini-project team in the orientation period. Pick a fun activity that keeps them engaged as they learn the QI process. Consider your hiring practices – do you ask questions about QAPI in the interview?**  Tools:   * View & use: QAPI Video Tutorial series * Change Package - Strategy 4: Nourish teamwork and communication * Change Package - Strategy 6: Provide exceptional compassionate clinical care that treats the whole person * Webinar: *Creating Effective Teams in the Long-Term Care Environment;* * Video:[*Domestic Lean Goddess*](http://www.healthcarecommunities.org/showcontent.aspx?id=4294981427) |
| Training is available to all caregivers on performance-improvement strategies and tools.  {QAPI Element 2: Governance and Leadership and Element 5: Systematic Analysis and Systemic Action} |  | **Does your current staff training program cover QI information? Consider use of YouTube videos on a QI project. Have the PIP team members explain what tools they used and how they went through the Model for Improvement from start to finish.**  Tools:   * View & use: QAPI Video Tutorial series * Improving Healthcare – The Model for Improvement |
| When conducting performance-improvement projects, we make a small change and measure the effect of that change before implementing more broadly.  An example of a small change is pilot testing and measuring with one nurse and one resident, on one day or one unit, later expanding the testing based on the results.  {QAPI Element 4: Performance Improvement Projects} |  | **How many times do you roll out an entire program before testing a single change concept? Test small, work out the bugs. Then roll out the improved program confident it will be successful and sustained.**  Tools:   * View: QAPI Video Tutorials: *Model for Improvement & Spreading Quality Improvement Changes* * Worksheet for Testing Change * View: [*Domestic Lean Goddess Video*](http://www.healthcarecommunities.org/showcontent.aspx?id=4294981427) |
| When addressing performance-improvement opportunities, our organization focuses on making changes to systems and processes, rather than focusing on addressing individual behaviors.  For example, we avoid assuming that education or training of an individual is the problem. Instead, we focus on what was going on at the time that allowed a problem to occur and look for opportunities to change the process to minimize the chance of the problem recurring.  {QAPI Element 2: Governance and Leadership} |  | **Keep the Human Factor in mind. Because we work in a flawed system, we have errors. We can predict what will go wrong and improve the system to reduce the risk of the errors, but errors will still occur.**  Tools:   * View: QAPI Video Tutorials: *Root Cause Analysis, Human Factors & Learning from our Mistakes - Creating a Just Culture* * Change Package - Strategy 5: Be a continuous learning organization |
| Our organization has established a culture in which caregivers are held accountable for their performance, but not punished for errors and do not fear retaliation for reporting quality concerns.  For example, we have a process in place to distinguish between unintentional errors and intentional reckless behavior; only the latter is addressed through disciplinary actions.  {QAPI Element 2: Governance and Leadership} |  | **Consider how you will address a non-punitive environment for reporting issues, yet meet abuse regulations. This one is challenging.**  Tools:   * View: QAPI Video Tutorials: *Human Factors & Learning from our Mistakes - Creating a Just Culture* * Change Package - Strategy 5: Be a continuous learning organization |
| Leadership can clearly describe to someone unfamiliar with the organization our approach to QAPI and give accurate and up-to-date examples of how the facility is using QAPI to improve quality and safety of resident care.  For example, the administrator can clearly describe the current performance improvement initiatives or projects, and how the work is guided by caregivers involved in the topic, as well as resident and family input.  {QAPI Element 2: Governance and Leadership} |  | **What will be the ongoing process for the entire facility team to be aware of all projects? Can you use storyboards to tell the story? When are the projects discussed in department meetings? How will you include night and weekend staff and keep them aware of ongoing projects?**  Tools:   * Change Package - Strategy 2: Recruit and retain quality staff * Change Package - Strategy 5: Be a continuous learning organization * Improving Healthcare – The Model for Improvement * Worksheet for Testing Change |
| Our organization has identified all sources of data and information relevant to our organization to use for QAPI. This includes data that reflects measures of clinical care; input from caregivers, residents, families and stakeholders; and other data reflecting the services provided by our organization.  For example, we have listed all available measures, indicators or sources of data and carefully selected those relevant to our organization that we will use for decision-making. Likewise, we have excluded measures not currently relevant and that we are not actively using in our decision-making process.  {QAPI Element 3: Feedback, Data Systems and Monitoring} |  | **Be as inclusive as possible without being overwhelming.**  **For example, you might not use Nursing Home Compare data if you have more timely data available at your fingertips; that would be the exclusion. But a quarterly review of the data is good to ensure accurate public data. Consider available data from the CASPER Quality Measure reports, including characteristics report; internal data, such as the pressure ulcer/wound logs; turnover data; exit interviews with staff; MDS system reports; therapy outcomes reports; company comparisons; etc.**  Tools:   * [Accessing the new MDS QM Reports](http://texasqio.tmf.org/Portals/0/Resource%20Center/Healthcare-Acquired%20Conditions%20in%20Nursing%20Homes/MDS_HowTo.pdf) * [Quality Measures User's Manual](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIQualityMeasures.html) * Staff Stability Tracking Tool * Resident and Staff satisfaction surveys * Results: Nursing Homes Survey on Patient Safety Culture |
| For the relevant sources of data, our organization sets targets or goals for desired performance, as well as thresholds for minimum performance.  For example, our goal for resident ratings for recommending our facility to family and friends is 100% and our threshold is 85% (meaning we will revise the strategy we are using to reach our goal if we fall below this level).  {QAPI Element 3: Feedback, Data Systems and Monitoring} |  | **Also, remember the “never events.” Is a FA PU ok? If not, then ANYTIME it happens: investigate, perform a Root Cause Analysis (RCA) and take action on a systems level to mitigate the risk of it happening again.**  Tools:   * Webinars – *From the Minimum Data Set (MDS) to the Internet: Quality Measures and Physical Restraint Regulations and MDS Coding* |
| We have a system to effectively collect, analyze and display our data to identify opportunities for our organization to make improvements. This includes comparing the results of the data to benchmarks or to our internal performance targets or goals.  For example, performance improvement projects or initiatives are selected based on facility performance, as compared to national benchmarks, identified best practice or applicable clinical guidelines.  {QAPI Element 3: Feedback, Data Systems and Monitoring} |  | **How will you have some sort of dashboard that all team members can view? Can they comment on it? Ask questions and/or raise concerns? What about a public dashboard, on your website, perhaps? You can then display data closer to real-time, resulting in improved marketing opportunities. Identify benchmarks, such as state and national data through the QRS site and NH Compare.**  Tools:   * ViewQAPI Video Tutorials:*Sharing Improvement Stories & Measuring Quality Improvement* |
| Our organization has, or supports the development of, employees with skill in analyzing and interpreting data to assess our performance and support our improvement initiatives.  For example, our organization provides opportunities for training and education on data collection and measurement methodology to caregivers involved in QAPI.  {QAPI Element 2: Governance and Leadership & Element 3: Feedback, Data Systems and Monitoring} |  | **Does your staff training program have QI modules? How will you tailor it to meet your needs? How can you ensure personnel have internalized and synthesized the information? What other sources can you use to provide this QI training?**  Tools:   * View QAPI Video Tutorial: *Measuring Quality Improvement* * Change Package - Strategy 2: Recruit and retain quality staff |
| From our identified opportunities for improvement, we have a systematic and objective way to prioritize the opportunities and determine what we will work on. This process takes into consideration input from multiple disciplines, residents and families. This process identifies problems that pose a high risk to residents or caregivers, are frequent in nature, or otherwise affect resident safety and quality of life.  {QAPI Element 4: Performance Improvement Projects & Element 5: Systematic Analysis and Systemic Action} |  | **Think high-risk, but low-volume situations. What do you experience infrequently, such as residents with trachs, heavy wounds, burns, spinal cord injuries, bariatric issues or young residents? These are more than clinical/nursing issues. Also consider problem families, risk in the community (e.g. West Nile virus), and such threats as challenging staffing due to the oil field salaries, etc. How do you manage self-reporting within the facility?**  Tools:   * Resident & Staff Satisfaction Surveys * Change Package - Strategy 6: Provide exceptional compassionate clinical care that treats the whole person |
| When a performance improvement opportunity is identified as a priority, we have a process in place to charter a project. This charter describes the scope and objectives of the project, so the team working on it has a clear understanding of what it is being asked to accomplish.  {QAPI Element 4: Performance Improvement Projects} |  | **Keep in mind, the QAPI project teams are going to come from your QAA process. This very important step is often overlooked. Leadership will put a PIP team in place and empower them, while setting boundaries. How much time, money and authority do they have to make the changes? (Work within what they can control.) How do you identify all the right people to be on the team?**  Tools:   * Team Charter |
| For our Performance Improvement Projects, we have a process in place for documenting what we have done, including highlights, progress, and lessons learned.  For example, we have project documentation templates that are consistently used and filed electronically in a standardized fashion for future reference.  {QAPI Element 4: Performance Improvement Projects} |  | **Easy to overlook, but this documentation is important to review both now and as the organization moves into other projects. Learn from past mistakes and past trials of changes. Become a learning organization.**  Tools:   * Worksheet for Testing Change * Change Package - Strategy 5: Be a continuous learning organization |
| For every Performance Improvement Project, we use measurement to determine if changes to systems and process have been effective. We use both process measures and outcome measures to assess impact on resident care and quality of life.  For example, if making a change, we measure whether the change has actually occurred and whether it has had the desired effect on the residents.  {QAPI Element 3: Feedback, Data Systems and Monitoring & Element 4: Performance Improvement Projects} |  | **You are not only measuring the test for direct improvements, but also monitoring for unintended consequences. One change might cause a problem in another area.  For example, a new wheelchair cushion may prevent the resident from propelling his or her wheelchair, resulting in restraining the resident.**  Tools:   * View QAPI Video Tutorial: *Measuring Quality Improvement* |
| Our organization uses structured processes for identifying underlying causes of problems, such as Root Cause Analysis (RCA).  {QAPI Element 4: Performance Improvement Projects & Element 5: Systematic Analysis and Systemic Action} |  | **Root Cause Analysis is a broad term, but ensures the team understands this is vital to uncovering all possible reasons for system failure.**  Tools:   * 5 Whys Tool * [Root Cause Analysis Toolkit](http://www.health.state.mn.us/patientsafety/toolkit/index.html) * View QAPI Video Tutorials: *Root Cause Analysis, Learning from our Mistakes - Creating a Just Culture, and Human Factors* |
| When using RCA to investigate an event or problem, our organization identifies system and process breakdowns and avoids focus on individual performance.  For example, if an error occurs, we focus on the process and look for what allowed the error to occur to prevent the same situation from happening with another caregiver and another resident.  {QAPI Element 4: Performance Improvement Projects & Element 5: Systematic Analysis and Systemic Action} |  | * + **Looking at one issue will help you potentially uncover multiple problems - each is an opportunity for improvement. For example, facility-acquired pressure ulcers’ RCA might uncover a variety of problems, such as:**   **Braden inaccuracy**   * + **Interventions not implemented in a timely fashion**   + **24 hour report issues**   + **Staff communication failures**   + **Weak orientation program weak**   Tools:   * View QAPI Video Tutorials: *Root Cause Analysis, Learning from our Mistakes - Creating a Just Culture and Human Factors* * Human Factors Intervention Selection Tools |
| When systems and process breakdowns are identified, we consistently link corrective actions with the system and process breakdown, rather than having our default action focus on training, education or asking caregivers to be more careful or remember a step. We look for ways to assure that change can be sustained.  For example, if a policy or procedure was not followed due to distraction or lack of caregivers, the corrective action focuses on eliminating distraction or making changes to staffing levels.  {QAPI Element 4: Performance Improvement Projects & Element 5: Systematic Analysis and Systemic Action} |  | **This is when flow charts, step-by-step guides, fail-safes in computer programs, and other tools help keep people from making unintentional errors.**  Tools:   * Change Package - Strategy 1: Lead with a sense of purpose * Human Factors Intervention Selection Tools |
| After corrective actions have been identified, our organization puts both process and outcome measures in place to determine whether the change is happening as expected and has had the desired effect on resident care.  For example, when making a change to care practices around fall prevention, there is a measure to determine whether the change is being carried out and a measure to determine its impact on the fall rate.  {QAPI Element 3: Feedback, Data Systems and Monitoring & Element 4: Performance Improvement Projects} |  | **Easy to say; somewhat harder to do. People may become focused on one aspect and forget to measure the other aspect.**  Tools:   * View QAPI Video Tutorial: *Measuring Quality Improvement* |
| When an intervention is in place and determined to be successful, our organization measures whether the change was sustained.  For example, if a change is made to the process of medication administration, there is a plan to measure both whether the change is in place and whether it is having the desired effect. (This is commonly done at 6 or 12 months.)  {QAPI Element 3: Feedback, Data Systems and Monitoring} |  | **Sustainability is the key to long-term QI effectiveness. This is when the team looks at how they can make the new way easy and returning to the old way difficult. Strip-search the facility for old forms, build in fail-safes and offer no-blame reporting. Peer pressure is a great asset in this case.**  Tools:   * View QAPI Video Tutorials: *Implementing Changes & Spreading Innovations* |



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