KHCA / KCAL

DON BOOT CAMP

Quality Assurance &
Performance Improvement

QAPI

KHCA / KCAL

Everyone Has a PIECE of the QAPI PUZZLE

01

Individual Contribution

Every staff member holds a vital role in healthcare quality & safety.

02

Connected Teamwork

Seamless interdisciplinary collaboration connects all operational goals.

03

Quality Standards

Focusing on small puzzle pieces yields systemic resident care improvements.

KHCA / KCAL

Objectives

01
Nurse leaders role in QAPI

02
QAPI Regulatory Requirements

03
QAPI and Clinical Element Pathways in Survey Process

04
Five Elements of QAPI Plan

05
Performance Improvement Plan (PIP) & sample

06
Action Plan & sample

07
Root Cause

08
Impact of QAPI

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Assembling the QAPI Puzzle

01 | STRATEGIC PLANNING

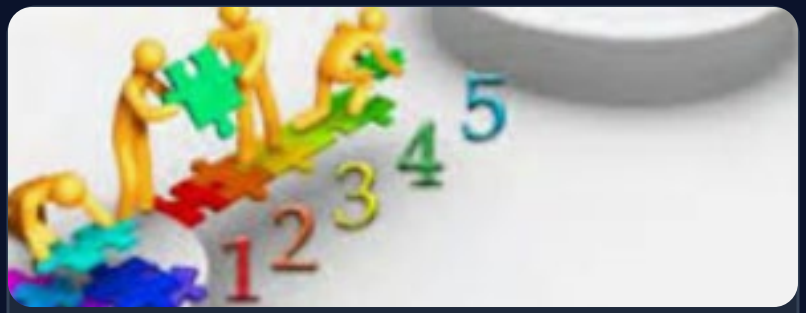
Evaluating Plan A & Plan B Pathways

02 | TEAM ALIGNMENT

Interdisciplinary Collaboration

03 | TARGETED SOLUTIONS

Identifying Key Problem Solvers



04 | MEASURABLE SUCCESS

Step-by-Step Quality Improvement

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Nurse Leader's Role in QAPI

01 | RESIDENT CARE
Improving the outcomes, quality of life, and care for residents

02 | STRATEGIC ALIGNMENT
Setting facility & departmental goals supporting mission and vision

03 | OPPORTUNITY & EFFICIENCY
Identifying areas to increase effectiveness and achieve key improvements

04 | CARE SYSTEMS
Fostering an environment that encourages learning & challenges status quo

05 | SATISFACTION
Driving overall resident and staff satisfaction across all levels

06 | EMPOWERMENT
Empowering staff to take full ownership in achieving quality outcomes

CORE LEADERSHIP VISION

"Setting the vision by creating a culture where quality and safety are priorities."

A / KCAL

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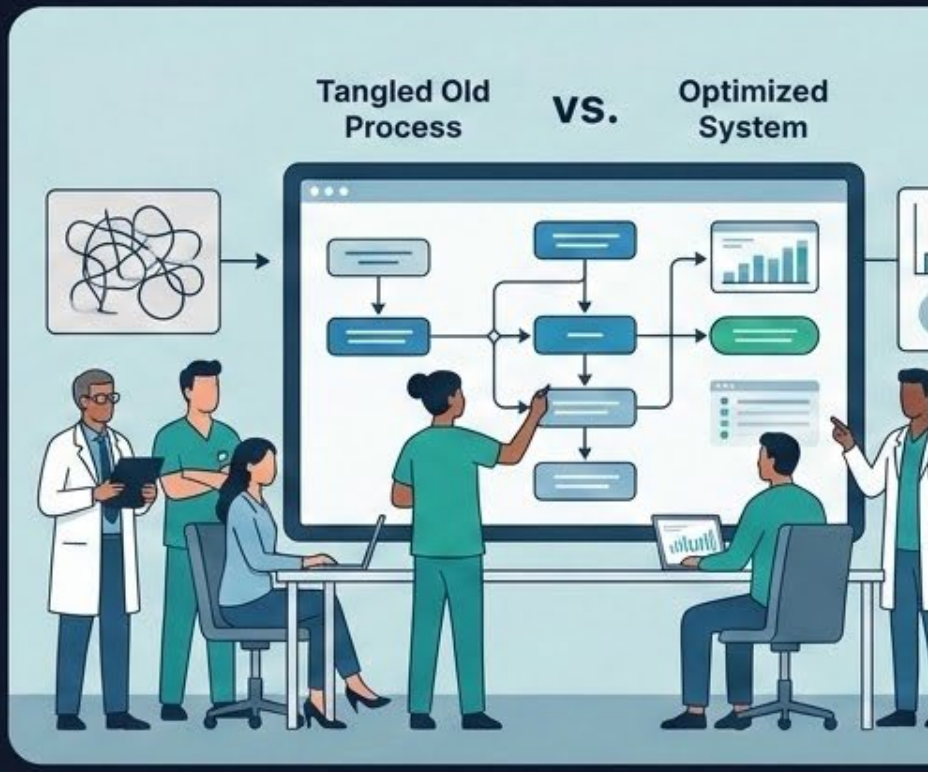

ALITY-FIRST MINDSET | Focusing
ources on improving the product, rather
n compensation for deficiencies.

SYSTEMIC & DATA-DRIVEN | Evaluating
optimizing operating systems and proce
not just treating symptoms.

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What is Quality Assurance &Performance Improvement?

01 | CONTINUAL TEAM EXAMINATION

A team continually examining the overall care provided and always looking for ways to improve.

02 | SYSTEMIC EVALUATION

An ongoing evaluation of operating systems & clinical processes but not individual problems.

03 | OBJECTIVE APPROACH

Data driven decision -making focused on key clinical and operational indicators.

REGULATION F865

QAPI Regulatory Requirements

01 | COMPREHENSIVE PROGRAM

Develop, implement & maintain an effective comprehensive, data-driven QAPI program focused on outcomes of care & quality of life.

02 | DOCUMENTATION & SURVEYS

Maintain documentation & demonstrate evidence of ongoing QAPI program; present documentation & evidence to surveyors.

03 | SYSTEMS & EVIDENCE

Address all clinical care, quality of life & resident choice systems using best available evidence to define & measure quality goals.

Governing Body & Leadership Accountability

Executive leadership is responsible & accountable for maintaining:

- Program defined, implemented & maintained
- Sustained operations during transitions
- Adequately resourced staff, time, equipment & training
- Identifies & prioritizes problems & opportunities
- Corrective actions addressing gaps & evaluated for effectiveness
- Clear expectations around safety, quality, rights, choice & respect

MANDATORY REQUIREMENT: The facility must have a written QAPI plan.

REGULATION F866

QAPI Regulatory Requirements

01 | FEEDBACK & STAKEHOLDER INPUT

Obtain & use feedback from direct care staff, other staff, residents, resident representatives, as well as other sources.

02 | DATA COLLECTION SYSTEMS

Maintain effective systems to identify, collect, and use data and information from all departments.

03 | PERFORMANCE INDICATORS

Development, monitoring, and continuous evaluation of key performance indicators.

04 | ADVERSE EVENT MONITORING

System to identify, report, track, investigate, analyze, and use data to develop activities preventing adverse events.

Core Mandate: Written Policies & Procedures

Establish and implement written policies and procedures for feedback, data collection, and adverse event monitoring.

- **Feedback Integration:** Capture insights from staff, residents, and family representatives.
- **Cross-Departmental Data:** Centralize information systems across all facility departments.
- **Indicator Evaluation:** Establish clear metrics for routine performance monitoring.
- **Proactive Prevention:** Analyze adverse events to drive preventative action plans.

MANDATORY POLICY REQUIREMENT: Written policies & procedures must cover all data collection & monitoring operations.

REGULATION F867

QAPI Regulatory Requirements

01 | PERFORMANCE & POLICIES

Take actions aimed at performance improvement, measure success, & track performance to sustain improvements. Develop & implement policies addressing performance improvement.

02 | PRIORITIES & PIPS

Set priorities for improvement activities focusing on high-risk, high-volume, or problem-prone areas. Conduct PIPs including at least one annual project based on data analysis.

03 | GOVERNING BODY REPORTING

Committee reports activities to the governing body. Develop & implement action plans for quality deficiencies and regularly review, analyze, & act on data.

Health Equity & Sub-Population Focus

Facilities should actively consider feedback related to health equity concerns:

- **Data Outcomes:** Collect & monitor data on outcomes of sub-populations to address health equity issues (eff. 04/28/25).
- **IQIES Reporting:** Submit Health Equity Confidential Feedback Report in IQIES semi-annually.
- **Action Integration:** Utilize data insights to drive performance improvement projects across identified gaps.

HEALTH EQUITY MANDATE: Collect & monitor sub-population outcome data to address health equity issues (eff. 04/28/25).

REGULATION F868

QAPI Regulatory Requirements

01 | MANDATORY MEMBERSHIP

QA Committee must include DON, Medical Director (or designee), Infection Preventionist, & at least 3 leadership staff.

02 | DEPARTMENTAL INCLUSION

Provide opportunities to participate for maintenance, housekeeping, laundry, & business office staff.

03 | TWO-WAY COMMUNICATION

Establish clear communication pathways to & from the committee for staff who are not regular members.

Committee Governance & Operations

Essential mandates for Quality Assurance committee function and facility-wide coordination:

- **Meeting Cadence:** Must meet at least quarterly and as needed to coordinate and evaluate QAPI activities.
- **Core Leadership:** Minimum composition requires DON, Medical Director/designee, Infection Preventionist, plus 3 leadership staff.
- **Service Integration:** Extend committee engagement to key service areas like maintenance, laundry, & business office.
- **Staff Feedback:** Maintain continuous communication loops to keep all non-member facility staff informed.

MEETING FREQUENCY MANDATE: Committee must meet at least quarterly & as needed to coordinate & evaluate activities.

SURVEY INTEGRATION

QAPI Survey Process

01 | PATHWAY COVERAGE

24 / 42

CE Pathways identify QA&A and QAPI review as a tag, Care Area, or task to consider.

02 | CRITICAL ELEMENT PATHWAY

Quality Assurance & Performance Improvement (QAPI) and Quality Assessment & Assurance (QAA) Review Critical Element Pathway.

Survey Pathway Integration

Surveyors evaluate QAPI implementation using structured pathways:

- **Broad Scope:** QA&A and QAPI reviews are integrated across 24 out of 42 total CE pathways.
- **Targeted Review:** Identified as a dedicated tag, Care Area, or specific task to analyze during surveys.
- **Dedicated Standard:** Governed by the official QAPI & QAA Review Critical Element Pathway document.

SURVEY READINESS MANDATE: Ensure readiness across all 24 Critical Element pathways requiring QAPI/QAA review.

SURVEY REQUIREMENTS

QAPI Survey Process

01 | ENTRANCE REQUIREMENT

WITHIN 4 HOURS

Provide your QAPI plan along with QA&A committee details immediately upon surveyor entrance.

02 | REQUIRED COMMITTEE DETAILS

- Name of committee contact
- Names of committee members
- Frequency of committee meetings

End of Survey Review

The QA&A / QAPI review is conducted at the conclusion of the survey under strict guidelines:

"Surveyors must use critical thinking and investigatory skills to identify noncompliance, rather than using information provided during the QA&A review as a source to identify deficiencies."

- **Timing:** Review takes place strictly at the end of the survey.
- **Protection Mandate:** QA&A information cannot be used as a shortcut to cite deficiencies.

SURVEYOR MANDATE: Deficiencies must be identified through critical thinking and investigation, not QA&A disclosures.

SURVEY MATERIALS

QAPI Survey Process

01 | GUIDANCE & TAGS

Appendix PP Guidance

Comprehensive documentation provided with survey materials:

- **Federal Tags:** Covers each of the QAPI Federal tags in detail.
- **Review Details:** Specifies exact surveyor guidance, requirements, and items under review.
- **Action Required:** Take necessary time to thoroughly read and understand guidance.

02 | CE PATHWAY

Critical Element Pathway

Key pathway criteria for survey preparation:

- **Pathway Provided:** Critical Element pathway tool is included in provided materials.
- **Review Mandate:** Dedicated review time required for leadership and team members.
- **Staff Readiness:** Staff must be fully prepared to answer surveyor inquiries during annual survey.

PREPARATION MANDATE: Ensure staff review materials and are prepared for surveyor questioning prior to annual survey.

5 ELEMENTS OF QAPI

5 Elements of QAPI Plan

01 | OBJECTIVES

QAPI Goals

What do you want to accomplish?

- Specific, measurable, actionable, & relevant goals
- Requires clear timeline for completion

02 | INTEGRATION

Design & Scope

Comprehensive Operational Care

- Integration into all aspects of care and services
- Establishes program breadth across clinical and operational areas

03 | OVERSIGHT

Governance

Leadership & QAPI Structure

- Integrate top-level leadership responsibilities into QAPI
- Ensure QAPI activities receive adequate resources

04 | ANALYTICS

Feedback & Data

Systems & Monitoring

- Define methods for data collection & analysis
- Establish continuous monitoring for key indicators

QAPI MODEL

5 Core Elements Cycle

Interconnected framework driving continuous quality assurance

Integrate all 5 elements to ensure effective facility -wide quality care

5 ELEMENTS OF QAPI

5 Elements of QAPI Plan

01 | PROJECTS

Performance Improvement Projects (PIPs)

Focused initiatives targeting systemic clinical & operational improvements:

- **Selection Criteria:** Clear criteria for prioritizing and selecting key PIPs.
- **Team Formation:** Assembling interdisciplinary teams for project execution.
- **Report Format:** Standardized reporting formats for consistency.
- **Documentation:** Comprehensive tracking of PIP activity & findings.

02 | ANALYSIS & ACTION

Systematic Analysis & Action

Proactive, structured evaluation of healthcare delivery systems:

- **Improvement Focus:** Concentrate efforts on practical ways to bring about lasting facility improvement.
- **Systemic View:** Look beyond individual error to address root systems and processes.
- **Actionable Outcomes:** Translate analytical findings into sustained, measurable changes.

03 | KNOWLEDGE SHARING

Communications

Transparent dissemination of performance insights and feedback:

- **Communication Methods:** Structured methods for sharing learnings across staff and leadership.
- **Target Audience:** Identifying who should receive specific performance information.
- **Feedback Loop:** Fostering open dialog to support continuous quality culture.

QAPI DATA SOURCES

Data Sources

01 | CLINICAL & QUALITY

Clinical Metrics

- Quality Measures/CASPER
- Infection Control Tracking & Trending
- Consultant Reports
- LTC Trend Tracker

02 | FEEDBACK & SURVEYS

Satisfaction & Audits

- Resident and Staff Satisfaction surveys
- Survey Results
- Grievance Logs

03 | OPERATIONAL LOGS

Facility & Safety

- Safety Committee Minutes
- Dietary temperature logs
- Event/Incident Logs
- Environmental Service logs

QAA GOVERNANCE

QAA Committee Members

01 | LEADERSHIP & CLINICAL

Administration & Care

- Administrator
- DON and/or Nurse Leaders
- Charge Nurses
- Consultants (RD, Pharmacist, etc...)

02 | RESIDENT & DIRECT CARE

Care & Support Services

- Resident and Families
- Direct Care staff (CNA, CMA, RA)
- Social Services
- Activities

03 | FACILITY OPERATIONS

Operational Staff

- Environmental services staff
- Maintenance staff
- Dietary Staff

QAPI FRAMEWORK

What is a PIP? (Performance Improvement Project)

01 | DEFINITION & PURPOSE

Continuous Process Study

The proactive, continuous study of processes to prevent or decrease issue recurrence and improve overall quality by fixing underlying causes.

02 | INVESTIGATION & ANALYSIS

Root Cause Analysis (RCA)

Requires systematic investigation, such as RCA, to identify contributing factors and support the development of a structured corrective action plan.

03 | PREVENTION & FEEDBACK

Error Tracking & Learning

Activities must track medical errors and adverse events, analyze root causes, and implement preventive mechanisms with active feedback and organizational learning.

04 | PRIORITY SELECTION

Targeted High-Risk Areas

Concentrated effort on specific facility problems. Not all issues require a PIP; prioritize selection based on:

- High-risk and high-volume processes
- Problem-prone areas within facilities

PERFORMANCE STRATEGY

Performance Improvement Plan (PIP)

01 | TRIGGER & ORIGIN

Systematic Performance Gap

Occurs when there is a failure to meet established standards or organizational goals.

- Standard & Goal non-compliance
- Typically driven by underlying systematic failures

02 | ANALYSIS & DIAGNOSIS

Root Cause Investigation

Requires structured thought into root causes to determine appropriate and targeted solutions.

- Identify fundamental system breakdowns
- Formulate evidence-based improvement plans

03 | ACTION & PREPARATION

Core Plan Components

Key preparatory steps necessary to construct a actionable improvement strategy:

- Homework & preliminary research
- Data Collection & baseline metrics
- Establishment of specific Target Goals

04 | EXECUTION & SUSTAINMENT

Long-Term Continuous Process

A long-term commitment that requires ongoing monitoring and iterative refinement.

- Continuous progress monitoring
- Adjustments along the way until the target goal is met

PROJECT OVERVIEW & APPROACH

Sample PIP: Get Our Residents Moving!

01 | PROBLEM & ROOT CAUSE

Mobility Deficit & Oversight

PROBLEM IDENTIFIED

Reduced mobility and functionality resulting in depression and increased use of psychotropic medications.

ROOT CAUSE ANALYSIS

No oversight of restorative, activities, and skilled therapy programming.

02 | TARGET GOALS & METRICS

National Quality Standards

Short-Stay Function Improvement **16.7%** ➔ **Target: 68.0%**

Long-Stay Help Needed (ADL) **29.6%** ➔ **Target: 14.5%**

Long-Stay Mobility Worsened **39.5%** ➔ **Target: 17.1%**

03 | IMPLEMENTATION SCOPE

Execution Boundary

- **Initiation:** Begins with education of responsible department heads (Administrator, DON, MDS Coordinator).
- **Coverage:** Implemented across all facility units.
- **Completion:** Ends when targets are met and programs are compliant as evidenced by quality measures.

04 | BARRIERS & STRATEGIES

Risk Mitigation Plan

BARRIER 1: Low Census

Staff required to cover floor shifts.

➔ **STRATEGY: Grow the census**

BARRIER 2: COVID-19 Mindset

Operational friction relative to COVID-19.

➔ **STRATEGY: Educate on integrating prevention into daily routine**

PROJECT CHARTER & EXECUTION

Sample Performance Improvement Plan (PIP)

01 | PROJECT APPROVAL

Charter & Team Structure

Formal authorization of project purpose, approach, and assigned team members.

- **Administrator:** Joe
- **Project Lead:** Jane
- **Team Member:** Jackie

02 | DO (PROJECT PHASE)

Execution Timeline

Initiation (10/1/20)
Project charter developed and approved.

Planning (1/25/21)
Specific tasks and processes defined to achieve goals.

Implementation
Project carried out actively across targeted units.

03 | CHECK (PROJECT PHASE)

Progress Monitoring

MONITORING & OBSERVATION

Project progress observed and results documented continuously to evaluate intervention impact.

KEY DATA TRACKING

Ongoing tracking of restorative metrics and operational capacity.

04 | ACT & CLOSING

Adjustments & Summary

ACTION REQUIRED (1/25/21)

Census has grown as expected and current staff is unable to keep up with restorative program. Need to adjust staffing; in process of hiring another RA to meet needs and reach goal.

PROJECT CLOSING

Project brought to a close and final summary provided once goals were fulfilled.

MONTHLY PIP UPDATES

Sample Performance Improvement Plan (PIP) Progress

01 | NOVEMBER UPDATE

QM Improving & Census Growth

KEY OBSERVATION

QM improving % and census increasing. Initial momentum established across target metrics.

02 | DECEMBER UPDATE

Census Growth & Metric Shift

KEY OBSERVATION

QM decreasing % and census increasing. Need for expanded operational oversight identified.

03 | JANUARY UPDATE

Staffing Strategy & Resource Need

KEY OBSERVATION & ACTION

QM decreasing % and census increasing.

➔ ACTION: Looking to increase staffing and hire another Restorative Assistant (RA).

04 | FEBRUARY UPDATE & OUTLOOK

Staff Onboarded & QM Recovery

STATUS & PLAN

Staff hired to meet census, QM improving.

➔ GOING FORWARD: Continue with census growth while enhancing staffing simultaneously.

March – October monitoring schedule active.

Performance Improvement Project (PIP) Inventory

Directions: Use this template for high level tracking of all PIPs occurring within your organization. This document may be particularly useful for leadership, surveyors, or others responsible for overall monitoring of the program. Consider updating the status column on a regular basis; e.g., quarterly. This may be helpful to bring to the QAPI team meetings, to review all PIPs that the organization has currently underway, to identify if the PIPs are moving along, if any have stalled, etc.

Date(s) of Review: _____

Project Name	**Start Date**	**Current Phase** *Initiation, Planning, Implementation, Monitoring, Closing*	**Purpose** *What is the reason for conducting this project?*	**Change(s) Initiated** *What actions have been put into place?*	**Indicators/Measures** *Which data are being tracked to show improvement?*	**Status** *What are the indicator/measure results as compared to goals or thresholds? Have any unintended consequences or barriers been identified? How are they being addressed?*

Source: aadns-ltc.org

CORE CONCEPT & FRAMEWORK

Action Plan

A detailed plan outlining actions needed to reach one or more goals.

Alternatively, it can be defined as a "sequence of steps that must be taken, or activities that must be performed well, for a strategy to succeed."

01 | SEQUENTIAL PATHWAY

Goal to Action Alignment

KEY COMPONENTS

- Goal: Define primary target (e.g., minimize new hazard development)
- Objective: Quantifiable targets (e.g., reduce vulnerable structures)
- Actions: Specific execution steps (e.g., amend zoning ordinances)

02 | CONTINUOUS CYCLE

Implementation Loop

STRATEGIC STAGES

1. Goals: Identify long-term outcomes to achieve.

2. Actions: Assign specific organization &community steps.

3. Action Plan: Prioritize and implement continuous execution.

GUIDELINES & SCOPE

Action Plan

01 | TRIGGERS

Failure to comply with

- Policy
- Procedure
- Protocol

02 | REQUIRED SCOPE

Includes

- Education
- Auditing/Monitoring

03 | TIMEFRAME

Short Term

Duration Limit

No more than 3 months

SAMPLE TEMPLATE

Sample Action Plan

01 | TIMEFRAME

DATE INITIATED

2/18/2020

TARGET COMPLETION

5/18/2020

02 | IDENTIFIED ISSUE

Weight Loss

Unplanned weight loss identified across residents requiring targeted clinical intervention and monitoring.

03 | TARGET & AT RISK

Residents & Staff Involved

Decrease # of residents with unplanned weight loss

04 | CORRECTIVE ACTIONS

Audits, Training & Education

- IDT team education on weight policy
- Follow through with Clinical Excellence and Risk Committee Meeting

05 | MONITORING & OVERSIGHT

Audits, Frequency & Responsibility

- Weekly weight audits conducted by Director of Nursing (DON)
- Implementation and ongoing review via Dining Monitor Program

ACTION PLAN LOG

Sample Action Plan

UPDATES (Minimum monthly, but may be more frequent)

UPDATE 01 | 4/23/2020

Effectiveness Monitoring

Continue to monitor effectiveness of changes made.

UPDATE 02 | 6/25/2020

RD &PCP Order Coordination

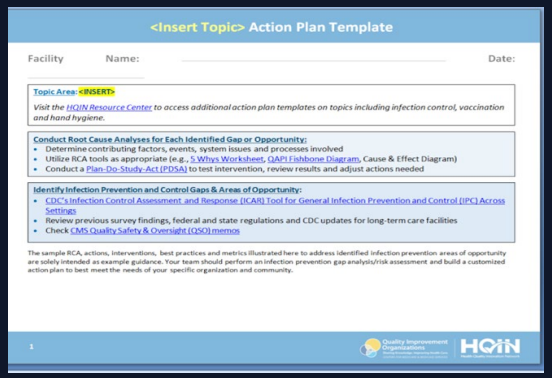
Reviewing RD reports to ensure orders were initiated, contacting PCP to ok starting RD orders without needing their response first.

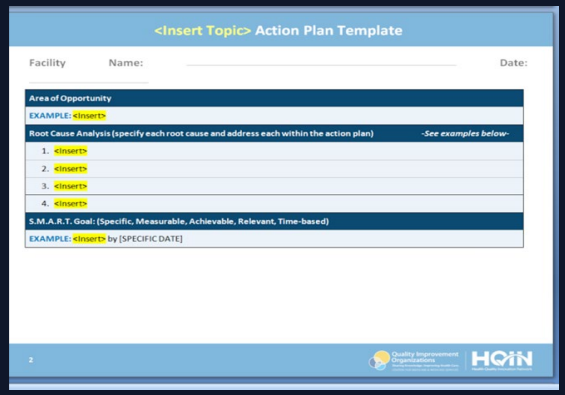
FUTURE UPDATES (MONTHLY LOG)

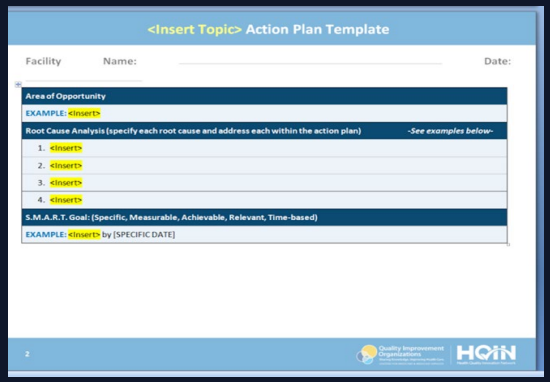
Ongoing Review Schedule

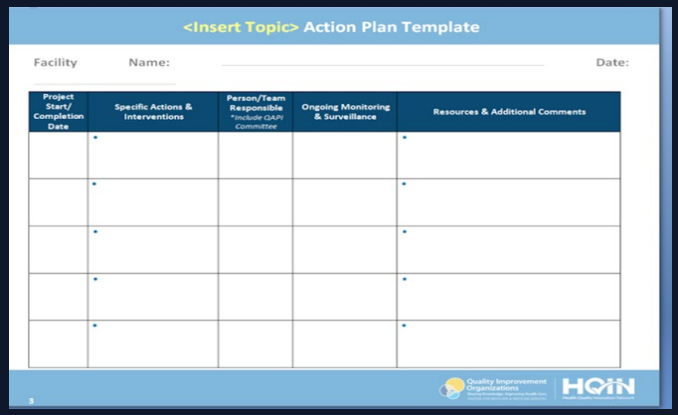
- Next scheduled evaluation date: [Pending Date Entry]
- Document additional corrective actions, clinical reviews, and interdisciplinary team approvals.
- Maintain continuous monthly tracking as required by protocol.

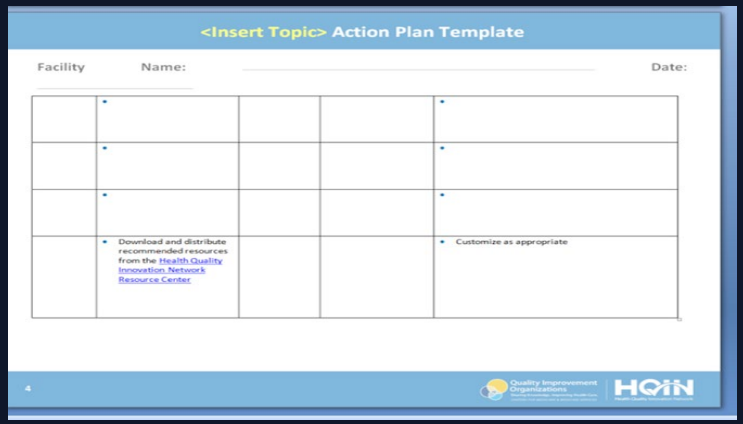
HQIN Action Plan Template











HQIN Resources

CORE DEFINITION

What is a Root Cause Analysis (RCA)?

PRIMARY GOAL

An approach for identifying the underlying causes of an incident so that the most effective solutions can be identified and implemented.

search

STEP 01

Identify Incident

Examine what occurred, establishing clear facts and timelines around the specific event.

account_tree

STEP 02

Uncover Root Causes

Look beyond immediate surface symptoms to uncover core systemic drivers.

verified

STEP 03

Implement Solutions

Develop and execute targeted corrective actions that prevent recurrence.

PROBLEM SOLVING FRAMEWORKS

Root Cause Analysis

help_outline

METHOD 01

5 WHYS

What is going on, when did it happen, where did it happen, and who found the problem?

KEY INSIGHT

You can identify multiple root causes through this process—do not stop with just one.

sync

METHOD 02

PDCA Cycle

Plan

Objective, Data Collection. What exactly are we going to do?

Do

Carry out plan, document problems/observations. When &how did we do it?

Study / Check

Analyze data, compare to predictions, summarize results learned.

Act

What changes do we make based on results? Prepare for next cycle.

medical_services

METHOD 03

Nursing Process

5 CORE PHASES

Assessment • Diagnosis • Planning • Implementation • Evaluation

KEY EVALUATION QUESTIONS:

- How do you determine what is wrong with the resident?
- How did you get to the conclusion?
- What did you do about it?
- How do you monitor the ongoing health of the resident?

SURVEY PROCESS GUIDELINES

Survey Process &Compliance Protocol

assignment_turned_in

REQUIREMENT 01

Sign-Off Required

QAPI must be signed by all participants including the Medical Director.

forum

REQUIREMENT 02

Discussion Readiness

Facility leadership must be prepared to discuss their QAPI PIP's and Action Plans.

school

REQUIREMENT 03

Staff Awareness

Both facility leadership and direct care staff need to know about QAPI.

shield

CRITICAL RULE

Protect PIPs

Do not give the surveyor your PIP's.

SUGGESTED PROOF

Provide QAPI&QAA minutes from meetings or an inventory of PIP's / action plans instead.

REIMBURSEMENT & QUALITY

Quality Impact on Reimbursement: Priceless

monetization_on

PILLAR 01

VBP

Value-Based Purchasing

Incentivizes healthcare providers based on quality of care, directly linking financial rewards and penalties to clinical performance metrics.

KEY REIMBURSEMENT FOCUS

- Reduces avoidable hospital readmissions.
- Earns incentive payment multipliers.
- Protects baseline Medicare per-diem rates.

analytics

PILLAR 02

QRP

Quality Reporting Program

Mandates complete, accurate clinical data submission to CMS to avoid severe annual payment update reductions.

KEY REIMBURSEMENT FOCUS

- Ensures 100% data completion compliance.
- Prevents automatic 2% APU payment cuts.
- Standardizes resident assessment data.

stars

PILLAR 03

5Star / NHQI

Five-Star Rating & NHQI

Public rating system assessing health inspections, staffing, and clinical quality metrics to drive market capture.

KEY REIMBURSEMENT FOCUS

- Drives preferential hospital referral networks.
- Maximizes occupancy & high-acuity census.
- Elevates brand reputation & commercial contracts.

DOCUMENTATION & LINKS

Resources & Reference Guides

description

CMS GUIDE

Quality Improvement Tools

Resource Guide (PDF)

verified

CMS OFFICIAL

CMS QAPI Home

CMS NHQAPI Portal

visibility

OVERVIEW

QAPI at a Glance

QAPI Overview (PDF)

domain

ASSOCIATION

AHCA / NCAL QAPI

AHCA/NCAL Resources

assignment

HOW-TO GUIDE

QAPI Written Guide

Plan How-To Guide (PDF)

language

EXTERNAL PORTAL

LICA-Medman

licamedman.com

fact_check

CHECKLIST

PIP Launch Checklist

Launch Checklist (PDF)

hub

TEMPLATES

HQIN Resources

Action Plan Templates

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