




QAPI: ENDURANCE & SUSTAINABILITY


PRESENTED BY THE QIPMO
CLINICAL/LEADERSHIP TEAM
MO DHSS PROVIDER MEETINGS 2025





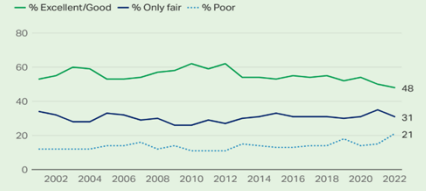
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WHY THE HYPE?



Americans' Views of U.S. Healthcare Quality



Overall, how would you rate the quality of healthcare in this country -- as excellent, good, only fair or poor?




Year	% Excellent/Good	% Only fair	% Poor
2002	55	30	15
2004	60	25	15
2006	55	30	15
2008	50	35	15
2010	60	25	15
2012	55	30	15
2014	55	30	15
2016	55	30	15
2018	55	30	15
2020	50	35	15
2022	48	31	21

Figures based on Gallup Health and Healthcare poll conducted each November

GALLUP





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WHY QAPI?

Because healthcare...is expensive and should be safe and smart!

QAPI goals:

- ☐ Better/safer patient/staff experience
- ☐ More efficient, cost-effective business










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SO TAKE A THINK

Think about your facility and what needs improvement—snap onto the first thing, no matter how big or small.

Hold that thought in your head as we go through this and think about not only how you can fix it, but create sustainability so it stays fixed (or even gets better!)







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QAPI REGULATIONS F865



§483.75(a). Each LTC facility...must develop, implement, and maintain an effective, comprehensive, data-driven QAPI program that focuses on indicators of the outcomes of care and quality of life.


– The facility must:

(1) Maintain documentation and demonstrate evidence of its ongoing QAPI program that meets the requirements of this section. This may include... systems and reports demonstrating systematic identification, reporting, investigation, analysis, and prevention of adverse events; and documentation demonstrating the development, implementation, and evaluation of corrective actions or performance improvement activities;

(2) Present its QAPI plan to the State Survey Agency no later than 1 year after the promulgation of this regulation; at each annual recertification survey, and to a State Survey Agency, Federal surveyor or CMS upon request.










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PURPOSE OF QAPI

The purpose of a QAPI program is to ensure continuous evaluation of facility systems with the objectives of:

- Ensuring care delivery systems function consistently, accurately, and incorporate current and evidence-based practice standards where available;
- Preventing deviation from care processes, to the extent possible;
- Identifying issues and concerns with facility systems, as well as identifying opportunities for improvement; and
- Developing and implementing plans to correct and/or improve identified areas.










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QAPI PROGRAM RULES

Be ongoing, comprehensive, and sustained (even through leadership transitions).The program must

- (1) Address all systems of care and management practices;
- (2) Include clinical care, quality of life, and resident choice;
- (3) Utilize the best available evidence to define and measure indicators of quality and facility goals that reflect processes of care and facility operations that have been shown to be predictive of desired outcomes for residents of a SNF or NF.
- (4) Reflect the complexities, unique care, and services that the facility provides.
- (5) Be adequately resourced, including ensuring staff time, equipment, and technical training as needed;
- (6) Identify and prioritizes problems and opportunities that reflect organizational process, functions, and services provided to residents based on performance indicator data, and resident and staff input, and other information.
- (7) Take corrective actions to address gaps in systems, and are evaluated for effectiveness; and
- (8) Define clear expectations are set around safety, quality, rights, choice, and respect.






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QAPI PROGRAM RULES

Remember, **this is a written plan**. Make sure you include:

- The topic and reason for creating this particular QAPI plan (include supportive data that identifies the need for said plan, such as QA data, resident council notes, etc.)
- How the QAPI and QAA committee functions (who is on it—and needs to include frontline staff!)
- The scope, timeline, and participants of the project.
- The process for identifying and correcting quality deficiencies, such as tracking and measuring performance; establishing goals and thresholds for performance measurement; and, identifying and prioritizing quality deficiencies;
- How you will monitor or evaluate the effectiveness of corrective action/performance improvement activities, and revise as needed.






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QAPI REGULATIONS F944

“**Quality Assurance and Performance Improvement (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, interdisciplinary, comprehensive, and data-driven approach to maintaining and improving safety and quality in nursing homes while involving residents and families in practical and creative problem solving

F944 §483.95(d) A facility must include as part of its QAPI program mandatory training that outlines and informs staff of the elements and goals of the facility's QAPI program as set forth at § 483.75.

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






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GUIDANCE

- For the purpose of this guidance, the term “staff” includes all new and existing facility staff (with direct and indirect care functions); individuals providing services under a contractual arrangement; and volunteers, consistent with the volunteers’ expected roles (see requirements in §483.95).
- Facilities must conduct mandatory training, for all staff, on the facility’s QAPI Program, that includes the goals and various elements of the program. It should also include how the facility intends to implement the program. The training should also include the staff’s role in the facility’s QAPI program and how to communicate concerns, problems or opportunities for improvement to the facility’s QAA Committee.
- As updates are made to the facility’s QAPI program or goals, the facility’s training should also be updated and staff trained on the updates, as appropriate.

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






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SURVEY PROBES

- Verify that the facility has a mandatory requirement that all staff receive QAPI training.
- Does the facility have a method for verifying staff attendance at the mandatory QAPI training? If so, do these records confirm that staff attended the mandatory QAPI training?
- Does the facility’s training program inform staff of the current elements and goals of the facility’s QAPI program?
- Are staff aware of what the facility’s QAPI program entails and how the facility intends to implement and monitor their program?
- Are staff aware of how to bring ideas or concerns to the attention of the QAA committee?
- How does the facility determine when training content requires updating to be consistent with current professional standards and guidelines?

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






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QAPI SUSTAINABILITY

The ability of a QAPI program to maintain its effectiveness and positive impact over time.

This involves not only achieving initial improvements in care but also ensuring those improvements are sustained, and that the program remains relevant and adaptable to changing needs and circumstances.



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KEYS TO SUCCESSFUL SUSTAINABILITY



- Need and relevance
- Buy-in and communication
- Support and data
- Processes and follow-up



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NEED AND RELEVANCE

What are we doing and WHY are we doing it?

1. What is your project?
2. How is it relevant to your goals?
3. Is it still needed? Does it need revised? Is there a better way or a more relevant need?






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BUY-IN AND COMMUNICATION

Know your team!
How does this project benefit their work lives?
What additional responsibilities will they be required to perform?
What is the long-game benefit to performing this improvement project?

Talk it up!
Tease it! Open up communication in a variety of ways.
Do a survey poll and/or ask for suggestions (can be anonymous).

Be inclusive!
QAPI cannot be just the leadership. Per the regs, it has to include direct and indirect staff.






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SUPPORT AND DATA

Reintroduce your organizations mission/vision statement and objectives.
(Example: Our mission is to minister to area seniors' needs as a premier provider of housing, healthcare, and wellness that reflect our Christian values.
Our vision is to be a premier and progressive regional leader in the provision of innovative senior independent living and housing with high-quality health and wellness services.)
Does your QAPI project reflect and embrace those higher organizational objectives? If not, why?





Provide the qualitative and quantitative data to back-up the need for your project.
(Example: CASPER reports, 5-star elements, resident, staff requests/complaints, physical photos, etc.)



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SUPPORT AND DATA




Lead by example.
Provide ongoing education and training.
(Example: Make your project part of your orientation.)
Recognize and reward sustainable behaviors.
(Example: Make a habit of commending staff on continuing efforts to enhance and maintain the outcomes of your QAPI project.)



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PROCESSES & FOLLOW-UP

1. Start with a comprehensive plan—what, who, where, when
2. Consider sustainability (staffing, budgets, resources, need) right from the beginning.
3. Farm out PIPs as needed.
4. Reach out for external support if needed (education is one area that could support your project).
5. Incorporate your plan into everyday operations. *More to come.
6. Spread the improvement. *More to come.
7. Remember to check for regulatory updates that may affect your project.
8. Write in your plan how/when you will monitor for success. Assign those roles. Again, be inclusive with front line staff who may see things differently than leadership staff.






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INCORPORATING INTO THE EVERY DAY

- Start SMALL! Pick a hall, a meal, a shift, a month, a part of the yard—whatever, wherever you are incorporating change.
- Standardize work practices—processes, roles and responsibilities, documentation
- Ongoing education—remember those “teachable moments”
- Mini QA’s for ongoing data collection and evaluation. Having a small team to “check in” more frequently to evaluate challenges and successes can streamline the processes and fix bumps in the road in the short-term rather than waiting for long-term failure of a specific item.

<https://www.cdc.health.nsw.gov.au/improve-quality/quality-improvement-tools/amber-care/sustain-and-spread>





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SPREAD THE IMPROVEMENT AND AVOID THE 7 DEADLY SINS OF SUSTAINABILITY


Congrats! You’ve made the change on A hall, now it’s time to get B hall on board. But B hall is more challenging so...

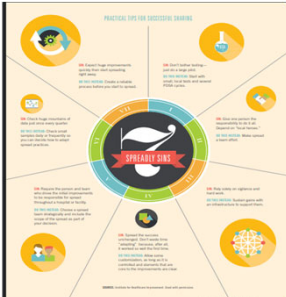
You have to revisit your planning process and tweak it to see how to make/sustain the outcome.

https://www.cdc.health.nsw.gov.au/_data/assets/pdf_file/0008/635867/14-Seven-spreadly-sins.pdf

<https://www.cdc.health.nsw.gov.au/improve-quality/quality-improvement-tools/amber-care/sustain-and-spread>







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7 DEADLY SINS OF SPREADING IMPROVEMENT


SIN #1—no tests, just one large pilot project.
INSTEAD—start small, work out the kinks, tweak the processes

SIN #2—one person was given the sole responsibility of making this work.
INSTEAD—make it a team effort in your new area.

SIN #3—Relying solely on vigilance and hard work.
INSTEAD—Sustain goals with infrastructure to support them.

SIN #4—Do exactly the same thing on B hall as you did on A hall.
INSTEAD—Customize, adapt, understand they won’t be exactly the same, but you can still have success.





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7 DEADLY SINS OF SPREADING IMPROVEMENT

SIN #5—Requiring the person and team who drove the initial improvements to be responsible for spread throughout the facility.
INSTEAD— Make a “spread” team. No one person can know everything. Hone in on expertise and utilize that to make the spread successful and sustainable.

SIN #6—Checking data quarterly.
INSTEAD—Incorporate that same mini QA practice as you spread as well.

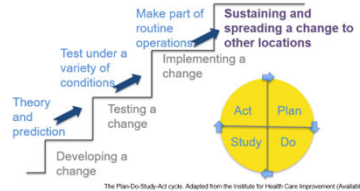
SIN #7—Expect huge improvements quickly then start spreading right away.
INSTEAD—Breathe. Give the new system, processes, people time to work. Spread slowly. Back up and do it right as you need to. Start again.

<https://www.cec.health.nsw.gov.au/improve-quality/quality-improvement-toolkits/amber-care/sustain-and-spread>






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SPREAD SEQUENCING

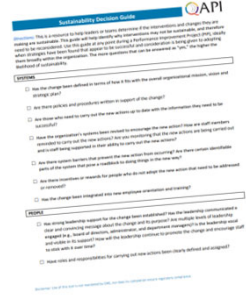


The Plan-Do-Study-Act cycle. Adapted from the Institute for Health Care Improvement (Available at [www.ahrq.gov](https://www.ahrq.gov/hai/cusp/modules/spread/index.html))

<https://www.ahrq.gov/hai/cusp/modules/spread/index.html>





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QAPI SUSTAINABILITY DECISION GUIDE

[sustaindecsgdedebidets.pdf](https://www.ahrq.gov/hai/cusp/modules/spread/index.html)



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SUSTAINABILITY STRATEGIES

- Systems
- People
- Environment
- Measurement








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SYSTEMS

- ☐Policy and procedure to support the project?
- ☐Included in orientation?
- ☐Is the leadership team up-to-date with information to bring their part of the team in compliance?
- ☐Are there incentives for success? If so, are they in place and ready?






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PEOPLE

- ☐Are the project “champions” in place? Remember, these should not just be leadership staff. Peer-to-peer tends to be more successful in sustaining change than top down.
- ☐Is the equipment needed in good working order, available when needed, etc.?

(Example: You are trying to reduce the number of medications errors due to their being “unavailable” from the pharmacy. Night shift CMTs are in charge of reordering medications. They pull stickers from the medication cards and fax them over to the pharmacy every night. Meds are processed and delivered by 2pm the next day. However, the fax machine at the nurses desk has been broken for the past 3 months. Apparently the stickers are getting caught in the rollers. A part has been on order but has yet to arrive. The CMTs have been writing out the orders and having day shift fax them from the business office. Meds often arrive at 7pm, or the next day, and often incorrectly due to transcription errors and poor handwriting.) **What would you do?**



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PEOPLE

Are the external supervisory sources willing and on-board to assist?

(Example: You've been working on a QAPI project to reduce antipsychotics in your building for 6 months. Your PIPs have shown improvement, and your staff are consistently using nonpharmacological approaches to assist with negative behaviors, rather than giving PRN psychotropics. However, as you check in at the scheduled 3-week mark for monitoring, you notice that PRN usage of Ativan has gone up. When you ask nurse Sally why this is happening, she tells you that the new Medical Director prescribed 0.5 Lorazepam every 8 hours PRN for every resident in the memory care unit.)

Where is the breakdown?

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St. Louis University

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ENVIRONMENT

Are staff mentally and physically in a place where they can handle making these changes? (i.e., if you're running a lot of agency or short-staffed, this may not be the time).

Do you have the money needed for the project (if applicable)? Remember, you can get creative on getting this! (Example, residents would like a karaoke machine, but it is not in the activities budget. Staff voted to wear jeans on Friday and team t-shirts instead of uniforms for \$1 to be donated for the machine.)

Are there any physical barriers to completing the project? (Example, residents would like a fountain in the courtyard; however, there is no direct water access in that area.)

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MEASUREMENT

What is your plan for audits, monitoring, and measurement?

Is it accessible to everyone on the team?

Can the indicator/measure distinguish the performance of different work groups (e.g., by unit, department, shift)?

Are some work units carrying out the change more successfully than others? Can lessons for success be learned from certain work units and shared with others

Is there a succession plan in place to continue work and measurement if the leader in any one role of the project leaves or is replaced?

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Remember, you're thinking *sustainable for the facility*, not the person.

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CONCLUSION

1. What's your WHY?

2. Who's your HOW?

3. Where's your WHAT?

4. When's your WIN?!

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