



Quality Assurance & Performance Improvement (QAPI) Action Plan Documentation

This document is the QAPI Action _____
Plan Documentation for _____
(facility name)

Date of Initial Plan: _____
(date of plan)

Note: See Appendix A for a Concept Summary of the QAPI Action Plan

QAPI Team Meetings: The QAPI team met on the following dates:

Baseline	March	April	May	June

Goal Tracking:

Note: See Appendix B for a goal setting worksheet to determine goals for the QAPI Action Plan

The following is/are the QAPI goals:

Ms#	Measure	Goal (10% or 20% improvement)	Goal Rate	Goal Date
1	SR Mod/Severe Pain (L)			
2	Falls with Injury (L)			
3	Falls (L)			

The following is documentation of the **improvement rates** as determined by data reviewed during QAPI team meetings:

Ms #	Baseline	March	April	May	June
1					
2					
	<i>(N/D) = %</i>				

Interventions: The following are the interventions Implemented

Ms #	Date Implemented	Intervention Description

Ms #	Date Implemented	Intervention Description

(Duplicate rows as needed)

Lessons Learned: Use the following space for a narrative documentation of what has worked, what has not worked, lessons learned, what changes you had to make, and any best practices or surprising findings you have noted.



APPENDIX A

Quality Assurance & Performance Improvement (QAPI) Plan Concept Summary

The Centers for Medicare & Medicaid Services (CMS) initiated the QAPI program as part of the Affordable Care Act. Effective QAPI programs are critical to improving the quality of life, and quality of care and services delivered in nursing homes. QAPI combines two complementary approaches to quality, Quality Assurance (QA) and Performance Improvement (PI). QA has a focus on assuring appropriate care through meeting quality standards. PI (also called Quality Improvement or QI) has a pro-active and prevention focus.

CMS has defined 5 Elements in the QAPI process. The table below is a high-level view of the processes associated with each of those elements:

Element	Process
Design and Scope	<ul style="list-style-type: none"> Facility performs a self-assessment and develops a QAPI Plan that includes the following: clinical care, quality of life, and resident choice.
Governance and Leadership	<ul style="list-style-type: none"> Facility leadership forms a structure (such as a Steering Committee or QA Team) for directing the QAPI activities. The Committee is an interdisciplinary team. Each discipline in the team brings a unique perspective that contributes a balanced and comprehensive analysis (DON, ADON, Restorative, Peer Mentor, CNAs, CMAs, Charge Nurse, etc.). Leadership fosters a culture where QAPI is a priority, giving each team member actual responsibility in the process (study the issue, analyze the data, and recommend corrective actions).
Feedback, Data Systems and Monitoring	<ul style="list-style-type: none"> The Committee establishes performance measures and conduct routine monitoring (Review MDS Reports or Resident Listing of Falls or Pain at least monthly). The facility uses data to identify gaps or opportunities for improvement (identify any measures above the 75th [National] Percentile).
Performance Improvement Projects (PIPs)	<ul style="list-style-type: none"> The Committee uses prioritization to decide when to conduct a Performance Improvement Project (PIP). The Committee creates a PIP team that will focus on the Quality Measure (QM) needing improvement.
Systematic Analysis and Systemic Action	<ul style="list-style-type: none"> The PIP team explores the issue and designs interventions using a Plan-Do-Study-Act (PDSA) model (small tests to see if interventions work). The PIP team uses Root Cause Analysis (RCA) processes to investigate and uncover any underlying systemic issues and makes recommendations that address those systems, rather than focusing on individual behavior.



APPENDIX B QAPI Goal Setting Worksheet

Use the following worksheet to set specific goals for the measures you have selected. Duplicate this worksheet as needed if you are working on more than one measure.

Name of measure: _____

Step 1: Determine your current numerator

Review your MDS 3.0 QM Facility Level report and find the numerator (N) for the above measure. Enter that number below:

$$N = \frac{\text{_____}}{\text{(current numerator)}}$$

Step 2: Determine the number of residents for targeted interventions

Select one of the following goals (10% improvement or 20% improvement) to determine the number of residents for targeted interventions:

Goal (select one):	# Residents to Improve:
<input type="checkbox"/> 10% Improvement N (from Step 1) = _____ x 0.1 = _____	_____
<input type="checkbox"/> 20% Improvement N (from Step 1) = _____ x 0.2 = _____	_____

Step 3: Determine your new goal

Subtract the number of residents that you are targeting for improvement from your current numerator. This will be your new numerator.

$$\text{_____} - \text{_____} = \text{_____}$$

Current Numerator - # of residents to improve = New Numerator

Divide the new numerator by your current resident population to determine your new rate or goal.

$$\text{_____} \div \text{_____} = \text{_____}$$

New Numerator ÷ Denominator = New Rate/Goal %

Step 3: Make your improvement goal statement

_____ will reduce the percent of _____
(name of home) residents experiencing *(name of measure)*
from the current rate of _____ % to a rate ≤ _____ %
(enter current rate) *(enter new rate)*
by _____ This is a _____ % reduction.
(enter date) *(enter 10 or 20)*