1. **Quality Assurance Performance Improvement (QAPI) Goals**

Glendive Medical Center’s (GMC) Vision statement states: “We will be the quality leader for health care in the region through...

* Promoting patient centered care;
* Embracing a passionate commitment to exceptional quality and safety;
* Providing an exemplary patient experience;
* Attracting and retaining caring, innovative medical providers and employees;
* Achieving cost efficiency through progressive and effective resource management.”

Glendive Medical Center’s long term care facilities will exemplify these vision statements by:

1. Achieving and maintaining regulatory compliance with State, Federal, and Veterans Administration requirements through intensive audits and performance improvement projects, by second quarter of calendar year 2016, evidenced by audit numbers improving over the course of the year;
2. Improving Resident and Family satisfaction through leadership rounding, Quality Assurance Performance Improvement (QAPI) program, evidenced by improved resident and family satisfaction scores on the Pinnacle report.
3. Capturing QAPI efforts in a way that is measurable and demonstrates multi-departmental involvement, evidenced by Performance Improvement Project (PIP) documentation.
4. **Scope**

All areas of long term care will keep data regarding their own departments determining how the department is doing against benchmarks.

This QAPI plan will address the following areas:

1. **Clinical Care**

Each department will either continue or develop quarterly/bi-annual quality audit reports which will require manager/director training. The training will be provided by the Resident Care/Quality Coordinator (RC/QC).

1. **Quality of Life**

The Quality Assurance and Assessment (QAA) team will review the Patient/Resident satisfaction survey results and resident concerns from resident council, resident care/concern forms, and rounding.

1. **Resident Choice**

Resident choice will be seen through resident council minutes, food council minutes; concerns brought forward by residents; and the care plans for each resident.

 This QAPI plan will aim for safety and high quality by balancing the resident’s preferences with the policies in place to enhance the safety of the resident. When there is conflict, the resident, the resident’s family/Power of Attorney (POA), the Interdisciplinary Team (IDT), Risk Manager, and Ombudsman will meet and come to a resolution.

 The QAA team will use the National Nursing Home Quality Care Collaborative and the MDS Quality Measures to determine benchmarks to achieve through this QAPI plan.

1. **Guidelines for Governance and Leadership**

The QAPI plan will be approved by the QAA of each facility, Administrative Council, Board Quality Subcommittee of the Board of Directors; then will be submitted to the Board of Directors. This QAPI plan will be overseen and coordinated by the RC/QC.

Education will be provided for the QAA team members at every meeting and will be provided for all employees of the facility through staff meetings and PIP meetings.

Any employee asked to participate in a performance improvement project will be paid for their time. If a staff member is working while a meeting is being held, accommodations will be made to ensure the staff member is able to leave their assigned area to participate. Equipment will be obtained as needed by administration to ensure QAPI activities are carried out. Technical training will be provided by the RC/QC for those members involved in a PIP, as needed.

During the overall program evaluation done yearly, resources for QAPI will be reviewed and analyzed for need.

Caregivers’ proficiency in process improvement tools and techniques will be assessed through a yearly education fair. This proficiency will be assessed via quizzes and participation in PIPs.

The leadership of the QAPI plan is the Quality Assurance and Assessment team, made up of the Medical Director, Director of Nursing, Infection Control Nurse, Administrator of Aging Services, Director of Support Services and the RC/QC. QAA meetings are scheduled monthly.

Communication between meetings is via e-mail to the group. Discussions and plans regarding QAPI will be kept in the QAA minutes.

The RC/QC will write a quarterly summary that will be forwarded to the Administrator of Aging Services. Upon the Administrator’s approval, the quarterly summary will be forwarded to the Quality Director of Glendive Medical Center and the Vice President of Patient Care Services (VPPCS), who will in turn inform Administrative Council of Glendive Medical Center and the Board Quality Subcommittee. The Board Quality Subcommittee will take this summary to the Board of Directors meeting.

1. **Feedback, Data Systems, and Monitoring**

The sources of data that will be monitored through the QAPI program are: MDS Quality Measures, departmental audits, Resident/Family Satisfaction survey data, Resident Council concerns, survey data, adverse events, complaints from residents/families, Infection control data. This data will be brought to the QAA meetings, at a minimum quarterly. Findings will be reported and reviewed by the QAA team. This information will be communicated through a reporting format that is attached to this plan.

1. **Guidelines for Performance Improvement Projects (PIPs)**

Performance Improvement Projects will be identified by the QAA team through departmental audits, MDS Quality Measures, Resident/Family satisfaction surveys, concerns brought forward by residents through Resident Council and rounding, and through concerns brought forward by staff and family. Criteria for prioritizing PIPs are those that have an impact on quality of life and regulatory compliance.

PIP charters will be developed when the QAA team or the Administrator of Aging Services asks for a PIP to be formed. The RC/QC will develop the initial charter based on the data provided, then the Administrator and QAA team members will review and give approval. PIPs will be reported to the QAA team verbally and in writing. Information will be disseminated quarterly in the quarterly summary.

PIP teams will be chosen based on the employees directly involved with the deficient practice found, and may include more than one department. If the project is a direct result of resident complaints, the resident and/or family would be asked to participate as well. A member of the QAA team will be the “sponsor” of the project. This “sponsor” would be a leader who has a tie to the department(s) involved. PIP teams will be required to take notes at each meeting they have, and will report their work to the QAA team verbally and in writing.

Documentation of completed PIPs will follow the outline of the charter, and will put progress, lessons learned, and highlights within the timeline of the project. The final PIPs documentation will be filed with QAA minutes from the meeting the final project outcome is reported. The RC/QC will maintain a file with all notes for each PIP. These files are available for the Administrator and the project sponsors.

1. **Systematic Analysis and Systemic Action**

A Root Cause Analysis (RCA) would be called for if the analysis of data reveals an adverse event has happened leading to a negative outcome for a resident; that in the monitoring of a PIP there was not improvement shown. The Root Cause Analysis would be led by the RC/QC and/or Risk Manager. The details of the RCA would be kept in the Risk Manager’s office. From the details, the items needed to be communicated to staff would be given to the department directors/managers to disseminate to their staff by the RC/QC and/or Risk Manager. The tools utilized in an RCA would include, but are not limited to: fishbone diagram; the 5 whys; and flowcharts.

1. **Communications**

QAPI plan communications will be made through e-mail, verbal and print media. Communications regarding the QAPI plan will be monthly and will be provided by the RC/QC to the QAA team, PIP project sponsors and all staff, as needed. When a PIP is in progress the project sponsor will verbally communicate the project’s progress to the QAA team at the monthly meeting.

1. **Evaluation**

The GMC long term care departments will utilize the “QAPI self-assessment tool” annually, the Annual Facility Assessment and following each PIP an audit will be performed to measure whether the projects had measureable impact that met the outlined goals.

By using these tools the QAA team will be able to identify areas where the facility needs to expand education and how QAPI is impacting improved regulatory compliance; improved resident/family satisfaction; and an increased multi-departmental approach to problem solving.

1. **Establishment of Plan**

This plan is established October, 2015.

This plan will be reviewed annually during the annual program evaluation.

Revisions and updates to the plan will be tracked through the minutes of the QAA team meetings.