

# **QAPI Plan**

## **QAPI Plan 2021**

**Effective Date: August 01, 2021**

**snits: Sanitas, Denver, CO**

## Design and Scope

### Statements and Guiding Principles

**Vision:**

We will be the premier providers in post-acute care.

**Mission:**

Our organization's mission is to provide resident-centered healthcare services, excellence in clinical care, and to promote caregiver engagement and empowerment to better serve the resident, family, and the community.

**Guiding Principles:**

- Quality Assurance and Performance Improvement (QAPI) has a prominent role in our management and board functions, on par with monitoring reimbursement and maximizing revenue.
- In our organization, the outcome of QAPI is the quality of care and the quality of life of our residents.
- Our organization uses QAPI to make decisions and guide our day-to-day operations.
- QAPI includes all employees, all departments and all services provided.
- Our QAPI program focuses on our organization's systems and processes rather than on the performance of individuals, and we strive to identify and improve system gaps rather than to place blame
- Our organization makes QAPI decisions based on data gathered from the input and experience of caregivers, residents, health care practitioners, families, and other stakeholders.
- Our organization sets goals for performance and measures progress toward those goals.
- Our organization supports performance improvement by encouraging our employees to support each other as well as to be accountable for their own professional performance and practice.
- Our organization maintains a culture that encourages, rather than punishes, employees who identify errors or system breakdowns.

### Types of Care and Services

**Skilled Nursing**

Long-Term Care

Post-acute Care

Ventilator

Dialysis

Hospice/Palliative Care

Pharmacy

**Dietary**

Dining

Dietician

Nutritionist

**Health Information Services**

EHR/EMR

MDS

**Therapy**

Outpatient

Physical

Occupational

Respiratory

SLP

Alzheimer's/Memory Care

Skilled Rehabilitation

**Housekeeping**

Laundry

Janitorial

**Social Services**

Activities

Care Coordination

Behavioral/Mental Health

Transportation

**Maintenance**

Building

Landscaping/Groundskeeping

Equipment

**Staff Education**

Medline University

On-boarding and Orientation

Internal Continuing Education

External Continuing Education (Conferences, Symposiums, etc.)

**Business Office**

Staffing

Billing

Human Resources

**Other Services Provided**

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**Addressing Care and Services**

The QAPI program will aim for safety and high quality with all clinical interventions and service delivery while emphasizing autonomy, choice, and quality of daily life for residents and family. The QAPI program will accomplish this by ensuring our data collection tools and monitoring systems are in place and are consistent for proactive analysis, system failure analysis, and corrective action. We will utilize the best available evidence (e.g. data, national benchmarks, published best practices, clinical guidelines) to define and measure our goals.

The scope of the QAPI program encompasses all types and segments of care and services that impact clinical care, quality of life, resident choice, and care transitions. These include, but are not limited to, customer service, care management, patient safety, credentialing, provider relations, human resources, finance, and information technology. Aspects of service and care are measured against established performance goals and key measures are monitored and trended on a quarterly and/or annual basis.

abaqis supplies the fundamental core of the QAPI program by providing a structured, electronic system for the collection and analysis of quality data from residents, family, staff, resident records, and the MDS. To accomplish this, abaqis includes a series of sampling, assessment, and data collection tools, and provides for analysis through in-depth investigation, the comparison of an organization's performance against established indicators, and thresholds of quality as well as national benchmarks. Coupled with the Providigm QAPI Accreditation Program standards, abaqis also provides a data-driven and scientifically proven methodology for monitoring QAPI program efforts to ensure that they are comprehensive in scope, continuously executed and monitored, include the appropriate coverage of unique residents and care areas, and proactively initiate appropriate investigative and improvement actions for areas identified as needing correction.

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**Defining and Measuring Goals**

The organization will use internal and national benchmarks provided by national associations, clinical organizations, and federal and state provided databases (e.g. CMS Quality Measures, Five-Star Quality Rating System, survey data) to establish baselines for organizational practices and goal-setting. In addition, the organization will continue to monitor progress toward goals by comparing its results to these benchmarks and its historical performance.

The sampling, assessment, and data collection tools along with statistically verified thresholds in abaqis are used to identify potential areas of concern. Additionally, abaqis contains Critical Element Pathways, Surveyor Guidance, and national benchmarks that provide a framework for defining and measuring QAPI program goals.

## Governance and Leadership

### Administrative Leaders

Name	Title/Role
George Wickman	CEO
Jane Bennett	VP of Quality
Georgiana Darcy	Administrator
Charles Bingley	Board Member

### Direction of QAPI Activities

The Governing Body and QA&A Committee of the nursing center develop a culture that involves leadership-seeking input from nursing center staff, residents, and their families.

The Governing Body is responsible for the development and implementation of the QAPI program. The Governing Body is responsible for:

- 1) Identifying and prioritizing problems based on performance indicator data
- 2) Incorporating resident and staff input that reflects organizational processes, functions, and services provided to residents
- 3) Ensuring that corrective actions address gaps in the system and are evaluated for effectiveness
- 4) Setting clear expectations for safety, quality, rights, choice, and respect
- 5) Ensuring adequate resources exist to conduct QAPI efforts

The QA&A Committee reports to the executive leadership and Governing Body and is responsible for:

- 1) Meeting, at minimum, on a quarterly basis; more frequently, if necessary
- 2) Coordinating and evaluating QAPI program activities
- 3) Developing and implementing appropriate plans of action to correct identified quality deficiencies
- 4) Regularly reviewing and analyzing data collected under the QAPI program and data resulting from drug regimen review and acting on available data to make improvements
- 5) Determining areas for PIPs and Plan-Do-Study-Act (PDSA) rapid cycle improvement projects
- 6) Analyzing the QAPI program performance to identify and follow up on areas of concern and/or opportunities for improvement

With abaqis, the Governing Body and QA&A Committee have access to and visibility into virtually all of an organization's QAPI activity including quality assessments, facility QAPI Self Assessments, Care Area investigations, PIPs, and detailed reporting. Additionally, as a web-based application, abaqis can be accessed anywhere, allowing for simultaneous data collection and analysis, widespread team collaboration, and remote monitoring of quality improvement efforts.

### Staff QAPI Adoption

The QAPI program will be structured to incorporate input, participation, and responsibility at all levels. The Governing Body and QA&A Committee of the nursing center will develop a culture that involves leadership-seeking input from nursing center staff, residents, and their families; encourages and requires staff participation in QAPI initiatives when

necessary; and holds staff accountable for taking ownership and responsibility of assigned QAPI activities and duties.

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## QA&A Committee

### Medical Director/Designee

William Collins

### Director of Nursing Services

Catherine de Borough

### Administrator/Owner/Board Member/Other Leader

Georgiana Darcy

### Infection Prevention & Control Officer

Elizabeth Bennett

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### Additional Members

Name	Title/Role
Charlotte Lucas	Director of Rehab

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## Feedback, Data Systems and Monitoring

### Monitoring Process:

The system to monitor care and services will continuously draw data from multiple sources. These feedback systems will actively incorporate input from staff, residents, families, and others, as appropriate. Performance indicators will be used to monitor a wide range of processes and outcomes, and will include a review of findings against benchmarks and/or targets that have been established to identify potential opportunities for improvement and corrective action. The system also maintains a system that will track and monitor adverse events that will be investigated every time they occur. Action plans will be implemented to prevent recurrence.

abagis provides a systematic approach to evaluating potential problems and opportunities for improvement through continuous cycles of data gathering and analysis. This is accomplished through a variety of assessments such as resident, family, and staff interviews; resident observations; medical record reviews; in-depth clinical reviews; facility- level process reviews; and MDS data analysis.

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### Monitored Data Sources:

#### abagis Assessments

QAPI Assessments

Resident-Level Investigations

Facility-Level Investigations

Resident Satisfaction

Family Satisfaction

PAC Assessments

Employee Satisfaction Surveys

#### CMS

Comparative Survey Data

Survey Data

Five Star Quality Rating System  
CMS Quality Measures  
State Survey Reports  
SNF Quality Reporting Program data (SNF QRP)  
SNF Value Based Payment Measures

#### **Industry Associations**

AHCA/NCAL Trend Tracker  
AHCA/NCAL CoreQ

#### **Internal Systems**

Resident/Family Complaints  
Resident/Family Suggestions  
Staff Complaints  
Staff Suggestions  
MDS  
EMR/EHR  
Corporate Balanced Score Card

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#### **Additional Systems**

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##### **Adverse/Never Event Tracking System:**

- Tracking and trending adverse events with a written log based on the medical record and MDS
- Abuse data analysis
- Nurse shift reports
- Continuity of Care documentation

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##### **Method of Monitoring Multiple Data Sources:**

Information will be collected on a routine basis from the previously identified sources and the data will be analyzed against the appropriate benchmarks and target goals for the organization.

abaqis is a systematized and secure platform for data collection. abaqis provides tools for establishing quality assessment and improvement cycles, includes a collection of turnkey quality assessments and investigations, and provides a structured and electronic repository for QAPI program coordination and documentation.

abaqis includes robust data analysis and reporting tools that draw from multiple data sources and allow organizations to identify Care Areas that exceed thresholds, track hospital readmission risk and ED transfers, and monitor rates for hospital readmissions, community discharge, and resident and family satisfaction.

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##### **Planned abaqis QAPI Usage:**

abaqis will be used by generating random QAPI samples of residents for analysis periodically throughout the year. At the end of data collection periods, the QAPI team will review reports to identify areas for improvement by utilizing thresholds of quality and in-depth investigations.

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## **Performance Improvement Projects**

#### **Overall PIP Plan:**

Performance Improvement Projects will be a concentrated effort on a particular problem in one area of the nursing center or on a facility-wide basis. They will involve gathering information systematically to clarify issues or problems and intervening for improvements. The nursing center will conduct PIPs to examine and improve care or services in areas that the nursing center identifies as needing attention.

**PIP Determination Process:**

Areas for improvement are identified by routinely and systematically assessing quality of care and service, and include high risk, high volume, and problem prone areas. Consideration will be given to the incidence, prevalence, and severity of problems, especially those that affect health outcomes, resident safety, autonomy, choice, quality of life, and care coordination. All staff are responsible for assisting in the identification of opportunities for improvement and are subject to selection for participation in PIPs.

**Assigning Team Members:**

When a performance improvement opportunity is identified as a priority, the QA&A Committee will initiate the process to charter a PIP team. This charter describes the scope and objectives of the improvement project so the team working on it has a clear understanding of what they are being asked to accomplish. Team members will be identified from internal and external sources by the QA&A Committee or designated project manager, and with relationship to their skills, service provision, job function, and/or area of expertise to address the performance improvement topic.

**Managing PIP Teams:**

The PIP project director or manager will manage the day-to-day operations of the PIP and will report directly to the QA&A Committee.

**Documenting PIPs:**

PIPs will be documented continuously during execution. The documentation will include the overall goals for the project and will identify team members, define appropriate measures, root cause analysis findings, interventions, PDSA cycle findings, meeting minutes, target dates, and overall conclusions.

abaqis provides an electronic platform for developing a PIP charter and for continuous PIP documentation in a structured format. abaqis also allows for PIP team collaboration and visibility into PIP activity for team management and coordination of PIP efforts; provides a method of tracking PIP progress and documentation of findings for widespread and systemic improvement efforts; and allows for retaining and updating information related to ongoing projects for potential reference and future submission for survey compliance.

## Systematic Analysis and Systemic Action

**Recognizing Problems and Improvement Opportunities:**

We will use a thorough and highly organized/structured root cause analysis approach (e.g. Failure Mode and Effects Analysis, Flow Charting, Five Whys, Fishbone Diagrams, etc.) to determine if and how identified problems may be caused or exacerbated by the way care and services are organized or delivered. This systematic approach will help to determine when in-depth analysis is needed to fully understand the problem, its causes, and implications of a change. These systemic actions will look comprehensively across all involved systems to prevent future events and promote sustained improvement. The focus will be on continuous learning and improvement.

**Identifying Change as an Improvement:**

Changes will be implemented using an organized and systematic process. The process will depend on the nature of the change to be implemented, but will always include clear communication of the structure, purpose, and goals of the change to all involved parties. Measures will be established that will monitor progress and change during PDSA cycles for PIPs and widespread improvement activities.

## Supporting Documents

Document Name	Date Uploaded
<a href="#">QIToolkit_PDSASWorksheet.pdf</a>	Aug 10, 2021

## Communications and Evaluation

### Internal and External QAPI Communication:

Regular reports and updates will be provided to the Corporation/Board of Directors, management, staff, resident/family council, external partners, and other stakeholders. This will be accomplished through multiple communications channels and media such as staff meetings, new hire orientation, staff training sessions, e-mail updates and memos, storyboards, resident and family councils, newsletter articles, administration reports, local media, and social media.

### Identifying a Working QAPI Plan:

On at least an annual basis, or as needed, the QAPI Self Assessment will be conducted. This will be completed with the input from the entire QAPI team and organizational leadership. The results of this assessment will direct us to areas we need to work on in order to establish and improve QAPI programs and processes in our organization.

We will also conduct an annual facility assessment to identify gaps in care and service delivery in order to provide necessary services. These items will be considered in the development and implementation of the QAPI plan.

abaqis provides an electronic platform for documenting QAPI Self Assessments and tracking changes in the QAPI Self Assessment results over time.

### Revising your QAPI Plan:

The QA&A Committee will review and submit proposed revisions to the Governing Body for approval on an annual and/or as needed basis.

### Record of Plan Review:

Name	Date Reviewed
Leanne	2021-08-10

### QUALITY ASSURANCE PRIVILEGE:

By utilizing the abaqis system and its reports and other documents and by agreeing to the terms and conditions of the End User License Agreement and the Business Associate Agreement, you hereby acknowledge that you are accessing and participating in quality assurance programs for and on behalf of the licensee of the system. All information, reports and other documents generated by the use of abaqis fall within the quality assurance privilege of the licensee and are strictly confidential.

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