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, proactive, data-driven, and aimed at improving systems and processes. The systematic identification, reporting, investigation, analysis, and prevention of adverse events; and documentation of performance improvement activities are key elements. Centers must be able to provide *evidence* that there is an ongoing QAPI program. The GSS tools that are available to centers on the intranet can be used to document QAPI activities and provide this evidence.

Centers must also have a written QAPI plan and be prepared to present it to the State Survey Agency by November 28, 2017 and thereafter.

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.

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.

ELEMENT	MEDICAL DIRECTOR ROLE
Element 1: Design and Scope The QAPI program must be ongoing and cover the full range of services and systems of care. It must include clinical care, quality of life, safety, and resident choice. It must use the best available evidence to define and measure quality indicators and facility goals, and the design and scope must reflect the complexities, unique care, and services that the facility provides.	• Provide input on the QAPI plan to ensure it reflects the complexity and scope of the care and services the center provides. • Ensure work is being done to meet the goals established in the plan. • Articulate the balance between providing a safe environment and establishing a culture that honors resident choices.
Element 2: Program feedback, data systems 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 important sources of data, including alerts and reports from CareWatch and PCC (i.e. advance care planning, antibiotic use, behavior charting, medication errors, and incident reports), pharmacy reports, 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 • Help the center focus on process improvement to result in better outcomes that are sustainable. • Model data-driven decision making.
Element 3: Program systematic analysis & systemic action QAPI requires that nursing homes employ a systematic approach to problem solving in order to fully understand the	• Support a culture that avoids blaming individuals but instead focuses on evaluating and improving systems and

ELEMENT	MEDICAL DIRECTOR ROLE
problem, its causes, and the implications of changes that are made. It must also track performance to ensure improvements are realized and sustained. 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. The Model for Improvement includes root cause analysis to help understand the underlying causes of problems and helps centers to develop interventions that target a system or process versus an individual.	processes. • Ensure PIP teams are using The Society's Model for Improvement and other tools to guide and document improvement work. • Understand and support a systematic approach to problems that gets to root causes and provides long term solutions. • Encourage an environment of continual learning and continuous improvement.
Element 4: Program activities The facility must set priorities for performance improvement activities that focus on high-risk, high-volume, or problem-prone areas. Performance improvement activities must track medical errors and adverse resident events, analyze their causes, and implement preventive actions and mechanisms that include feedback and learning throughout the facility. As a part of their performance improvement activities, the facility must conduct distinct performance improvement projects, or PIPs.	• Participate in QAPI committee meetings at least quarterly • 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 any decisions made regarding changes to systems or processes.
Element 5: Governance and leadership The center administrator is required to develop and lead a QAPI program that involves *all* center staff. S/he must ensure that the QAPI program is adequately resourced, with staff members given the time, equipment and training to be able to participate in QAPI activities. The administrator, along with the QAPI committee, is responsible for setting priorities and ensuring that the QAPI program is sustained despite changes in personnel and turnover. QAPI also requires that the SNF environment is one where staff members are held accountable, but at the same time are encouraged to report quality concerns and opportunities for improvement without fear of retaliation.	• 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.

SUMMARY OF ADDITIONAL REGULATORY REQUIREMENTS AND THE GOOD SAMARITAN SOCIETY'S POLICY PROCEDURES FOR QAPI

Additional regulatory requirements are listed below. GSS has policy and procedures that outline the requirements for the QAPI committee. The GSS requirements supersede the federal regulations; all centers must adhere to these procedures. Failure to do so can and often does result in a compliance tag from regulatory surveyors.

REGULATORY REQUIREMENT	GOOD SAMARITAN SOCIETY POLICY AND PROCEDURE
A facility must maintain a quality assessment and assurance committee consisting at a minimum of: • The director of nursing services; • The Medical Director or his or her designee;	The QAPI committee consists of: • The DNS, administrator, QAPI coordinator • Medical Director

REGULATORY REQUIREMENT	GOOD SAMARITAN SOCIETY POLICY AND PROCEDURE
• At least three other members of the facility's staff, at least one of who must be the administrator, owner, a board member or other individual in a leadership role; and • The infection control and prevention officer.	• Infection preventionist • A representative from each department • Consultant pharmacist The Safety Committee is a subcommittee of QAPI, and is required to report safety concerns on a monthly basis
The quality assessment and assurance committee reports to the facility's governing body, or designated person(s) functioning as a governing body regarding its activities, including implementation of the QAPI program. The committee must: • Meet at least quarterly and as needed to coordinate and evaluate activities under the QAPI program, such as identifying issues with respect to which quality assessment and assurance activities, including performance improvement projects required under the QAPI program, are necessary; and • Develop and implement appropriate plans of action to correct identified quality deficiencies; and • Regularly review and analyze data, including data collected under the QAPI program and data resulting from drug regimen reviews, and act on available data to make improvements.	The Governing Body consists of a group of executives at GSS corporate headquarters, which reviews QAPI programs on a regular basis. • GSS QAPI committees are required to meet monthly • The Medical Director is required to attend meetings quarterly at minimum. When s/he is not in attendance, the center is required to send the meeting minutes to him or her for review and feedback • A leadership group at the center meets in advance of the QAPI committee to review data and plan the agenda for the meeting • QAPI committees are required to be action-oriented, not merely rote reporting of information • The consultant pharmacist is required to submit monthly drug regimen reviews and encouraged to participate in any QAPI projects that involve medications
Disclosure of information. A State or the Secretary may not require disclosure of the records of such committee except in so far as such disclosure is related to the compliance of such committee with the requirements of this section.	This is not a change; however, now QAPI related documents are included in this regulation.
Sanctions. Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions.	N/A

For more information on the regulatory requirements for QAPI (often referred to as the "Requirements for Participation," or "RoP," see the document titled *§483.75 Regulatory standard - quality assurance and performance improvement.*