## Purpose

# To improve safety and quality using a systematic, comprehensive, data-driven and proactive approach to assure and improve the care and quality of services.

# **Vision and Mission**

Ohio Living Communities are committed to continually improving the way we care for and engage with our residents, caregivers and other partners so that we may realize our vision to be the leading provider of quality services to older adults in the Midwest. To do this, all employees will participate in ongoing quality assurance and performance improvement (QAPI) efforts which support our mission to provide adults with caring and quality services toward the enhancement of physical, mental and spiritual well-being.

# **Procedure**

Guiding Principle #1: QAPI has a prominent role in our management and Board functions, on par with monitoring reimbursement and maximizing revenue.

Guiding Principle #2: Ohio Living Communities uses quality assurance and performance improvement to make decisions and guide our day-to-day operations.

Guiding Principle #3: The outcome of QAPI in our organization is the quality of care and services and the quality of life of our residents.

Guiding Principle #4: In Ohio Living Communities, QAPI includes all employees, all departments and all services provided.

Guiding Principle #5: QAPI focuses on systems and processes, rather than individuals. The emphasis is on identifying system gaps and failures and not on blaming individuals.

Guiding Principle #6: Ohio Living Communities makes decisions based on data, which includes the input and experience of caregivers, residents, health care practitioners, families, and other stakeholders.

Guiding Principle #7: Ohio Living Communities sets goals for performance and measures progress toward those goals.

Guiding Principle #8: Ohio Living Communities supports performance improvement by encouraging our employees to support each other as well as be accountable for their own professional performance and practice.

Guiding Principle #9: Ohio Living Communities has a culture that encourages, not punishes, employees who identify errors or system breakdowns.

**Scope**

Our quality assurance and performance improvement is integrated into all care and services that impact clinical care, quality of life, resident choice, and care transitions. We will assess, monitor and improve performance of the following care and services that we provide: clinical/nursing, culinary, housekeeping, laundry, environmental, social services, transportation, programming, therapies, spiritual support and dementia care. Ohio Living Communities aim for safety and high quality with all clinical interventions while emphasizing autonomy and choice for residents (or resident’s agents).

**Guidelines for Governance and Leadership**

The activities of the quality assurance and performance improvement programs will be reported at every quarterly QAPI meeting. The facility leadership team will attend the QAPI meetings including the Infection Preventionist. The Administrator is responsible for QAPI coordination and leadership. An on-line QAPI training course will be assigned to staff initially and upon hire. Proficiency will be evaluated by a quiz at the end of the training.

Each staff member will be scheduled the appropriate amount of time for QAPI training. Annually, each community budgets for the equipment, training and staff replacement hours.

The Medical Director or designee, Administrator and Director of Nursing will be appointed as members of the steering Committee and will attend the quarterly QAPI meetings (formally the QAA meeting). The team will meet monthly to review performance improvement projects (new and in process). The QAPI Plan addresses the processes used to identify and create PIPs.

The administrator will report QAPI activities and program improvement projects to the Executive Director who is responsible to define, implement and maintain the Quality Assurance and Improvement program.

**Feedback, Data Systems, and Monitoring**

The steering committee with suggestions and input from staff, residents, families, and vendors, will decide what data to monitor routinely such as falls, pressure ulcers, antipsychotic medications, complaints from residents and families, re-hospitalizations, resident satisfaction surveys, quality measures, business processes, staff turnover, on the job injuries, etc. This

information can come from these sources, in-person, in writing, by email, by telephone, through reports run in various systems (MDS Intelligence, MatrixCare, EIDC/ODH).

**Guidelines for Performance Improvement Projects (PIPS)**

See the “Quality Assurance and Performance Improvement Plan” for detailed information on the guidelines for PIPs.

**Systematic Analysis and Systemic Action**

We acknowledge that any change that is made has the potential to have broader impact than intended. During the QAPI PIP review meetings any positive or negative “unintended,” consequences of the actions initiated will be identified. The actions will be in response to root cause analysis, either utilizing the 5 Whys or Fishbone Diagram.

**Communications**

QAPI communication will be made to the staff, family members and residents when applicable, to the QAPI Committee, to the Executive Director, verbally and/or in writing.

**Evaluation**

The QAPI Self- Assessment Tool is a key driver of the performance improvement plan on an ongoing basis. This is intended to help increase the impact of QAPI within the community.

**Establishment of Plan**

A QAPI Plan has been developed as a separate document. This plan will be reviewed at least annually and will reflect reviews and revisions in the heading.