

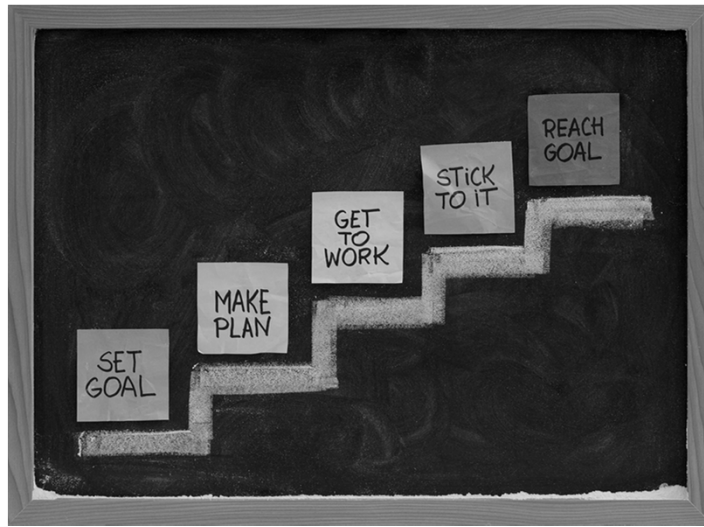


Writing The QAPI Plan



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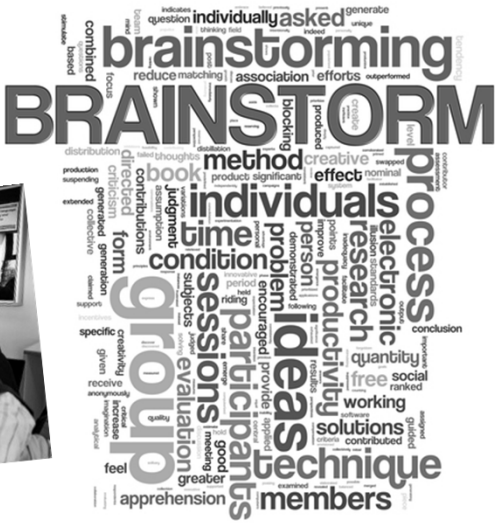

**"HOPE IS NOT A
STRATEGY."**

USAF Special Ops pilot



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Tips for Writing a QAPI Plan

- A written plan that will be due 1 year after regulation is promulgated
- The main document supporting QAPI in your organization
- Tailor it to fit your organization – all units, programs and resident groups
- Must use it and continually refine it
- Use the “Guide for Developing a QAPI Plan” in the QAPI at a Glance tool

Tips for Writing a QAPI Plan

- ❑ Initial QAPI plan will take time to create. It will be much easier going forward
 - Review and revise on a quarterly basis
 - Revise goals and other areas as needed on a yearly basis

- ❑ Identify your vision statement, mission statement, purpose, guiding principles and scope for QAPI *prior* to writing your plan
 - Attach these as a “preamble” to the QAPI plan

The plan should....

QAPI Self-Assessment Tool

Our organization has developed a written QAPI plan that contains the steps that the organization takes to identify, implement and sustain continuous improvements in all departments; and 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.

- Identify, Implement, and Sustain continuous improvements in all departments

Tips for Writing a QAPI Plan



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Identify Your Organization's Guiding Principles:

- Statements that provide a foundation to help guide decision making and setting priorities for QAPI
- Beliefs and philosophy regarding performance improvement
- Tied to facility's mission
- Use the Guide for Developing Purpose, Guiding Principles, and Scope for QAPI to establish your organization's principles
- Team completing this assignment should include senior leadership

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QAPI Guiding Principles: An example

- *In our organization:*
 - *QAPI is a priority. It guides our day to day operations and is a barometer for how we are providing quality of care and quality of life for our residents.*
 - *Management and the governing board take an active role in assuring the QAPI program is adequately resourced to conduct its work and that policies are established to sustain the QAPI program.*
 - *QAPI includes all employees, all departments and all services provided.*
 - *Data from multiple sources (performance indicators, tracking of adverse events and input from residents and families) are utilized to monitor care and services.*
 - *QAPI focuses on a systemic approach to identify problems, its causes and implications of a change, and focuses on processes rather than addressing individual behaviors.*
 - *Performance Improvement Projects (PIPs) examine and seek to improve care or services in areas that have been identified as needing improvement.*



Establish goals for the program

➤ Goals should be (SMART):

- Specific
- Measurable
- Actionable
- Relevant
- Timeline



- Remains to be seen if regulation will mandate # of goals or # of PIPs for the year

Discuss Scope

Describe in your plan how you will...

- ✓ Incorporate QAPI into the culture throughout all disciplines and service lines
- ✓ Assess quality in all areas
- ✓ Aim for safety and high quality while emphasizing autonomy and choice
- ✓ Utilize the best available evidence to determine appropriate care and to define and measure goals



Example: Incorporating QAPI into all aspects of facility:

QAPI is incorporated into our culture throughout all disciplines and service lines:

- *QAPI training is an integral component of new employee orientation.*
- *QAPI is included in all staff job descriptions and in annual evaluations.*
- *Employees understand and can describe their role in identifying opportunities for improvement.*
- *All staff attend an annual mandatory in-service in February for a review of the facility's vision and mission statements, prior year's goals and results of performance improvement projects (PIPs).....etc.*



Write Guidelines for Governance and Leadership

- How is QAPI integrated into responsibilities and accountabilities of top level management?
- How is QAPI adequately resourced?
- Who is your QAPI leadership and what are their responsibilities on the QAPI steering committee?
- How will the QAPI activities be reported to the governing body?



Example: How QAPI activities will be communicated to the CEO and Governing Board:

The QAPI steering committee submits its annual plan for the coming year to the CEO and governing board for review, modifications and approval by January 15th. The final approved plan becomes the basis by which the committee will direct its efforts over the coming year. The plan may be modified during the year, with CEO/Governing Board approval, based on circumstances.



KEEP CALM AND TAKE SOME TIME TO REFLECT

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Determine how data will be used

- Describe the systems you have in place to monitor care and services from multiple sources of data





Example: Systems in place to monitor care and services:

- *Feedback from caregivers, residents, families and others will be collected via staff and resident/family satisfaction surveys, a "suggestion box" at the lobby desk and an open door policy where staff, resident and family members feel comfortable bringing quality concerns to mid-level and senior level staff.*
- *Tracking, monitoring and investigating adverse events such as falls, injuries and infections through incident/accident reports and infection reports.*
- *Tracking, monitoring and analyzing CMS Quality Measures, 5-star ratings and other performance indicators through QM reports, 5-star preview reports and other measurement data as provided through software programs that are available to GMHCF.*
- *Acting on survey findings that are reported on the survey statement of deficiencies and OSCAR reports.*
- *Tracking, monitoring and responding to verbal and written complaints.*



Write Guidelines for Performance Improvement Project (PIP) Teams

- Include overall plan for conducting PIPs
- How are you going to designate PIP teams?
- What are the characteristics used for PIP teams?
- How will PIPs be documented?



Example: Designating PIP teams

- *The QAPI steering committee will consider who the stakeholders are, that is, which staff and disciplines on the various shifts and which residents and family are affected by the issue, keeping in mind that for confidentiality reasons, family members and residents may not review certain data that may identify individual residents if they are chosen for the team.*
- *The committee will select one or two people to act as coordinator(s) of the PIP team.*



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Describe how you will ensure Systemic Analysis and Systemic Action

- How will you observe for positive and negative consequences resulting from changes?
- What methods will you use to get to the root cause of issues?
- How will you ensure that interventions are effective in making improvements?



Example: Evaluating Changes

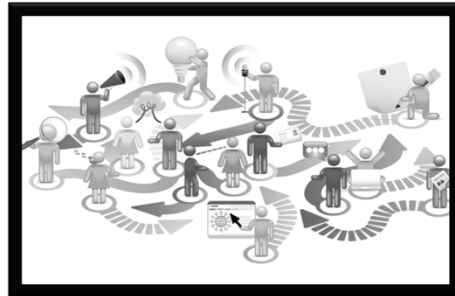
When system changes are made, we will observe for positive and negative consequences resulting from changes:

- *Plans for improvement will be trialed in a small way (on one unit) before it is rolled out to the entire facility in order to identify unintended consequences of the change.*
- *We will continue monitoring to see whether or not improvement has occurred.*



Communications

How will QAPI activities be communicated?



QAPI Awareness Campaign

- Let everyone know about your QAPI plan – often and in multiple ways
 - CEO and governing board should review and approve
 - Orientation of new employees, ongoing education, resident and family council meetings
 - Don't forget contractors (hospice, pharmacy etc.)
- Convey the message that any and every caregiver is encouraged to raise quality concerns and it's *safe* to do so



Example: Communicating QAPI activities to everyone

QAPI activities will be communicated:

- *During orientation of all new employees*
- *Annually during a mandatory QAPI in-service for all employees*
- *In resident and family council meetings*
- *Upon contract to consultants, contractors and collaborating agencies (example: hospice, podiatrist)*
- *By conveying the message that any and every caregiver is expected to raise quality concerns and to think about systems and that it is safe to do so.*



Evaluation

How will you evaluate your QAPI program on a regular basis?



Example: How QAPI will be evaluated

The QAPI steering committee, along with all department heads, will utilize CMS' QAPI at a Glance self-assessment tool on a bi-annual basis to help identify educational and skill needs, and to assure that QAPI is reaching every aspect of the organization. Once the steering committee is satisfied that the QAPI is fully established and part of the organization's culture, the self assessment will be performed on an annual basis thereafter.




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Establishment of the Plan

- ✓ Date plan was developed
- ✓ When it will be reviewed
- ✓ Where will it be saved?
- ✓ Signatures and dates
 - QAPI Steering Committee Coordinator
 - CEO
 - BOD



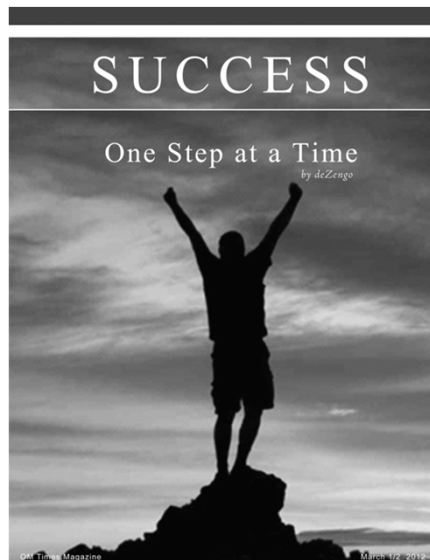
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Example: Establishing the Plan

- *This current QAPI plan is dated: January 2014*
- *The QAPI plan will be reviewed on a quarterly basis, beginning at the April QAPI committee meeting and every three months thereafter. If modifications are warranted upon review, the plan will be revised, dated and saved as a new copy of the original plan.*
- *All copies of the plan, including the original will be saved in a folder on the shared drive entitled "QAPI Plan (month/year)".*



QAPI Tools and Resources

- ❖ QAPI website:
 - <http://cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/NHQAPI.html>
- ❖ QAPI at a Glance manual:
 - <http://cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/Downloads/QAPIAtaGlance.pdf>
 - Facility Self-Assessment
 - Defining Guiding Principles and Scope
 - Development of a QAPI plan
 - How to Create and Develop Goals

QAPI Tools and Resources

- ❖ Oklahoma Foundation for Medical Quality
 - Quality Improvement Toolkit:
http://www.ofmq.com/Websites/ofmq/images/QI_Fundamentals_508.pdf
- ❖ Ohio QIO Companion Guide:
 - <http://ohiokepro.com/shopping/pdfs/8772.pdf>
- ❖ Quality Initiatives Q&As
 - [http://www.leadingageny.org/home/assets/File/FAQ%20Aligning%20NH%20Quality%20Initiatives%2010%202013%20\(3\)\(1\).pdf](http://www.leadingageny.org/home/assets/File/FAQ%20Aligning%20NH%20Quality%20Initiatives%2010%202013%20(3)(1).pdf)