QAPI MADE EASY

**QAPI stands for**: **QA QUALITY ASSURANCE**

**PI PERFORMANCE IMPROVEMENT**

**Quality Assurance** is a process of meeting quality standards and making sure that the care delivered meets acceptable standards. This means that a facility is in compliance with Federal and State Regulations. During annual and complaint surveys facilities are evaluated to make sure that they are meeting the standards established by the Regulatory agencies.

Facilities that fail to meet standards can be sited and given an F Tag *(Federal tags or codes corresponding to regulations and/or rules).* There are over 400 F tags that correspond to Federal and State Public Health Laws. The F Tag is coded to reflect the scope and severity of the deficient practice. Facilities are required to respond to their Statement of Deficient with a Plan of Correction this must be accepted by the Department of Health.

**Performance Improvement** is when a facility continuously examines their problems and makes plans to correct them. The problems are corrected using an organized approach of Planning, Doing, Studying, and Acting. Each problem is examined to determine the Root Cause. A plan of correction is put into place based on the identified root cause. All staff members are educated on the system changes. The changes in the system are evaluated and the data is analyzed to determine if an improvement has been made.

**TERMS TO KNOW**

**PDSA CYCLE:**

**Plan:** After identifying the problem, make a plan/objective to allow for improvement. Identify the root cause and plan the system changes. Plan how the results will be measured. Make a prediction about the results.

**Do:** Carry out the plan. Share it with all the staff. Have formal and informal in service. Gather data to see if there have been improvements. Collect and record the data.

**Study:** Analyze the data. Compare it to what was predicted. Summarize what was learned

**Act**: What are new changes to be made? What areas need re-focusing? What will be the next area of improvement?

**Root Cause Analysis**: A process to identify what are the factors that are leading or causing a problem. There may be more than one and the problem can only be solved by finding the root cause. Root cause analysis focus on systems and processes not in individuals.

**On a daily basis we do QAPI. All resident care issues and staff issues are discussed at the Morning Meeting. A determination is made as to the root cause and follow up actions are identified. The individual(s) responsible to follow up on the issue is designated. The identified areas of improvement are listed on the Morning Minutes which are reviewed and revised on a daily basis. The identifiedarea of performance improvement will remain on the minutes until it has been resolved.**

**In addition to daily QAPI, we will also identify areas of Performance improvement that will be worked on by Performance Improvement Teams. These areas will have a broader range and require us to collect data and determine if improvements have been made.**

**The Facility will focus on several areas of Performance Improvement and each Performance Improvement team will report to QA Steering Committee as to their progress. The QAPI PI areas will be posted throughout the facility staff residents and families will be educated regarding these.**

QAPI DOCUMENTATION SHEET

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| **PROBLEM AREA** | **RELATED SYSTEMS/PROCESSES AND /OR POLICIES** | ***TIME FRAME*** |
| **ROOT CAUSE (S)** | **POLICIES NEEDED TO BE REVISED** | **TIME FRAME** |
| **GOALS** | **WHAT WE WANT TO SEE AFTER IMPROVEMENTS ARE MADE** | **TIME FRAME** |
| **WHO WILL BE INVOLVED** | **STAFF MEMBERS AND RESPONSIBILITES** | **TIME FRAME** |
| **WHAT ARE THE STEPS THAT WILL BE TAKEN** | **BREAKDOWN OF THE PLAN** | **TIME FRAME** |
| **WHAT EDUCATION IS NEEDED** | **ATTACH LESSON PLANS/POLICY AND PROCEDURES** | **TIME FRAME** |
| **HOW WILL WE MEASURE IMPROVEMENT** | **ATTACH AUDIT TOOL AND RESPONSIBLE STAFF MEMBER** | **TIME FRAME** |
| **WHAT IS THE CURRENT MEASURE OF COMPLIANCE WITH THE PROBLEM AREA** | **LIST CURRENT STATS** | **TIME FRAME** |
| **WHAT IS THE DESIRED GOAL WE WISH TO ACHIEVE** | **LIST OUTCOMES THAT ARE MEASURABLE** | **TIME FRAME** |
| **TIMEL LINE FOR ACHIEVING THE GOAL** | **LIST SPECIFIC GOALS AND TIME FRAMES FOR EACH** | **TIME FRAME** |
| **ANALYSIS OF DATA** | **DETERMINE ACHIEVED AND THE DESIRED PERCENTAGE OF COMPLIANCE WAS ACHIEVED AND PROVIDE AN EXPLANATION** | **TIME FRAME** |
| **NEXT ACTIONS NEEDED** | **IS THE PROBLEM SOLVED?**  **WHAT OTHER PROBLEMS HAVE BEEN IDENTIFIED DURING THIS PI?**  **HOW WILL THE TEAM ENSURE SUSTAINABLITY?** | **TIME FRAME** |