Improving Resident Care
Quality Assurance—Performance Improvement (QAPI)

QAPI STEPS

Defining QAPI: What exactly is QAPI?

A comprehensive approach to ensuring high-quality care, Quality Assurance and Performance Improvement (QAPI) is the merger of two complimentary approaches to quality management. While nursing homes are currently required to have quality assurance and assessment (QAA) committees, pending regulations will require the adoption of QAPI practices.

Quality Assurance (QA)

- A process of meeting quality standards and assuring that care reaches an acceptable level;

- A retrospective effort to examine why a facility failed to meet certain standards.

- Typically focuses on ensuring compliance with standards.; and

- Improves quality, but efforts often end once the standard is met.

Performance Improvement (PI)

- A proactive and continuous study of processes, in order to prevent or decrease the likelihood of problems.

- Based on identifying areas of opportunity and testing new approaches to fix underlying causes of persistent problems. PI is also sometimes called Quality Improvement (QI).

When combined, Quality Assurance and Performance Improvement (QAPI) result in a systematic, comprehensive, data-driven, proactive approach to improving the quality of life, care, and services for residents of nursing homes.

**Required under the Affordable Care Act, QAPI is in the proposed rule stage. Once the rule is promulgated, nursing homes will have one year to meet the QAPI standards

IDEAS FOR IMPROVEMENT

Performance Improvement Projects (PIPs)

Performance Improvement Projects (PIPs) are a key component of QAPI practices. A PIP team analyzes and improves a particular problem in the facility. PIP teams can be formed to address any important or meaningful area in your facility. These teams usually begin by gathering information to clarify issues or problems; the focus then turns to systematic methods for improvements. Important functions of PIP teams include identifying baseline data, conducting root cause analyses, setting targets and developing and executing PDSA cycles.

DATA—DEVELOPING A DATA PLAN

To implement QAPI, your organization should become adept at using data. Begin by deciding what data to monitor and who will be responsible for organizing the data. But remember: collecting data is not helpful if you do not use it! Be purposeful about interpreting and using the data you collect. Typical data sources include quality measures, staff turnover, resident satisfaction, and pharmacy reports. PIP teams should be creative and identify their own data sources as they drill down into facility processes.

PDSA Model

PIP teams can address any areas that fall short of your facility's expectations. After conducting a root cause analysis (RCA), PIP teams should use the Plan-Do-Study-Act (PDSA) Model for Improvement, or some other systematic process for testing ideas and making improvements. The PDSA model is easy to follow and focuses on three key questions: (1) What are we trying to accomplish? (2) How will we know if a change is an improvement? (3) What changes can we test that will result in an improvement? The answers will help inform the plan the PIP team implements as they test (do) new ideas. The PIP team can then study the data to determine steps for the next PDSA cycle.

Apply Best Practice Change Concepts

- Measure important indicators of care that are relevant and meaningful to the residents you serve.

- Establish the nursing home as a learning organization in which staff identify areas for improvement for themselves and in care processes at the facility.

- Set stretch goals. Choose performance benchmarks to beat. Get everyone involved in setting goals including staff, management, etc.

- Openly and transparently share your performance data with staff, residents and families.

- Empower residents to get involved by identifying areas of improvement.

COACHING CORNER

Questions to Help Develop QAPI

As you make the switch from QA to QAPI, it is important to keep the big picture in mind. Determine who should be on your QAPI Steering Committee, and discuss resources that might be needed as your facility moves toward a culture of QAPI.

- How will performance improvement priorities be determined? What benchmarks will be used to assess performance? How will success be determined?

- How effective are existing teams in your organization? Do team members need training on quality improvement methods or how to conduct PDSA cycles?

- What data are routinely monitored by you facility? How are these data communicated to key staffs? When reviewing data, what stands out? What are some areas of strength and weakness?