Tennessee Quality Care Collaborative

Building a Quality-Centric Nursing Home

QAPI Companion Guide

A companion guide to QAPI at a Glance

TN Nursing Home Quality Care Collaborative

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Purpose of This Guide

This companion guide is designed to help your team recognize and understand the major components of the Quality Assurance/Performance Improvement Initiative (QAPI). Refer to it often as a support tool in your facility's quality improvement efforts. This resource is **not intended to replace** *QAPI at a Glance*; use it in conjunction with other materials to help your team stay on track in reaching your quality improvement goals.

QA & PI

Background

The TN NHQCC uses QAPI as the framework for building a quality-centric nursing home to ensure that every nursing home resident receives the highest quality of care

In December 2012, the Centers for Medicare & Medicaid Services (CMS) issued a memo announcing the release of *QAPI at a Glance*, a step-by-step guide detailing 12 key steps to establish the framework for quality assurance (QA) and performance improvement (PI) in nursing homes.

While nursing homes have long been required to have quality assessment and assurance programs, pending changes to the regulations will require that a formalized approach to performance improvement is also part of a facility's ongoing systems.

Quality Assurance QA vs Performance Improvement PI

QA can be characterized as a focus on current outcomes, with a retrospective view of what happened. Often, this is done from a need to ensure compliance and proper follow-up of identified issues. While the scope of a QA committee may include such actions as conducting a root cause analysis and developing action plans, current regulations do not require any specific or formal improvement processes to be used.

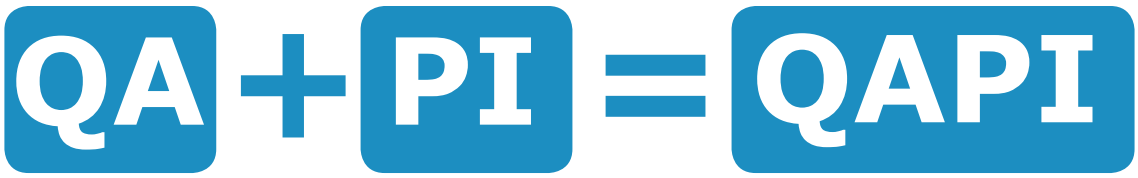
PI can be thought of as a system that makes things better. Unlike QA, which focuses on compliance, performance improvement focuses on "systems issues" that cause poor outcomes. While there are many formalized performance improvement tools, *QAPI at a Glance* refers to the *Plan-Do-Study-Act* (PDSA) model for improvement.

Putting It Together - QAPI

When QA initiatives and PI efforts are blended together, the result can be significant improvements in important outcomes.

- Residents can experience fewer adverse clinical effects.
- Satisfaction rates can improve.
- Staff can become more engaged as facility processes are stabilized.

All of this can lead to improved operational performance for your organization.



	Quality Assurance	Performance Improvement
Motivation	Measuring Compliance with Standards	Continuously Improving Processes to Meet Standards
Means	Inspection	Prevention
Attitude	Required, Reactive	Chosen, Proactive
Focus	Individual Outliers *bad apples*	Processes or Systems
Scope	Medical Provider	Resident Care
Responsibility	Few	All
QA + PI = QAPI		

Source: *QAPI at a Glance*

12 Steps to QAPI

According to *QAPI at a Glance*, there are 12 steps to implementing QAPI. These steps build on one another but do not need to be achieved sequentially. However, following them sequentially can be a great way to begin your strategic approach to implementing QAPI.

- **Step 1:** Leadership & Responsibility
- **Step 2:** Develop a Deliberate Approach to Teamwork
- **Step 3:** Take Your QAPI Pulse with a Self-Assessment
- **Step 4:** Identify Your Organization's Guiding Principles
- **Step 5:** Develop Your QAPI Plan
- **Step 6:** Conduct a QAPI Awareness Campaign
- **Step 7:** Develop a Strategy for Collecting & Using QAPI Data
- **Step 8:** Identify Your Gaps & Opportunities
- **Step 9:** Prioritize Quality Opportunities and Charter PIPs
- **Step 10:** Plan, Conduct & Document PIPs
- **Step 11:** Get to the Root of the Problem
- **Step 12:** Take Systemic Action

Go to www.qsource.org/nhqcc-12steps for a list of resources available to help you with each step.

PDSA Model for Improvement

The success of QAPI and the performance improvement project (PIP) teams at your facility will depend on everyone's understanding of the Plan-Do-Study-Act (PDSA) model for improvement. While there are several different improvement methodologies, PDSA is a simple model that is easy to follow.

To begin, the PIP team should make observations in the system targeted for improvement. Targeted areas could be staff performance, actual processes or services delivery, documentation, staffing, organizational culture, or any other aspect of care or services where the outcomes are not meeting facility expectations or standards.

The PIP team should answer these questions:

1. What are we trying to accomplish?
2. How will we know that a change is an improvement?
3. What changes can we make that will result in improvement?

Then, the team should follow these easy steps, and document their process and decision-making:

Plan

- State the objective.
- Predict what will happen.
- Plan to carry out the cycle (Who, What, Where, When).

Do

- Carry out the plan.
- Document observations.
- Record data.

Study

- Analyze data.
- Compare results to predictions.
- Summrize what was learned.

Act

- What changes are to be made?
- Next cycle?

Goal Setting Worksheet

Directions: Goal setting is important for any measurement related to performance improvement. This worksheet is intended to help QAPI teams establish appropriate goals for individual measures and also for performance improvement projects. Goals should be clearly stated and describe what the organization or team intends to accomplish. Use this worksheet to establish a goal by following the SMART formula outlined below. Note that setting a goal does **not** involve describing what steps will be taken to achieve the goal.

Describe the business problem to be solved:

Use the SMART formula to develop a goal:

SPECIFIC

Describe the goal in terms of 3 'W' questions:

What do we want to accomplish?
Who will be involved/affected?
Where will it take place?

MEASURABLE

Describe how you will know if the goal is reached:

What is the measure you will use?
What is the current data figure (i.e., count, percent, rate) for that measure?
What do you want to increase/decrease that number to?

ATTAINABLE

Defend the rationale for setting the goal measure above:

Did you base the measure or figure you want to attain on a particular best practice/average score/ benchmark?
Is the goal measure set too low that it is not challenging enough?
Does the goal measure require a stretch without being too unreasonable?

RELEVANT

Briefly describe how the goal will address the business problem stated above.

TIME-BOUND

Define the timeline for achieving the goal:

What is the target date for achieving this goal?

Write a goal statement, based on the SMART elements above. The goal should be descriptive, yet concise enough that it can be easily communicated and remembered.

[*Example:* Increase the number of long-term residents with a vaccination against both influenza and pneumococcal disease documented in their medical record from 61 percent to 90 percent by December 31, 2011.]

Tip: It's a good idea to post the written goal somewhere visible and regularly communicate the goal during meetings in order to stay focused and remind caregivers that everyone is working toward the same aim.

Root Cause Analysis

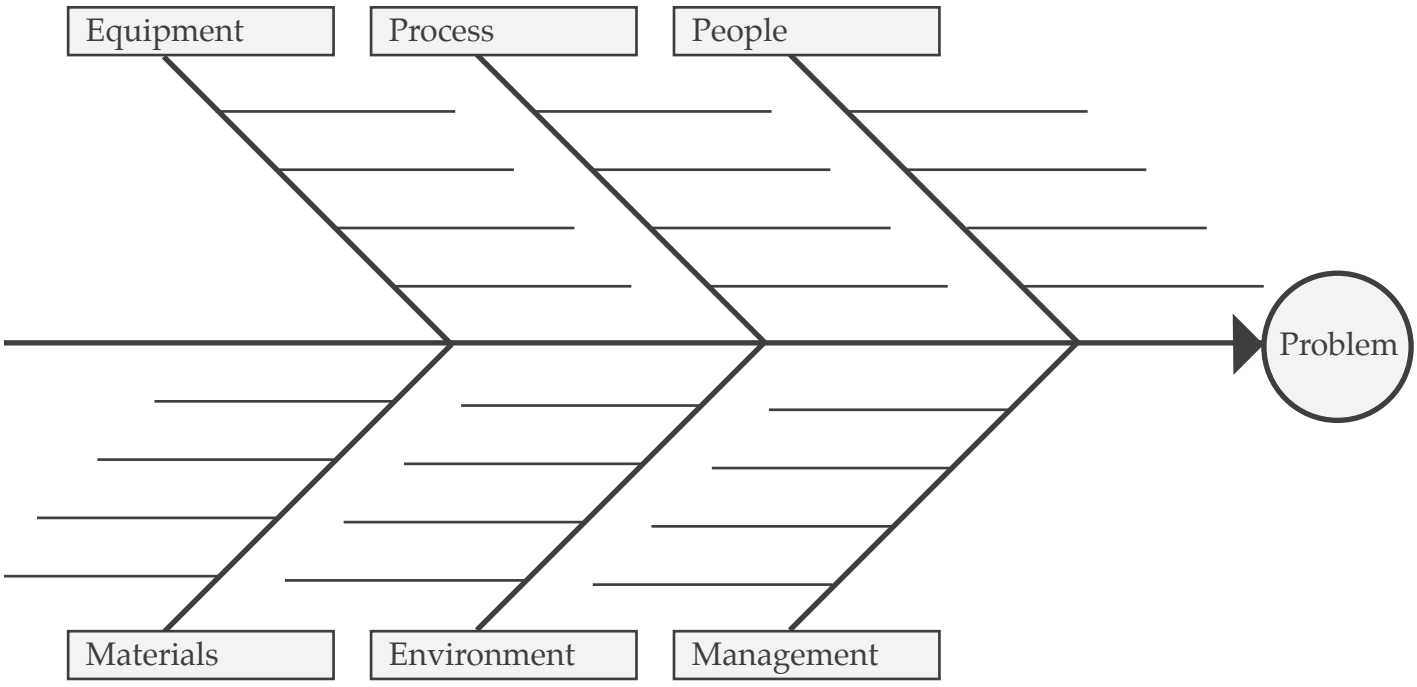
What is a Root Cause Analysis?

Just as you would pull a weed out of your garden by its root to ensure that it doesn't grow back, getting to the root cause of a system's issue is important to prevent the problem from returning. There are many formalized root cause analysis tools.

Two easy-to-use tools are the fishbone diagram and the Five Whys.

Fishbone (Cause-and-Effect) Diagram

1. Begin the fishbone diagram by placing the problem at the head of the "fish."
2. Under each general category of the fishbone, answer the question, "Why?" for the identified problem. For example, "Why are people the cause of this problem?"
3. Once your team has completed the fishbone diagram, discuss the various causes to get to the root of the problem. It is from this discussion that the focus for the improvement plan can begin.



Five Whys

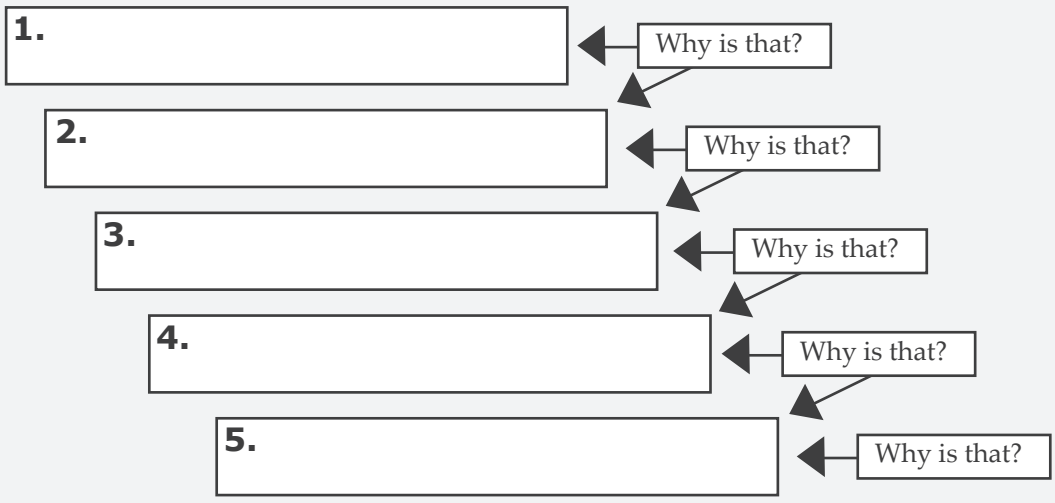
The Five Whys tool aids in identifying the root cause(s) of a problem. Begin by identifying a specific problem, and ask why it is occurring. Continue to ask "Why?" to identify causes until the underlying cause is determined. Each "Why?" should build on the previous response. There is nothing magical about the number five. Sometimes a root cause may be reached after asking "Why?" just a few times; at other times, deeper questioning is needed.

1. Define a problem; be specific.
2. Ask why this problem occurs, and list the reasons in Box 1.
3. Select one of the reasons from Box 1 and ask, "Why does this occur?" List the reasons in Box 2.

Continue this process of questioning until you have uncovered the root cause of the problem. If there are no identifiable answers or solutions, address a different problem or reason.

The Problem: _____

Why does this occur?



QAPI FAQs

Q: Aren't we already meeting the requirements of QAPI?

A: Nursing homes are currently required to have a Quality Assessment and Assurance (QAA) program through the F-520 regulatory requirement. While this federal regulation does require certain elements of quality improvement (e.g. having a committee structure, holding regular meetings, identifying root causes, developing action plans, engaging in continuous improvement), the use of a *formal improvement model* and *ongoing accountability* is not specified. According to information on the CMS website:

> "This provision provides a rule but not the details as to the means and methods taken to implement the QAA regulations. CMS is now reinforcing the critical importance of how nursing facilities establish and maintain accountability for QAPI processes in order to sustain quality of care and quality of life for nursing home residents."

Thus, with QAPI, nursing homes are being asked to incorporate a standardized process for ongoing PI, and to develop a written plan to ensure accountability and sustainability for their improvement efforts.

Q: When will the QAPI regulations be issued?

A: According to Section 6102 of the Affordable Care Act (ACA), nursing homes will have one year from the date on which the regulations are promulgated to submit their plan to meet these standards and details as to how the QAA activities will be coordinated with the plan.

Q: Will surveyors have access to our QAPI documentation?

A: Until the regulations are promulgated, this remains unclear.

QAPI Step 1

Leadership Responsibility & Accountability

The facility leadership (i.e., medical director, administrator, director of nursing and other key managers) is responsible for setting the tone to help staff identify how to meet the organization's mission, vision, guiding principles, standards and expectations. Without strong leadership, change efforts often fail or are not sustainable.

Action Step	Who Is Responsible?	Date Completed
Develop a steering committee.		
Provide resources for QAPI, including equipment and training.		
Establish a climate of open communication and respect.		
Articulate your home's current culture, and how it will promote performance improvement.		

Questions for Team Discussion

1. Who is on our QAPI Steering Committee?

   _____

2. Is our medical director involved in QAPI?

   _____

3. How can we provide needed resources for QAPI?

   _____

4. Is our work climate open, respecting and "just" (fair)? What does our climate look like?

   _____

5. How can QAPI blend with our existing QA efforts?

   _____

Surpassing the Hurdles

1. What barriers do you anticipate with these action steps?

   _____

2. What additional information does your team need?

   _____

3. What additional resources would be helpful?

   _____

4. What structures can you create to help ensure your success with this step?

   _____

QAPI Step 1

Leadership Responsibility & Accountability

Suggestions for Implementing Step 1

- Institute an open-door policy for all levels of leadership to establish presence and consistent availability to staff.
- Provide training and gain staff, resident and family member commitment for your QAPI initiatives.
- Routinely spend time in all areas and during all shifts.
- Talk directly to staff and residents. Establish a practice to ask how they are doing, what they need to do their best work and provide excellent care, and how you can help reduce frustrations that prevent them from doing their best work.
- Commit to following through on issues brought to you—keep that commitment.
- Set the example and pitch in.
- Recognize and honor staff and resident opinions. Demonstrate your sincere appreciation.
- Credit others for their contributions that positively affect your performance.
- Ensure necessary equipment is readily available and in good working order.
- Involve all staff in changes and improvement efforts to increase the feeling of ownership and accountability.
- Build leadership skills through training, support and coaching to help staff be effective.
- Openly admit your unintentional errors so people are less afraid to admit theirs.
- As a leader, uphold the high expectations of the organizations. If you see an issue, take action and set the tone for high expectations.

Go to www.qsource.org/nhqcc-12steps for a list of resources available to help you with each step.

QAPI Step 2

Develop a Deliberate Approach to Teamwork

QAPI at a Glance states that QAPI relies on teamwork in several ways. Do teams at your organization have a clear purpose? Do teams have defined roles for each team member to play? Do teams have commitment and active engagement from each member?

Action Step	Who Is Responsible?	Date Completed
Assess the effectiveness of teamwork in your organization.		
Discuss how PIP teams will work to address QAPI goals.		
Determine how direct care staff, residents and families can be involved in PIPs.		
Identify any communication structures that need to be implemented or enhanced.		

Questions for Team Discussion

1. How can residents and families be involved in our QAPI efforts?

   _____

2. Do we have effective teamwork? How do we know? What does it look like?

   _____

3. How does leadership support the development of effective teams?

   _____

4. Do we have effective communication in our facility? How do we know?

   _____

5. Do team members support one another?

   _____

Surpassing the Hurdles

1. What barriers do you anticipate with these action steps?

   _____

2. What additional information does your team need?

   _____

3. What additional resources would be helpful?

   _____

4. What structures can you create to help ensure your success with this step?

   _____

QAPI Step 2

Develop a Deliberate Approach to Teamwork

Suggestions for Implementing Step 2

- Set the expectation for leaders and staff to look for and share ideas for ways to grow and innovate.
- Build trust with and between your staff members (do what you say you are going to do).
- Celebrate successes—it's the little things that matter.
- Establish the use of learning circles and huddles to foster relationships and create an opportunity for all to be heard.
- Remove boundaries between departments (hold neighborhood meetings that all disciplines attend, use interdisciplinary teams for problem-solving, etc.)
- Use templates or methods for consistency and to support shared expectations of processes, agendas, minutes and a place to share information with the team.
- Encourage and reward staff for supporting each other.
- Expect that the medical director/providers listen to nurses, aides and other staff, and actively seek their suggestions, assessments and recommendations.
- Encourage the medical director and physicians to keep track of opportunities for improvements, and bring those to leadership (and to the QAPI Steering Committee).

Go to www.qsource.org/nhqcc-12steps for a list of resources available to help you with each step.

QAPI Step 3

Take Your QAPI Pulse with a Self-Assessment

Assessing your facility's current practice is a necessary part of implementing QAPI. Since facilities are already required to have QAA committees, take the time now to find out to what degree you have already mastered the concepts of QAPI.

Action Step	Who Is Responsible?	Date Completed
Determine a date and time for completing the QAPI Self-Assessment Tool.		
Assemble the right people to complete the Self-Assessment Tool.		
Complete the QAPI Self-Assessment Tool, recording your answers for future comparison.		
Determine a date for the next QAPI Self-Assessment Tool review.		

Surpassing the Hurdles

1. What barriers do you anticipate with these action steps?

   _____

2. What additional information does your team need?

   _____

3. What additional resources would be helpful?

   _____

4. What structures can you create to help ensure your success with this step?

   _____

QAPI Step 3

Take Your QAPI Pulse with a Self-Assessment

Suggestions for Implementing Step 3

- Complete the QAPI Assessment Tool with input from the entire QAPI team and organizational leadership.
- This is meant to be an honest reflection of your progress with QAPI.
- The results of this assessment will direct you to areas you need to work on in order to establish QAPI in your organization.

Go to www.qsource.org/nhqcc-12steps for a list of resources available to help you with each step.

QAPI Step 4

Identify Your Organization's Guiding Principles

Is the care provided by your facility tied to your organization's fundamental purpose or philosophy? How do you determine programmatic priorities? Taking time to articulate the purpose, the guiding principles and the scope of QAPI will help you integrate these efforts into your organization.

Action Step	Who Is Responsible?	Date Completed
Locate or develop your organization's vision statement.		
Locate or develop your organization's mission statement.		
Develop a purpose statement for QAPI.		
Establish guiding principles.		
Define the scope of QAPI in your organization.		
Assemble a document with these elements to serve as a guide.		

Questions for Team Discussion

1. What beliefs do we have about our facility's purpose and philosophy?

   _____

2. What beliefs do we have about our approach to QA and PI?

   _____

3. What is our mission and vision statement?

   _____

4. What are some of the ways in which we expect care to be provided?

   _____

Surpassing the Hurdles

1. What barriers do you anticipate with these action steps?

   _____

2. What additional information does your team need?

   _____

3. What additional resources would be helpful?

   _____

QAPI Step 4

Identify Your Organization's Guiding Principles

Suggestions for Implementing Step 4

- Use an inclusive process to establish, review, and reaffirm your mission. Involve staff, residents and families.
- Ensure values are considered core to the facility and to those who live and work there.

Go to www.qsource.org/nhqcc-12steps for a list of resources available to help you with each step.

QAPI Step 5

Develop Your QAPI Plan

A QAPI plan should be a living, breathing document that you revisit periodically to ensure that it evolves as your facility grows in its capacity to effectively implement QAPI. This is the main document that will support your QAPI implementation.

Action Step	Who Is Responsible?	Date Completed
Determine date(s) and time(s) for writing the QAPI plan.		
Print copies of the Guide for Developing a QAPI Plan for all team members.		
Work toward writing the QAPI plan until it is complete.		
Determine a future date for reviewing the QAPI plan.		

Questions for Team Discussion

1. What goals do we have for how QAPI will work?

   _____

2. How will QAPI be integrated into leadership's accountability?

   _____

3. How will we strive to use data and PI teams?

   _____

4. How will direct-care staff be involved in QAPI and PIPs?

   _____

Surpassing the Hurdles

1. What barriers do you anticipate with these action steps?

   _____

2. What additional information does your team need?

   _____

3. What additional resources would be helpful?

   _____

4. What structures can you create to help ensure your success with this step?

   _____

QAPI Step 5

Develop Your QAPI Plan

Suggestions for Implementing Step 5

- Base your plan on the unique characteristics and services of the nursing home.
- Continually review and refine your QAPI plan.
- Tailor the plan to fit your nursing home, including all units, programs, and resident groups (sub-acute care unit, dementia care unit, palliative care program).
- Think also of the range of residents. Do you have some younger residents? You may need to develop a distinct plan to create quality of life for those residents.

Go to www.qsource.org/nhqcc-12steps for a list of resources available to help you with each step.

QAPI Step 6

Conduct a QAPI Awareness Campaign

Taking time to create a deliberate communication plan about QAPI will help ensure that everyone in your organization is familiar with the plan, the goals and their roles and expectations in the process.

Action Step	Who Is Responsible?	Date Completed
Inform everyone (staff, residents, families, consultants, ancillary service providers, etc.) about QAPI and your organization's QAPI plan.		
Provide training and education on QAPI for all caregivers.		
Develop a strategy for communicating QAPI with all caregivers.		
Develop a strategy for communicating QAPI with residents and families.		

Questions for Team Discussion

1. How will we inform staff about QAPI?

   _____

2. How much education and training will be needed?

   _____

3. How will we engage residents and families in QAPI efforts?

   _____

Surpassing the Hurdles

1. What barriers do you anticipate with these action steps?

   _____

2. What additional information does your team need?

   _____

3. What additional resources would be helpful?

   _____

4. What structures can you create to help ensure your success with this step?

   _____

QAPI Step 6

Conduct a QAPI Awareness Campaign

Suggestions for Implementing Step 6

- Share the mission, vision and guiding principle with all staff.
- Include the mission, vision and guiding principles in orientation for new staff.
- Develop communication plans that use multiple approaches (email, verbal, newsletters, etc.) throughout the facility and across all shifts.
- Hold area meetings.
- Openly and transparently share your performance data with staff, board, residents and families.
- Set up a scoreboard for staff that monitors progress toward important goals (e.g., days at zero pressure ulcers). Post progress in common areas such as halls and break rooms.
- Use a storyboard to share your plan, progress and data.

Go to **www.qsource.org/nhqcc-12steps** for a list of resources available to help you with each step.

QAPI Step 7

Develop a Strategy for Collecting & Using Data

Effective use of data will help ensure that decisions are made based on fact, and not on an assumption of the truth. Just as a physician needs data about a patient to diagnose a condition, QAPI teams and PIP teams will need data to ensure they are targeting the right areas.

Action Step	Who Is Responsible?	Date Completed
Determine what data to monitor routinely.		
Set targets for performance in the areas you are monitoring.		
Identify benchmarks for performance.		
Develop a data collection plan, including who will collect which data, who will review it, the frequency of collection and reporting, etc.		

Questions for Team Discussion

1. What data do our facility routinely monitor? How are these data displayed and used?

2. What benchmarks will we use when assessing our performance?

3. How can we make better use of the data we have? Do we track and trend our progress over time?

4. How are data shared with others in the organization? Staff? Residents/families? The Board or corporate office?

Surpassing the Hurdles

1. What barriers do you anticipate with these action steps?

2. What additional information does your team need?

3. What additional resources would be helpful?

4. What structures can you create to help ensure your success with this step?

QAPI Step 7

Develop a Strategy for Collecting & Using Data

Suggestions for Implementing Step 7

- Areas to consider for data monitoring include clinical care areas, medications, resident/family complaints, hospitalizations, state survey results and business and administrative processes.
- When setting targets, consider the long-term as well as short-term goals.
- When identifying benchmarks, you can look at your performance compared to nursing homes in your state and nationally using Nursing Home Compare. Generally, because every facility is unique, the most important benchmarks are often based on your own performance.

Go to **www.qsource.org/nhqcc-12steps** for a list of resources available to help you with each step.

QAPI Step 8

Identify Your Gaps & Opportunities

Whether you are reviewing data from the Minimum Data Set (MDS) or quality measure reports, data from satisfaction surveys or consultant reports, or any other source, be sure you are identifying any trends in the data you review. Use this time to observe for any areas where processes are breaking down.

Action Step	Who Is Responsible?	Date Completed
Review information to determine if gaps or patterns exist in your systems of care, or if opportunities exist to make improvements.		
Discuss any emerging themes with residents and caregivers.		
Notice what things your organization is doing well in identified areas.		
Set priorities for improvement.		

Questions for Team Discussion

1. When reviewing your data, what stands out?

   _____

2. How strong is your organizational capacity for assessing facility systems (e.g., policies, protocols, actual care delivery)?

   _____

3. What are some areas of strength and weakness?

   _____

4. What opportunities do you see?

   _____

Surpassing the Hurdles

1. What barriers do you anticipate with these action steps?

   _____

2. What additional information does your team need?

   _____

3. What additional resources would be helpful?

   _____

4. What structures can you create to help ensure your success with this step?

   _____

QAPI Step 8

Identify Your Gaps & Opportunities

Suggestions for Implementing Step 8

- Measure important indicators of care that are relevant and meaningful to the residents that you serve.
- Guide and empower staff to solve problems. For example, leaders should respond to problems that are raised—not by proposing a solution, but by asking the team to investigate and determine what they believe would work best.
- Hold short stand-up meetings with managers and staff for each shift to identify concerns, resources, needs, etc.
- Establish the nursing home as a learning organization in which all staff identifies areas for improvements.
- Regularly discuss processes and systems to identify areas for improvement—in meetings as well as everyday interactions.
- Empower residents to get involved in identifying areas of improvement.

Go to www.qsource.org/nhqcc-12steps for a list of resources available to help you with each step.

QAPI Step 9

Prioritize Opportunities & Charter PIPs

Be sure you are choosing areas that you consider important (e.g., areas of high risk, frequent occurrence, or areas that are known problems). Remember that not all identified problems require PIPs, but for those that do, the projects need to be structured, or "chartered."

Action Step	Who Is Responsible?	Date Completed
Prioritize opportunities for more intensive improvement work.		
Consider which problems need the focus of a PIP.		
Charter PIP teams, by selecting a leader and defining the mission.		
PIP teams should develop timelines and indicate budget needs.		
PIP teams should use the Goal Setting Worksheet to establish appropriate goals.		

Questions for Team Discussion

1. How will organizational priorities be determined?

2. Who will be responsible for monitoring the overall progress of our PIPs?

3. What education is needed for PIP teams?

Surpassing the Hurdles

1. What barriers do you anticipate with these action steps?

2. What additional information does your team need?

3. What additional resources would be helpful?

4. What structures can you create to help ensure your success with this step?

QAPI Step 9

Prioritize Opportunities & Charger PIPs

Suggestions for Implementing Step 9

- Get everyone involved in setting goals—residents, staff, family members, and Board members.
- If practices are not making sense or are frustrating to staff, residents or family, do not settle for "this is just the way it has to be," challenge and sort out what you have control over, and look for ways to address improvements.

Go to www.qsource.org/nhqcc-12steps for a list of resources available to help you with each step.

QAPI Step 10

Plan, Conduct and Document PIPs

For those areas that require a PIPs, PIP teams should use a methodic or standardized process for making improvements. PDSA is one well-known model, but there are others that may also work for your organization. The important point is to use a strategic methodology, and not a haphazard, "throw it at the wall and see if it sticks" approach.

Action Step	Who Is Responsible?	Date Completed
Determine what information is needed for the PIPs.		
Determine timelines and communicate them to the QAPI Steering Committee.		
Identify and request any needed supplies or equipment.		
Select or create measurement tools.		
Prepare and present results.		
Use a problem-solving model (e.g., PDSA).		
Report results to the QAPI Steering Committee.		

Questions for Team Discussion

1. According to our data, what area(s) do we need to work on?

   _____

2. Who should be involved? What are the timelines?

   _____

3. What resources are needed?

   _____

4. What ideas can we test?

   _____

Surpassing the Hurdles

1. What barriers do you anticipate with these action steps?

   _____

2. What additional information does your team need?

   _____

3. What additional resources would be helpful?

   _____

4. What structures can you create to help ensure your success with this step?

   _____

QAPI Step 10

Plan, Conduct and Document PIPs

Suggestions for Implementing Step 10

- Identify and support a change agent for each improvement project—i.e., a cheerleader and/or key facilitator of change in your facility.
- Use an action plan template that defines who and when to establish timelines and accountability.
- Seek creative ideas from multiple sources inside and outside the organization to foster innovation.
- Create a safe environment to test changes, and try new ways to meet resident needs.
- Include "all voices" that have a stake in what is being discussed.
- Use methods that encourage open and honest communication, especially to get at concerns.

Go to www.qsource.org/nhqcc-12steps for a list of resources available to help you with each step.

QAPI Step 11

Get to the Root of the Problem

Prevent recurring problems by ensuring that all possible root causes have been identified and addressed. Remember to use systematic tools, such as the fishbone diagram or the "Five Whys" to dig below the surface.

Action Step	Who Is Responsible?	Date Completed
Using a methodical approach, determine all potential root cause(s) underlying the performance issue(s).		
Determine which factors are controllable.		
Ensure that that the PSDA cycles address the root cause(s).		

Questions for Team Discussion

1. What are the obvious and less obvious reason(s) the problem surfaced?

   _____

2. What is at the root of those factors?

   _____

3. What systems and processes are involved (not people)?

   _____

Surpassing the Hurdles

1. What barriers do you anticipate with these action steps?

   _____

2. What additional information does your team need?

   _____

3. What additional resources would be helpful?

   _____

4. What structures can you create to help ensure your success with this step?

   _____

QAPI Step 11

Get to the Root of the Problem

Suggestions for Implementing Step 11

- Use the root cause analysis (RCA) process to look at systems rather than individuals when something breaks down.
- If one method didn't work, identify another to try—it's a continuous process.

Go to www.qsource.org/nhqcc-12steps for a list of resources available to help you with each step.

QAPI Step 12

Take Systematic Action

Just as pulling a weed at the ground level will not prevent it from growing back, "weak" interventions often do not prevent the recurrence of the original problem. Whenever possible, use strong interventions, such as simplifying a process or making physical or environmental changes, to "hardwire" the change into the existing system.

Action Step	Who Is Responsible?	Date Completed
Implement changes or corrective actions that will result in improvement or reduce the chance of the event recurring.		
Target the root cause(s) with strong interventions.		
Pilot test large-scale changes (through PDSA cycles) prior to launching the changes facility-wide.		

Questions for Team Discussion

1. How strong are the interventions?

   _____

2. Do the selected interventions address systems issues, or do they address individual performance?

   _____

3. Is what we're doing working? How do we know?

   _____

4. What are our next steps?

   _____

Surpassing the Hurdles

1. What barriers do you anticipate with these action steps?

   _____

2. What additional information does your team need?

   _____

3. What additional resources would be helpful?

   _____

4. What structures can you create to help ensure your success with this step?

   _____

QAPI Step 12

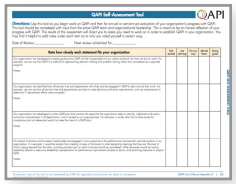
Take Systematic Action

Suggestions for Implementing Step 12

- Before initiating a change in the organization, meet with any staff and residents that will be impacted by the change in order to gain their support, buy-in and feedback.
- To be effective, interventions or corrective actions should target the elimination of root causes, offer long-term solutions to the problem and have a greater positive than negative impact on other processes.
- Interventions must be achievable, objective and measurable.
- Think about testing or piloting changes in one area of your facility before launching throughout. Some changes have unintended consequences.

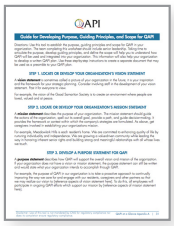
Go to www.qsource.org/nhqcc-12steps for a list of resources available to help you with each step.

QAPI Tools & Resources



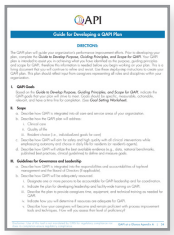
QAPI Self-Assessment Tool

This five-page, 24-item questionnaire is part of Step 3 of QAPI at a Glance. The Self-Assessment Tool is found in Appendix A, and will help your team determine the extent to which various QAPI practices are already established in your organization. It is recommended that you complete this self-assessment tool prior to beginning any QAPI planning, and re-assess your organization at routine intervals to show your progress.



Guide to Develop Purpose, Guiding Principles and Scope for QAPI

This important three-page guide will help you determine the manner in which your QAPI plan will be supported by your organization; it will serve as a solid foundation from which to continue building your QAPI practices. Using this tool can help guide your team through the creation of a separate document that may be used as the preamble to your QAPI plan.

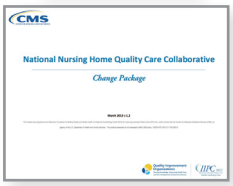


Guide to Developing a QAPI Plan

This action-based, three-page guide will help your team address the important elements of QAPI, and develop a formal QAPI plan. With concrete examples and actionable steps in a logical progression, the guide will walk you step by step through the creation of your plan.

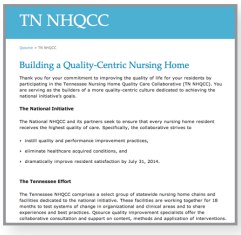
Goal-Setting Worksheet

This worksheet will help your PIP teams develop SMART performance improvement goals. Effective goals are specific, measurable, attainable, relevant and time-bound.



NHQCC Change Package

The change package was compiled from the CMS QAPI demonstration project, where high performing nursing homes were indentified and interviewed to learn more about their systems and processes that contribute to overall quality. It provides a menu of strategies, change concepts and actionable items.



TN NHQCC webpage

These webpages were designed by Qsource to support the TN NHQCC by offering a library of information for QAPI implementation.

Go to
www.Qsource.org/NHQCC
for more information

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