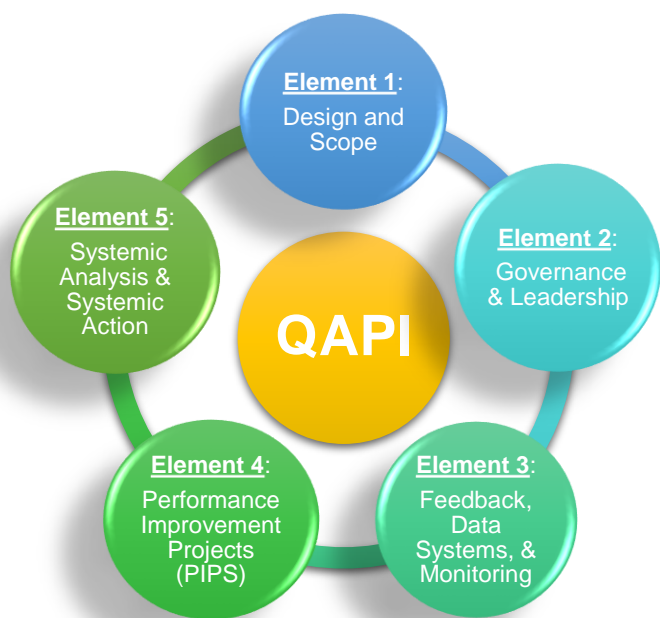


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Quality Assurance and Performance Improvement (QAPI) program activities are not a new concept to skilled nursing providers; however, such programs were not as explicitly defined by the Centers for Medicare and Medicaid Services (CMS) until the recent revisions were made to the Nursing Home Requirements of Participation (RoP), which was published in 2016. Certain QAPI requirements have already been enforced with Phase I RoP (Nov, 2016) and Phase II RoP (Nov, 2017) and the final requirements will be imposed with Phase III RoP on November 28, 2019.

QAPI is a systematic, interdisciplinary, comprehensive, and data-driven approach to maintaining and improving overall safety and quality while involving residents, families, and employees in practical and creative problem solving. QAPI activities involve individuals from all levels of the organization to identify opportunities for improvement, address system or process gaps, develop and implement improvement or corrective plans, and continuously monitor for intervention effectiveness.



## Five Elements of QAPI

CMS identified 5 elements that form the foundation of a QAPI program for nursing facilities. These elements should be used to develop a QAPI program that is individualized to the facility's specific characteristics, resident population, specialized services, and unique circumstances. Even if part of a multifacility chain, each facility will need an individualized QAPI program. With the development of a QAPI program that is grounded in the five elements, one is able to uncover & strengthen areas of weakness while making areas of strength even stronger.

## QAPI Self-Assessment

Completing a QAPI self-assessment involves formally reviewing the existing QAA program's strengths and weaknesses. To guide this process, CMS provides a [QAPI Self-Assessment Tool](#) consisting of 24 questions which address the 5 elements. The self-assessment is meant to be completed with input from various members of the team and not limited to facility leadership. Periodic reassessment is recommended by CMS at least annually to measure QAPI program progress.

## Identify Gaps & Opportunities

When developing a comprehensive, data-driven QAPI program, begin by determining what incidents or events should be investigated every time they occur, for example, equipment failures, medication errors, or newly developed pressure injuries. Then, establish what data elements and performance areas should be monitored routinely to identify when opportunities for improvement arise. Examples may include areas such as:

- Adverse Events
- Previous Survey Citations
- Quality Measures
- Infection Control Data
- Medication Regimen Reviews
- Complaints/Grievances
- Satisfaction Surveys
- Rehospitalization Rates
- Consultant Reports
- Incident Reports
- Facility specific Audits



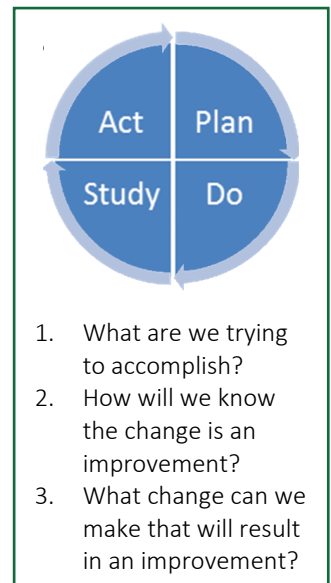
Reviewing these types of data sources can often help to uncover actual or potential problems earlier on and prevent or minimize issues that might not otherwise have been revealed until safety or quality suffered.

## Prioritizing Improvement

Policies and procedures must address how obtained feedback, data systems, and monitoring will be used to identify problems that are high risk, high volume, or problem-prone, & opportunities for improvement.

Using a prioritization process that considers such factors will assist you in choosing which areas in need of a Performance Improvement Project are of highest priority based on the needs of the residents and the organization. The prioritization process is of utmost importance as any facility may have numerous areas that have been identified as potentially needing improvement, but may lack time and/or resources to effectively implement and monitor multiple PIPs.

<b>Prevalence</b>	• Frequency at which issue arises in the organization
<b>Risk</b>	• Level to which the issue poses a risk to the well-being of the residents
<b>Cost</b>	• Cost incurred by the organization each time the issue occurs
<b>Relevance</b>	• Extent to which addressing the issue would affect resident quality of life and/or quality of care
<b>Responsiveness</b>	• Likelihood an initiative on this issue would address a need expressed by residents, family, and/or staff
<b>Feasibility</b>	• Ability of the organization to implement a PIP on the issue, given current resources
<b>Continuity</b>	• Level to which an initiative on the issue would support the organizational goals and priorities



**References:**

1. Centers for Medicare and Medicaid Services. (2017). Nursing homes – Centers for Medicare and Medicaid Services. <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes.html>
2. Centers for Medicare and Medicaid Services (2014). QAPI Tools. <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/qapitools.html>