

IPRO Learning and Action Network
Learning Session Six

QAPI Success:
From Plan to Action

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B&F Consulting
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Today:

Write your QAPI Plan

Determine Gaps

Identify Steps to Close Gaps

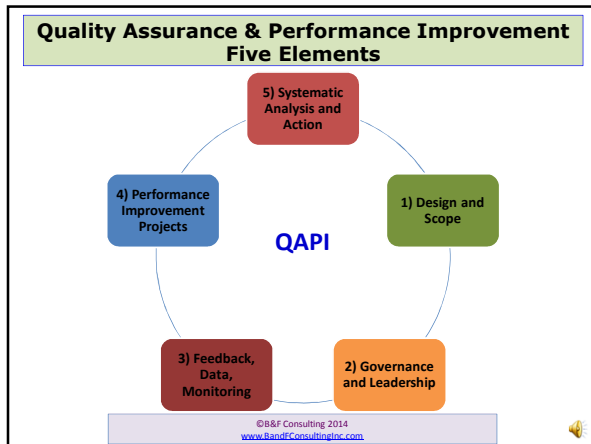
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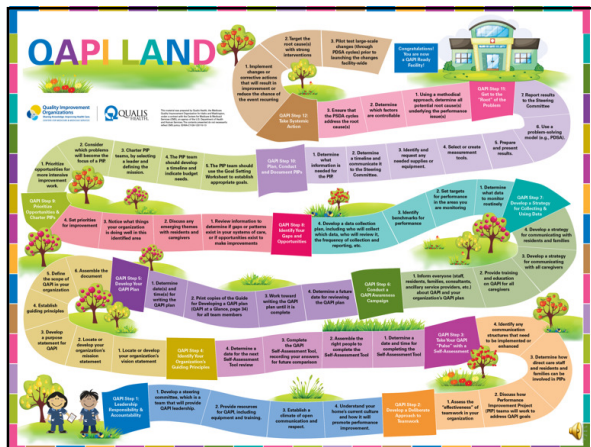
Two Sources:

QAPI At-A-Glance
+
QAPI Self-Assessment Tool

Not Started	Just Starting	On Our Way	Almost There	Doing Great
				Summer 2014

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9 Sections of QAPI Plan

- I. QAPI Goals your plan will strive to meet (Specific, Measurable, Actionable, Relevant, Timebound)
 - Based on QAPI purpose, guiding principles, and scope

- II. Scope:
 - Integrated into all care and service areas
 - Addresses clinical care, quality of life, resident choice
 - Clinical interventions will aim for safety and high quality while emphasizing autonomy and choice
 - Utilize best available evidence (data, benchmarks, best practices) to define and measure goals

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9 Sections of QAPI Plan:

III. Guidelines for Governance and Leadership

- Describe how QAPI is integrated into responsibilities of top management and board of directors, and how QAPI activities are reported to governing board/owners
- Describe how QAPI will be adequately resourced
 - Designate one or more persons for QAPI leadership and coordination
 - Indicate plan for developing leadership and facility-wide training
 - Describe plan to provide caregivers time, equipment and training
 - How will you know if resources are adequate
 - How will caregivers be proficient with process improvement tools and techniques? How will you assess their proficiency?
- QAPI leadership
 - Who is on QAPI Committee?
 - How will they coordinate QAPI: when will they meet, how will they communicate between meetings, how will they document their work?

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9 Sections of QAPI Plan:

IV. Feedback, Data Systems, and Monitoring

- Describe system to monitor care and services, drawing data from multiple sources
- Identify sources of data you will monitor:
 - Input from caregivers, residents, families, and others
 - Adverse events
 - Performance indicators
 - Survey findings
 - Complaints
- How will you collect and analyze this info, and review it against benchmarks and targets?
- How will you communicate this information?
- Who will receive it, in what format, how frequently?

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9 Sections of QAPI Plan:

V. Guidelines for Performance Improvement Projects

- Describe plan for PIPs to improve care or services
 - How will potential topics be identified?
 - Describe criteria for prioritizing and selecting PIPs: areas important and meaningful to facility services that require concentrated effort on a problem in one area or facility-wide
 - How and when will PIPs be chartered?
 - How will results of PIPs be reported? Who will receive information, in what format, how frequently?
- How will you designate and assemble PIP teams?
- Define required characteristics for any PIP team: team is multidisciplinary with a qualified leader
- How will teams document and report their work, including highlights, progress, and lessons learned? Templates? How will you file for future reference?

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9 Sections of QAPI Plan:

VI. Systematic Analysis and Systemic Action

_Any change that is made has the potential to have broader impact than intended. If you are trying to make a change to a specific system or process, it is important to recognize any "unintended" consequences of your actions. Describe how your organization will identify these consequences which may be either positive or negative.

_Describe the process you will use to ensure you are getting at the underlying causes of issues, rather than applying quick fixes that address symptoms only.

_Describe how you will monitor to ensure that interventions or actions are implemented and effective in making and sustaining improvements.

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9 Sections of QAPI Plan:

VII. Communications

Outline the audiences for QAPI communications and the frequency and format of these communications.

VIII. Evaluation

- a. Describe the process for assessing QAPI in your organization on an ongoing basis. (See QAPI Self- Assessment Tool.)
- b. Describe the purpose of this evaluation – to help your organization to expand your skills in QAPI and increase the impact of QAPI in your organization.

IX. Establishment of Plan

- a. Date your plan.
- b. Determine when you will revisit the plan (i.e., at least annually).
- c. Determine how you will track revisions or updates to the plan.

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Think about:

How can QAPI to serve your organization?

What do you have solidly in place and where do you have major work still to do?

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**Design and Scope
sets the framework for QAPI**

**Governance and Leadership
is how you implement that
framework**

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Design and Scope Self-Assessment

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1. Our organization has developed principles guiding how QAPI will be incorporated into our culture and built into how we do our work. <i>For example, we can say that QAPI is a method for approaching decision-making and problem-solving rather than considered as a separate program</i>				

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Design and Scope from QAPI at a Glance

Establish Guiding Principles

- Guiding Principles describe the organization’s beliefs and philosophy pertaining to quality assurance and performance improvement. The principles should guide what the organization does, why it does it and how.

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Design and Scope from QAPI at a Glance

For example:

- **Guiding Principle #1:** QAPI has a prominent role in our management and Board functions, on par with monitoring reimbursement and maximizing revenue.
- **Guiding Principle #2:** Our organization uses quality assurance and performance improvement to make decisions and guide our day-to-day operations.
- **Guiding Principle #3:** The outcome of QAPI in our organization is the quality of care and the quality of life of our residents.
- **Guiding Principle #4:** In our organization, QAPI includes all employees, all departments and all services provided.
- **Guiding Principle #5:** QAPI focuses on systems and processes, rather than individuals. The emphasis is on identifying system gaps rather than on blaming individuals.

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Design and Scope from QAPI at a Glance

For example:

- **Guiding Principle #6:** 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 #7:** Our organization sets goals for performance and measures progress toward those goals.
- **Guiding Principle #8:** 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.
- **Guiding Principle #9:** Our organization has a culture that encourages, rather than punishes employees who identify errors or system breakdowns.

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Design and Scope Self-Assessment

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<p>2. Our organization has identified how all service lines and departments will utilize and be engaged in QAPI to plan and do their work. <i>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.</i></p>				

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Design and Scope from QAPI at a Glance

Define the Scope of QAPI in your organization

- The Scope outlines what types of care and services are provided by the organization that impact clinical care, quality of life, resident choice, and care transitions. Be sure to incorporate the care and services delivered by all departments.
- **For example:** *Post-acute care and Dementia care*
- *Once the list of care and service area has been identified, you can determine how each will use QAPI to assess, monitor and improve performance on an ongoing basis.*

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Design and Scope Self-Assessment

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3. 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.*

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Design and Scope from QAPI at a Glance

Develop a Purpose Statement for QAPI

- A purpose statement describes what your organization intends to accomplish through QAPI (tie in with your mission and/or vision statement)
- **For example,** *the purpose of QAPI in our organization is to take a proactive approach to continually improving the way we care for and engage with our residents, caregivers and other partners so that we may realize our vision [reference vision statement here]. To do this, all employees will participate in ongoing quality assurance and performance improvement efforts which support our mission by [reference aspects of mission statement here].*

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Developing a Written QAPI Plan

The written *QAPI plan guides the organization's performance improvement efforts, assisting the organization with linking and achieving the QAPI protocols, purpose, guiding principles, and comprehensive scope.* The plan supports the systems of care and quality of life throughout your organization and is a living document that is periodically revisited to ensure that it evolves as your organization grows in its capacity to effectively implement QAPI.

•Include:

- Purpose
- Guiding Principles
- Scope for QAPI

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Design and Scope



People will be cynical if words don't yet match **what is actually happening**

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As you

Write your QAPI Plan's

Design and Scope

include the following:

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Take time to work on your QAPI Plan: Design and Scope

I. QAPI Goals your plan will strive to meet (Specific, Measurable, Actionable, Relevant, Timebound)

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II. Scope:

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Governance and Leadership Self-Assessment

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4. Our board of directors and trustees (if applicable) are engaged in and supportive of the performance improvement work being done in our organization. *For example, it is evident from meeting minutes of the board 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 leadership) representation on performance improvement projects or teams, and providing resources to support QAPI*

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Governance and Leadership Self-Assessment

Not Started	Just Starting	On Our Way	Almost There	Doing Great
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5. 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.*

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Governance and Leadership – QAPI at a Glance

Provide resources for QAPI—including equipment and training:

- Caregivers may need time to attend team meetings during working hours, requiring others to cover their clinical duties for a period of time.
- Equipment might include anything from additional computers, to low-cost supplies like posters to create story boards, or multiple copies of resource books or CDs.
- Leadership may want to consider sending one or more team members to a specialized training.

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Governance and Leadership Self-Assessment

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6. 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 that they will be active participants on improvement teams.

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Governance and Leadership Self-Assessment

Not Started	Just Starting	On Our Way	Almost There	Doing Great
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7. Training is available to all caregivers on performance improvement strategies and tools.

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Governance and Leadership Self-Assessment

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<p>10. 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.</p> <p><i>For example, we have a process in place to distinguish between unintentional errors and intentional reckless behavior and only the latter is addressed through disciplinary actions.</i></p>				
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Governance and Leadership: QAPI at a Glance

Establish a climate of open communication and respect. Leadership may wish to consider:

- Having an open-door policy to communicate with staff and caregivers.
- Emphasizing communication across shifts and between department heads.
- Creating an environment where caregivers feel free to bring quality concerns forward without fear of punishment.
- Understand your home's current culture and how it will promote performance improvement:
- Create the expectation that everyone in your nursing home is working on improving care and services.
- Establish an environment where caregivers, residents, and families feel free to speak up to identify areas that need improvement.
- Expect and build effective teamwork among departments and caregivers.

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JUST CULTURE

The single greatest impediment to error prevention in the medical industry is
 “that we punish people for making mistakes.”

Dr. Lucian Leape
 Professor, Harvard School of Public Health
 Testimony before Congress on Health Care Quality Improvement

David Farrell 2012

Governance and Leadership Self-Assessment

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<p>11. 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. <i>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 input from residents and families.</i></p>				
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Governance and Leadership - QAPI at a Glance

Develop a steering committee that will provide QAPI leadership:

- The steering committee has overall responsibility to develop and modify the plan, review information, and set priorities for PIPs. The steering committee charts teams to work on particular problems. It reviews results and determines the next steps. The steering committee must learn and use systems thinking—a nursing home has many competing interests and needs. Top leadership such as the Administrator and the Director of Nursing must be part of this structure.
- It is also important to have a medical director who is actively engaged in QAPI. It is possible to adapt your Quality Assurance committee to become your “Steering committee” to oversee QAPI. For this to work, the QA Committee may need to meet more often, include more people, and establish permanent and time-limited workgroups that report to it.

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As you

Write your QAPI Plan's

Governance and Leadership

include the following:

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QAPI Plan: Governance and Leadership

III. Guidelines for Governance and Leadership

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Feedback, Data Systems, and Monitoring Self-Assessment

12. Our organization has identified all of our 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, data that reflects the services provided by our organization. *For example, we have listed all available measures, indicators or sources of data and carefully selected those that are relevant to our organization that we will use for decision we have excluded measures that are not currently relevant and that we are not actively using in our decision making process*

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Feedback, Data Systems, and Monitoring: QAPI at a Glance

Your team will decide what data to monitor routinely, such as:

- Clinical care areas, e.g., pressure ulcers, falls, infections
- Medications, e.g., those that require close monitoring, antipsychotics, narcotics
- Complaints from residents and families
- Hospitalizations and other service use
- Resident satisfaction
- Caregiver satisfaction
- Care plans, implementation and evaluation of measurable interventions
- State survey results and deficiencies
- Results from MDS resident assessments
- Business and administrative processes—financial information, caregiver turnover, caregiver competencies, and staffing patterns, such as permanent caregiver assignment. Data related to caregivers who call out sick or are unable to report to work on short notice, caregiver injuries, and compensation claims may also be useful.

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Feedback, Data Systems, and Monitoring Self-Assessment

13. For the relevant sources of data we identify, 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 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).*

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Feedback, Data Systems, and Monitoring Self-Assessment

14. We have a system to effectively collect, analyze, and display our data to identify for our organization to make improvements. This includes comparing the results of the performance targets or goals. *For example, performance improvement projects or initiatives are selected as compared to national benchmarks, identified best practice, or applicable clinical guidelines*

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Feedback, Data Systems, and Monitoring: QAPI at a Glance

This data will require systematic organization and interpretation in order to achieve meaningful reporting and action. Otherwise, it would only be a collection of unrelated, diverse data and may not be useful.

Compare this to an individual resident's health—you must connect many pieces of information to reach a diagnosis. You also need to connect many pieces of information to learn your nursing home's quality baseline, goals, and capabilities.

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Feedback, Data Systems, and Monitoring Self-Assessment

15. Our organization has, or supports the development of, employees who have 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.*

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Feedback, Data Systems, and Monitoring: QAPI at a Glance

Your team should set targets for performance in the areas you are monitoring. A target is a goal, usually stated as a percentage. Your goal may be to reduce restraints to zero; if so, even one instance will be too many. In other cases, you may have both short and longer-term goals. For example, your immediate goal may be reducing unplanned rehospitalizations by 15 percent, and then subsequently by an additional 10 percent. Think of your facility or organization as an athlete who keeps beating his or her own record.

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Feedback, Data Systems, and Monitoring: QAPI at a Glance

Identifying benchmarks for performance is an essential component of using data effectively with QAPI. A benchmark is a standard of comparison. You may wish to look at your performance compared to nursing homes in your state and nationally using Nursing Home Compare; some states also have state report cards. You may compare your nursing home to other facilities in your corporation, if applicable. But generally, because every facility is unique, the most important benchmarks are often based on your own performance. For example, seeking to improve hand-washing compliance to 90 percent in 3 months based on a finding of 66 percent in the prior quarter. After achieving 90 percent for some period of time, the benchmark can be raised higher as part of ongoing, continuous improvement.

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**Feedback, Data Systems, and Monitoring:
QAPI at a Glance**

It may be helpful to monitor what happens when residents leave the nursing home or come back, including discharges to the hospital or home. You may examine discharge rates from your post-acute care area, preventable hospitalizations (i.e., hospitalizations that can be avoided through good clinical care), and what happens after the resident returns from the hospital.

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**Feedback, Data Systems, and Monitoring:
QAPI at a Glance**

You'll want to develop a plan for the data you collect. Determine who reviews certain data, and how often. Collecting information is not helpful unless it is actually used. Be purposeful about who should review certain data, and how often—and about the next steps in interpreting the information.

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As you

Write your QAPI Plan's

Feedback, Data Systems, and Monitoring

include the following:

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**QAPI Plan:
Feedback, Data Systems, and Monitoring**

IV. Feedback, Data Systems, and Monitoring

- Describe system to monitor care and services, drawing data from multiple sources
- Identify sources of data you will monitor:
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 - Survey findings
 - Complaints
- How will you collect and analyze this info, and review it against benchmarks and targets?
- How will you communicate this information?
- Who will receive it, in what format, how frequently?

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**Performance Improvement Plan
Self-Assessment**

8. 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, day, or one unit, and then expanding the testing based on the results.*

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**Performance Improvement Plan
Self-Assessment**

9. 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 in order to minimize the chance of the problem recurring.*

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**Performance Improvement Plan
Self-Assessment**

16. From our identified opportunities for improvement, we have a systematic and objective way to prioritize the opportunities in order to 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, is frequent in nature, or otherwise impact the safety and quality of life of the residents

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**Performance Improvement Projects
QAPI at a Glance**

- **Identify Your Gaps and Opportunities**
This step involves reviewing your sources of information to determine if gaps or patterns exist in your systems of care that could result in quality problems. Or, are there opportunities to make improvements?
Potential areas to consider when reviewing your data:
 - MDS data for problem patterns.
 - Nursing Home Compare (provides quality information about every certified nursing home in the country).
 - State survey results and plans of correction.
 - Resident care plans for documented progress towards specified goals.
 - Trends in complaints.
 - Resident and family satisfaction for trends.
 - Patterns of caregiver turnover or absences.
 - Patterns of ER and/or hospital use.

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**Performance Improvement Projects
QAPI at a Glance**

- **Identify Your Gaps and Opportunities**
During this step, you may decide to spend more time discussing the quality themes you have identified with residents and caregivers. They may pick up patterns you have not yet identified, and they may have ideas about what is at the root of the problem. Consider hosting a series of small group meetings with your caregivers, and arrange to meet with your Resident Council. You may wish to provide refreshments and have an informal discussion.

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Performance Improvement Projects
QAPI at a Glance

- **Identify Your Gaps and Opportunities**


This step should lead to the next steps involving PIPs. Such projects are expected to be chosen to deal with “high risk, high volume, problem-prone areas” related to quality of care or quality of life. Take time to notice the things you are doing well—that’s important too, and deserves recognition.

But while you are celebrating accomplishments, you can also begin to set priorities for improvement around issues that the team identifies.

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Performance Improvement Projects
QAPI at a Glance

- **Prioritize Quality Opportunities and Charter PIPs**
Prioritizing opportunities for improvement is a key step in the process of translating data into action. As you continue to implement QAPI, you and your team will:
 - Prioritize opportunities for more intensive improvement work. Problems versus opportunities are a matter of perspective and often require discussion.
 - Choose problems or issues that you consider important (consider if the issue is high risk, high frequency, and/or problem prone). Remember that problems affecting psychosocial well-being and the ability of residents to exercise choice should also be considered as they may lead to resident suffering.
- Consi

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Performance Improvement Plan
Self-Assessment

17. 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 they are being asked to accomplish

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Interventions must be achievable, objective, and measurable.

Strong interventions reduce chances of the event recurring and result in lasting improvement.

CMS Memo Dec. 14, 2012

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Charter your PIP:

Scope

**Where to you want to pilot test?
How far do you hope to spread?**

Expectations

What you need to know:

- 1. Current outcomes and practices**
- 2. Best outcomes and practices**
- 3. Goal and minimum threshold**

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Charter your PIP:

Scope

We will work with ___ residents on ___ unit(s) ___ shift(s)

Expectations

We will improve by ___% the number of residents who have _____ outcome by ensuring that ___% of the time, we do the following practice:

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What process and outcome measures would you look at to know if your interventions are working?

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Who needs to be involved, in what ways?

management
staff closest to resident
other departments
residents
families

How can this be a chance to develop people?

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What resources/equipment do you need to take this on?

For example:
What information?
What communication to whom?
What supplies and equipment?

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Goal Setting Worksheet

Describe the problem to be solved

S – Specific
M – Measurable
A – Attainable
R – Relevant
T - Timebound

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Performance Improvement Projects
QAPI at a Glance

- **Prioritize Quality Opportunities and Charter PIPs**

All identified problems need attention—and usually from more than one person, but they do not all require PIPs.

— Begin some PIPs with problems you think you can solve relatively easily. A quick win is worthwhile.

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Performance Improvement Projects
QAPI at a Glance

- **Prioritize Quality Opportunities and Charter PIPs**

We use the word “charter” on purpose. A PIP is more than a casual effort - it entails a specific written mission to look into a problem area. The PIP team should include people in a position to explore the problem (usually direct caregivers, such as nursing assistants, are needed). If the problem being addressed involves, for example, dietary choices, then someone from the dietary department should also be on the PIP team.

Chartering implies that the team has been entrusted with a mission, and that it reports back to the Steering Committee at intervals. Being part of a formally chartered PIP team must be interpreted as an important assignment that team members and their supervisors must take seriously. The development of a charter adds strength, importance, and formality to the PIP process. The team typically has a leader—either chosen in the charter or by the team itself. Soon after it begins its work, the PIP should develop a proposed time line, and indicate the budget that is needed.

Use the Goal Setting Worksheet to help your PIP team establish appropriate goals for organizational quality measures, informal improvement initiatives, and PIPs.

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**Performance Improvement Plan
Self-Assessment**

18. 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*

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**Performance Improvement Projects
QAPI at a Glance**

- **Plan, Conduct and Document PIPs**
Careful planning of PIPs includes identifying areas to work on through your comprehensive data review which are meaningful and important to your residents. It is important to focus your PIPs by defining the scope, so they do not become overwhelming.

You and your team may:

- consider each PIP a learning process.
- determine what information you need for the PIP.
- determine a timeline and communicate it to the Steering Committee.
- identify and request any needed supplies or equipment.
- select or create measurement tools as needed;
- prepare and present results.
- use a problem solving model like PDSA (Plan-Do-Study-Act).
- report results to the Steering Committee.

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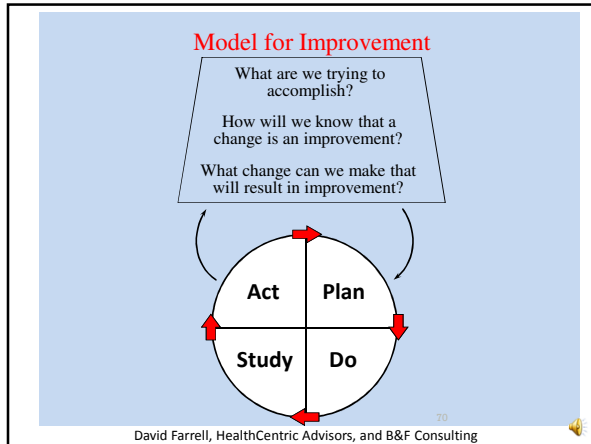
**Performance Improvement Projects
QAPI at a Glance**

- **Plan-Do-Study-Act (PDSA) Cycle**

During a PIP you will try out some changes and then see whether or not they made a difference in the area you were trying to improve. In the PLAN stage, the team learns more about the problem, plans for how improvement would be measured, and plans for any changes that might be implemented. In the DO stage, the plan is carried out, including the measures that are selected. In the STUDY phase, the team summarizes what was learned. In the ACT phase, the team and leadership determine what should be done next. The change can be adapted (and re-studied), adopted (perhaps expanded to other areas), or abandoned. That decision determines the next steps in the cycle.

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Performance Improvement Plan Self-Assessment

19. For every Performance Improvement Project, we use measurement to determine if changes to systems and process have been effective. We utilize 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 also whether it has had the desired impact on the residents.*

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Performance Improvement Plan Self-Assessment

20. Our organization uses a structured process for identifying underlying causes of problems, such as Root Cause Analysis.

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Performance Improvement Projects
QAPI at a Glance

- **Getting to the Root of the Problem**

A major challenge in process improvement is getting to the heart of the problem or opportunity.

- *There is danger in starting with a solution without thoroughly exploring the problem. Multiple factors may have contributed, and/or the problem may be a symptom of a larger issue. What seems like a simple issue may involve a number of departments.*

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Performance Improvement Projects
QAPI at a Glance

- **Getting to the Root of the Problem**

- Root Cause Analysis (RCA) is a term used to describe a systematic process for identifying contributing causal factors that underlie variations in performance. This structured method of analysis is designed to get to the underlying cause of a problem—which then leads to identification of effective interventions that can be implemented in order to make improvements.
- RCA helps teams understand that the most immediate or seemingly obvious reason for the problem or an event may not be the real reason that an event occurred. The RCA process leads to digging deeper and deeper—looking for the reasons behind the reasons. This process will generally lead to the identification of more than one root cause. The root cause(s) and any contributing factors can then be sorted into categories to facilitate the identification of various actions that can be taken to make improvements.

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Performance Improvement Projects
QAPI at a Glance

- **Getting to the Root of the Problem**

RCA focuses primarily on systems and processes, not individual performance.

The RCA process takes practice, but can be a valuable tool for performance improvement. In order to get familiar with RCA you and your team may consider:

- studying case examples of RCA.
- applying RCA to an adverse event and discussing this technique with the team.
- building RCA examples into training opportunities.

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As you

Write your QAPI Plan's

Performance Improvement Project

Section

include the following

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QAPI Plan: Performance Improvement Projects

V. Guidelines for Performance Improvement Projects

- Describe plan for PIPs to improve care or services
 - How will potential topics be identified?
 - Describe criteria for prioritizing and selecting PIPs: areas important and meaningful to facility services that require concentrated effort on a problem in one area or facility-wide
 - How and when will PIPs be chartered?
 - How will results of PIPs be reported? Who will receive information, in what format, how frequently?
- How will you designate and assemble PIP teams?
- Define required characteristics for any PIP team: team is multidisciplinary with a qualified leader
- How will teams document and report their work, including highlights, progress, and lessons learned? Templates? How will you file for future reference?

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Systematic Analysis and Systematic Action

Self-Assessment


21. When using Root Cause Analysis 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 in order to prevent the same situation from happening with another caregiver and another resident.*

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**Systematic Analysis and Systematic Action
QAPI at a Glance**

Identifying root causes is only the first step in improving performance. Next you will want to implement changes or corrective actions that will result in improvement or reduce the chance of the event recurring. This is often the most challenging step in the process. Common solutions such as providing more training/ education or asking clinicians to “be more careful” do not change the process or system. These proposed solutions are based on two assumptions: lack of knowledge contributed to the event, and if a person is educated or trained, the mistake won’t happen again.


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**Systematic Analysis and Systematic Action
Self-Assessment**

22. When systems and process breakdowns have been 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.*


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**Systematic Analysis and Systematic Action
QAPI at a Glance**

Choosing actions that are tightly linked to the root causes and that lead to a system or process change are considered to have a higher likelihood of being effective. Actions that simply support the current process are considered “weaker” and should not be selected as the sole intervention. The goal is to make changes that will result in lasting improvement. Avoiding quick fixes and weak actions is vital to achieving that goal.

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**Systematic Analysis and Systematic Action
QAPI at a Glance**

To be effective, interventions or corrective actions should target the elimination of root causes, offer long term solutions to the problem, and have a greater positive than negative impact on other processes. In addition, interventions must be achievable, objective, and measurable.

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**Systematic Analysis and Systematic Action
Self-Assessment**

23. When corrective actions have been identified, our organization puts both process and outcome measures in place in order to determine if the change is happening as expected and that the change has resulted in the desired impact to resident care. *For example, when making a change to care practices around fall prevention there is a measure looking at whether the change is being carried out and a measure looking at the impact on fall rate.*

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**Systematic Analysis and Systematic Action
Self-Assessment**

24. When an intervention has been put in place and determined to be successful, our organization measures whether the change has been 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 having the desired impact (this is commonly done at 6 or 12 months).*

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As you

Write your QAPI Plan's

Systematic Analysis and Systemic Action
Section

include the following:

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QAPI Plan:
Systematic Analysis and Systemic Action

VI. Systematic Analysis and Systemic Action

- Any change that is made has the potential to have broader impact than intended. If you are trying to make a change to a specific system or process, it is important to recognize any "unintended" consequences of your actions. Describe how your organization will identify these consequences which may be either positive or negative.
- Describe the process you will use to ensure you are getting at the underlying causes of issues, rather than applying quick fixes that address symptoms only.
- Describe how you will monitor to ensure that interventions or actions are implemented and effective in making and sustaining improvements.

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QAPI Plan: Sharing it and Revising it

VII. Communications
Outline the audiences for QAPI communications and the frequency and format of these communications.

VIII. Evaluation

- a. Describe the process for assessing QAPI in your organization on an ongoing basis. (See QAPI Self- Assessment Tool.)
- b. Describe the purpose of this evaluation – to help your organization to expand your skills in QAPI and increase the impact of QAPI in your organization.

IX. Establishment of Plan

- a. Date your plan.
- b. Determine when you will revisit the plan (i.e., at least annually).
- c. Determine how you will track revisions or updates to the plan.

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Next Steps

- Review Design and Scope, Leadership and Governance – is it evolutionary? Does it support PIPs?
- Who else do you want to talk to about this, when and how?
- What gaps do you have in where you want to be – what’s your plan for achieving it?
- Make an action plan and to-do list to complete the plan and be able to support the plan in action

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What do you need to do to

Not Started	Just Starting	On Our Way	Almost There	Doing Great
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Summer 2014

- In strategic planning, we look at where we are, where we want to be, and what we need to do to get there.
- What are your gaps?
- What do you need to do?


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