

An Overview of Quality Assurance and Performance Improvement (QAPI) and Performance Improvement Project (PIP)

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Telligen QI Connect™

Telligen QI Connect™ initiatives place healthcare providers and consumers at the center to make healthcare safer, more accessible, and more cost-effective through the Centers for Medicare & Medicaid Services (CMS) Quality Innovation Network-Quality Improvement Organization (QIN-QIO) and Hospital Quality Improvement Contractor (HQIC) programs.

Telligen QI Connect™ is operated by Telligen, which is funded by CMS to deliver improvement services at no cost to you or your organization.

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Before We Begin

- Be sure to add qiconnect@telligen.com to your trusted list of email contacts
 - If you unsubscribe, you'll miss out on every communication we share
- We're on social media, follow us for updates and events!

 Facebook: <https://www.facebook.com/telligenqiconnect>

 LinkedIn: <https://www.linkedin.com/company/telligen-qi-connect>

 Twitter: <https://twitter.com/TelligenQI>

 270 people die from overdose each day. Join us in taking the [#PLEDGE270](https://www.pledge270.com) and commit to improving the opioid crisis in your community.

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Today's Objectives

- Present an overview of Quality Assurance and Performance Improvement (QAPI)
- Outline Performance Improvement Project (PIP) practices
- Share tools and resources to support practices

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483.75 Quality Assurance and Performance Improvement

- Maintain documentation and demonstrate evidence of ongoing QAPI program
- Present QAPI plan to state survey agency or federal surveyor at each annual survey
- Address all systems of care, management practices and adverse events
- Establish and implement written policies and procedures for:
 - Feedback
 - Data collections systems
 - Monitoring
- Take actions aimed at performance improvement, measure its success, and track performance to ensure that improvements are realized and sustained
- Maintain a quality assessment and assurance (QAA) committee

<https://www.ecf.gov/current/title-42/chapter-IV/subchapter-G/part-483/subpart-B#483.75>

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Adverse Events in Nursing Homes

According to the “Adverse Events in Skilled Nursing Facilities: National Incidence Among Medicare Beneficiaries” report, the term “adverse event” describes harm to a patient or resident as a result of medical care

- Types of Adverse Events
 - Events related to medication
 - Events related to resident care
 - Events related to infections
- Preventability Determination
 - Preventable: Harm could have been avoided through improved assessment or alternative actions
 - Not preventable: Harm could not have been avoided given the complexity of the resident’s condition or care required

[Adverse Events in Nursing Homes](#)

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Critical Resource: QAPI at a Glance



Transforming the lives of nursing home residents through continuous attention to quality of care and quality of life



at a Glance:

A Step by Step Guide to Implementing Quality Assurance and Performance Improvement (QAPI) in Your Nursing Home



<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/QAPIatAGlance.pdf>

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QAPI – What does it do?

- Supports well-functioning and tightly coordinated systems
- Addresses problems both proactively and reactively
 - Identify
 - Solve
 - Prevent
- Improves diverse aspects of care, services and experiences for residents, family and staff
 - Include all staff
 - Input from residents and family

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Five Elements of QAPI				
Element 1: Design & Scope	Element 2: Leadership & Governance	Element 3: Feedback, Data Systems & Monitoring	Element 4: Performance Improvement Projects	Element 5: Systematic Analysis & Systemic Action
QAPI Characteristics and Scope <ul style="list-style-type: none"> ✓ Learn the basics of QAPI ✓ Assess QAPI in your organization ✓ Create a structure and plan to support QAPI 	Leadership actively engaged in setting quality expectations and priorities <ul style="list-style-type: none"> ✓ Understand the QAPI Business Case ✓ Promote a fair and open culture where staff are comfortable identifying quality problems and opportunities ✓ Create a culture that embraces the principles of QAPI ✓ Promote commitment of staff, residents and family in QAPI 	Systems to monitor a wide range of care and service, drawing from multiple sources <ul style="list-style-type: none"> ✓ Identify what you need to monitor ✓ Collect, track and monitor measures/indicators ✓ Set goals, benchmarks and thresholds ✓ Identify gaps and opportunities ✓ Use data to drive decisions 	Conduct PIPs to improve care and services in areas relevant to your residents <ul style="list-style-type: none"> ✓ Focus on topics that are meaningful and address the needs of residents and staff ✓ Support staff in being effective team members. Use tools such as TeamSteps that support effective teamwork ✓ Plan, implement, monitor and document changes using a structure PI approach 	Create real impact and long lasting improvement as a result of QAPI <ul style="list-style-type: none"> ✓ Model and promote systems thinking ✓ Practice root cause analysis ✓ Take action at the systems level

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Tools Help QAPI Processes Work

Why and How


- Important to know why:
 - Organize multiple tasks
 - Enhance communication within and across teams
 - Help to generate ideas and reach decisions
 - Keep information organized and accessible
 - Track successes and challenges using data
- Essential to know how to use:
 - Training
 - Inservice

What

- Checklists
- Templates
- Flow charts
- Reporting forms or outlines
- Worksheets

[QAPI at a Glance](#)

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Telligen QI Connect™
Partnering to improve health outcomes through relationships and data

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QAA Committee vs. QAPI Steering Committee

	Quality Assessment and Assurance Committee	Quality Assurance and Performance Improvement Steering Committee
	QAA Committee	QAPI Steering Committee
Requirements	Federally required https://www.ecfr.gov/cgi-bin/text-idx?SID=f64b6edcc2b2ee52bf5de8e19a340569&mc=true&node=sp42.5.483.b&rgn=div6#se42.5.483_175	Not required but recommended QAPI at a Glance, Step 1 QAPIAtaGlance.pdf (cms.gov)
Attendees	Required: DON, Med Dir, NHA + 2 other leadership, IP	Can be ANY facility staff member including CNAs, activities, dietary, environmental services, etc.
Meeting Frequency	At least quarterly	As often as needed to achieve goals
Goals	Review and evaluate all facility data sources to determine areas of focus for QAPI Steering Committee	Review data (including resident level) to determine how best to utilize QAPI elements to improve

Centers for Medicare & Medicaid Services QAPI Tools

QAPI Five Elements	Goals	Tools
Element 1 – Design and Scope	Learn the basics of QAPI <ul style="list-style-type: none"> Review QAPI five elements Understand how QAPI coordinates with QAA 	QAPI Five Elements QAPI at a Glance QAPI News Brief - Volume 1
	Assess QAPI in your organization	QAPI Self-Ass
	Create a structure and plan to support QAPI	Guide to Develop a QAPI Plan Guide for Developing a QAPI Plan
Element 2 – Governance and Leadership	Understand the QAPI business case	CMS Video: QAPI Business Case
	Promote a fair and open culture where staff are comfortable identifying quality problems and opportunities <ul style="list-style-type: none"> Know your current culture Assess your individual skills, practice, attitude Create a learning organization that drives and reinforces a process for organizational change Distinguish between human error, at risk, and reckless behavior, and respond differently/appropriately to each 	QAPI at a Glance QAPI News Brief
	Engage and involve residents and families <ul style="list-style-type: none"> Involve residents and families Focus on the customer needs and expectations 	QAPI at a Glance QAPI News Brief - Volume 1 Examples of Performance Objectives
	Use and make data meaningful <ul style="list-style-type: none"> Identify what you need to monitor Collect, track, and monitor measure/indicators Set goals, benchmarks, thresholds Identify gaps and opportunities Prioritize what you will work to improve Use data to drive decisions 	Measure/Indicator Development Measure/Indicator Collection and Use Instructions to Develop a Dashboard Goal Setting Worksheet Prioritization Worksheet for Performance
Element 3 – Feedback, Data Systems and Monitoring		
	Implement performance improvement projects <ul style="list-style-type: none"> Focus on topics that are meaningful and address the needs of residents and staff Charter PIP teams Support staff in being effective PIP team members. Use tools that support effective teamwork. Plan, implement, measure, monitor, and document changes, using a structured PIP approach 	QAPI Five Elements Element 4 – Performance Improvement Projects Worksheet to Create a PIP Charter PIP Launch Checklist: Helpful hints for project leaders, managers, and coordinators Plan-Do-Study-Act (PDSA) Cycle Template PIP Inventory Sustainability Decision Guide Brainstorming, Affinity Grouping, and Multi-Voting Tool
	Enhance QAPI communications	QAPI at a Glance Communications Plan Worksheet Storyboard Guide for PIPs Improvement Success Story Template
	Understand and focus on organizational processes and systems <ul style="list-style-type: none"> Model and promote systems thinking Practice RCA – get to the root of problems Take action at the systems-level 	Element 5 – Systematic Analysis and Systemic Action Guidance for Failure Mode and Effects Analysis (FMEA) Guidance for Root Cause Analysis (RCA) Flowcharting Fish-Maps Fishbone Diagram

A Process Tool Framework

> PIP to Improve

Tools and Templates Make it Work



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Performance Improvement Projects (PIPs)

- Concentrated effort on a particular problem in one area of the facility or facility wide
- Involves gathering information systematically to clarify issues or problems
- Examine and improve care or services
- Sustaining improvements
 - Select tools
 - Plan when and where to document
 - Create process for ongoing monitoring

[483.75 Quality assurance and performance improvement \(e\) Program activities \(3\)](#) As a part of their performance improvement activities, the facility must conduct distinct performance improvement projects.

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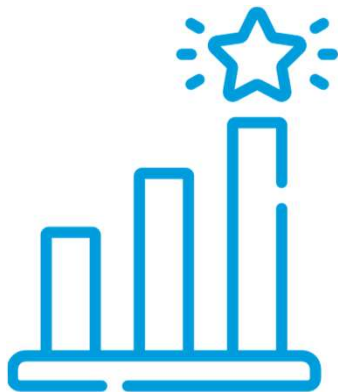
PIP Steps

1. Identify the event or problem and gather preliminary information
2. Charter and select team facilitator and team members
3. Investigate and describe what happened
4. Identify the contributing factors and root causes
5. Prioritize root causes
6. Select changes/interventions to eliminate the root causes
7. Develop process and outcomes measures

Guidance for Performing Root Cause Analysis (RCA) with Performance Improvement Projects (PIPs) 15

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Data and Prioritization Drives Improvement

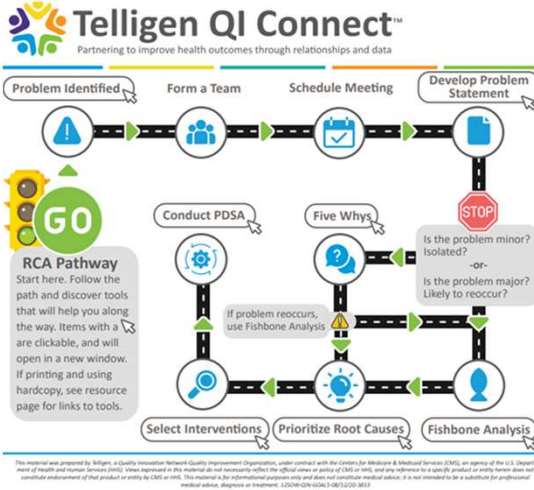


- Data
 - Determines need for improvement
 - Indicates progress
 - Demonstrates sustainment
- Prioritization
 - Determines order of improvement activities
 - Indicates commitment to progress
 - Demonstrates progressive planning

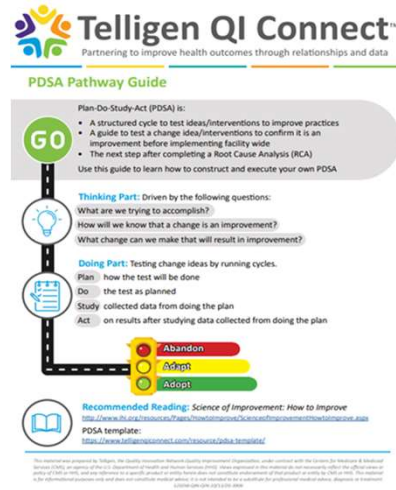
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Complete Root Cause Analysis (RCA) and Plan Do Study Act (PDSA) Cycles



<https://www.telligenqiconnect.com/wp-content/uploads/2022/02/RCA-Pathway.pdf>



https://www.telligenqiconnect.com/wp-content/uploads/2022/02/PDSA-Pathway-Guide_FINAL.pdf

PIP Documentation

- Documentation built into PIP activity
- Edit template to meet PIP team needs

Performance Improvement Project (PIP) Documentation

Team Charter

PIP Team Name	PIP Start Date

PIP Team Project

Quality Measure (QM or Area of Focus)	Baseline Data (Include time period)

SMART (Specific, Measurable, Attainable, Relevant and Time-Bound) Goal

Example: Reduce the long-stay quality measure rate for UTI from 4.2% to 2.5% (the national average on Care Compare) by December 31, 2022.

PIP Team Members

Identify team members to support the improvement project; select those who are closest to the area of focus identified

Staff Name	Title
Leader:	

Executive Sponsor: (Name and Title)

[Performance Improvement Project \(PIP\) Documentation](#)

QAA Committee/QAPI Team

- Document meetings
- Help leadership manage projects and action items
- Edit to meet team’s needs



QAA/QAPI Meeting Agenda

<Name of Nursing Home>

<Date of Meeting>

Participants	
Name	Title

Updates or Outstanding Items From Last Meeting	
Item	Current status

5 Star Rating					
Overall	Health Inspection	Staffing	Quality of Resident Care	Directed Plan of Correction Issued (Yes or No)	Cited for Abuse (Yes or No)

Discussion:

Actions:

Current Quality Assessment and Assurance Activities

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[QAA/QAPI Meeting Agenda](#)

What Will You Do With This Information?

- Transferring information into skill requires ongoing practice
 - Include QAPI methodologies in all trainings and in-services (e.g. data analysis, RCA, PDSA)
 - Include PIP updates and ongoing monitoring of completed PIPs on leadership meeting agendas
- Contact [Telligen](#) for cost free trainings, support and assistance



Education



Practice



Skill



Upcoming Events

Don't miss out on these upcoming events:



Root Cause Analysis Training

10:30 – 11:15 a.m. CST

[Registration Link](#)

 For all other events visit our website:
<https://www.telligenqiconnect.com/calendar/>



Plan-Do-Study-Act Training

11 a.m. – 12 p.m. CST

[Registration Link](#)



QI Basics Power Hour Learning Series – Implement and Sustain Change

11 a.m. – 12 p.m. CST

[Registration Link](#)

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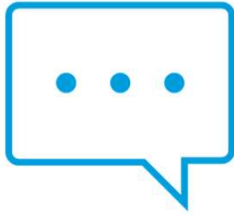
> Questions?

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