

# Creating Your Roadmap for 2024 QAPI Success: Laying Your Foundation



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May 2024



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# Lynn Wilson, MS

SENIOR QUALITY IMPROVEMENT SPECIALIST

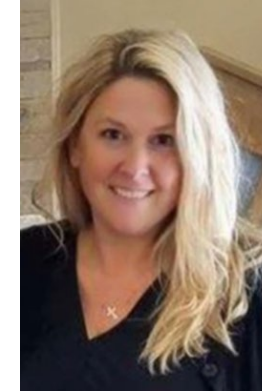


Lynn has more than 30 years of experience with regulatory agencies for community mental health centers and nursing homes. She is a nationally recognized QI leader in long-term care, behavioral health, and hospice and palliative care settings. Under her leadership, behavioral health and end-of-life care practice innovations generated through frontline staff quality improvement processes have been recognized as national best practices.

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# Danyce Seney, RN, BSN, IP, RAC-CTA, CPHQ

SENIOR QUALITY IMPROVEMENT SPECIALIST



Danyce has 29 years of experience in acute care/long term care in various leadership roles. At IPRO, Danyce supports skilled nursing facilities in utilizing a quality improvement framework to implement evidence-based interventions and strategies to improve patient safety, immunization rates, and reduce avoidable readmissions. Danyce leads workgroups as well as develops and provides presentations on an assortment of topics to improve nursing home quality.

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# The IPRO QIN-QIO

## The IPRO QIN-QIO

- A federally-funded Medicare Quality Innovation Network – Quality Improvement Organization (QIN-QIO) in contract with the Centers for Medicare & Medicaid Services (CMS)
- 12 regional CMS QIN-QIOs nationally

### IPRO:

New York, New Jersey, and Ohio

### Healthcentric Advisors:

Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont

### Qlarant:

Maryland, Delaware, and the District of Columbia

Working to ensure high-quality, safe healthcare for  
**20% of the nation's Medicare FFS beneficiaries**



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# Learning Objectives

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- ✓ Assess current state of QAPI and identify priorities for 2024
- ✓ Identify key structural elements for effective meetings
- ✓ Learn how to utilize a QAPI calendar as a roadmap for monitoring data and identifying quality initiatives

*QAPI is a systematic, data driven, approach to **continuously** assessing and improving the quality of care provided in your organization.*

- *Identify improvement opportunity*
- *Develop an action plan*
- *Monitor and evaluate outcomes*
- *Repeat!*

*Involvement of all stakeholders, including those you serve and their families.*

# Today's Agenda

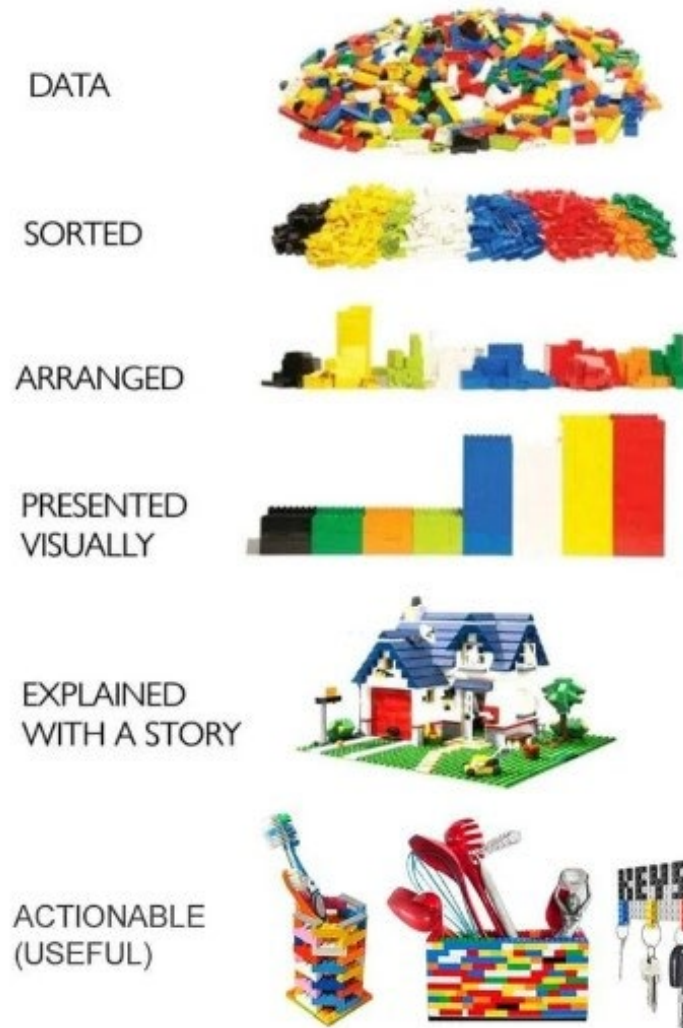
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- ✓ Survey Says... Current State of QAPI
- ✓ Reflection of QAPI in the Past 12 Months
- ✓ Meetings
- ✓ Structuring your QAPI Program
- ✓ Self Assessment
- ✓ Use Tomorrow
- ✓ Resources



“Data are just summaries of thousands of stories –  
tell a few of those stories to help make the data meaningful.”

- Chip and Dan Heath

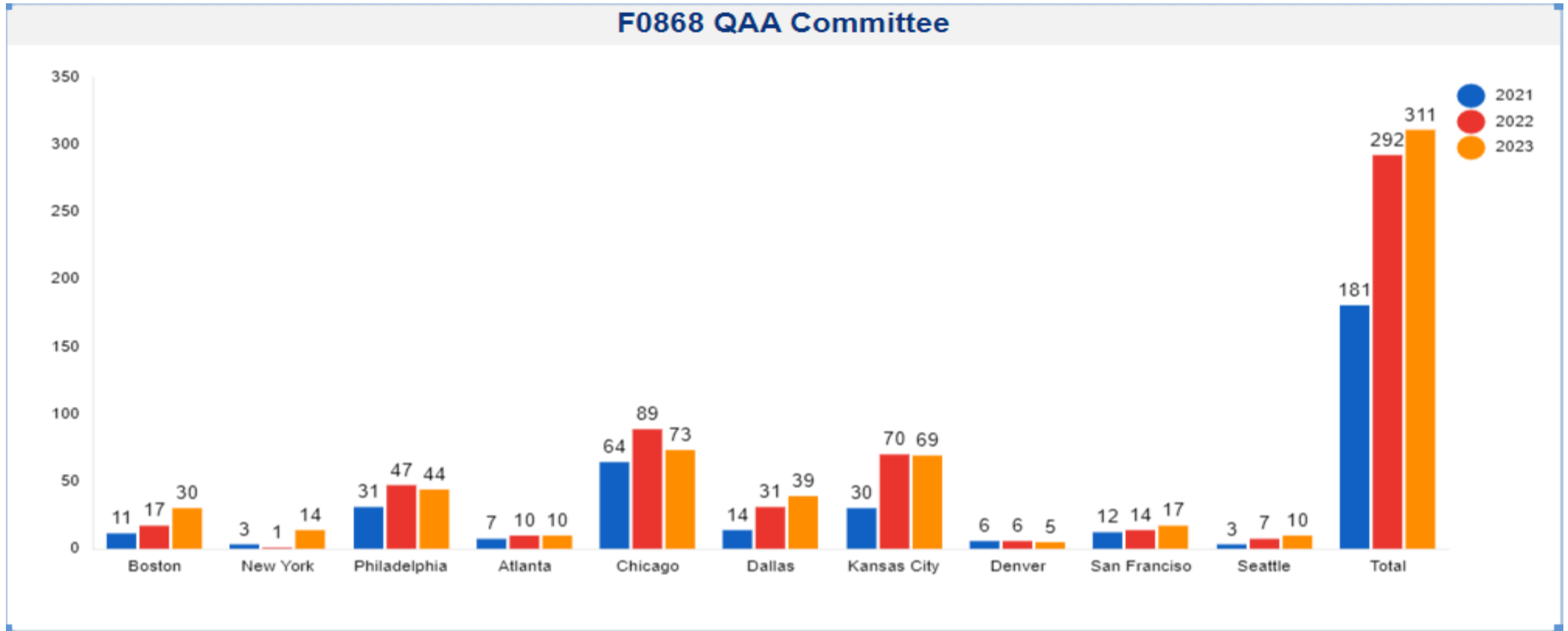


- Data are simply facts or figures
- Information is data in context

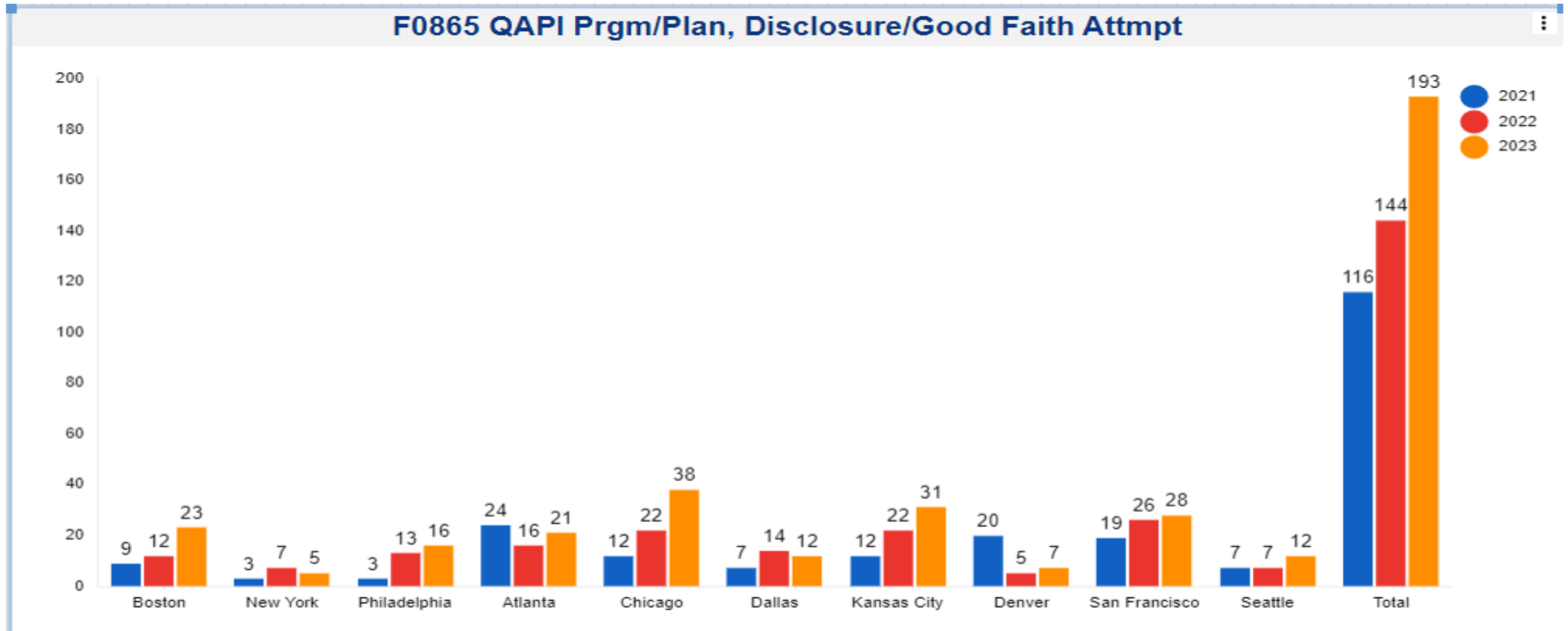
[The Stanford Lego Story](#)

# F0868 Quality Assessment and Assurance (QAA) Committee

## Citation Trend by Region 2021 – YTD 2023



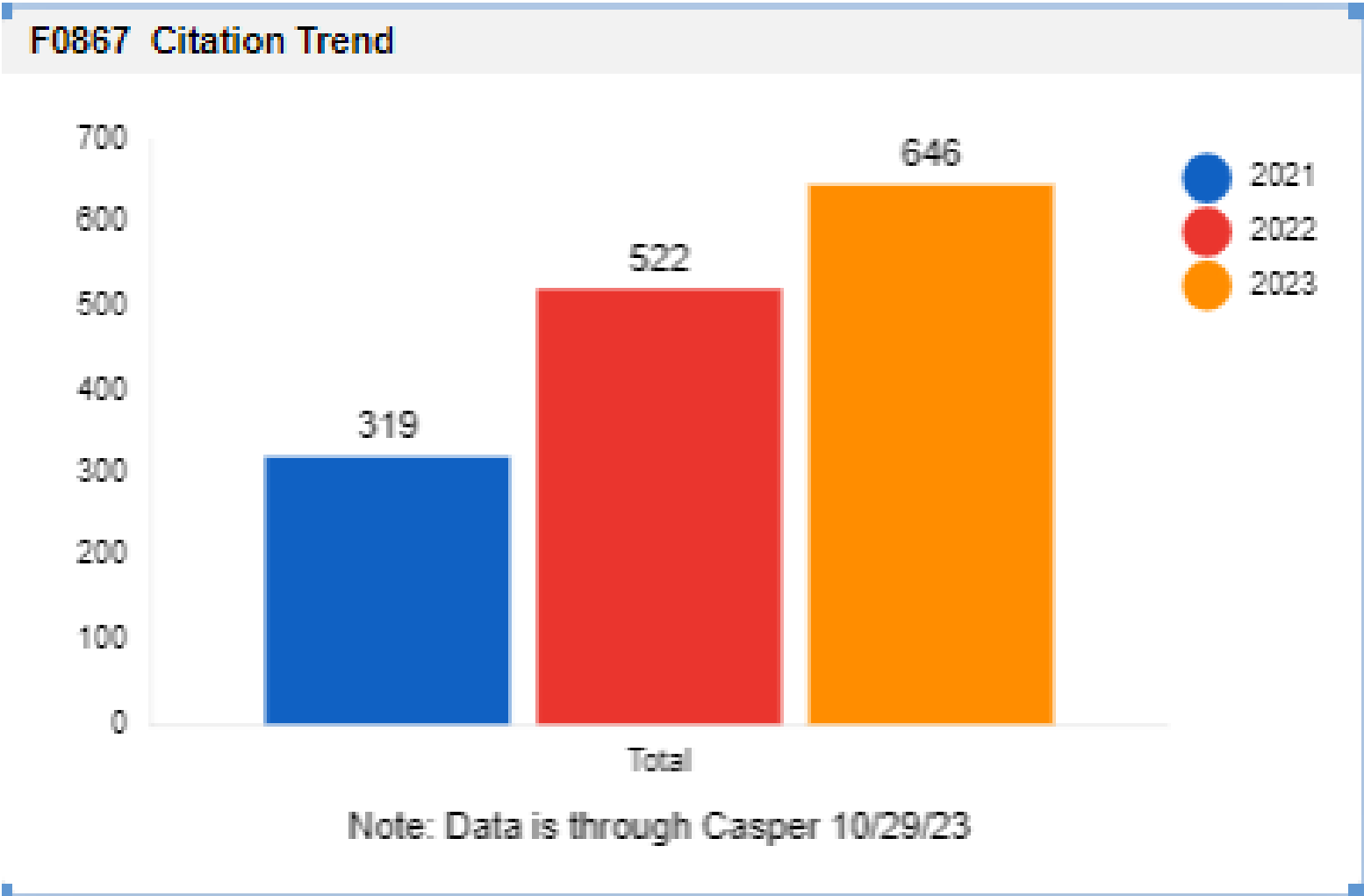
# F0865 QAPI Program/Plan, Disclosure/Good Faith Attempt Citation Trend by Region 2021 – YTD 2023





# F0867: QAPI/QAA Improvement Activities

## Citation Trend by Year 2021 – YTD 2023



Note: Data is through Casper 10/29/23

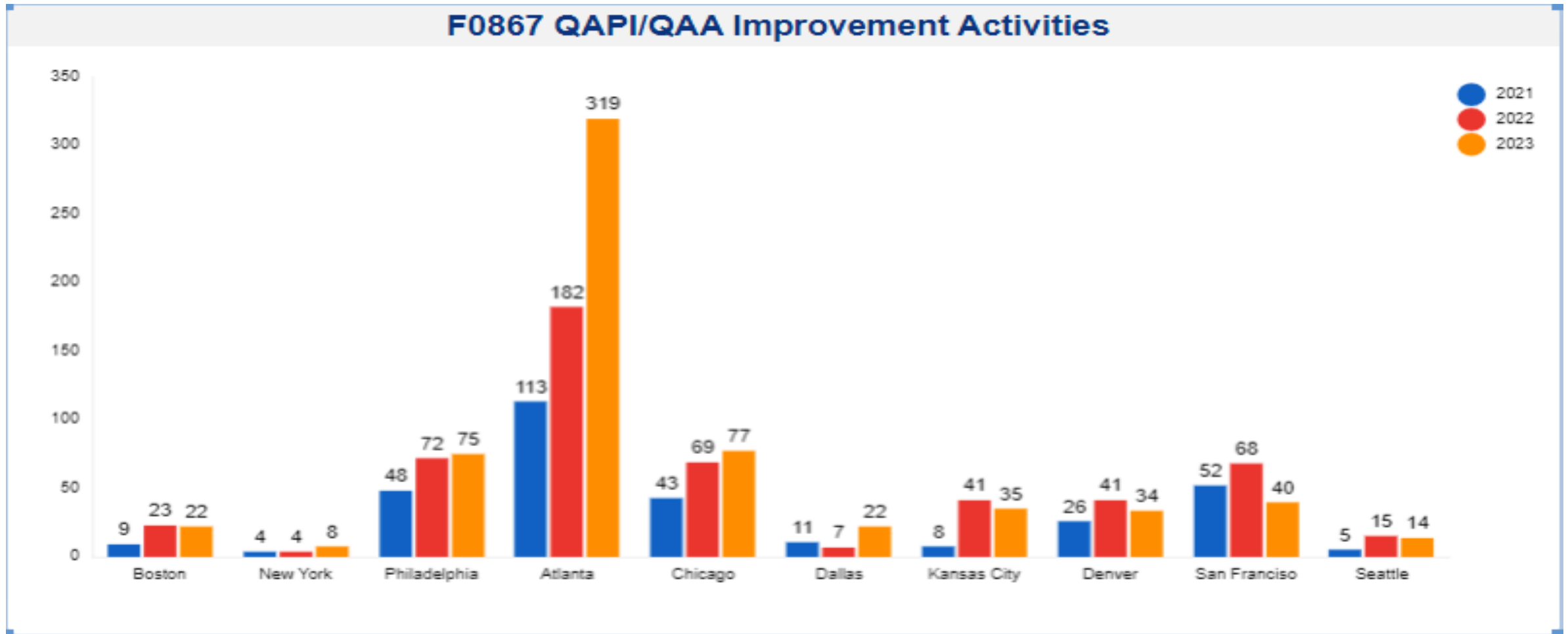


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# F0867: QAPI/QAA Improvement Activities

## Citation Trend by Region 2021 – YTD 2023



# Trends in QI Survey Citations

“Based on record review and interviews, the facility's Quality Assurance and Performance Improvement Activities (QAPI/QAA) failed to demonstrate that effective plan of actions were implemented to correct identified quality deficiencies in the problem area, as evidenced by repeated deficient practice during consecutive annual surveys.”

“During the interview the NHA acknowledged the survey identified concerns on the same areas that were cited during the last survey two years ago. The NHA stated they discontinued the plan of correction they had in place, but now that the survey identified some of the same problems, they will have to reopen the PIPs, set a threshold, and extend the period of re-evaluation until they are in compliance.”

In an interview on 11/09/22 at 5:58 PM, the Administrator was asked about the facility's Quality Assurance and Performance Improvement (QAPI) program and was asked for the facility's current performance improvement plans (PIPs). He stated he could not find them. He added that he would contact the Director of Nursing (DON) to see whether she had them in her office. Shortly thereafter, the DON entered the Administrator's office and began reading the PIPs she was holding. She confirmed that the PIPs she was reading were initiated during this survey through the problems identified. When asked for the PIPs that the facility was working on prior to the survey, the DON stated she did not know of any. She left the Administrator's office.

Activities on interview were primarily ongoing audits, PIPs a unit manager was working on were not discussed in QI committee, Administrator could not identify any current PIPs.

# April 2024 – Take Time to Reflect – How Is It Going?

Consider: Financial, Staffing, Star Rating, Clinical Outcomes, Satisfaction

- What has gone well?
- What surprised you?
- Do more of in 2024?
- Do less of in 2024?
- Change in 2024?

Begin annual evaluation of QAPI program

## Questions for your QAPI Committee

- How well have we lived our mission in 2023?
- Who has your organization served well this year? How do you know?
- Who has your organization not served well this year? How do you know?
- Where do we go from here? (prioritize) QIS can help with tools to figure this out.



# Expanding QAPI Skills



Source: [stagesofcompetence.pdf \(mccc.edu\)](https://mccc.edu/stagesofcompetence.pdf)

# What Goes Wrong In Meetings?



<https://jamboard.google.com/d/1tuhMlyJb-xZoZgQ5XQwmL09ASY9CVARNb1j-Ow1rQAU/edit?usp=sharing>



# Effective Meeting Strategies

## 5 Phases

- Planning
- Starting
- Conducting
- Closing
- Follow-up

## 4 Tools to Improve

- Warm-up/Icebreaker
- Agenda
- Ground Rules
- Meeting Evaluation

## 4 Roles

- Facilitator
- Chairperson
- Timekeeper
- Scribe

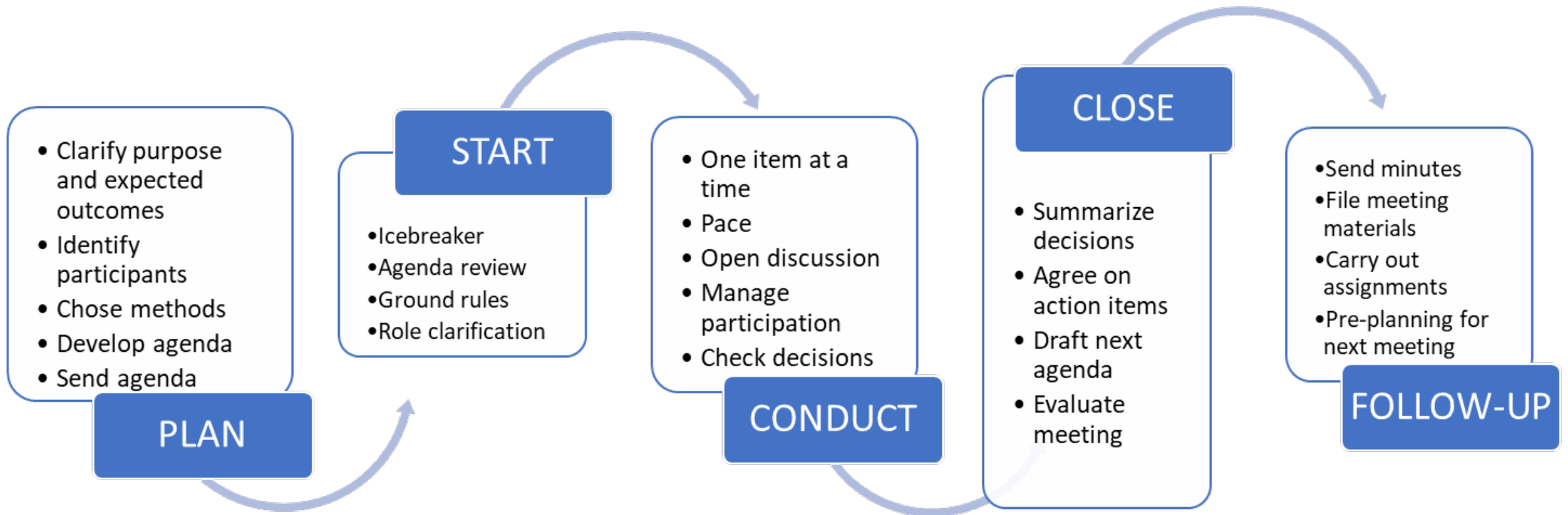
## 5 Stages of Team Growth

- Forming
- Storming
- Norming
- Performing
- Adjourning

## 6 Group Techniques

- Brainstorming
- Nominal Group Technique
- Multi-Voting
- Rank Ordering
- Structured Discussion
- Affinity Diagram

# Meeting Phases



# Meeting Agendas

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## Key elements

- Purpose of the meeting, date, time, and specific location of meeting
- Outcome for each item on the agenda (e.g., decision, informational, follow-up)
- People (who is attending, what are roles, who is responsible for reporting, who will complete follow-up/task and BY WHEN)
- Process to get to outcome (e.g., brainstorming, multi-voting)
- Roles
  - Facilitator
  - Scribe
  - Time-keeper
- Ice-Breaker

[How To Design an Agenda for an Effective Meeting](#)

# Roles

## Chairperson

Plans and organizes the meeting

- Plans the meeting (e.g., agenda)
- Prepares the meeting room
- Runs the overall meeting
- Defines and delegates the tasks
- Appoints workgroups
- Knows when it is time to summarize
- Analyzes evaluation of the meeting

## Facilitator

Makes the process easier

- Directs traffic
- Establishes an appropriate pace
- Opens discussions
- Maintains the focus of discussions
- Manages participation
- Checks decisions
- Closes discussion

## Attendees

Participate fully

- Be prepared
- Complete assignments
- Arrive on time
- Participate in discussion

## Timekeeper

Helps the group keep track of time

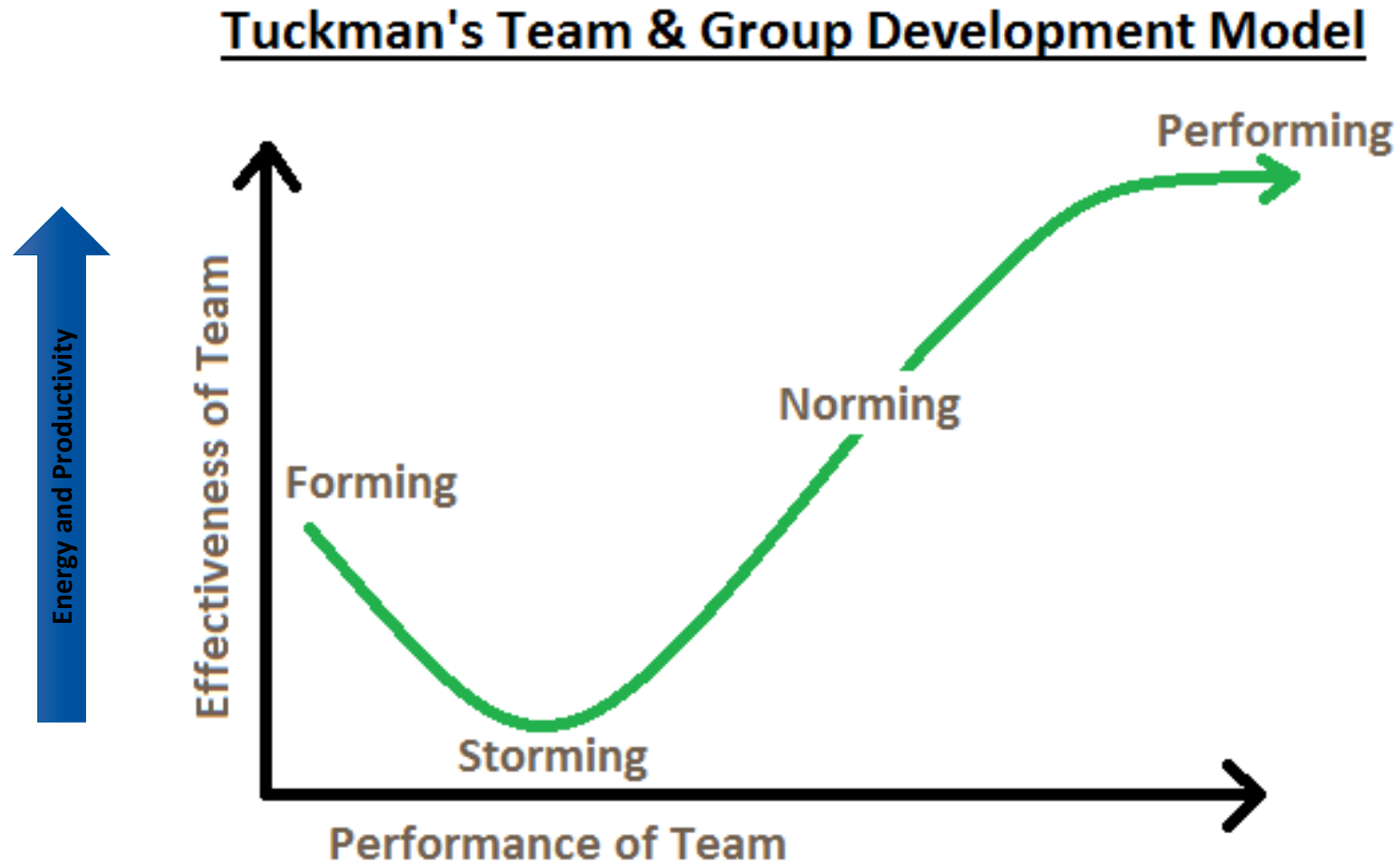
- Keeps accurate track of time
- Gives a warning when the time allocated for a topic is almost up so the group can decide whether to move toward closure on the topic, or to continue the discussion and change the remainder of the agenda
- Signals when time is up

## Scribe

Posts key ideas so everyone can see them as discussion unfolds

- Writes large enough for all to see
- Checks to see if ideas have been caught accurately
- Summarizes decisions in full sentences
- Gets input from the group on wording

# Stages of Team Growth



Source: [Building and Leading Teams - PMC \(nih.gov\)](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2728222/)

# QAPI Committee Members

## Required Members

- DON
- Medical director &/or designees (not DON)
- At least three other members of facility staff; at least one of whom must be:
  - The administrator, owner or board member, or other individual in leadership role
- Infection preventionist

## Others

- Other department heads (e.g., dietary, housekeeping, social services, environmental services, therapy, HR, activities, IT, finance)
- MDS coordinator
- Direct care staff
- Resident/family representative

## How have you filled all your seats?



### Resources

[qapifiveelements.pdf \(cms.gov\)](#)

[SOM - Appendix PP \(cms.gov\)](#)



# QAPI Structure

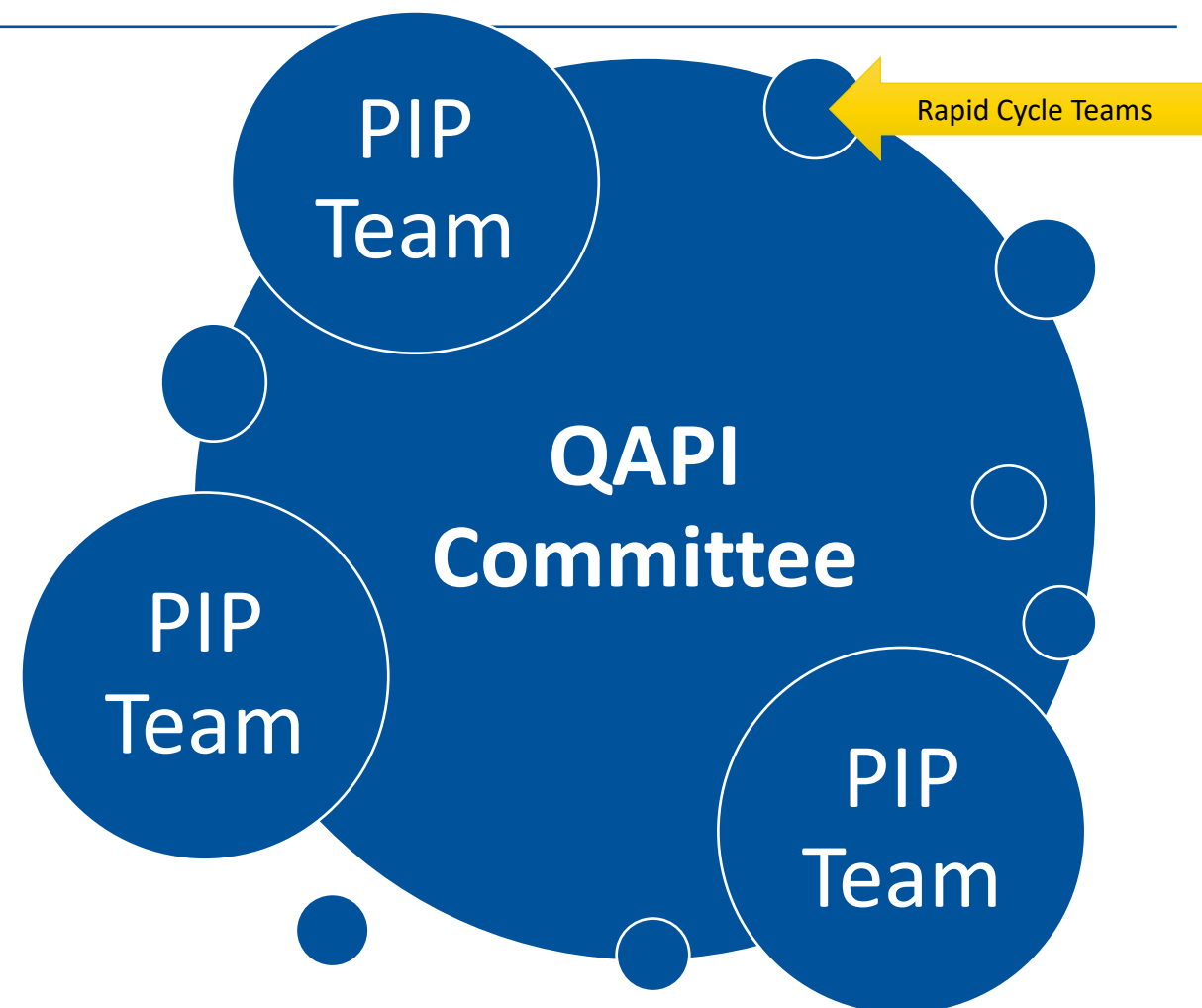
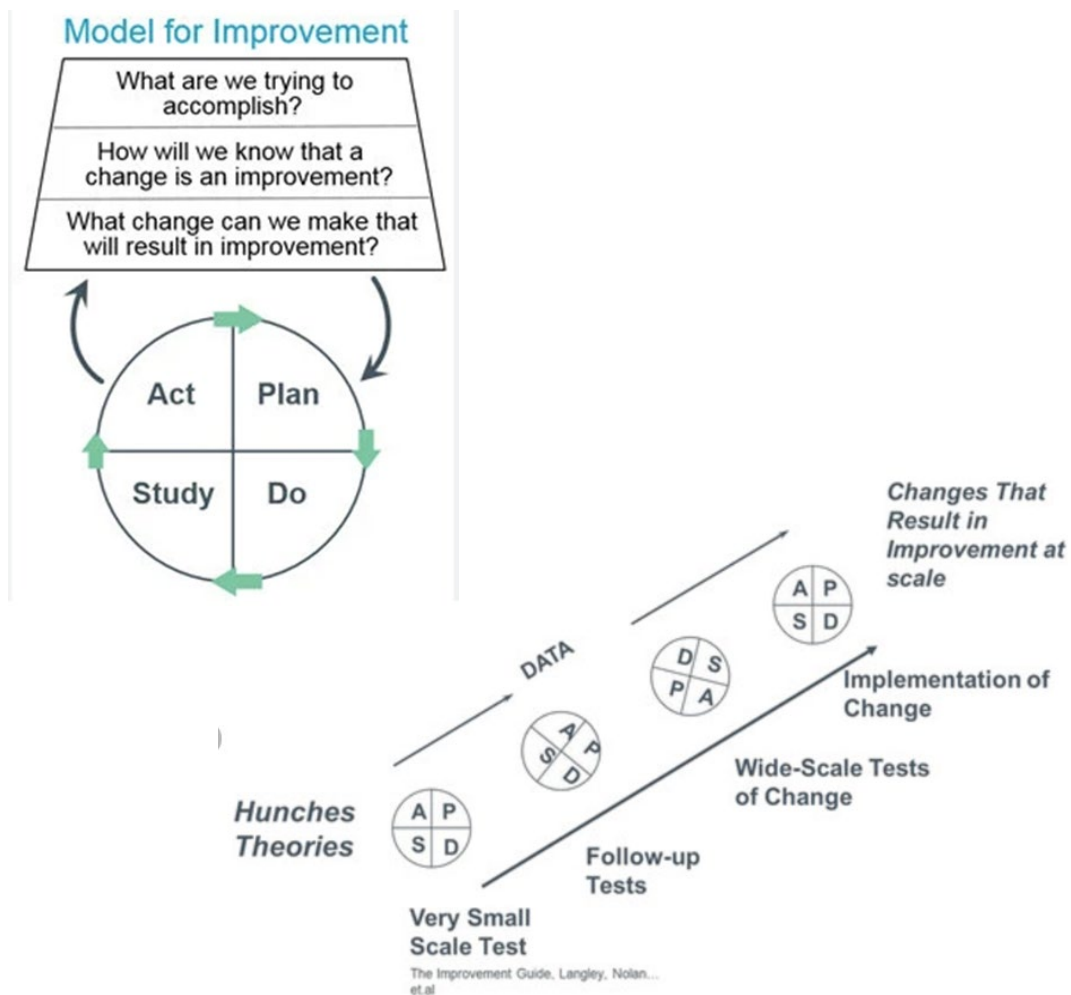
FACILITY: \_\_\_\_\_

Year: \_\_\_\_\_

## Self-Assessment Agenda Schedule

Facility Specific Agenda Items	Responsibility	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Employee <u>Accident Investigation</u> Report	Safety Committee	x	x	x	x	x	x	x	x	x	x	x	x
Safety Program Goals - Performance	Safety Committee	x	x	x	x	x	x	x	x	x	x	x	x
Review of External Safety Inspections – Boilers, Fire Safety, Safety & Loss Control	Safety Committee	x			x			x			x		
Preventative Maintenance Testing (generators, emergency lighting, fire alarm, sprinkler, etc.)	Safety Committee		x			x			x			x	
Fire Drill/Disaster Drill reports	Safety Committee	x	x	x	x	x	x	x	x	x	x	x	x
PPE Assessments (all departments)	Infection Control Committee	x			x			x			x		
Review of Elopement Protocol	Administration		x			x			x			x	
Annual Review- Infection Control Program (ICAR)	Infection Control Committee	x											
Annual Review – Hazard Communication Program (revise chemical inventory)	Safety Committee		x										
Annual Review – Lockout Tagout Program				x									
Annual Review- Disaster Preparedness	Administration												x

# QAPI Committee



# Foundation

QAPI is the coordinated application of two mutually-reinforcing aspects of a quality management system: **Quality Assurance (QA)** and **Performance Improvement (PI)**. QAPI takes a **systematic, comprehensive, and data-driven** approach to maintaining and improving safety and quality in nursing homes while involving all nursing home caregivers in practical and creative problem solving.

**QA** is the specification of standards for quality of service and outcomes. It is a process throughout the organization for assuring that care is maintained at acceptable levels in relation to those standards. QA is on-going, both anticipatory and retrospective in its efforts to identify how the organization is performing, including where and why facility performance is at risk or has failed to meet standards.

**PI** (also called Quality Improvement - QI) is the continuous study and improvement of processes with the intent to better services or outcomes, and prevent or decrease the likelihood of problems, by identifying areas of opportunity and testing new approaches to fix underlying causes of persistent/systemic problems or barriers to improvement. PI in nursing homes aims to improve processes involved in health care delivery and resident quality of life. **PI can make good quality even better.**

**As a result, QAPI amounts to much more than a provision in federal statute or regulation; it represents an ongoing, organized method of doing business to achieve optimum results, involving all levels of an organization.**

Source: [QAPI Description and Background | CMS](#)

# Opportunities to Improve Quality

According to [W. Edwards Deming](#), the father of modern quality theory and the science of process management, higher quality outcomes eliminate waste, and value is the best quality result at the lowest necessary cost.

## Three Classes of Outcomes Drive Quality

1. A physical outcome: the product or service
2. A service outcome: the interaction between the producer of a product or service and its consumer (in the care delivery experience, patient satisfaction)
3. A cost outcome: the resources used to operate the process

## Five Healthcare QI Opportunities

1. Massive **variation** in clinical practices (making it impossible that all patients receive good care)
2. High rates of **inappropriate care** (where the risk of harm inherent in the treatment outweighs potential benefit)
3. Unacceptable rates of **preventable** care-associated patient injury and death
4. A striking inability to “do what we know works” (crime of **omission**)
5. Huge amounts of **waste**, leading to spiraling prices that limit access to care

Source: [Healthcare Quality Improvement as a Business Strategy \(healthcatalyst.com\)](http://healthcatalyst.com)



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# Use Tomorrow

- **Reflect** on your QAPI successes and gaps in the past 12 months
  - Bright Spots
  - Strengths
  - Opportunities
- **Envision** where you would like to be in 12 months
- **QAPI Mini Self-Assessment**



# References

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## Regulatory

QAPI Description and Background: CMS

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

QAPI Five Elements

[qapifiveelements.pdf \(cms.gov\)](https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/qapifiveelements.pdf)

State Operations Manual Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 211, 02-03-23)

<https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf>

## Effective Meetings

The Team Handbook

<https://goalqpc.com/wp-content/uploads/2022/05/Team-Handbook-Flipbook.pdf>

The 5 Stages of Team Development (focus on role of leader) 5:58 minutes

<https://www.youtube.com/watch?v=-RwkZxGPQb8>



Questions?



# Nursing Home and Partnership for Community Health: CMS 12th SOW GOALS



## OPIOID UTILIZATION AND MISUSE

- Promote opioid best practices
- 
- Reduce opioid adverse drug events in all settings



## PATIENT SAFETY

- Reduce hospitalizations due to c. diff
- 
- Reduce adverse drug events
- 
- Reduce facility acquired infections



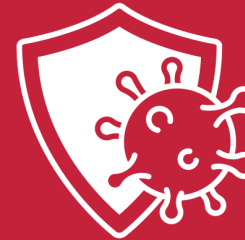
## CHRONIC DISEASE SELF- MANAGEMENT

- Increase instances of adequately diagnosed and controlled hypertension
- 
- Increase use of cardiac rehabilitation programs
- 
- Reduce instances of uncontrolled diabetes
- 
- Identify patients at high-risk for kidney disease and improve outcomes



## CARE COORDINATION

- Convene community coalitions
- 
- Reduce avoidable readmissions, admissions to hospitals and preventable emergency department visits
- 
- Identify and promote optimal care for super utilizers



## COVID-19

- Support nursing homes by establishing a safe visitor policy and cohort plan
- 
- Provide virtual events to support infection control and prevention
- 
- Support nursing homes and community coalitions with emergency preparedness plans



## IMMUNIZATION

- Increase influenza, pneumococcal, and COVID-19 vaccination rates



## TRAINING

- Encourage completion of infection control and prevention trainings by front line clinical and management staff

# Thank You!



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