QAPI
Your Guide to the New LTPAC and SNF Standard for Quality Assurance and Performance

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Introduction

In long-term post-acute care (LTPAC) settings, the only thing that is constant is change. There is, however, one process that endures—QAPI.

QAPI (Quality Assurance/Performance Improvement) takes a systematic, comprehensive and data-driven approach to maintaining and improving safety and quality in nursing homes, while involving all nursing home caregivers in practical and creative problem-solving.

Through Richter Healthcare Consultants’ QAPI consulting services, our Clinical Consulting team works closely with our skilled nursing facility (SNF) and home health clients to provide education, technical assistance and support in the development of a QAPI program.

This e-book is designed to synthesize the expertise and experience of Richter Healthcare Consultants with regard to all facets of QAPI. We share many of the same recommended steps, checklists, processes and deliverables in this e-book with our clients in rich detail as part of our QAPI consulting services. While the e-book itself presents these concepts and learnings in ways that are designed to provide a basic overview of QAPI and its relevance to LTPAC facilities, our QAPI consulting services apply these concepts comprehensively to the unique challenges of each client’s enterprise.

We hope you find this information useful, and our QAPI team is always eager to answer your questions or discuss ways in which QAPI can help your organization thrive. We have included our contact information in the concluding chapter—and we have also included helpful resources to provide additional information and context to this important and evolving subject.

Let’s get started!
Chapter One
What is QAPI? Understanding QAPI Basics

Until recently, Quality Assurance (QA) and Performance Improvement (PI) were two separate processes. These have since been streamlined into what we now know as the QAPI process. Let’s begin with the Centers for Medicare & Medicaid Services (CMS) definition of QAPI:

“QA is a process of meeting quality standards and assuring that care reaches an acceptable level. Nursing homes typically set QA thresholds to comply with regulations. They may also create standards that go beyond regulations. QA is a reactive, retrospective effort to examine why a facility failed to meet certain standards. QA activities do improve quality, but efforts frequently end once the standard is met.

“PI (also called Quality Improvement – QI) is a proactive and continuous study of processes with the intent to prevent or decrease the likelihood of problems by identifying areas of opportunity and testing new approaches to fix underlying causes of persistent/systemic problems. PI in nursing homes aims to improve processes involved in health care delivery and resident quality of life. PI can make good quality even better.”

QAPI regulation was advanced as a part of the Affordable Care Act (ACA) of 2010, but the basic premise is not entirely new to LTPAC providers. The initiative expanded CMS’ existing Quality Assessment and Assurance (QAA) provision, thus “reinforcing the critical importance of how nursing facilities establish and maintain accountability...in order to sustain quality of care and quality of life for nursing home residents.”

CMS has linked these initiatives to reimbursement, furthering the underlying tenet of value-based purchasing/paying for performance based upon resident-centric outcomes.
QAPI takes the QAA regulations further by incorporating root cause analysis and performance improvement guidelines. While QA is the assessment of how well the facility is doing, PI is the application of corrective actions and improvement of performance in a monitored and measured approach. The expectation is that LTPAC providers will continue to question and refine processes until optimal outcomes are met.

The goal of QAPI, therefore, is to improve processes in the delivery of care and ultimately improve patients’ quality of life, as well as overall quality of care.

In Chapter Two, we’ll explain the Five Elements of QAPI.
Chapter Two
The Five Elements of QAPI

QAPI is divided into five elements as defined by CMS below. Each of these five elements must be an integral part of your QAPI process in order to build a successful program.

**Element 1: Design and Scope**
A QAPI program must be ongoing and comprehensive, dealing with the full range of services offered by the facility, including the full range of departments. When fully implemented, the QAPI program should address all systems of care and management practices, and should always include clinical care, quality of life and resident choice. It aims for safety and high quality with all clinical interventions while emphasizing autonomy and choice in daily life for residents (or residents’ agents). It utilizes the best available evidence to define and measure goals.

**Element 2: Governance and Leadership**
The governing body and/or administration of the nursing home should develop a culture that involves leadership seeking input from facility staff, residents, and their families and/or representatives. The governing body assures adequate resources exist to conduct QAPI efforts. This includes designating one or more persons to be accountable for QAPI, developing leadership and facility-wide training on QAPI, and ensuring staff time, equipment and technical training as needed. The governing body should foster a culture where QAPI is a priority by ensuring that policies are developed to sustain QAPI despite changes in personnel and turnover.

**Element 3: Feedback, Data Systems and Monitoring**
The facility puts systems in place to monitor care and services, drawing data from multiple sources. Feedback systems actively incorporate input from staff, residents, families and others as appropriate. This element includes using Performance Indicators to monitor a wide range of care processes and outcomes and reviewing findings against benchmarks and/or targets the facility has established for performance. It also includes tracking, investigating and monitoring Adverse Events that must be investigated every time they occur, as well as action plans to be implemented to prevent recurrences.
Element 4: Performance Improvement Projects
A Performance Improvement Project (PIP) is a concentrated effort on a particular problem in one area of the facility or facility-wide; it involves gathering information systematically to clarify issues or problems and intervening for improvements. The facility conducts PIPs to examine and improve care or services in areas that the facility identifies as needing attention. Areas that need attention will vary depending on the type of facility and the unique scope of services they provide.

Element 5: Systematic Analysis and Systematic Action
The facility uses a systematic approach to determine when in-depth analysis is needed to fully understand the problem, its causes and implications of a change. The facility uses a thorough and highly organized/structured approach to determine whether and how identified problems may be caused or exacerbated by the way care and services are organized or delivered. Additionally, facilities will be expected to develop policies and procedures and demonstrate proficiency in the use of root cause analysis. This element includes a focus on continual learning and continuous improvement.

In Chapter Three, we’ll introduce and review the 12 Steps of QAPI.
Chapter Three

The 12 Steps of QAPI

For any QAPI process to be effective, it is recommended that you use the 12 steps as developed by CMS. To begin the QAPI process in your facility, you should begin with step one of the 12-step process from CMS and work your way through to step 12. It may take anywhere from six to 12 months to get your program up and running. Remember, this is a process that requires a team approach to work through. Below is the basic framework you will need to build a successful QAPI process in your facility.

1. **Leadership Responsibility and Accountability**
   Support must come from the top; provide resources for your staff.

2. **Develop a Deliberate Approach to Teamwork**
   Have a clear purpose / have defined roles / have a commitment to active engagement.

3. **Take Your QAPI “Pulse” With Self-Assessment**
   Use the CMS self-assessment tool to determine areas you need to work on.

4. **Identify Your Organization’s Guiding Principles**
   This will unify the facility by tying the work being done to a purpose or philosophy.

5. **Develop Your QAPI Plan**
   Tailor your plan to fit your facility; scope will be based on the unique services you offer.

6. **Conduct a QAPI Awareness Campaign**
   Inform everyone about QAPI and your organization’s QAPI plan.
7. Develop a Strategy for Collecting and Using QAPI Data
   Effective use of data will ensure that decisions are made based on full information.

8. Identify Your Gaps and Opportunities
   Use this time to observe any areas where processes are breaking down.

9. Prioritize Quality Opportunities and Charter PIPs
   Prioritize opportunities for more intensive improvement work.

10. Plan, Conduct and Document PIPs
    PIP teams should use a standardized process for making improvements.

11. Getting to the “Root” of the Problem
    Determine all potential root cause(s) underlying the performance issue(s).

12. Take Systemic Action
    Implement changes that will result in improvement of overall processes.

In Chapter Four, we’ll take a close look at implementing PIPs as part of a QAPI program.
Chapter Four
Implementing Performance Improvement Projects (PIP) as a Part of a QAPI Program

What is a PIP in a skilled nursing or LTPAC facility?
It’s a question we at Richter Healthcare Consultants often hear. The simple answer is that a PIP is a focused effort on a specific problem in one area of a LTPAC facility or agency, or for the entity as a whole. The process involves methodical gathering of data to bring additional clarity to facility issues or problems. The facility initiates a PIP to examine and improve care and/or services in areas that the facility has identified as areas of concern. Areas of concern will vary depending on the type of facility or agency and the distinctive scope of services provided.

How do you know when a PIP is warranted?
The short answer is to complete a PIP for any areas or practices where you have determined a need for improvement. PIPs should be directed by your organization’s QAPI Steering Committee. This committee is responsible for prioritizing opportunities for improvement from its ongoing structured review of facility performance. Furthermore, you should prioritize those items that affect residents or are high-risk items, and complete PIPs for those items first. You should then move on to medium- and low-risk items.

Careful planning of PIPs entails identifying areas to work on that are meaningful and important to your residents through comprehensive data review. It is important to focus PIPs by defining their scope so that they do not become overwhelming. Some opportunities are not global enough to create a PIP. Corporations or facilities may have a desire to document smaller scoped projects of shorter term. Check with your Steering Committee for guidance on selection of PIPs versus Improvement Activities (IAs).
Once you have determined you want to initiate a PIP, you will want to use what is called the Plan-Do-Study-Act (PDSA) cycle. PDSA is a four-step model for carrying out change. Just as a circle has no end, the PDSA cycle should be repeated again and again for continuous improvement.

We describe each PDSA step below.

**Plan: Recognize an opportunity and plan a change.**
During the Plan step, assemble a team that has knowledge of the problem or opportunity for improvement. When choosing the staff, consider the strengths each team member brings to the table—look for engaged, forward-thinking individuals. Once you have recruited your team members, identify roles and responsibilities, set timelines and establish a meeting schedule.

Describe what it is you want to accomplish in an “aim” statement. Try to answer three basic questions:

1. What are we trying to accomplish?
2. How will we know that a change represents an improvement?
3. What change can we make that will result in improvement?

Using the aim statement, describe your desired accomplishments and use data and information you have gathered to measure how your organization does not currently meet the accomplishment criteria. By means of root cause analysis, identify the cause(s) of your problem.

Examine your process by asking these questions:

1. Is this process efficient? What is the process costing, including money, time or other resources?
2. Are we doing the right steps in the right way?
3. Does someone else conduct this same process in a different way?

Finally, develop alternatives that could mitigate your root causes. Choose one or two alternatives that you believe will best help you reach your aim(s).
**Do: Test the change. Carry out a small-scale study.**

In the Do step, you will begin implementing your action plan. Collect data as you go to help you evaluate your plan in the Study step of the cycle. Your team may want to use a check-off sheet, flow chart, swim lane map or run chart to capture data/occurrences as they happen, or over time.

Your team should also document problems, unexpected effects and general observations throughout this process.

**Study: Review the test, analyze the results and identify what you’ve learned.**

The Study step will include the aim statement from the Plan step, as well as data gathered in the Do step. You will use that information to answer the following questions:

1. Did your plan result in an improvement? By how much/little?
2. Was the action worth the investment?
3. Do you see trends?
4. Were there unintended side effects?

**Act: Take action based on what you learned in the Study step.**

If your efforts have yielded a positive outcome, you will want to integrate your results into a daily process. Then, you should return to the Plan step and review your process to determine if any further improvements are warranted.

If your efforts have given you a negative outcome, return to the Plan step and develop a new plan to work toward ultimate success.

No matter the outcome, it is important that you share outcomes with your staff. This offers a perfect opportunity to develop dialogue with staff members who were not directly involved in the process. You never know where that next great idea might come from.

In Chapter Five, we’ll present practical strategies for implementing QAPI program planning and processes.
Chapter Five
Implementing QAPI Program Planning and Processes

Setting your goals is a vital part of the QAPI process. The first step entails establishing thresholds. In order to determine your thresholds, you must first collect the relevant data. When collecting data, it is important to ensure that the data is meaningful and not erroneous.

Once the appropriate data is gathered, you will use that information to identify a threshold. The QAPI process must include this step for establishing an acceptable threshold, target or goal. Although benchmarks can be set for any threshold, clinical benchmarks should be set based on the consideration of standards of care or best practice for that specific benchmark. Such information can be obtained through professional organizations, research and databases within your industry. Another good source of information is the CMS website.

An example of said benchmarks would be your Certification and Survey Provider Enhanced Reports (CASPER) Quality Measure reports which are available for nursing facility providers. These reports allow you to identify benchmarks on a state or national level and compare them to your own. Every facility is different; therefore, benchmarks should be based on your own individual performance.
Once you have set your goals, you must determine how you plan to collect data. Who will be responsible, and how will the data be collected? How will the data be reported? Who will review the data? All of this information should also be included in your PIP. After the predetermined period of time has passed, the results should be reviewed to determine whether that goal was met.

**Specific:**
- What do we want to accomplish?
- Who will be involved or affected?
- Where will it take place?

**Measurable:**
- How will you know if the goal is reached?
- Make sure you identify appropriate metrics for your goals.

**Attainable:**
- Define the rationale for setting the goal.
- Did you set your goal on best practice, average score or benchmark?
- Is the goal set too challenging/not challenging enough, or too high/unreasonable?

**Relevant:**
- Make sure your goals are consistent with your other goals and overall objective.

**Timely:**
- Make sure you develop a timeline to keep your goals on track.
Case Study
How One Facility Uses QAPI to Overcome Significant Challenges

The following case study illustrates how one facility utilized QAPI processes and planning to overcome organization-specific challenges.

Opportunity:
The Director of Nursing (DON) was told by the state ombudsman that the facility has a reputation for discharging residents who have been unhappy with their care and overall outcomes.

Team:
The DON assembled her administrative nurses to begin an investigation to determine if the allegation was credible.

Analysis:
The team selected “Decline in Activities of Daily Living (ADLs)” as the first item for review. They immediately noticed that during the past six months, at least 27 percent of the residents discharged experienced a decline in at least one ADL, and 17 percent suffered a decline in three or more ADLs. After a closer look into the detailed information from each of the measures, the team confirmed that many residents who experienced an ADL decline also did not meet their established rehabilitation goals, were displeased with care, and ultimately transferred to other facilities. The team then shared the results of its analysis with the entire management team.

Goals:
The management team then devised a proactive plan that implemented interventions to reduce hospital readmissions; increased positive outcomes from both rehabilitation and restorative therapy services; and facilitated development of a new customer satisfaction survey.

Interventions:
The facility trained staff on all shifts regarding the new hospital readmission process, including the Interact process. The Activities Department shared the new plan with the Resident Council. A letter was sent out to all residents and families outlining the plan. Lastly, the QAPI Committee implemented strategies with the goal to see significant reduction in ADL decline on discharge and a significant increase in customer satisfaction over the next quarter.

Study:
The QAPI Committee was then able to use the same decline in ADL measures the nursing team had identified to pull its data and monitor results.

Outcome:
This same process was also used to maintain success once the intended results were achieved. The facility continued to monitor this data indefinitely even after it had achieved a positive outcome.
Conclusion

Take the Next Step to QAPI Success
QAPI is a process, but it’s also a journey, and following a sound path can help your organization realize significant benefits from top to bottom. We hope you found this e-book useful as you think through your clinical and operational challenges at your LTPAC facility, and consider how QAPI can help address those challenges.

The team of QAPI consultants at Richter Healthcare Consultants is available to help assist you with any needs you may have related to your QAPI program implementation. If you’d like to begin optimizing your QAPI program starting today, call Jennifer Richter, President of Richter Healthcare Consultants, at 216-593-7150 for a free initial consultation.

Additional Resources
When you are ready to begin work on your QAPI process, CMS offers an assortment of tools and guides to help you navigate this process. The following link provides information regarding the QAPI process: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certi ication/QAPI/nhqapi.html
About the Author

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Jennifer has a long tenure in healthcare, including 10 years in the LTPAC sector, having served as a VP of Clinical Services, Manager of Home Care Services, Therapy Manager, QA Nurse, Nurse Liaison and Case Manager. In addition, she has been a DON, ADON, Unit Manager, Staff Development Coordinator and Corporate Reimbursement Nurse. She is an experienced trainer and is very familiar with regulatory requirements for home health and hospice providers.

At Richter Healthcare Consultants, Jennifer is a member of the Richter Clinical Consulting team and works directly with LTPAC clients across the country to offer best practice solutions to operational challenges. She is also a regular contributor to the Richter ShareSource Resource Center, offering blogs, articles and downloads to LTPAC professionals.

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