New England Nursing Home Quality Care Collaborative
(NE NHQCC)

Quality Assurance Performance Improvement (QAPI) Program

Section 1: QAPI Charter

What to Include in this Section

☐ Completed "Ten Questions to Help You Frame Your QAPI Program and Charter" document – this develops your charter

☐ Facility Vision and Mission Statement

☐ QAPI program announcements to residents, families, employees, providers & others

☐ Other pertinent facility-level QAPI program information or communication

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New England Nursing Home Quality Care Collaborative

10 Questions to Help Frame Your Facility's QAPI Program and Charter

The ten questions below frame your facility's **Quality Assurance Performance Improvement (QAPI) program** and forms your QAPI Charter. Please complete the questions below and retain a copy with your performance improvement project (PIP) records (originals and revised copies).

Facility Name: _____ **Date:** _____

1. **Who is the person/committee responsible for QAPI?**

2. **How will your facility record QAPI activities and document success and failures?**

3. **Does your facility have a vision and mission statement?** If so, please attach a copy of your facility's vision and mission statement.

4. **What are your facility quality improvement goals?**

5. **How are you measuring outcomes for each goal?**

6. **What is the completion date for each goal?**

7. **What is the target for each area being monitored?**

8. **How will your facility communicate your QAPI plan to employees?**

9. **How often will staff training be conducted?**

10. **How will you announce and discuss QAPI to residents and family?**

Please send the completed questionnaire to your NE NHQCC State Lead

The questions above are based on *QAPI at a Glance: A Step by Step Guide to Implementing Quality Assurance and Performance Improvement (QAPI) in Your Nursing Home*. For more information, please visit the CMS QAPI website: http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/NHQAPI.html.

Note: QAPI has not yet been finalized and the program framing questions may be subject to change.

New England Nursing Home Quality Care Collaborative
10 Questions to Help Frame Your Facility's QAPI Program and Charter

The ten questions below frame your facility's **Quality Assurance Performance Improvement (QAPI) program** and forms your QAPI Charter. Please complete the questions below and retain a copy with your performance improvement project (PIP) records (originals and revised copies).

Facility Name: _____ **Date:** _____

1. **Who is the person/committee responsible for QAPI?**

   Administrator and/or DNS in conjunction with the Quality Committee will identify improvement projects, PIP team development and progress, needed approach changes, and will determine when goals have been met and if there is a need for continued monitoring.

2. **How will your facility record QAPI activities and document success and failures?**

   This will be determined by each PIP.

3. **Does your facility have a vision and mission statement?** If so, please attach a copy of your facility's vision and mission statement.

   Yes (see attached).

4. **What are your facility quality improvement goals?**

   - Improve dementia care
   - Decrease the number of facility-acquired pressure ulcers
   - Decrease the number of falls with serious injury
   - Decrease the use of antipsychotic drugs for dementia patients
   - Reduce the number of re-hospitalizations within 30-day of admission to the facility

5. **How are you measuring outcomes for each goal?**

   We will monitor progress using the published Quality Measures, facility-level data collection, incident reports, and other resources as determined by the needs of each PIP. See PIPs for more information.

6. **What is the completion date for each goal?**

   - Improve dementia care (add date) _____
   - Pressure ulcers _____
   - Falls _____
   - Antipsychotic use _____
   - Re-hospitalizations _____

7. **What is the target for each area being monitored?**

   - Improve dementia care – reduced incidents of resident-to-resident and resident-to-staff physical altercations by _____%
   - Decrease the number of facility-acquired pressure ulcers by _____%
   - Decrease the number of falls with serious injury by _____%
   - Decrease the use of antipsychotic drugs for dementia patients by _____%
   - Reduce the number of re-hospitalizations within 30-day of admission to the facility by _____%

SAMPLE

New England Nursing Home Quality Care Collaborative
10 Questions to Help Frame Your Facility's QAPI Program and Charter

8. **How will your facility communicate your QAPI plan to employees?**

   - QAPI program and PIPs will be communicated at least annually at staff meetings
   - PIP progress will be communicated during shift reports
   - PIP progress will be shared with facility leadership and posted in employee break room
   - QAPI and PIP information will also be made available by the DNS for staff review
   - The DNS will share QAPI efforts with the Medical Director and other medical professionals involved in care
   - The Administrator will report to the Board on QAPI, initiatives and outcomes

9. **How often will staff training be conducted?**

   See PIP plans for employee training. Staff assessment will be done based on mastery of subject competencies and training (where available) will be self-paced using a competency-based education resource.

10. **How will you announce and discuss QAPI to residents and family?**

    QAPI announcement will be made during resident/family meetings, during resident care conferences, and via facility newsletter.

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Note: *QAPI has not yet been finalized and the program framing questions may be subject to change.*

Section 2: PIP

What to Include in this Section

☐ Completed "Performance Improvement Project (PIP) Outline" document

☐ Collection of monthly data

☐ Facility procedure that addresses your quality issue

☐ Copies of letters and memos distributed to providers, board members, or others regarding facility PIP efforts

☐ Training rosters

☐ Outcomes data shared with employees

☐ Other pertinent project-related information

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New England Nursing Home Quality Care Collaborative
Performance Improvement Project (PIP) Outline

Facility Name: _____ **Date:** _____

1. **Name your PIP**

2. **List those who will participate**

3. **Identify any supplies/equipment needs for your project.**

4. **Identify PIP meeting schedule & information review.**

5. **Identify data sources to monitor project impact.**

6. **Name project data reviewer and how often review is done.**

7. **Name person who will prepare/present project results.**

8. **Establish a protocol/procedure that addresses your problem.**

9. **Identify the problem solving model that will be used** (PDSA, nursing process, etc.)

10. **Identify root cause analysis process used** (learning circle, study cases, keeping records)

Please send the completed questionnaire to your NE NHQCC State Lead

New England Nursing Home Quality Care Collaborative
Performance Improvement Project (PIP) Outline

Facility Name: J & A Rehabilitation Center   **Date:**   **11/29/2013**

1. **Name your PIP**
   Habilitation Therapy

2. **List those who will participate**

K. Smith, DNS	S. Savino, RN	C. Evans, Dir. Dementia Unit
A. Jones, Activities Dir.	G. Kerr, OT	
E. Cotton, CAN Unit B	W. Butler, LPN	

3. **Identify any supplies/equipment needs for your project.**
   None

4. **Identify PIP meeting schedule & information review.**
   Meet the last Tuesday of every month at 2:00pm to review behavior logs

5. **Identify data sources to monitor project impact.**
   Behavior logs, falls record, incident reports, re-hospitalization records, record of residents prescribed antipsychotics, behavioral plans, UTIs

6. **Name project data reviewer and how often review is done.**
   S. Savino & W. Butler to review records monthly and report results at PIP monthly meeting

7. **Name person who will prepare/present project results.**
   C. Evans will share monthly results with Administrator and post monthly data related to falls, re-hospitalizations, antipsychotic drug use, UTIs, behavior-related altercations and incidents in Employee Lounge. Data updates will also be reported during shift report once per month.

8. **Establish a protocol/procedure that addresses your problem.**
   Select, if available, Nursing Policy and/or Procedure related to improving care to individuals with dementia

9. **Identify the problem solving model that will be used** (PDSA, nursing process, etc.)
   Using Plan, Do, Study, Act (PDSA) to address problematic behaviors identified on Behavior Log and evaluating Behavior Plan and plan changes for effectiveness. Also team will use the PDSA approach for dementia residents who are re-hospitalized and/or taking antipsychotic medications.

10. **Identify root cause analysis process used** (learning circle, study cases, keeping records)
    Records & Feedback: Using Behavior Log, family feedback, medical records, incident reports, and feedback from the resident care team.

Please send the completed questionnaire to your NE NHQCC State Lead

Contact Your State Lead

Connecticut

- **Florence Johnson** – *Quality Improvement Consultant, Qualidigm*
  fjohnson@qualidigm.org
  T 860-613-4187 **| F** 860-632-5865

Maine

- **Sharon Emerson** – *Senior Program Coordinator, Healthcentric Advisors*
  semerson@healthcentricadvisors.org
  T 207-406-3977 **| F** 877-961-2301

Massachusetts

- **Sarah Dereniuk** – *Program Administrator, Healthcentric Advisors*
  sdereniuk@healthcentricadvisors.org
  T 781-287-9154 **| F** 877-961-2301

New Hampshire

- **Pamela Heckman** – *Quality Improvement Project Coordinator, Qualidigm*
  pamela.heckman@area-N.hcqis.org
  T 603-573-0323 **| F** 603-715-9261

Rhode Island

- **Nelia Silva Odom** – *Senior Program Coordinator, Healthcentric Advisors*
  nodom@healthcentricadvisors.org
  T 401-528-3212 **| F** 401-528-3210

Vermont

- **Gail Harbour** – *Quality Improvement Project Coordinator, Qualidigm*
  gharbour@qualidigm.org
  T 802-522-9417 **| F** 860-632-5865