



**Quality Improvement
Organizations**

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**Lake Superior
Quality Innovation
Network**

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QAPI Written Plan How-To Guide

**Created by Lake Superior Quality Innovation Network
For Participants
In the National Nursing Home Quality Care Collaborative**

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QAPI Written Plan: Introduction

Quality Assurance and Performance Improvement (QAPI) is a data driven and proactive approach to quality improvement. All members of an organization, including residents, are involved in continuously identifying opportunities for improvement. Gaps in systems are addressed through planned interventions with a goal of improving the overall quality of life and quality of care and services delivered to nursing home residents.

The QAPI plan will guide your organization's performance improvement efforts. The QAPI regulation requires a written plan. This plan is a framework for an effective, comprehensive, data driven program that focuses on the indicators that reflect outcomes of care and quality of life. The plan will assist your organization in achieving what you have identified as the purpose of QAPI in your organization. The QAPI plan also is intended to be a living document that your organization will continue to review and revise. Your written QAPI plan will be made available to a state agency, federal surveyor, or CMS upon request. It reflects the way your organization has developed, implemented, and maintained your quality program.

To write your organization's written QAPI plan using this how-to-guide, use the numbered sections, highlighted in gold. These sections reflect the *Reform of Requirements for Long-Term Care Facilities* released by CMS in October of 2016 and information previously published in CMS's QAPI tools and resources. Under each section, there is a description of what your organization should include in the section, followed by an example. You can begin with this language, but should include language that best describes the unique characteristics of your organization. Use of the *QAPI Written Plan: How-to-Guide* is not mandatory nor does its use guarantee compliance with the regulation. It is intended to provide guidance and structure for writing your organization's written QAPI plan.

An Appendix is provided you for to write your QAPI plan. This Word format document is intended to allow you to write, copy, paste, edit, etc. When completed, you will have your written QAPI plan.

Purpose of Your Organization's QAPI Plan

The first section will describe the purpose of your QAPI plan. Before writing this section, one suggestion is to review your organization's mission statement, vision statement, and/or guiding values. It's not required to include these statements for compliance purposes, however, having them available can guide the development of your QAPI plan.

- A. A **vision statement** describes what your organization strives to do and is sometimes referred to as a picture of your organization in the future. The vision statement is what your organization aspires to and is the framework for strategic planning.
- B. A **mission statement** describes the purpose of your organization. It guides the decision-making and defines overall goals and actions. The mission statement provides a framework or context for the organization's strategies.
- C. **Guiding values or principles** are defined actions that all staff will perform. It's a guidance for everyone in the organization and frames the culture in the organization.

1. Write the Purpose of Your Organization's QAPI Plan

Describe the purpose and goals the QAPI plan will strive to meet. Describe how your organization works to continuously improve the areas that are of great importance. Describe how often this plan will be reviewed and who will be reviewing it. Keep in mind that any team/committee that is formed to review QAPI processes is tasked with addressing both Quality Assessment and Assurance (QAA) as well as Performance Improvement (PI). Also describe who will receive communication about any revisions to the plan, and the method of communication.

One suggestion is to include language from your vision statement, mission statement, and/or guiding principles. This is not required, but may be helpful in describing how QAPI is integrated into your organization. Describe how the QAPI plan is consistent with and framed on the principles that guide your organization. Provide as much description as possible to show the connectedness between your vision, mission, guiding principles, and the quality improvement culture within your organization.

NOTE: In the examples throughout this guide, the team leading the QAPI efforts is referred to as the QAA committee. Regulation requires a QAA committee that plans its work around quality assurance and performance improvement. The committee is responsible for both Quality Assessment and Assurance activities and ongoing, proactive performance improvement activities.

Example

Our organization's written QAPI plan provides guidance for our overall quality improvement program. Quality assurance performance improvement principles will drive the decision making within our organization. Decisions will be made to promote excellence in quality of care, quality of life, resident choice, person directed care, and resident transitions. Focus areas will include all systems that affect resident and family satisfaction, quality of care and services provided, and all areas that affect the quality of life for persons living and working in our organization.

The administrator will assure that the QAPI plan is reviewed minimally on an annual basis by the QAA committee. Revisions will be made to the plan ongoing, as the need arises, to reflect current practices within our organization. These revisions will be made by the QAA committee.

Revisions to the QAPI plan will be communicated as they occur to board members, residents, families, and staff through meetings and newsletters.

Scope

This section describes the scope of how QAPI is integrated across and into the full range of care and service areas of your organization. Each of these services areas will be involved in the organization's overall QAPI plan and involved in QAPI activities.

2. List of Services You Provide to Residents

List all care and services your organization provides for residents. These service areas will be included in the QAPI plan and involved in QAPI activities. Describe the full range of care and services that are provided both during day-to-day operations and emergencies. On an annual basis, and as needed, the organization must complete a Facility Assessment that includes an overview of the services and/or care areas that are provided. All new services, care areas, and/or changes in population must be reflected in the Facility Assessment and QAPI plan. The Facility Assessment determines the unique needs of each organization's population, as well as identifies facility and community risk factors. It is through the QAPI program that the organization ensures the needs and risk factors are addressed. Areas that might be included are: dementia care, hospice, long term care, memory care, post acute care, rehabilitation services, etc.

Example

QAPI activities will be integrated across all the care and service areas of our organization. Each area should have a representative on the QAA committee. If a representative is not available, the area should still be addressed through committee discussions. Our service areas will work together whenever possible to integrate care and services across our continuum of care to better meet the needs of the residents living in our community. Our QAPI activities will cross service areas and departments and we will work together to assure we address all concerns and strive to continuously improve the provided services. On an annual basis, and as needed, a Facility Assessment will be conducted to include an overview of the services and care areas that are provided. Any new service areas or changes in population or service areas identified during the Facility Assessment will be included in our QAPI plan.

Our service areas include:

- Dementia Care
- Hospice
- Long Term Care
- Palliative Care
- Post acute Care
- Rehabilitation services
- Transitional Care

3. Describe How Your QAPI Plan Will Address Key Issues

Describe how your QAPI plan will address:

- Clinical care
- Individualized goals and approaches for care

- Quality of life
- Resident choice
- Safety and high quality clinical interventions while emphasizing autonomy and choice for residents and their families
- Organizational management practices, i.e., staffing, admissions, discharges, resident funds, etc.

The QAPI plan includes the policies and procedures that describe how the organization will:

- Identify and use data to monitor its performance;
- Establish goals and thresholds for performance measurement;
- Utilize resident and staff input;
- Identify and prioritize problems and opportunities for improvement;
- Systematically analyze underlying causes of systemic problems and adverse events; and Develop corrective action or performance improvement activities.

Example

Our organization provides services across the continuum of care. These services have an impact on the clinical care and quality of life for residents living in our community. All departments and services will be involved in QAPI activities and the organization's efforts to continuously improve services.

Our QAPI plan includes the policies and procedures used to:

- Identify and use data to monitor our performance
- Establish goals and thresholds for our performance measurement
- Utilize resident, staff and family input
- Identify and prioritize problems and opportunities for improvement
- Systematically analyze underlying causes of systemic problems and adverse events
- Develop corrective action or performance improvement activities

The principles of QAPI will be taught to all staff, volunteers, and board members on an ongoing basis. QAPI activities will aim for the highest levels of safety, excellence in clinical interventions, resident and family satisfaction and management practices. All organizational decisions involving residents will be focused on their autonomy, individualized choices and preferences, and to minimize unplanned transitions of care.

The organization will partner with each resident, their family, and/or advocate to achieve their individualized goals and provide care that respects their autonomy, preferences and choices. When the need is identified, we will implement corrective action plans or performance improvement projects to improve processes, systems, outcomes, and satisfaction.

Our organization strives to employ evidence based practices related to performance excellence in all management practices, clinical care and resident and family satisfaction. We will solicit and utilize staff, resident and family input into all aspects of our QAPI program.

4. Current Quality Assessment and Assurance Activities

Describe how QAPI will integrate and expand current quality assessment and assurance activities. The review of data must continue to assure that systems are being monitored and processes are maintained to achieve the highest level of quality for your organization. Data should be reviewed against benchmarks, such as national, state, corporate, or organizational targets. In addition, data must be monitored to identify new areas for improvement. This monitoring and review of data and systems will begin the identification of quality improvement projects.

Example

The QAA committee will review data from areas the organization believes it needs to monitor on a monthly basis to assure systems are being monitored and maintained to achieve the highest level of quality for our organization.

5. Use of Best Available Evidence

Describe how your organization will utilize the best available evidence (e.g., data, corporate, regional, state and national benchmarks, recognized best practices, clinical guidelines, etc.) to compare your organization against, establish goals for improvement, and define measurements to show improvement.

Example

Our organization will use the best available evidence and data to benchmark our organization, establish goals and define measurements for improvement. The QAA Committee will review data from our corporation, state, and national sources to compare our organization against. When establishing goals, defining measurement and choosing interventions, we will use the best available evidence based practices and guidelines to guide our decision-making.

Guidelines for Governance and Leadership

6. Responsibility and Accountability

Describe how QAPI is integrated into the responsibilities and accountabilities of top-level management. Who will have responsibility and accountability to assure QAPI is implemented in the organization? Is it the administrator, CEO, director of nursing, board of directors, etc.? Describe how the governing body or executive leadership will be made aware of QAPI activities. Will reports and/or minutes be shared? Is it appropriate for someone on the board of directors or executive leadership be on the QAA committee? Does someone from the QAA committee report to the governing body?

Example

The administrator has responsibility and is accountable to the board of directors and our corporation for ensuring that QAPI is implemented throughout our organization. QAPI activities and discussion will be a standing item on our board of director meeting agendas. The administrator will attend all board of director meetings, report on and solicit input on all QAPI activities on a regular basis. The administrator is responsible for assuring that all QAPI activities and required documentation is provided to our corporation.

7. Describe How QAPI Will Be Adequately Sourced

QAPI activities need leadership support as well as financial resources to ensure the activities can occur. Performance improvement projects need staff meeting time, as well as time to implement the strategies they develop. Often, nursing assistants, nurses, and others involved in direct care activities need to be replaced for meetings so that resident care does not suffer. Sometimes performance improvement projects require environmental changes or staffing changes. This takes planning and responsiveness from leadership who control budgets. Describe the process for addressing these issues.

Example

The administrator and financial officer will establish a budget to ensure that QAPI activities are supported. These expenses may include, but are not limited to staff time for being involved in Performance Improvement Projects and meetings, monies needed for improvement projects, staff training and education, etc. This budget will be reviewed on a monthly basis by the administrator and revised as necessary. The administrator and QAA committee will work together to review budgetary needs and share decision making regarding performance improvement projects.

8. Determine the Plan for Mandatory QAPI Staff Training and Orientation

Describe how your organization will ensure that all staff receive training on QAPI principles and how your organization implements QAPI. Staff responsibilities on how to bring forward opportunities for improvement and participation on performance improvement project teams and the QAA committee should be discussed. This education is mandatory for all employees on an annual basis and is part of new employee orientation.

Example

QAPI principles and staff responsibilities related to QAPI and ongoing quality improvement will be included in orientation for all new employees. QAPI will be included in the three day organizational orientation that all new employees are required to attend. All staff will participate in ongoing annual QAPI training which will include quality improvement principles and practices, how to identify areas for improvement, updates on current performance improvement projects, and how staff can be involved in performance improvement projects.

9. Framework for QAPI

Determine who the individuals are that will provide the framework or structure for QAPI in your organization and how the QAA committee will work together to communicate and coordinate QAPI activities. Determine when it is appropriate for residents and/or family members to be included in QAPI activities. Their input and feedback always is strongly encouraged. When residents and/or family members are included in QAPI activities, safeguards must be taken to protect all resident and staff confidentiality and protected health information.

Example

All department managers, the administrator, the director of nursing, infection control and prevention officer, medical director, consulting pharmacist, resident and/or family representatives (if appropriate), and three additional staff will provide QAPI leadership by being on the QAA committee. The three general staff members will be chosen from staff that have direct care and/or service responsibilities, including nursing assistants, nurses, housekeeping aides, maintenance workers, and dietary aides. The three general staff will serve a one year commitment and the positions will be rotated among staff to ensure as many persons as possible have the opportunity to serve on the committee. Participating residents and/or family members will receive confidentiality training prior to participating in any QAPI activity.

The QAA committee will meet monthly. QAPI activities and outcomes will be on the agenda of every staff meeting and shared with residents and family members through their respective councils and monthly newsletter. The minutes from all meetings will be posted throughout the organization. The QAA committee will report all activities to the board of directors during their regularly scheduled meetings.

The QAA committee will have responsibility for reviewing data, suggestions, and input from residents, staff, family members, and other stakeholders. The QAA committee will prioritize opportunities for improvement and determine which performance improvement projects will be initiated. When an issue or problem is identified that is not systemic and does not require a performance improvement project, the QAA committee will decide how to correct the issue or problem. These corrections may include an easy decision, corrective action plan, or rapid improvement cycle.

The committee will solicit individuals from the organization to participate in performance improvement projects. The committee will monitor progress, provide input, and ensure the individuals involved in the project have the resources they need. The QAA committee will use a charter for all QAPI projects.

10. Determine How the QAPI Activities Will Be Reported to the Governing Body

Describe how the QAPI activities will be shared and input solicited from the governing body.

Example

The administrator will facilitate discussion on QAPI activities at the quarterly board of director meetings. QAPI will be a standing agenda item for these meetings. Input will be solicited from board members on QAPI activities. All current projects and outcomes will be reviewed at the board meetings.

11. Describe How a Fair and Just Culture for Staff Will Be Implemented

Describe how leadership will ensure accountability while creating an atmosphere in which staff is comfortable identifying and reporting quality problems.

Example

Our organization is a learning environment. We believe in the practices and principles of a fair and just culture. All managers will promote staff involvement in improving quality. Staff will be encouraged to bring concerns, issues, and opportunities for improvement to any supervisor/manager. The managers will respond in a consistent manner to encourage, and not discourage, staff to bring forward opportunities for improvement. Staff will be encouraged to report errors and near misses to allow the organization to learn from those occurrences and make systemic changes to prevent recurrences. Staff will be held accountable for their behavioral choices and reckless behavior will not be tolerated. Our goal is to improve the systems that drive our actions.

Feedback, Data Systems, and Monitoring

12. Identify Data Sources to Analyze Performance, Identify Areas of Risk and Solicit Feedback/Input

Organizations must effectively identify, collect, and use data and information from all departments and the facility assessment. Identify data sources, the frequency of data collection/analysis, targets/benchmarks you will use and establish a plan to communicate data analysis. Choose data sources your organization will use to develop and monitor performance indicators that will track your ongoing performance.

| Data Sources* | Data collection frequency | | Benchmarks to analyze this data source | Who will analyze the data? | Data analysis frequency | Data will be communicated with | Communicate data analysis via | Frequency of communication |
|----------------------|---------------------------|--|---|---|--|---|--|--|
| | Suggestions | <ul style="list-style-type: none"> • weekly • monthly • quarterly • annually | <ul style="list-style-type: none"> • applicable clinical guidelines • identified best practices • national data • corporate data • state data • facility identified performance indicators/goals/thresholds/targets | <ul style="list-style-type: none"> • HR • Leadership Team • QAPI committee | <ul style="list-style-type: none"> • weekly • monthly • quarterly • annually | <ul style="list-style-type: none"> • board members • caregivers • community • executive leadership • families • residents • volunteers | <ul style="list-style-type: none"> • board meetings • bulletin boards • dashboards • newsletters • posters • QAPI interdisciplinary meetings • staff meetings | <ul style="list-style-type: none"> • weekly • monthly • quarterly • annually |
| Choose a data source | | | | | | | | |
| Choose a data source | | | | | | | | |

Suggested Data Sources:

- Advanced care planning audits
- CMS Quality Measures (long-stay; short-stay)
- Case Mix
- CASPER report
- Community activities
- Consistent assignment
- Discharged resident surveys
- Drug regimen review summary
- Falls
- Family Satisfaction
- Fire safety deficiencies
- Infection Prevention and Control Program
- Info from providers, physicians, contractors, vendors
- Licensed nurse staff hours/resident day
- Medication administration audits
- Medication errors
- Medication room audits
- Near Misses (incidents w/out serious harm)
- Nursing Assistant staff hours/resident day
- Occupancy rates
- Performance Indicators
- Rehospitalization rates
- Resident council minutes
- Resident satisfaction surveys
- Revenue payer sources mix
- Staff retention
- Staff satisfaction
- State survey results
- Staff turnover
- Volunteer hours
- Other

Example

Data Sources to Analyze Performance, Identify Areas of Risk, and Solicit Feedback/Input

| Data Sources | Data collection frequency | | Benchmarks to analyze this data source | Who will analyze the data? | Data analysis frequency | Data will be communicated with | Communicate data analysis via | Frequency of communication |
|---|--|--|--|--|--|--|---|--|
| | Suggestions | | | | | | | |
| | <ul style="list-style-type: none"> weekly monthly quarterly annually | | <ul style="list-style-type: none"> applicable clinical guidelines identified best practices national data corporate data state data facility identified performance indicators | <ul style="list-style-type: none"> HR leadership team QAA committee | <ul style="list-style-type: none"> weekly monthly quarterly annually | <ul style="list-style-type: none"> board members caregivers community Executive leadership families residents staff volunteers | <ul style="list-style-type: none"> board meetings bulletin boards dashboard newsletters posters QAPI meetings staff meetings | <ul style="list-style-type: none"> weekly monthly quarterly annually |
| Abuse, Neglect, Maltreatment reports | weekly | | Identified best practices | Leadership team | weekly | Board members, QAPI committee, state reporting agency, | Reporting requirements, meetings | As needed, weekly |
| CMS Quality Measures (long-stay and short-stay) | monthly | | state and national data | Leadership team | monthly | Executive leadership, board members, staff | QAA and IDT meetings | Monthly and quarterly |
| Complaints | weekly | | Identified best practices, organizational data | Leadership team | weekly | Board members, QAPI committee | meetings | As needed, weekly |
| Falls | weekly | | Organizational data | Leadership team, QAA committee | weekly | Residents, families, staff, | Bulletin boards, dashboard, QAA and IDT meetings | Monthly |
| Medication errors | monthly | | Organizational data | Leadership team, QAA Committee | Monthly or asap if adverse drug event | Board members, staff | Staff meetings, dashboard, QAA Meeting | Monthly or sooner if needed |
| Rehospitalization Rates | monthly | | Organizational, state and national data | Leadership team, QAA committee | monthly | Board members, Exec. leadership, staff | Staff meetings, dashboard, QAA meetings | Monthly |

| Data Sources | Data collection frequency | | Benchmarks to analyze this data source | Who will analyze the data? | Data analysis frequency | Data will be communicated with | Communicate data analysis via | Frequency of communication |
|---------------------------------|---------------------------|--|---|---|--|---|--|--|
| | Suggestions | | | | | | | |
| | | <ul style="list-style-type: none"> • weekly • monthly • quarterly • annually | <ul style="list-style-type: none"> • applicable clinical guidelines • identified best practices • national data • organizational (chain) data • state data | <ul style="list-style-type: none"> • HR • Leadership Team • QAPI committee | <ul style="list-style-type: none"> • weekly • monthly • quarterly • annually | <ul style="list-style-type: none"> • board members • caregivers • community • executive leadership • families • QAPI committee • residents • volunteers | <ul style="list-style-type: none"> • board meetings • bulletin boards • dashboards • newsletters • posters • QAPI interdisciplinary meetings • staff meetings | <ul style="list-style-type: none"> • weekly • monthly • quarterly • annually |
| Resident/Family Council minutes | | monthly | Organizational data | Leadership team, QAPI committee | monthly | QAPI committee, residents families, board members | meetings | monthly |
| Satisfaction Surveys | | annually | Organizational data, national data | Leadership team, QAPI committee | annually | Board members, staff, residents, families, QAPI committee | Meetings, newsletters, board meetings | annually |
| Suggestion boxes | | weekly | Organizational data | QAPI committee, leadership team | weekly | QAPI committee, leadership team | Meetings | monthly |

Performance Improvement Projects (PIPs)

13. Describe How Your Organization Will Conduct Performance Improvement Projects

Describe the overall plan and reasons why your organization will conduct PIPs to improve care and services.

Example

Our organization will conduct Performance Improvement Projects that are designed to take a systematic approach to revise and improve care or services in areas that we identify as needing attention. We will conduct PIPs that will lead to changes and guide corrective actions in our systems, which cross multiple departments, and have impact on the quality of life and quality of care for residents living in our community. We will conduct PIPs that will improve care and service delivery, increase efficiencies, lead to improved staff and resident outcomes, and lead to greater staff, resident, and family satisfaction. An important aspect of our PIPs is a plan to determine the effectiveness of our performance improvement activities and whether the improvement is sustained.

14. Describe How Potential Topics for PIPs Will Be Identified

Describe how the QAA committee will identify potential topics for PIPs. Topics should be chosen using a systematic approach that considers all the data the organization is monitoring as well as input from residents, staff, families, stakeholders, etc., including high risk, high volume, and/or problem-prone areas that affect the quality of care and quality of life outcomes for residents.

Example

The QAA committee will review data and input on a monthly basis to look for potential topics for PIPs. We will monitor and analyze data, and review feedback and input from residents, staff, families, volunteers, providers, and stakeholders. We will look at issues, concerns, and areas that need improvement as well as areas that will improve the quality of life and quality of care and services for the residents living and staying in our community. Factors we will consider: high-risk, high-volume, or problem-prone areas that affect health outcomes, quality of care and services, and areas that affect staff.

In addition, we will consider:

- Existing standards or guidelines that are available to provide direction for the PIP
- Measures that can be used to monitor progress
- Quality Measures publically reported on Nursing Home Compare
- Evidence based practices
- Projects that require systemic changes
- Projects that require environmental changes
- Projects affecting staff

15. Describe Criteria for Prioritizing and Selecting PIPs

Choosing an area for improvement is an important step for your organization. Potential areas for improvement are based on the needs of the residents and the organization. Factors such as high-risk, high-volume, or problem-prone areas that affect health outcomes, quality of care, and quality of life should be considered. Other factors to consider are the costs to the organization if the area isn't addressed, how feasible is it to implement a PIP in this area given current resources, and whether the PIP supports organizational goals and priorities. After narrowing topic choices for a PIP, consider which staff will be most affected by the PIP. Are there current resources to support anticipated changes in systems? What training needs will the PIP present? Is there an identified champion(s) to lead the PIP?

There are times that an issue or concern comes forward that needs immediate attention and requires corrective action. These issues or concerns should be reviewed by the QAA Committee. Adverse events, issues indicating abuse, neglect, or maltreatment are just a few examples of the types of issues that need immediate corrective action.

Example

Our QAA committee will prioritize topics for PIPS based on the current needs of the residents and our organization. Priority will be given to areas we define as high-risk to residents and staff, high-prevalence, or high-volume areas, and areas that are problem-prone. The QAA committee will use the CMS *Prioritizing Worksheet for Performance Improvement Projects* to prioritize PIPs. Consideration will be given to include staff most affected by the PIP. Anticipated training needs will be discussed as well as other resources to complete the PIP. The QAA committee will provide guidance on how to address issues that arise and need immediate corrective action.

16. Describe How and When PIP Charters Will Be Developed

A project charter is a helpful tool for all PIPS. The charter establishes the goals, scope, timing, milestones, team roles, and responsibilities for the PIP. The charter is usually developed by the QAA committee and then given to the team that will carry out the PIP. The charter helps the PIP team stay focused by explaining what they are trying to accomplish. It doesn't tell them how to get there, that is up to the PIP team.

Example

A project charter will be developed for each Performance Improvement Project at the beginning of the project that clearly establishes the goals, scope, timing, milestones, team roles, and responsibilities. The PIP charter will be developed by the QAA committee and then will be given to the team that will carry out the PIP.

17. Describe How to Designate PIP Teams

Describe a process for assembling teams to work on specific PIPs. Consider people in a position to explore the problem: that means staff that are closest to the problem, such as nursing assistants and other direct care staff. Consider including residents and family members, if applicable.

Define the required characteristics of any PIP team: perhaps including that the team be interdisciplinary, represent each of the job roles affected by the project, that it include resident and/or family representation as appropriate, and that a qualified team leader is selected who has the ability to coordinate, organize, and direct the work.

Example

When designating a PIP team, the QAA committee will consider and give opportunity to all staff in the organization. The QAA committee will ensure that the team is interdisciplinary, there is representation from each job role that is affected by the project, and resident and/or family member representation is included, if appropriate. When chosen to participate on a PIP team, staff with direct care responsibilities will be replaced so that the needs of residents continue to be met. A team leader will be selected that has the ability to coordinate, organize, and direct the work. The team will be accountable to the QAA committee.

18. Describe How the Designated Team Will Conduct the PIP

Describe the expectations of the PIP team and how they will conduct their work. Describe the responsibilities of the team. Items to consider include:

- Determine what information is needed for the PIP
- Determine a timeline
- Identify and request any needed supplies or equipment
- Select or create measurement tools
- Prepare and present results
- Use a problem solving model such as PDSA (Plan-Do-Study-Act)
- Other

Example

The PIP teams will consider each PIP a learning process. The team will follow steps and processes that are needed for any quality improvement project. The responsibilities for the PIP teams will be to determine what information is needed for the PIP and how to obtain the information. They will determine a timeline based on the PIP Charter. Requests for needed supplies, staff availability, and equipment will be made to the QAA committee. The QAA committee will respond in a timely manner to assure momentum is maintained. The team will develop an action plan using the organization's usual format. Interventions that will make change will be implemented by the team. The team will use root cause analysis to ensure that the root cause and contributing factors are identified. When determining and implementing interventions, PDSA cycles will be used. The team will select and/or create measurement tools to ensure that the changes they are implementing are having the desired effect.

19. Describe Your Process for Documenting and Communicating Performance Improvement and Trends in Performance Measures

Describe how your organization will document the highlights, progress, and lessons learned from your PIP. It is important to have a historical record for the organization so that improvement can be built upon past work. What project documentation templates will you use to consistently and electronically inform others about PIPs for review and future reference?

Results of PIPs will be communicated via (choose from these):

- Dashboards
- QAPI interdisciplinary meetings
- Board meetings
- Posters
- Bulletin boards
- Newsletters
- Other

The team will report their progress to the QAPI committee on a regular basis. The QAPI committee will ensure that the following groups are informed of PIPs and other QAPI activities (choose from these)

- Board member
- Staff
- Residents
- Families
- Volunteers
- Community members
- Others

Example

For ongoing monitoring of the PIP, we will use the *CMS PIP Inventory* to include milestones, PDSAs, outcomes, and other lessons learned from the PIP. Information about PIPs will be shared via our quality improvement dashboard, quarterly newsletter provided to all residents, families, and staff, and discussed during the QAPI agenda items on all staff, resident, and family monthly meetings.

Systematic Analysis and Systemic Action

20. Describe Your Systematic Approach to Quality Improvement

Describe how your organization will use a systematic approach to fully understand the root cause of an issue and the systems involved. When making any change, there are many tools which teams can use to identify the cause and contributing factors of issues, including:

- Five Whys
- Flowcharting
- Fishbone Diagram
- Failure Mode and Effects Analysis (FMEA)
- Other

Example

Our facility uses a systematic approach to determine when in-depth analysis is needed to fully understand identified problems, causes of the problems, and implications of a change. To get at the underlying cause(s) of issue, we bring teams together to identify the root cause and contributing factors using the Five Whys, Flowcharting, and the Fishbone Diagram.

21. Describe Your Approach to Preventing Future Events and Promoting Sustained Improvement

To implement planned changes, many organizations choose the following courses of action:

- Update policies and procedures that support the change
- Clearly define roles and responsibilities for new actions
- Communicate the change(s) and its purpose to all those needing to carry out the new actions
- Identify and correct barriers/roadblocks that may be in the way of doing things the new way
- Integrate the new change(s) into new employee orientation and training
- Ensure that there is adequate funding to support the change
- Other

Example

To prevent future events and promote sustained improvement our organization develops actions to address the identified root cause and/or contributing factors of an issue/event that will affect change at the systems level. We use Plan-Do-Study-Act cycles to test actions and recognize and address “unintended” consequences of planned changes.

22. Describe Your Approach to Ensure Planned Changes/Interventions Are Implemented and Effective

Many organizations choose from the following courses of action to ensure that planned changes/interventions are implemented and effective:

- Choose indicators/measures that tie directly to the new action
- Conduct ongoing periodic measurement and review to ensure the new action has been adopted and is performed consistently
- Review some measures more frequently (even daily) by staff to show incremental changes, which can serve as a reminder for the new action and provide encouragement and reinforcement
- Based on measurement review, make changes in procedure(s) as needed to help facilitate the change
- Other

Example

To ensure the planned changes/interventions are implemented and effective in making and sustaining improvements, our organization chooses indicators/measures that tie directly to the new action and conducts ongoing periodic measurement and review to ensure that the new action has been adopted and is performed consistently.

Resources

- QAPI 5 Elements: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/qapifiveelements.pdf>
- QAPI At a Glance: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/QAPIAtaGlance.pdf>
- QAPI Self-Assessment Tool: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/QAPISelfAssessment.pdf>
- Guide for Developing Purpose, Guiding Principles, and Scope for QAPI: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/QAPIPurpose.pdf>
- Guide for Developing a QAPI Plan: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/QAPIPlan.pdf>
- Measure/Indicator Collection and Monitoring Plan: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/MeasIndCollectMtrPlandebedits.pdf>
- Measure/Indicator Development Worksheet: <https://www.cms.gov/medicare/provider-enrollment-and-certification/qapi/downloads/measindicatdevwksdebedits.pdf>
- Prioritization Worksheet for Performance Improvement Projects: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/PIPPriorWkshtdebedits.pdf>
- Guide to Creating a Performance Improvement Project Charter: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/PIPCharterWkshtdebedits.pdf>
- PIP Launch Checklist: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/PIPLaunchChecklistdebedits.pdf>
- PIP Inventory: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/PIPInventorydebedits.pdf>
- Goal Setting Worksheet: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/QAPIGoalSetting.pdf>
- Adverse Drug Event Tracking Tool: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/Downloads/Adverse-Drug-Event-Trigger-Tool.pdf>
- Five Whys: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/FiveWhys.pdf>
- Flowcharting: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/FlowchartGuide.pdf>

- Fishbone Diagram: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/FishboneRevised.pdf>
- Failure Mode and Effects Analysis (FMEA): <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/GuidanceForFMEA.pdf>
- Guidance for Root Cause Analysis: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/GuidanceforRCA.pdf>
- Stratis Health’s Root Cause Analysis Toolkit for Long Term Care: <https://www.stratishealth.org/providers/rca-toolkit/>
- PDSA Cycles: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/PDSACycledebedits.pdf>
- Communication Plan: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/CommunPlan.pdf>

Appendix: Template Sections, and Blank Table

1. **Write the Purpose of Your Organization’s QAPI Plan.**
2. **List of Services You Provide to Residents.**
3. **Describe How Your QAPI Plan Will Address Key Issues.**
4. **Current Quality Assessment and Assurance Activities.**
5. **Use of Best Available Evidence.**
6. **Responsibility and Accountability.**
7. **Describe how QAPI will be adequately sourced.**
8. **Determine the plan for mandatory QAPI staff training and orientation.**
9. **Framework for QAPI.**
10. **Determine how the QAPI activities will be reported to the governing body.**
11. **Describe how a fair and just culture for staff will be implemented.**
12. **Identify Data Sources to Analyze Performance, Identify Risk and Collect Feedback/Input**
(see blank table on page 21)
13. **Describe how your organization will conduct Performance Improvement Projects (PIPs)**
14. **Describe how potential topics for PIPs will be identified.**
15. **Describe criteria for prioritizing and selecting PIPs.**
16. **Describe how and when PIP charters will be developed.**
17. **Describe how to designate PIP teams.**
18. **Describe how the designated team will conduct the PIP.**
19. **Describe your process for documenting and communicating performance improvement projects and trends in performance measures.**
20. **Describe your systematic approach to quality improvement.**
21. **Describe your approach to preventing future events and promoting sustained improvement.**
22. **Describe your approach to ensure planned changes/interventions are implemented and effective.**



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About Lake Superior Quality Innovation Network

Lake Superior Quality Innovation Network, under contract to Centers for Medicare & Medicaid Services, brings together Medicare beneficiaries, providers, and communities in Michigan, Minnesota, and Wisconsin through data-driven initiatives that increase patient safety, make communities healthier, better coordinate post-hospital care, and improve clinical quality.

Lake Superior Quality Innovation Network



MPRO – Michigan
Stratis Health – Minnesota
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For more information about joining National Nursing Home Quality Care Collaborative, visit www.lsqin.org/initiatives/nursing-home-quality/join/ or contact the Lake Superior Quality Innovation Network expert in your state:

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Stratis Health represents Minnesota in the Lake Superior Quality Innovation Network, under the Centers for Medicare & Medicaid Services Quality Improvement Organization Program.

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