QAPI: What Center Medical Directors Should Know

What is QAPI?
Quality Assurance and Performance Improvement, or QAPI, is a framework to guide work in quality and performance improvement. QAPI is meant to be comprehensive across the organization, proactive, data-driven, and aimed at improving systems and processes. This approach to QAPI is built on requirements in the Affordable Care Act of 2010 (ACA).

The Society believes that QAPI is the right thing to do because the structure it provides helps move us away from simply meeting minimal standards and toward continuous quality improvement.

How is QAPI different from current quality-related regulations?
The current Quality Assurance and Assessment (QAA) regulation requires centers to:

- Have an ongoing QAA committee that includes designated key members and that meets at least quarterly.
- Identify quality deficiencies and develop and implement plans of action to correct these quality deficiencies, including monitoring the effect of changes and making needed revisions to the action plans.

The new QAPI guidance has a more comprehensive approach, with a focus on meaningful data analysis, prioritization, and use of effective performance improvement methodology to design and document effectiveness of interventions. When errors or poor outcomes are identified, the QAPI framework places the emphasis on improving the processes that led to the results, not blaming people.

The elements of QAPI and the role of the Medical Director
There are five strategic elements that form the framework for QAPI. The Society has established guiding principles that reflect these elements, and written a policy and procedures that guide centers in establishing a QAPI program that meets both the spirit and the intent of QAPI. Medical directors play a role in each of the Five Elements, as described below.

<table>
<thead>
<tr>
<th>ELEMENT</th>
<th>MEDICAL DIRECTOR ROLE</th>
</tr>
</thead>
</table>
| Element 1: Design and Scope | • Provide input on the development of the QAPI plan and ensure work is being done to meet the goals established in the plan.  
• Assist in articulating the balance between providing a safe environment and establishing a culture that honors resident choices and autonomy. |
| Element 2: Governance and Leadership | • Help build and support a culture of quality improvement and safety.  
• Promote effective teamwork that engages all staff in the QAPI process.  
• Encourage all staff members to bring forward ideas and concerns and participate in quality assurance and performance improvement work. Encourage high standards for quality care and services. |

Medical Director Fact Sheet for QAPI
<table>
<thead>
<tr>
<th>ELEMENT</th>
<th>MEDICAL DIRECTOR ROLE</th>
</tr>
</thead>
</table>
| **Element 3: Feedback Systems, Data and Monitoring**  
Centers must put systems in place to monitor care and services, drawing data from multiple sources including input from staff, residents, families and others as appropriate. It must use performance indicators to monitor a wide range of care processes and outcomes and review findings against benchmarks and/or targets the center has established for performance. Also, it is required to track, investigate, and monitor adverse events every time they occur and implement action plans to prevent recurrences of these events. | • Learn about the important sources of data in the center, including Quality Measure scores and alerts and reports from Carewatch, PCC reports (i.e. advance care planning, antibiotic use, behavior charting, medication error and incident reports), pharmacy consultant reports, Gallup engagement scores, survey results, INTERACT tools, and chart audits.  
• Guide the center in using data to evaluate current performance and make decisions on where they should improve.  
• Help the center set performance targets as needed  
• Help the center focus on process improvement to result in better outcomes that are sustainable.  
• Model data-driven decision making. |
| **Element 4: Performance Improvement Projects (PIPs)**  
A PIP is a concentrated effort to address a particular problem. QAPI requires our centers to use PIP teams to examine care and services and make changes that lead to improvements. | • Participate in PIP teams. Success with PIPs will increase if you are an engaged member of the team.  
• Share your knowledge of ways to create and maintain effective interdisciplinary teams.  
• Assist with prioritizing improvement projects and reviewing PIP team charters.  
• Ensure there is a process for you to be kept up to date on PIP team progress, and provide insight into what is being identified or learned and any decisions made regarding changes to systems or processes. |
| **Element 5: Systematic Analysis and Systemic Action**  
QAPI requires that nursing homes employ a systematic approach to problem solving in order to fully understand the problem, its causes, and the implications of changes that are made. The Society uses a structured methodology called the Model for Improvement to determine how problems are caused or exacerbated by the way care and services are delivered. Using structured, reproducible investigation techniques such as root cause analysis to help understand the underlying causes of problems helps centers to develop interventions that target a system or process versus an individual. Systemic actions look comprehensively across all involved systems to prevent future events and promote sustained improvement. This element focuses on continual learning, continuous improvement and sustaining improvements. | • Support a culture that avoids blaming individuals but instead focuses on evaluating and improving system and processes.  
• Ensure PIP teams are using The Society’s Model for Improvement and other tools to guide and document their improvement work.  
• Understand and support a root cause analysis approach to problems that gets to long term solutions. |