2014 QAPI Plan for [Facility Name]

Vision

A vision statement is sometimes called a "picture" of your organization in the future; it is your inspiration and the framework for your strategic planning.

Example: The vision of the Good Samaritan Society is to create an environment where people are loved, valued, and at peace.

Mission

A mission statement describes the purpose of your organization. The mission statement should guide the actions of the organization, spell out its overall goal, provide a path, and guide decision-making. It provides the framework or context within which the company's strategies are formulated.

Example: Meadowlark Hills is each resident's home. We are committed to enhancing quality of life by nurturing individuality and independence. We are growing a value-driven community while leading the way in honoring inherent senior rights and building strong and meaningful relationships with all whose lives we touch.

Purpose

A purpose statement describes how QAPI will support the overall vision and mission of the organization. If your organization does not have a vision or mission statement, the purpose statement can still be written and would state what your organization intends to accomplish through QAPI.

Example: The purpose of QAPI in our organization is to take a proactive approach to continually improve 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].

Guiding Principles

Guiding Principle #1: Our organization uses quality assurance and performance improvement to make decisions and guide our day-to-day operations.

Guiding Principle #2: The outcome of QAPI in our organization is to improve the quality of care and the quality of life of our residents.

Guiding Principle #3: In our organization, QAPI includes all employees, all departments, and all services provided.

Guiding Principle #4: QAPI focuses on systems and processes, rather than individuals. The emphasis is on identifying system gaps rather than on blaming individuals.

Guiding Principle #5: Our organization makes decisions based on data, which includes the input and experience of caregivers, residents, health care practitioners, families, and other stakeholders.

Guiding Principle #6: Our organization sets goals for performance and measures progress toward those goals.

Guiding Principle #7: Our organization supports performance improvement by encouraging our employees to support each other as well as be accountable for their own professional performance and practice.

Scope

The scope of the QAPI program encompasses all segments of [Facility Name], including resident/family feedback, staff satisfaction, individualized resident care plans, information technology, facility and maintenance plan, and QAPI.

Clinical Care Services	We provide comprehensive clinical care to residents with acute and chronic disease, rehabilitative needs, as well as end-of-life care. All care is resident-centered and focused around choice and individualized treatment plans. We strive to meet each residents goals of care, including developing and executing a transitional plan for discharge back to the community.
Dietary	We provide nutritional meals under the supervision of a licensed dietician. We consider resident choices and preferences by providing several options for meals and embrace open dining hours.
Pharmacy Services	We provide supervision and collaborate with the medical and nursing team at [Facility Name] by reviewing, dispensing, and monitoring medication effectiveness to ensure therapeutic goals are maintained for each and every resident.
Maintenance and Engineering	We provide comprehensive building safety, repairs, and inspections to ensure all aspects of safety are enforced, assuring the safety and well-being for each resident, visitor, and staff who enters the building.
Housekeeping	We provide and ensure that all health, sanitation, and OSHA requirements are met through regular cleaning, disinfection, and sanitation of all aspects of the building.
Administration	We align all business practices to ensure every resident has individualized care, and we work to support the providers with the resources and equipment to meet the care goals of those we care for.

Aspects of service and care are measured against established performance goals. Key monitors are measured and trended on a quarterly basis. The QAPI Steering Committee analyzes performance to identify and follow-up on areas of opportunity. [Facility Name] continually identifies opportunities for improvement and uses the following criteria to prioritize opportunities.

- Aspects of care occurring most frequently or affecting large numbers of residents
- Diagnoses associated with high rates of morbidity or disability if not treated in accordance with accepted standards of care
- Issues identified from local demographic and epidemiological data
- Access to care post-discharge
- Resident/family expectations
- Regulatory requirements
- Availability of data
- Ability to impact the problem and available resources
- Critical incidents

Important aspects of service and care monitoring

Specific aspects of service and care monitored through the QAPI program are listed in the QAPI Work Plan. QAPI activities are imbedded in all [Facility Name] core processes. Services provided to residents are implemented at the interdisciplinary team level, ensuring that the individual resident needs are met. Specific metrics are established in the QAPI Work Plan, which can be updated throughout the year to reflect progress on QAPI activities and input from the health care delivery system.

Data trends and efforts related to improvement actions are reported to the corporation and/or Board of Directors in quarterly reports and in the Annual QAPI Work Plan Evaluation. If a performance goal is not being met, [Facility Name] conducts a root cause analysis and develops a Performance Improvement Project utilizing Plan, Do, Study, Act (PDSA) cycles to meet the goal by an established date. The results of those actions are also reviewed.

Performance Improvement Projects (PIP)

The QAPI Committee annually prioritizes activities, endorses or re-endorses policies and procedures, and continually monitors for improvement through the use of a QAPI self-assessment. In addition, the QAPI Steering Committee will implement any PIP topics indicated by data analysis. Quality improvement activities are also developed in collaboration with the support of providers, residents, families, and staff. PIPs are implemented in accordance with CMS' protocol for conducting PIPs, including:

1. Measurement of performance using objective quality indicators
2. Implementation of system interventions to achieve improvement in quality
3. Evaluation of the effectiveness of the interventions
4. Plan and initiation of activities for increasing or sustaining improvement

Implementation of new PIPs or any significant changes proposed to existing PIPs will be subject to approval. As such, reports reflecting new or changing PIPs will be submitted to the corporation and/or Board of Directors.

Peer Reviews

[Facility Name] monitors provider and facility adherence to quality standards via site visits and ongoing review of complaints, adverse events, and sanctions and limitations on licensure. The purpose of the peer review program is to monitor accessibility, quality, adequacy, and outcomes of services delivered.

[Facility Name] performs audits of providers to review clinical and administrative policies and procedures, clinical records against standards, adherence to timely access to care requirements, and administrative practices for the purpose of monitoring compliance with the [Facility Name] contract, including state and federal requirements. If the practitioner or facility treatment record review fails to meet an established goal, corrective action and/or a re-audit is required. Follow-up reviews measure progress on corrective actions until the goal is met.

Training and Orientation

[Facility Name] staff are provided the necessary training to enable them to perform their jobs effectively. Topics covered in the training program include, but are not limited to:

- Confidentiality [HIPAA and other federal and state regulations]
- Regulatory requirements [Division of Nursing Home Licensure and Certification]
- Orientation to job-specific functions and applicable policies and procedures
- Orientation program to include mandatory all-staff training and unit-specific training
- Ongoing training includes mandatory all-staff competency updates addressing topics such as changes in policies and procedures and regulatory requirements.
- Clinical competency updates for clinical staff addresses topics, new technologies in the long-term care industry, and clinical topics that are identified as necessary to keep staff members current in long-term care.

References

1. The Centers for Medicare & Medicaid Services. QAPI at a Glance: A Step by Step Guide to Implementing Quality Assurance and Performance Improvement (QAPI) in Your Nursing Home. http://cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/Downloads/ QAPIAtaGlance.pdf. 2013. Accessed September 30, 2013.

2. OPTUMHealth. FY2012 Quality Assessment and Performance Improvement (QAPI) Plan. https://m1.optumhealthslco.com/documents/72259/86516/2012_Optum_SLCO_QAPI_Plan.pdf 2012. Accessed September 30, 2013.

QAPI Plan

Goal 1

[Facility Name] will work to develop a stable work force by decreasing licensed staff turnover from 35 percent to 20 percent by December 31, 2014.

Goal 2

[Facility Name] will work to develop a stable work force by decreasing unlicensed staff turnover from 72 percent to 50 percent by December 31, 2014.

Goal 3

[Facility Name] will work to develop a stable leadership team by decreasing turnover from 26 percent to 12 percent by December 31, 2014.

Goal 4

[Facility Name] will develop and execute a plan for expansion of respiratory services to address the high volume of complex respiratory residents by September 30, 2014.

Goal 5

[Facility Name] will increase the number of long-term residents with a vaccination against both influenza and pneumococcal disease documented in their medical record from 61 percent to 90 percent by December 31, 2014.

Scope

[Facility Name] will utilize the principles of QAPI to align all business and clinical care decisions, creating a model of care that centers its core values on individualized care and resident choice.

The staff will utilize data from industry standards to quantify and benchmark all aspects of performance improvement whenever possible. Any negative trends in data will be addressed utilizing root cause analysis and quality improvement methodologies. The leadership and staff will embrace evidenced-based strategies and utilize PDSA cycles until the desired change is effective and the desired goals are achieved and sustained.

Governance and Leadership

As required by the CMS guidelines for QAPI, oversight of the QAPI program is provided through a committee structure that is accountable to [Facility Name] Executive Leadership. The [Facility Name] Corporation/Board of Directors fully delegates responsibility for oversight of the QAPI program to the [Facility Name] QAPI Steering Committee. The QAPI Steering Committee is responsible for providing an annual report on the QI Program to [Facility Name] Corporation/Board of Directors at its annual meeting.

The [Facility Name] Leadership team and QAPI Steering Committee have the responsibility for planning, designing, implementing, and coordinating consumer care and service and selecting QAPI activities to meet the needs of residents and families.

The Executive Leadership team will assure that time and resources are provided to the designated persons that participate on the QAPI Steering Committee or any other associated work groups. Minutes of meetings will reflect membership and attendance of those participating and will be reported quarterly in the monthly QAPI summary report to the Corporation/Board of Directors. In addition, annual training will be provided to all staff utilizing the annual QAPI report to summarize goals, progress, and amendments to any PIPs.

Compliance will be monitored formally through incident reports and staff satisfaction, and informally through discussions, staff meetings, brainstorming activities, and PDSA cycles.

The QAPI Steering Committee will meet quarterly at a minimum, and will record minutes on the designated QAPI template. The minutes will be shared with staff during meetings and posted in a designated area for staff to review after every meeting.

The Executive Leadership team will advise and oversee the duties and responsibilities of the QAPI Steering Committee in the following capacities:

- Appoint staff members to the QAPI Steering Committee.
- Ensure the plans and goals are being carried out and clearly communicated to all staff in the facility.
- Institute a facility dashboard to reflect the current goals and measurements.
- Share all data and information on QAPI progress both vertically and horizontally within the facility.

Medical Oversight

Physician oversight, direction, and involvement play an essential role in the QAPI process. The [Facility Name] Medical Director is the designated senior practitioner and advisor for all aspects of the QAPI program related to clinical care and safety. The medical director is accountable for providing leadership for, and is actively involved in the implementation of, the QAPI program. Performance accountabilities for the Medical Director include, but are not limited to, the following:

- Ensuring that all quality management initiatives pertaining to the delivery and management of care are clinically sound, promote consumer safety, and are based on current best practices
- Co-chairing the QAPI Steering Committee
- Participating in and providing support to other committees for the development of appropriate assessment and evaluation efforts, intervention strategies, and corrective action plans
- Involving providers and representatives of medical delivery systems in reviewing and planning the QAPI program's core activities

Feedback, Data, and Monitoring

[Facility Name] will establish performance indicators for all QAPI-designated goals. These indicators can be a combination of process and outcome measures. All data will utilize internal and external benchmarking. Performance thresholds will set be to show gradual trends for improvement. On a quarterly basis, data will be collected and reported to the QAPI Steering Committee from the following areas:

- Input from caregivers, residents, families, and others
- Adverse events
- Performance indicators
- Survey findings
- Complaints

The Executive Leadership team will approve annually all performance indicators and any other indicators added during the QAPI annual cycle. These measures will be collected and reported in a facility dashboard, which is included in quarterly updates to the [Facility Name] Corporation/Board of Directors. In addition, a report of the performance indicators and progress toward achieving the QAPI goals will be shared with the staff and resident/family council, at a minimum of once a year.

Performance Improvement Projects [PIPs]

[Facility Name] Executive Leadership and the QAPI Steering Committee will conduct an environmental scan of facility systems utilizing the QAPI self-assessment on an annual basis. Data sources will include, but are not limited to, the following areas:

- Input from caregivers, residents, families, and others
- Adverse events
- Performance indicators
- Survey findings
- Complaints

The committee will consider and prioritize both external and internal elements affecting the long-term care industry and facility when selecting priorities of focus for the coming year. The recommendations for proposed PIPs will be submitted in an annual report to the Corporation/Board of Directors for approval prior to implementation.

Once the PIP has been approved, Executive Leadership will direct the QAPI Steering Committee to establish a QAPI PIP charter, timeline, and to allocate staff and resources prior to the launch of the PIP.

PIP team members will be selected based on scope of the work, considering such factors as time commitment and expertise. Whenever possible, the facility should consider a resident/family advisor be appointed to the team. Meeting minutes will be recorded and shared with the QAPI Steering Committee, executive leadership, and staff.

Systematic Analysis and Systematic Action

[Facility Name] will use data at every QAPI Steering Committee to ensure performance measures are meeting QAPI Goals. PDSA cycles will be utilized to improve existing processes. Data specific to the PDSA interventions will be collected and monitored at the end of each cycle. Since PDSA cycles are dynamic and current, data collected during these intervention periods will be analyzed on a frequency designated by the PIP team and/or QAPI Steering Committee that would be useful for making mid-cycle adjustments.

The PDSA cycle outcomes will be reported to the QAPI Steering Committee at least quarterly; however, more frequent monitoring may be required for rapid cycle PDSA cycles of change to capture the impact of the change once the intervention is spread across the facility.

Communication

At a minimum, the Executive Leadership will report annually on the status of the current QAPI plan as well as the proposed QAPI plan and goals for the coming year. This report will be made available to:

- Corporation/Board of Directors
- Entire management team of [Facility Name]
- Staff
- Resident/family council
- Other stakeholders as designated

At a minimum, the QAPI Steering Committee will report the progress on the established QAPI goals, PDSA cycles, and current data trends to the following:

- [Facility Name] Executive Leadership
- Entire management team of [Facility Name]
- Staff
- Resident/family council

Evaluation

At a minimum, the Executive Leadership and Facility Management teams, along with the assistance of the QAPI Steering Committee, will conduct a facility-wide systems evaluation utilizing the QAPI Self-Assessment.

The team will thoughtfully and thoroughly consider the progress made in the last year toward achieving the designated QAPI goals and current status of measurement in meeting and sustaining the performance indicators. Other factors to consider will be current trends in the long-term care industry as well strategic goals for the facility.

Gaps in systems and processes will be identified and addressed in the coming year's QAPI plan.

Disclaimer: Use of this tool is not mandated by CMS for regulatory compliance nor does its completion ensure regulatory compliance.