

# QAPIShield™ QAPI Usage Policy

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**Version:** 1.0

**Document Type:** Official Policy Documentation

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## Purpose

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This policy establishes the standards and procedures for using QAPIShield™ to support Quality Assurance and Performance Improvement (QAPI) programs in skilled nursing facilities, ensuring consistent and effective quality improvement practices.

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## Scope

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This policy applies to all staff members, quality improvement personnel, and administrators who use QAPIShield™ for risk tracking, prevention monitoring, and QAPI reporting.

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## Policy Statement

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### 1. Risk Tracking Requirements

QAPIShield™ provides systematic risk tracking across four primary categories. Facilities must maintain consistent assessment practices to ensure accurate risk identification.

**Risk Categories:**

Category	Assessment Frequency	Key Indicators
Fall Risk	On admission, weekly, and with condition change	Mobility, medications, prior falls, cognition
Pressure Ulcer Risk	On admission, weekly, and with condition change	Braden score, mobility, nutrition, incontinence
Infection Risk	On admission, daily for high-risk, with symptoms	Devices, immunosuppression, temperature, WBC
Readmission Risk	On admission and with condition change	Chronic conditions, recent hospitalization, polypharmacy

## 2. Assessment Documentation Standards

All risk assessments must be completed accurately and timely.

### Documentation Requirements:

- Complete all required fields in the assessment form
- Use the correct Resident Reference ID for each assessment
- Document clinical observations objectively
- Submit assessments within the required timeframe
- Review and acknowledge high-risk alerts promptly

### Assessment Timing:

- Initial assessment: Within 24 hours of admission
- Routine reassessment: Weekly or per facility protocol
- Condition change: Within 4 hours of identified change
- Post-incident: Within 24 hours of any adverse event

## 3. Prevention Monitoring

QAPIShield™ tracks prevention interventions to ensure appropriate care delivery.

### Intervention Tracking:

- Document all prevention interventions implemented
- Record intervention effectiveness and resident response
- Update care plans based on intervention outcomes
- Report barriers to intervention implementation

#### **Prevention Categories:**

<b>Risk Type</b>	<b>Standard Interventions</b>
Falls	Bed alarms, non-skid footwear, hourly rounding, PT/OT referral
Pressure Ulcers	Repositioning schedule, pressure-relief devices, nutrition consult
Infections	Hand hygiene, device care protocols, isolation precautions
Readmissions	Medication reconciliation, discharge planning, follow-up scheduling

## **4. Monthly Reporting Requirements**

Facilities must generate and review monthly QAPI reports.

#### **Required Reports:**

- Risk Score Trend Analysis
- Adverse Event Summary
- Prevention Intervention Compliance
- High-Risk Resident Census
- Quality Indicator Benchmarking

#### **Report Review Process:**

1. Generate reports by the 5th of each month
2. DON reviews and annotates findings
3. Present at monthly QAPI committee meeting
4. Document action items and responsible parties
5. Track progress on action items monthly

## 5. QAPI Committee Integration

QAPIShield™ data should be integrated into the facility's QAPI program.

### Committee Responsibilities:

- Review QAPIShield™ analytics monthly
  - Identify trends and root causes
  - Develop and implement Performance Improvement Projects (PIPs)
  - Monitor PIP effectiveness using QAPIShield™ metrics
  - Document all QAPI activities for survey readiness
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## Performance Improvement Projects (PIPs)

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### PIP Development Using QAPIShield™ Data

1. **Identify Opportunity** - Use QAPIShield™ analytics to identify improvement areas
2. **Analyze Root Cause** - Review risk factor trends and contributing factors
3. **Develop Intervention** - Create targeted intervention based on data
4. **Implement Changes** - Execute intervention with staff training
5. **Monitor Results** - Track outcomes using QAPIShield™ metrics
6. **Sustain Improvement** - Integrate successful changes into standard practice

## Sample PIP Metrics

Focus Area	Baseline Metric	Target	Tracking Method
Fall Reduction	Falls per 1000 resident days	20% reduction	QAPIShield™ incident tracking
Pressure Ulcer Prevention	New facility-acquired ulcers	Zero tolerance	Weekly skin assessment data
Infection Control	UTI rate	15% reduction	Infection risk monitoring
Readmission Reduction	30-day readmission rate	Below state average	Readmission tracking

## Survey Readiness

### Documentation for Surveyors

QAPIShield™ maintains survey-ready documentation including:

- Complete assessment history for all residents
- Risk score trends and intervention documentation
- QAPI meeting minutes and action items
- PIP documentation with outcome data
- Staff training records

### Survey Response Protocol

When surveyors request QAPI documentation:

1. Generate requested reports from QAPIShield™
2. Provide printed or electronic copies as requested
3. Demonstrate system functionality if asked
4. Explain the two-system data model (EHR + QAPIShield™)

## Staff Training Requirements

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### Initial Training

All staff must complete QAPIShield™ training before system access:

- System navigation and basic functions
- Assessment completion procedures
- Risk alert acknowledgment process
- Documentation standards
- Privacy and security requirements

### Ongoing Training

- Annual refresher training required
  - Training on new features and updates
  - Competency verification for assessment accuracy
  - QAPI program integration training for leadership
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## Quality Metrics and Benchmarking

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QAPIShield™ provides benchmarking against:

- Facility historical performance
- State and national averages
- CMS quality measures
- Industry best practices

### Key Performance Indicators:

- Risk assessment completion rate (target: 100%)

- High-risk alert response time (target: hours)
  - Prevention intervention compliance (target: >95%)
  - Adverse event rate trends (target: continuous improvement)
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## Policy Violations

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Failure to comply with QAPI usage requirements may result in:

- Additional training requirements
  - Supervisory review of documentation
  - Performance improvement plan
  - Disciplinary action per facility policy
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## Questions and Support

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For questions about QAPI usage or reporting:

- Contact your Director of Nursing
  - Reach out to your QAPI Coordinator
  - Submit a support request through QAPIShield™
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## Document Control

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Version	Date	Author	Changes
1.0	December 2024	QAPIShield Quality Team	Initial release

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**QAPIShield™** — AI-Powered Risk Prevention & Survey Protection for Skilled Nursing Facilities

*This document is confidential and intended for authorized facility use only.*