The Quality Assurance and Performance Improvement (QAPI) Playbook

A Simple 6-Step Guide to Team-Based Improvement

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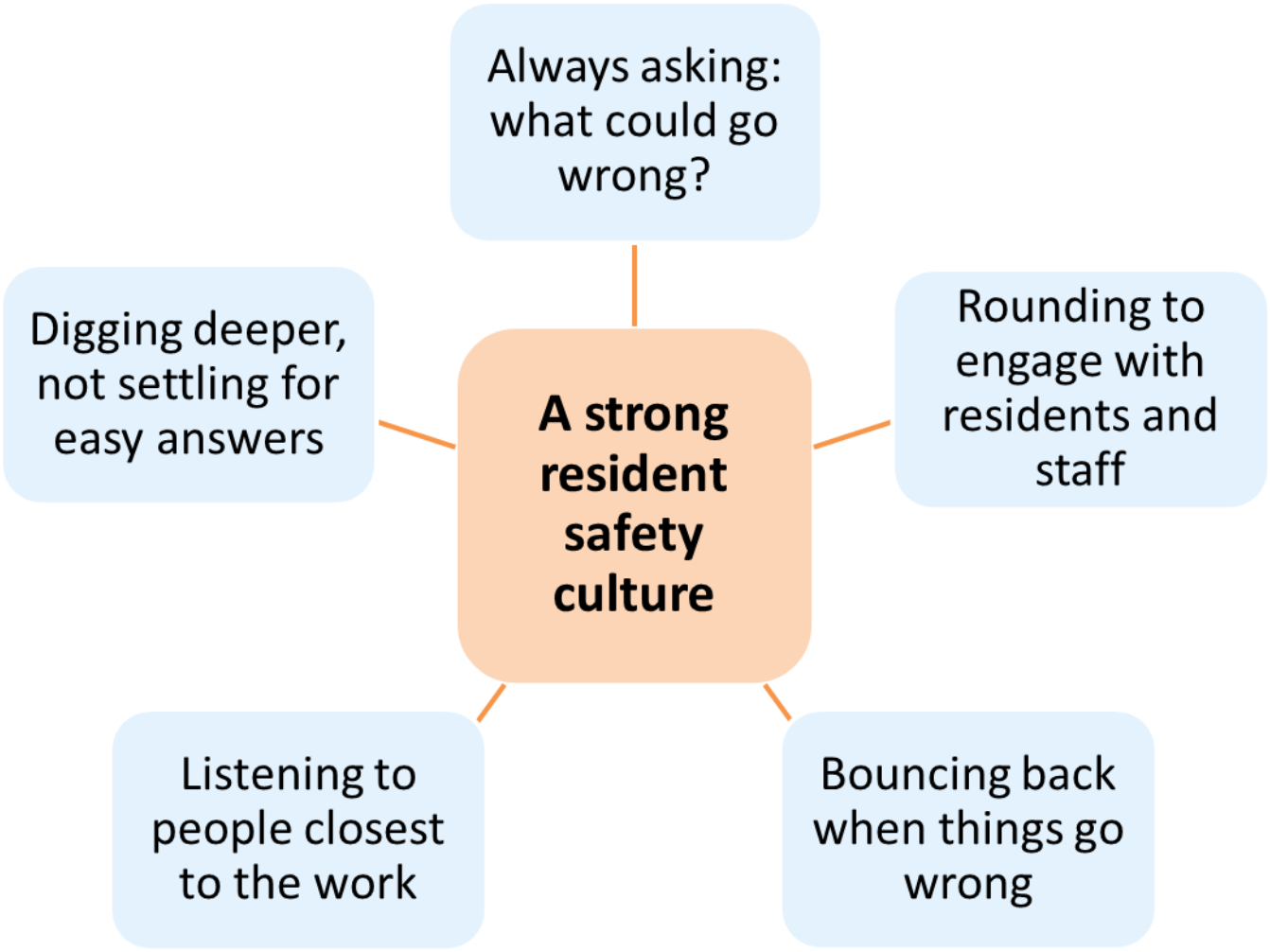
Agenda

- Understand QAPI regulatory requirements and core principles for nursing home compliance and quality improvement.
- Use data analysis and root cause analysis (RCA) techniques to identify root causes and design targeted Performance Improvement Projects (PIPs).
- Build and sustain a QAPI culture of engagement, accountability, and continuous learning to support a culture of resident safety.

Why Most Nursing Home QAPI Programs Struggle

Goal: To Become a High-Reliability Organization (HRO)

An organization that delivers safe, high-quality outcomes by anticipating risks, preventing errors, and continuously improving.



HROs See the Smoke Before the Fire

The Smoke

- Quality measures (QMs) trending negatively
- Increased grievances
- Turnover spiking
- Near misses occurring

The Fire

- Serious harm occurs
- Poor surveys
- Immediate Jeopardy
- Loss of trust/reputation

Discussion: Think of a time your facility caught a small issue before it became a big problem. What tipped you off?

QAPI: Your Facility's Early Warning System

Visit our website at www.hsag.com/qapi.

QAPI: More Than Compliance

Quality Assurance

"Are we meeting the standards?"

- Focus on compliance and monitoring
- Reactive and survey-driven
- Check-the-box documentation
- Siloed by department

Performance Improvement

"Can we do better?"

- Proactive and data-driven
- Focused on resident outcomes
- Continuous improvement in daily work
- Interdisciplinary collaboration to test changes

Key Insight: Together, quality assurance and performance improvement form a data-driven, team-based approach to improving resident care in nursing homes.

QAPI Self-Assessment Link: https://www.cms.gov/medicare/provider-enrollment-and-certification/qapi/downloads/qapiselfassessment.pdf

The 5 Elements of QAPI

1	2	3	4	5
Design and Scope What does your program cover?	**Governance and Leadership** Who is responsible?	**Feedback, Data, and Monitoring** How do you track performance?	**PIPs** How do you test and implement changes?	**Systematic Analysis** How do you address root causes?

Today's Focus: Element 4. However, strong PIPs rely on all 5 working together.

QAPI Plan Template Link: https://www.hsag.com/globalassets/qio/nh/qapitemplate_qinqiohsag_final.docx

CMS = Centers for Medicare & Medicaid Services

CMS. QAPI Five Elements. 2013. Available at: www.cms.gov/medicare/provider-enrollment-and-certification/qapi/downloads/qapifiveelements.pdf. Accessed on: March 31, 2026.

QAPI FTags: Regulatory Foundation

F865	F867	F868	F944
QAPI Program/Plan	**QAPI/QAA Improvement Activities**	**QAA Committee**	**QAPI Training**
Develop and maintain a data-driven QAPI program. Document ongoing program activities. Present QAPI plan to surveyors upon request.	Establish written data collection and monitoring policies. Track adverse events; conduct systematic analysis. Set priorities: high-risk, high-volume, problem-prone areas.	Meet quarterly; report to governing body. Required: DON, Medical Director, Administrator, IP, and 3+ staff. Review data; implement corrective actions.	Mandatory QAPI training for all staff on program elements and goals.

Key Insight:
CMS requires at least 1 annual improvement project focused on high-risk areas, identified through data analysis.

QAA = Quality Assessment and Assurance; DON = Director of Nursing; IP = Infection Preventionist

CMS. State Operations Manual: Appendix PP—Guidance to Surveyors for Long-Term Care Facilities. Updated April 28, 2025. Available at: www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf. Accessed on: March 31, 2026.

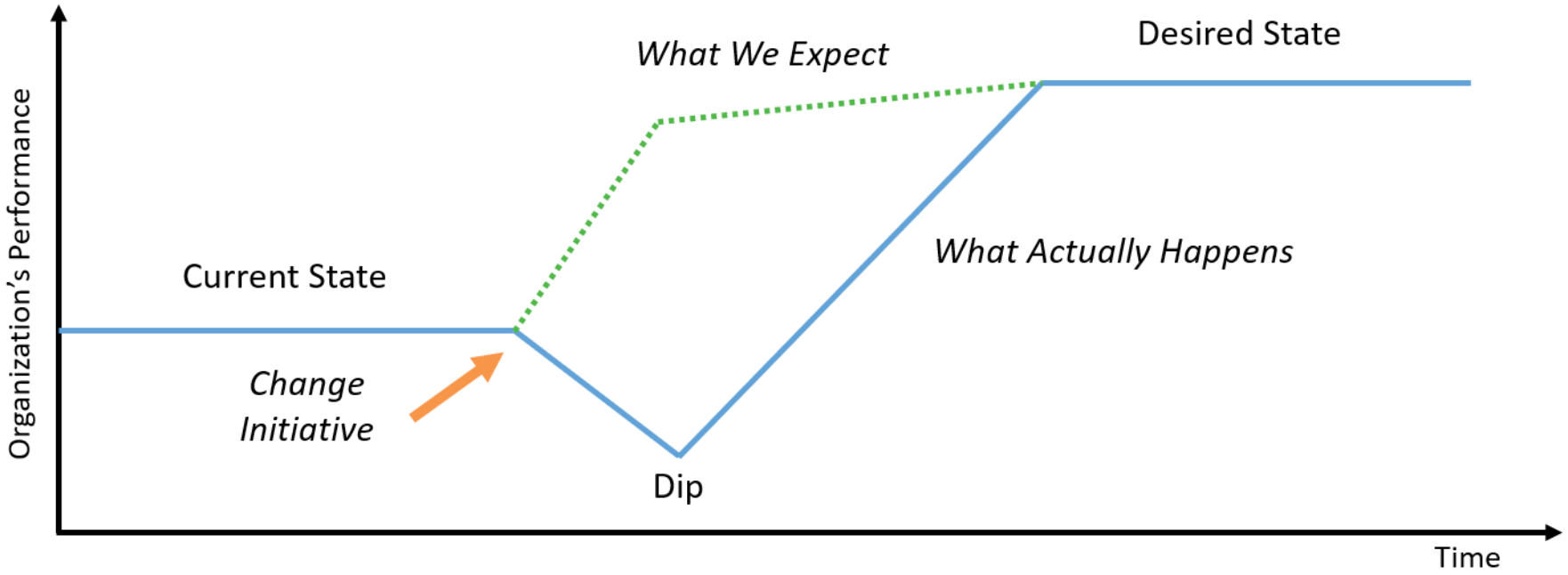
Leadership and Culture Gaps

Barrier

QAPI is often treated as compliance, not culture change.

Solution

Lead with intent, plan for change, and anticipate resistance.



SAGE Publications. J-curve Theory. In: *The SAGE Encyclopedia of Educational Leadership*. Available at: https://sk.sagepub.com/ency/edvol/edleadership/chpt/jcurve-theory. Accessed on: September 23, 2025.

The PIP Playbook: 6 Steps to Improvement

1

Identify the Problem

QAPI committee selects a priority issue.

Goal: Authorize PIP

2

Define the Project

Create a PIP charter and SMART goal.

Goal: Develop a clear project plan

3

Identify Root Causes

Analyze why the problem is happening.

Goal: Find the cause

4

Plan Interventions

Develop actions to address root causes.

Goal: Use targeted solutions

5

Test and Adjust (PDSA)

Test changes in small cycles.

Goal: Improve with data

6

Monitor and Sustain

Track performance to ensure improvements last.

Goal: Achieve long-term success

Tips for Success

- Start with 1 focused improvement project.
- Test changes on 1 unit before expanding.
- Use data to guide decisions.
- Include staff closest to the issue.
- Keep the QAPI committee informed of progress.

PIP Playbook Link: https://www.hsag.com/globalassets/qio/nh/qapi/pip_playbook_final508.pdf

SMART = Specific, Measurable, Attainable, Realistic, Time-Bound, PDSA = Plan, Do, Study, Act

Step 1: Identify the Problem

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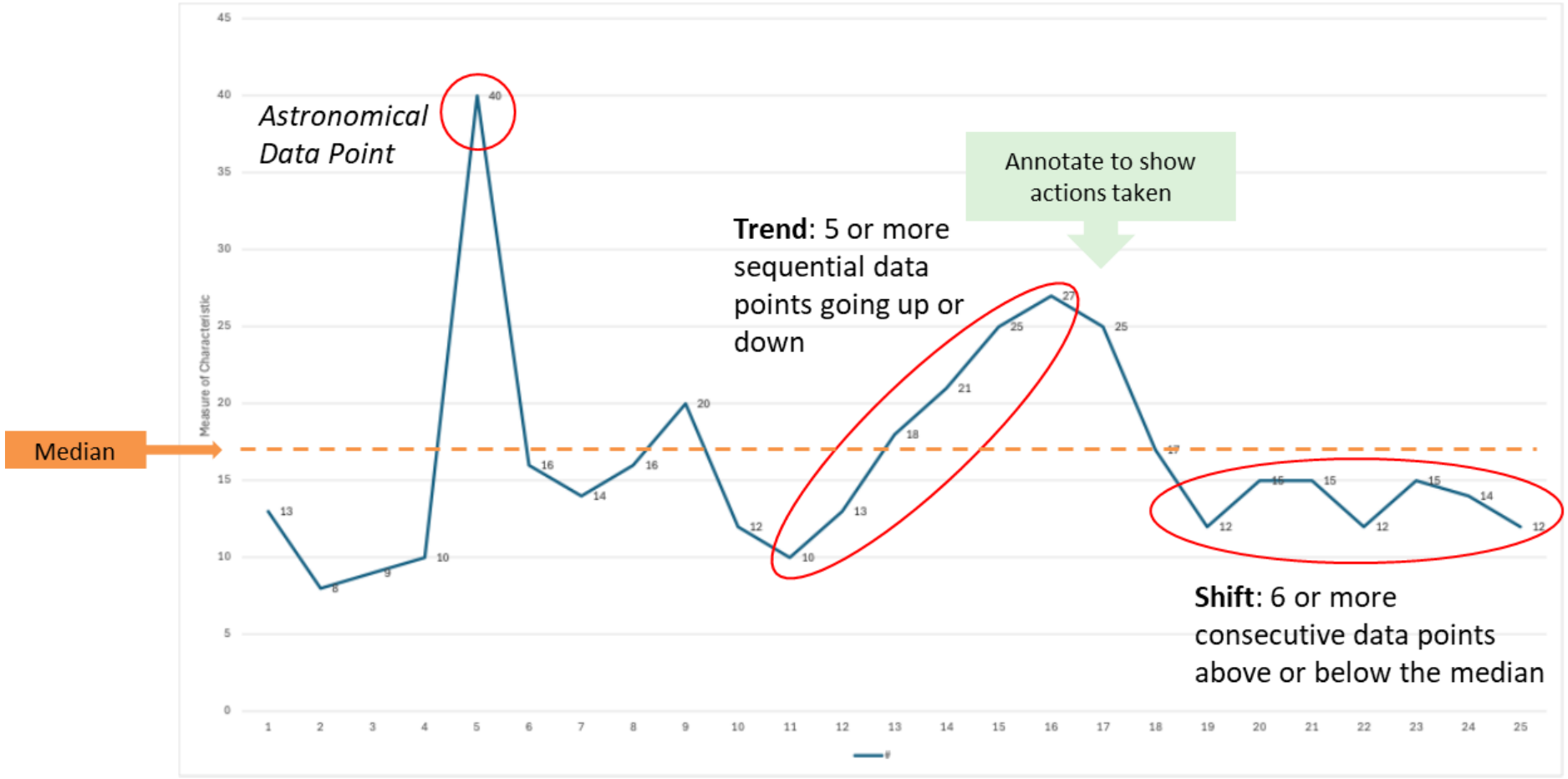
Goal	Who Leads?	Who Contributes?	Estimated Time
• Select a high-priority problem • Start PIP charter • Identify PIP team leader	QAPI committee	Interdisciplinary committee reviews data: QMs, incident reports, surveys, grievances, staff and resident input	1 QAPI committee meeting

Tip for Success: Not every issue needs a PIP. Use structured prioritization to focus on high-risk, high-volume, problem-prone areas.

Simple Run Chart Rules to Support Analysis



Institute for Healthcare Improvement. *Run Chart Rules Reference Sheet*. 2019. Available at: www.ihi.org/sites/default/files/Ims/legacy/education/IHIOpenSchool/Courses/Documents/11_RunChartRulesReferenceSheet.pdf. Accessed on: September 23, 2025.

Step 2: Define the Project

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Goal	Who Leads?	Who Contributes?	Estimated Time
Complete and approve a PIP charter	PIP leader assigned by the QAPI committee	• PIP team members create charter • QAPI committee approves the charter	• Up to 5 days • Can overlap with steps 3 and 4

Tip for Success: The charter is the team's roadmap. Invest time upfront to keep the team focused and prevent scope drift.

Components of a PIP Charter

Problem Statement
Clear description of the issue and who is affected

SMART Goal
Specific, measurable, achievable, relevant, time-bound

Anticipated Project Timeline
Start/end dates and key milestones

Team Members
Interdisciplinary team with names and roles

Key Measure
1 outcome measure

PIP Charter Template Link: www.hsag.com/globalassets/qio/nh/qapi/pipcharter_final508.docx

SMART Goals

S	M	A	R	T
Specific	**Measurable**	**Achievable**	**Relevant**	**Time-bound**
Clear, well-defined target	Can be tracked with data	Realistic within timeframe and your resources	Matters to facility, staff, and residents	Has a deadline

Maplewood Example SMART Goal:
Reduce falls with major injury from 5 per month (5%) to 1 or fewer per month (≤1%) within 6 months through implementation of fall prevention interventions.

SMART Goal Worksheet Link: www.hsag.com/globalassets/qio/nh/qapi/smartgoalworksheet_final508.docx

Step 3: RCA

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Goal	Who Leads?	Who Contributes?	Estimated Time
Identify underlying systems issues causing the problem	PIP team leader	• PIP team • Frontline staff with direct knowledge	• Up to 5 days • Can overlap with steps 2 and 4

Tip for Success: It is easy for teams to default to "staff did not follow the policy" or "training issues," but those are often symptoms, not true root causes. Instead, ask:

- What in the process design made the error likely?
- Were there gaps in communication, workflow, or tools?
- Did the system rely too heavily on memory or workarounds?

Common RCA Tools

The 5 Whys

Ask "**why?**" repeatedly (about 5 times) to reach the underlying cause.

Fishbone Diagram

Organizes causes into categories (people, process, environment, equipment, and policies) for broad brainstorming.

Process Mapping

Maps current process steps to reveal gaps, redundancies, or breakdowns.

Chart Review

Reviews resident records to identify patterns: timing, staffing, medications, and common factors.

Tip for Success: The goal of an RCA is to understand the **why** not just the **what**.

RCA Worksheet Link: www.hsag.com/globalassets/qio/nh/qapi/rca5whystemplate_final508.docx

Step 4: Implementation Plan

Step 4: Implementation Plan

Goal	Who Leads?	Who Contributes?	Estimated Time
Develop an action plan targeting identified root causes	PIP team leader	• PIP team members • Affected department heads	• Up to 5 days • Can overlap with steps 2 and 3

Tip for Success: Start with 1 or 2 interventions. Fewer changes make it easier to see what works.

PIP/Action Plan Worksheet Link: www.hsag.com/globalassets/qio/nh/qapi/pipworksheet_final508.docx

Match Interventions and Actions to the Root Cause

Strong Actions	Intermediate Actions	Weak Actions
Low Human Reliance	**Moderate Human Reliance**	**High Human Reliance**
Physical plant changes, forcing functions (e.g., auto-shutoffs), software changes that prevent errors, and **leadership involvement**	Increased staffing, simplified processes, checklists, and automated reminders	Training, policy revisions, warnings, and signage

Institute for Healthcare Improvement. *Patient Safety Essentials Toolkit: Action Hierarchy Tool*. Boston, MA: Institute for Healthcare Improvement; 2019. Accessed March 21, 2026. www.ihi.org/sites/default/files/SafetyToolkit_ActionHierarchy.pdf

Key Components of an Implementation Plan

What	What specific change?
Who	Who owns it? Who is involved?
When	What are the start and end dates?
How	What is the implementation approach (workflow, training, resources)?
Outcome Measure	Does it achieve your SMART goal?
Process Measures	Was the change implemented as planned?

Step 5: Test Changes Using PDSA Cycles

Step 5: Test Changes Using PDSA Cycles, Part 1

Goal	Who Leads?	Who Contributes?	Estimated Time
Test and refine interventions to find what works	PIP team leader	• PIP team members • Frontline staff implementing change • QAPI committee	• 2–12 weeks (multiple PDSA cycles) • PIP team meets weekly

Tip for Success: Meet regularly, document progress, and update the QAPI committee monthly so leadership can provide support.

The PDSA Cycle: https://www.hsag.com/globalassets/qio/nh/qapi/pdsacycle-flyer_final508.pdf
PIP Worksheet: https://www.hsag.com/globalassets/qio/nh/qapi/pipworksheet_final508.docx

Step 5: Test Changes Using PDSA Cycles, Part 2

P	D	S	A
Plan	**Do**	**Study**	**Act**
Define the test, team, timeline, and prediction.	Run a small-scale test: 1 unit, 1 shift, few residents.	Compare results to prediction. Review data and staff feedback.	Adapt (partially worked), adopt (clearly worked), or abandon (did not help).

Tip for Success: Start small, learn fast, scale what works. Update QAPI committee monthly.

PDSA Pitfalls to Avoid

Testing too big, too fast	Start small. Test with 1 unit or 1 shift first.
Changing multiple things at once	Test 1 intervention. Know what caused the change.
Not measuring results	Track both outcome and process measures.
Giving up after 1 cycle	Plan to iterate 2–4 times. Expect to learn and adapt.
Not involving frontline staff	CNAs, nurses, and residents see reality. Listen to them.

CNA = certified nursing assistant

Step 6: Monitor and Sustain

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Goal	Who Leads?	Who Contributes?	Estimated Time
Sustain gains and integrate changes into routine operations	• PIP team leader (monitoring) • QAPI committee (closure decision)	• PIP team members • Department heads	• 3–6 months of monitoring after goal is met • Plan for sustainability after PIP closure

Tip for Success: Use run charts, QM reports, or incident trends to track if improvements hold. Post data where staff can see it.

Integrating QAPI Into Daily Work

Setting Standards	Leadership Rounding	Developing Habits	Feedback Loops
No vague updates. Ask: What did we test? Require timelines and owners. Show up prepared. Remove barriers.	Perform daily staff check-ins with a checklist. Focus on education, not correction. Share what you are monitoring and why.	Perform handwashing, dining observation, med pass, fall prevention, infection control, and dignity. Build habits through consistent reinforcement.	Perform daily check-ins with frequent reminders. When busy, step in but hold everyone accountable, including yourself.

The Role of QAPI Champions

What QAPI Champions Do

- Are assigned to specific areas/jurisdictions
- Help develop daily routines for quality
- Conduct weekly check-ins with leadership
- Continually develop skills and knowledge
- Practice solution-focused approaches

QAPI Culture Tips

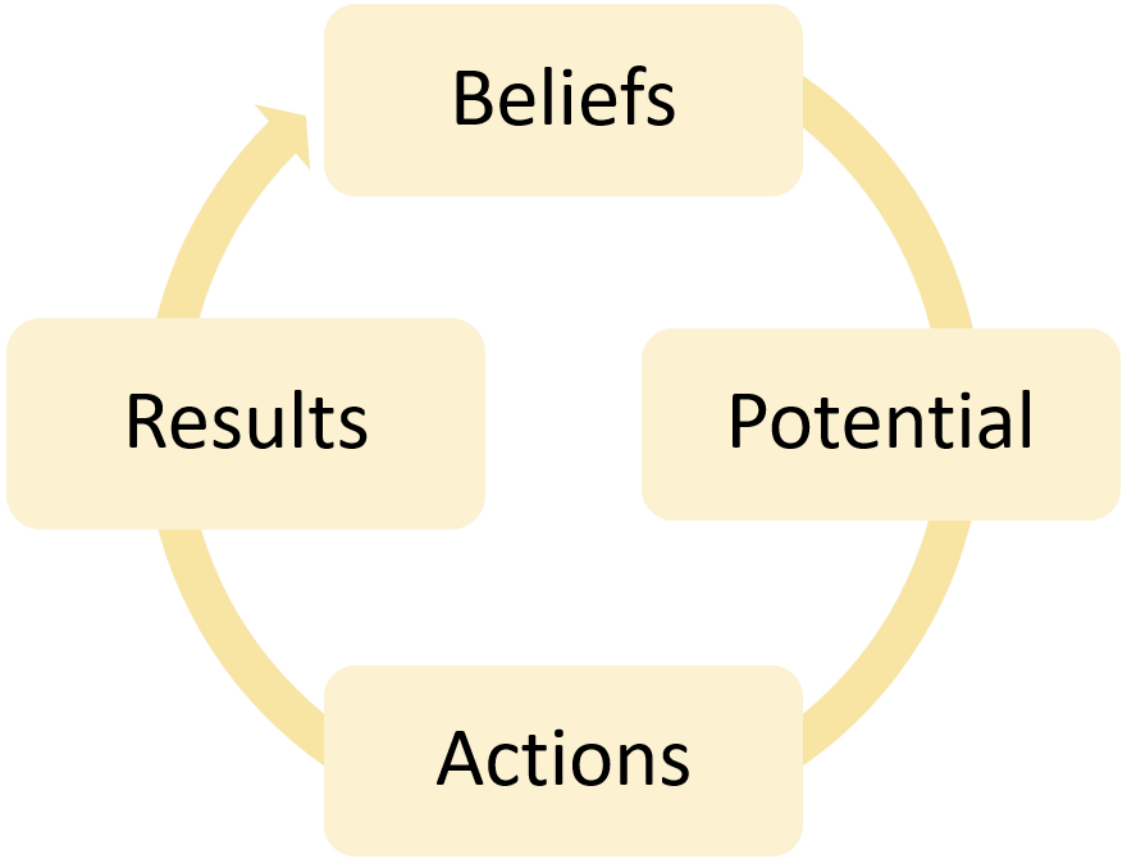
- Be honest about issues; no egos
- Do not double down on bad ideas
- Talk about QAPI with everyone
- Praise efforts, not just outcomes
- Accountability: Create goals and track progress

Discussion: Who are your QAPI champions? What makes them effective?

Woo K, Milworm G, Dowding D. Characteristics of Quality Improvement Champions in Nursing Homes: A Systematic Review With Implications for Evidence-Based Practice. Worldviews Evid Based Nurs. 2017 Dec;14(6):440-446. doi: 10.1111/wvn.12262. Epub 2017 Oct 13. PMID: 29028282; PMCID: PMC5720908.

Closing Thoughts

The Cycle of Success



Key Insight

Quality improvement is a continuous journey. Each PIP your team completes builds stronger systems, improves resident care, and strengthens your facility's culture of safety.

Key Takeaways

QAPI is your facility's early warning system. Use it to spot smoke before fire.

A strong PIP relies on all 5 QAPI elements working together.

RCA uncovers why problems happen. Often, it is systems, not staff.

PDSA cycles are about testing small and learning fast. Expect to iterate.

Sustainability means embedding changes into daily operations so gains stick.

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
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