

Making QAPI Manageable Document What You're Already Doing

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Today's Speaker:



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ASC De Novo Development
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Infection Control
QAPI



Learning Objectives



- Define the core components and purpose of Quality Assessment and Performance Improvement (QAPI).
- Describe the importance of documentation in QAPI supports compliance, transparency, and quality improvement initiatives.
- Apply best practice for integrating QAPI into everyday workflows, ensuring that quality improvement becomes consistent.



Regulatory Requirements



Your **action item list** for meeting regulatory requirements through QAPI.



§416.43 Condition for Coverage: Quality Assessment and Performance Improvement

Develop, implement and maintain an **ongoing, data-driven** quality assessment and performance improvement (QAPI) program.

- **Ongoing & proactive:** Continuous, systems-based improvement
- **Data-driven:** Use data to drive and validate improvement
- **Effective process:** Identify, act, and re-measure
- **Root cause focus:** Fix underlying issues, not just events
- **Blame-free culture:** Improve systems, not assign fault



§416.43(a) Standard: Program Scope

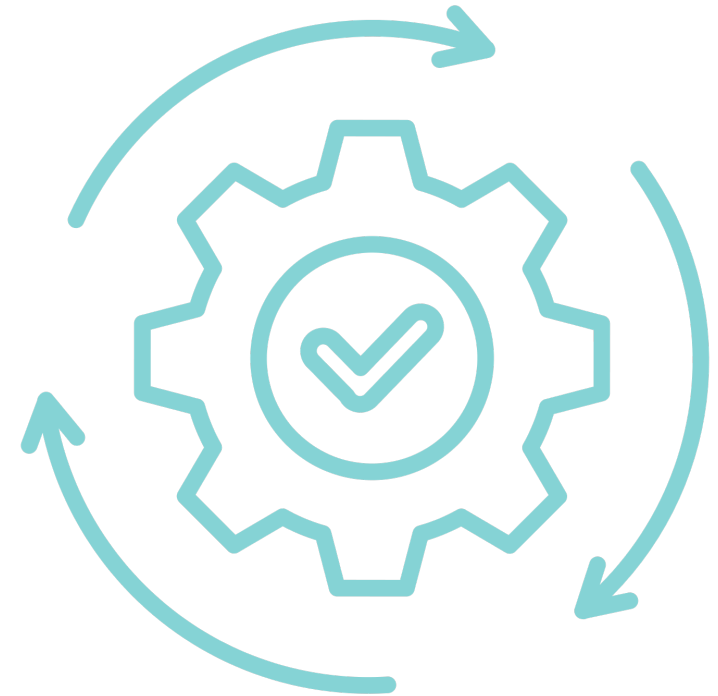
Include an ongoing, data-driven approach that **demonstrates measurable improvement** in patient health outcomes and safety.

- Incorporate quality indicator and patient care data and use that data to monitor the effectiveness, safety, and quality of care, and to identify opportunities for improvement.
- Activities must track and analyze adverse events, implement and sustain improvements, and apply preventative strategies facility-wide with staff engagement.



§416.43(c) Standard: Program Activities

Activities must **track and analyze** adverse events, **implement and sustain improvements**, and **apply preventive strategies** facility-wide with staff engagement.



Program Activities

Active Data Collection

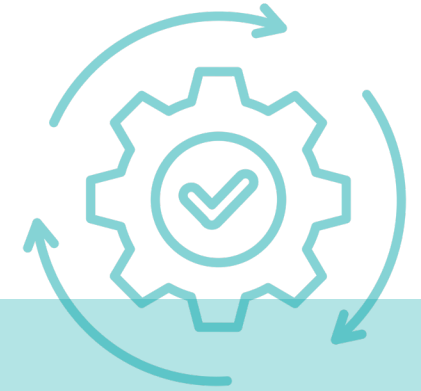
Data Analysis

Implement Improvements
& Preventive Strategies

Sustaining Improvements

Staff Training & Engagement

Survey Preparation



- Identify quality and patient safety indicators
- Collect data on those indicators at the intervals defined in the QAPI plan
- Train staff responsible for data collection in correct techniques



Program Activities

Active Data Collection

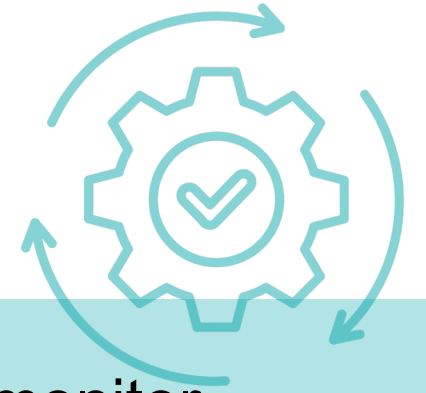
Data Analysis

Implement Improvements
& Preventive Strategies

Sustaining Improvements

Staff Training & Engagement

Survey Preparation



- Analyze data regularly to monitor performance, safety, and effectiveness
- For adverse events, perform root cause analysis, go beyond staff error to system issues
- Ensure analysis is conducted by qualified staff
- Use findings to identify weak areas and improvement opportunities



Program Activities

Active Data Collection

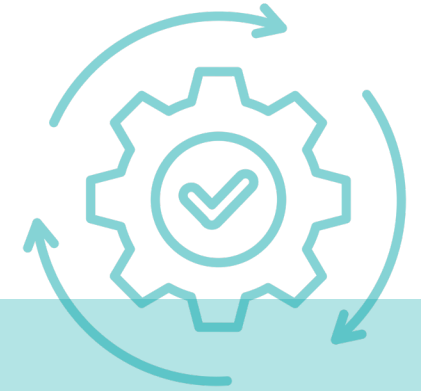
Data Analysis

Implement Improvements & Preventive Strategies

Sustaining Improvements

Staff Training & Engagement

Survey Preparation



- Develop specific corrective actions
- Apply preventive strategies ASC-wide to reduce likelihood of adverse events
- Replicate fixes to prevent recurrence



Program Activities

Active Data Collection

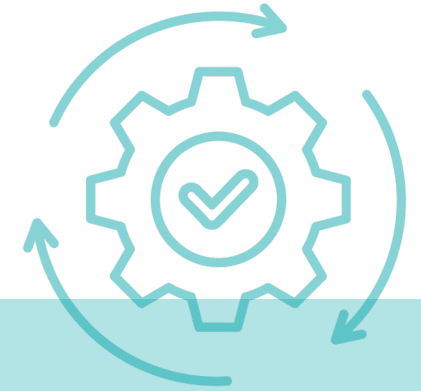
Data Analysis

Implement Improvements
& Preventive Strategies

Sustaining Improvements

Staff Training & Engagement

Survey Preparation



- Collect follow-up data to confirm improvements are effective over time
- Continue monitoring to ensure solutions don't fade



Program Activities

Active Data Collection

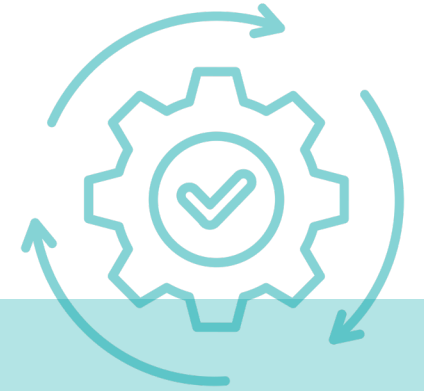
Data Analysis

Implement Improvements
& Preventive Strategies

Sustaining Improvements

Staff Training & Engagement

Survey Preparation



- Train all staff on prevention strategies for adverse events
- Ensure staff are familiar with policies and can articulate prevention strategies
- Encourage staff to speak up when they see practices that may compromise safety



Program Activities

Active Data Collection

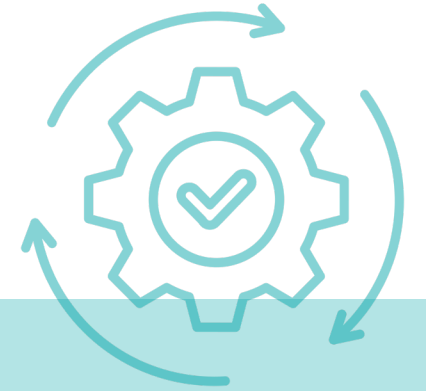
Data Analysis

Implement Improvements
& Preventive Strategies

Sustaining Improvements

Staff Training & Engagement

Survey Preparation



- Be able to provide examples of current quality and adverse event data collected
- Be able to demonstrate how data led to process improvements and sustained outcomes



Regulatory Reality Check: QAPI Myths vs. Facts



MYTH



FACT

**QAPI is for surveys.
QAPI is for patients.**



Data ≠ QAPI

Do you have binders full of data that never made it into a real project?



MYTH



FACT

Collecting data is enough to meet QAPI requirements.

Regulations require *analysis and action*, not just collection. Data must lead to measurable improvement projects, with evidence that changes were implemented, tracked, and re-evaluated.



Sustain the Gain

Have you seen an improvement fade once the spotlight moved on?



MYTH



FACT

Once you fix it, you're done.

QAPI requires sustained improvement, not one-time fixes. Regulators want to see that improvements are monitored over time and that gains don't slip back.



Not a One-Person Show

What's one small way you involve frontline staff in QAPI?



MYTH



FACT

QAPI is only the Clinical Director / QAPI Coordinator's job.

Regulations emphasize organization-wide involvement, physicians, nurses, techs, and leadership must all engage.



Why Errors Occur

Human Factors

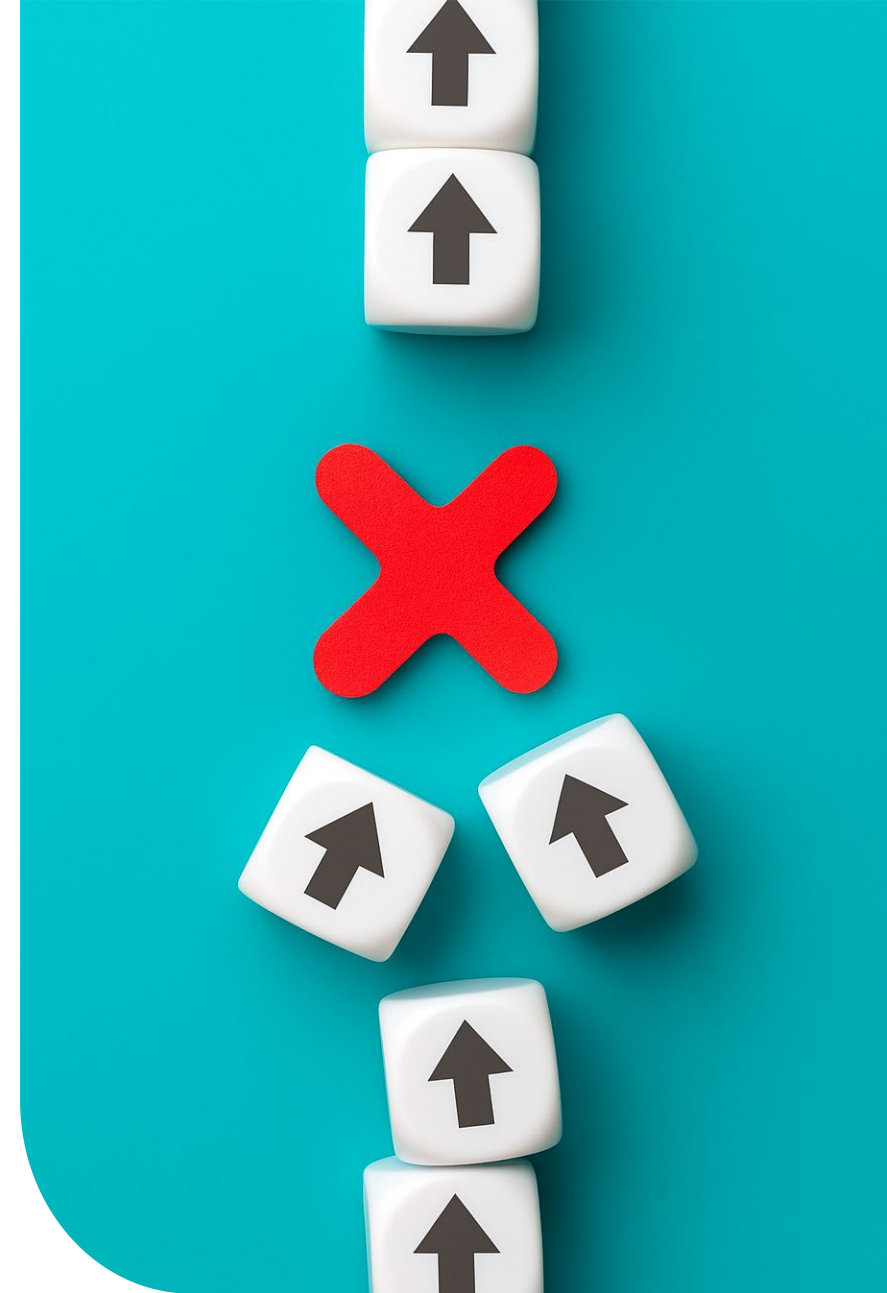
- Fatigue, stress, and distractions make errors inevitable.

System Failures (Swiss Cheese Model)

- When gaps align, errors reach patients, it's the system, not just one person.

Organizational Culture

- Blame discourages reporting.



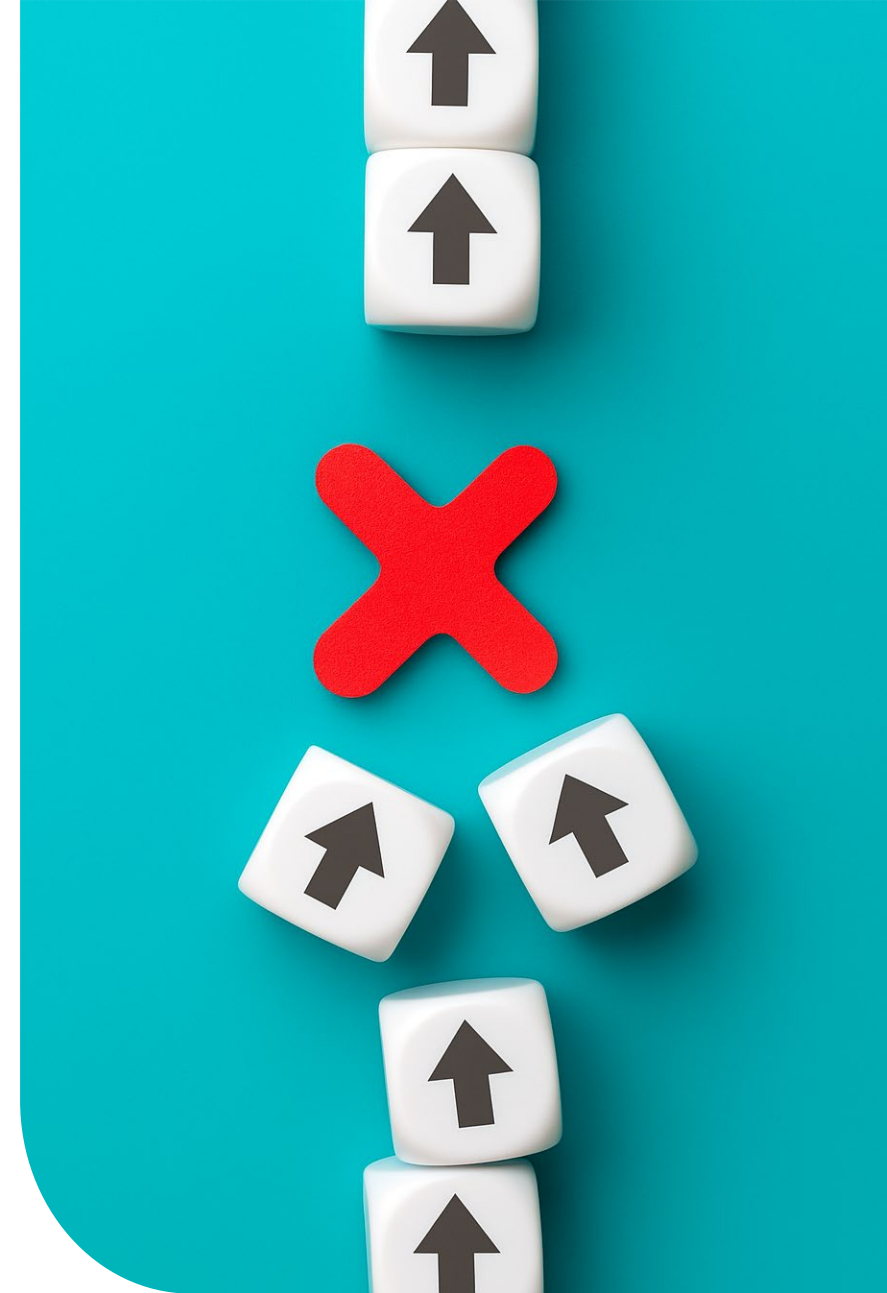
Why Errors Occur

Complexity & Communication

- Healthcare has many handoffs.
- Miscommunication and missing info drive errors.

Latent vs. Active Errors

- Active = at the bedside (wrong med).
- Latent = hidden flaws (look-alike vials).



The QAPI Response to Errors

Human Factors

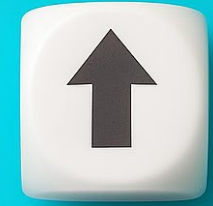
- Systems must plan for human nature, not perfection.
- Tracks trends (incident reports, peer review, staff feedback).

System Failures (Swiss Cheese)

- Performs root cause & failure mode analyses.
- Strengthens policies and closes process gaps.

Complexity & Communication

- Audits handoffs and communication breakdowns.
- Tests solutions and their tools (checklists, huddles).



The QAPI Response to Errors

Organizational Culture

- A **just and reporting culture** promotes safety by fixing root causes.
- Shares learning through feedback and engagement.

Latent vs. Active Errors

- Reviews both immediate and underlying flaws.
- Implements corrective actions that fix both event and system.



Case Stories

Small Stories

BIG Shifts



Case Study | Never Event



Patient scheduled for left-eye cataract surgery received drops in the right eye, and a **whiteboard transcription error** led the OR time-out to confirm the wrong site, resulting in **wrong-eye surgery**.

The error was identified post-op; the patient later required correct-site surgery and filed a grievance. An RCA led to policy changes requiring time-outs to reference the signed consent, double verification of site marking and medications, and added simulation training.



Case Study I Lessons Learned



- Consent is the gold standard
- Engage the patient
- Standardize site marking
- Time-out must be intentional
- Never rely on transcription or assumption



Case Study I False Positives



A biological indicator (BI) returned positive, but staff **assumed it was a false positive** and continued using the sterilizer based on acceptable chemical indicators.

A **second BI failure** prompted investigation, revealing a sterilizer malfunction and unverified loads used on patients.

The sterilizer was removed from service, surgeons were notified, and policies were reinforced to require immediate action on any BI failure.



Case Study I Lessons Learned

2



- Biological indicator failures are never optional
- Assumptions create risk
- Policies must be clear and enforced
- Training is essential
- Documentation protects patients and the ASC
- Leadership oversight matters
- Patient safety is the priority



Case Study | Patient Fall



In PACU, **two nurses disagreed on side rail use** for a drowsy post-colonoscopy patient, and with **no clear policy**, both rails were left down.

The patient attempted to sit up, **fell from the stretcher**, and sustained a **head injury requiring ED transfer** and observation.



Case Study | Lessons Learned

3



- Side rails are a safety device, not a restraint, for sedated or post-procedure patients
- Clear policies prevent confusion
- Staff training is essential
- Communication saves patients
- Checklists improve safety



Actionable Ideas

“I need a QAPI study idea”
- *every Clinical Director, ever.*



Infection Prevention & Control



- Point-of-Use Instrument Care
- Audit High-Level Disinfection Practices
- Supply Shelf-Life Dating
- Preop Infection Prevention Bundle
- HVAC & Humidity Monitoring
- Safe Injection Practices Observations
- Hand Hygiene “Missed Opportunities” Tracking
- Environmental Cleaning Verification
- Surgical Attire Compliance Monitoring
- Post-Op Infection Tracking & Root Cause Review
- IV Start Kit Standardization
- Preop Antibiotic Stewardship
- Traffic Flow Monitoring in the OR
- Sharps Safety Compliance Audits
- Patient Belongings & Infection Risk Protocols
- Warming Blanket & Device Reprocessing Checks
- OR High-Touch Surface Cleaning Project
- PPE Donning/Doffing
- Linen & Laundry Handling Standardization



Efficiency



- Reduce first-case start delays.
- Improve room turnover times.
- Standardize instrument set-up.
- Optimize case scheduling templates.
- Reduce cancellations and no-shows.
- Streamline supply chain management.
- Audit and update preference cards.
- Improve EMR documentation turnaround.
- Adjust staffing ratios to caseload.
- Reduce overtime hours.
- Streamline pre-op phone calls.
- Eliminate duplicate documentation.
- Simplify patient check-in process.
- Improve lab/pathology reporting timeliness.
- Increase PACU bed turnover efficiency.
- Ensure on-time starts for afternoon cases.
- Improve handoffs between preop, OR, and PACU.
- Standardize supply restocking workflow.
- Reduce delays in consents/H&Ps.
- Optimize block scheduling utilization.



The Ripple Effect

ONE project = MULTIPLE unexpected improvements

- Every **small change** creates ripples.
- The ripple effect of QAPI means **one project rarely improves only one thing.**

*Think back to a time you worked on an improvement.
Maybe fixing a small workflow issue or changing a simple practice.
When did you see it create a ripple effect, improving things you didn't even expect?*

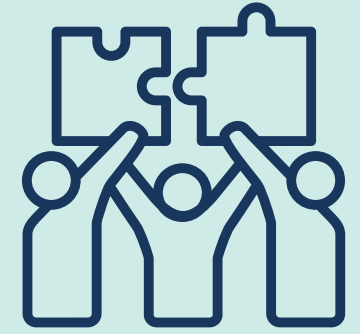


QAPI Culture

QAPI is everyone's voice.



Everyone Owns QAPI



Every role sees what others can't

Front desk staff see scheduling **bottlenecks**, nurses spot **workflow** gaps, techs catch equipment issues, and physicians experience patient flow, each bringing unique insight.

Engagement builds better buy-in

QAPI is stronger when it belongs to the whole team.

Shared Ownership = Shared Accountability

When QAPI is seen as “our responsibility” instead of “the Clinical Director’s job,” staff naturally hold each other accountable.



Part of the Workflow

Embed QAPI into daily huddles

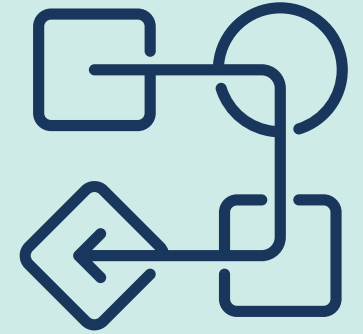
Morning **huddles**, staff meetings, and even handoffs are natural touchpoints to raise small improvement opportunities. This keeps QAPI alive without adding extra meetings.

Improvement happens in real time

QAPI should feel like an extension of daily work, not a new layer of **documentation**.

Make improvement a habit, not a task

Encourage staff to ask: *“Is there a better way?”* during routine work. When that question becomes second nature, QAPI becomes **culture**.



Small Wins



Recognition fuels motivation

Celebrating even small improvements, like shaving 2 minutes off **turnover** time, reminds staff their efforts matter.

Small wins are visible proof of progress

Sharing quick successes in huddles, **bulletin** boards, or newsletters keeps momentum alive and shows staff that QAPI isn't just theory, it's real results.

Ownership grows with every success

When frontline staff see their ideas lead to recognized change, they take pride in QAPI and become more willing to bring forward the next idea.



Link Patient Care & Outcomes



Quality projects protect patient safety

When QAPI targets infection prevention, **medication** safety, or equipment checks, the outcome is fewer **complications** and safer surgeries.

Improvements enhance the patient experience

Projects like reducing wait times or improving communication at discharge directly affect satisfaction and **trust** in the ASC.

Staff connect more deeply when outcomes are humanized

Sharing patient stories, positive or near-misses, helps the team see why their QAPI work matters beyond compliance.



Leadership



Participation shows commitment

Joining **huddles**, reviewing data, and celebrating wins demonstrates that leaders are part of the process, not just **evaluators**.

Removing barriers empowers staff

Leaders who provide time, resources, or tools for projects show staff that their ideas are valued and achievable.

Recognition sustains engagement

Acknowledging contributions in meetings, newsletters, or one-on-one. This reinforces that QAPI is everyone's success.



Locking in Success



Standardize successful changes

Embed improvements into policies, **checklists**, and daily workflows so they become “the way we do things.”

Remeasure and adjust as needed

Continuous monitoring allows you to catch backsliding early and refine **strategies** before problems return.

Celebrate long-term wins

Recognizing improvements that lasted 6–12 months shows staff that their efforts matter and builds pride in **sustainability**.



Keep the Stories Coming



Narratives connect staff to purpose

Linking QAPI projects to real outcomes reminds the team that improvement isn't for surveyors, it's for patients and each other.

Sharing stories normalize improvement

When leaders and staff tell “we fixed this” stories, it shows QAPI is part of daily work, not just a compliance exercise.

Success stories inspire new ideas

Hearing how one project made a difference encourages others to speak up with their own improvement opportunities.



Key Takeaways

- **Progress > perfection:** Small wins count and build real improvement
- **Fix systems, not people:** Focus on root causes, not blame
- **Data tells the story:** If you're not measuring it, you can't improve it
- **Every data point is a patient:** Use it to prevent harm
- **Find it before it harms:** Near misses are your biggest opportunity
- **Build into daily workflow:** Don't reinvent the wheel – take credit for the work you are already doing



eSupport > Quality Management

Available to
eSupport
Members

QAPI Indicator Dashboard QI Study Template



HOME ESUPPORT ▾ EDUCATION ▾ FORUM ACCOUNT ▾ HEL

Every ASC must annually assess their QAPI Program. The QAPI Annual Assessment Guide can be used to guide you through this process. It is not intended to be used as a "fill in the blanks". Your annual QAPI assessment should be written in a narrative format.

ACHC requires an annual QAPI plan (download example below).

CLICK LINKS BELOW TO DOWNLOAD

- 📄 QAPI and Infection Control Program Annual Assessment Guide
- 📄 QAPI Annual Assessment Narrative Example 1
- 📄 QAPI Annual Assessment Narrative Example 2
- 📄 Annual QAPI Plan (ACHC)

MEETING AGENDAS/MINUTES

- 📄 GB/MAC Meeting Agenda
- 📄 GB/MAC Meeting Minutes
- 📄 QAPI Meeting Agenda
- 📄 QAPI Meeting Minutes

DATA TRACKING DASHBOARDS

- 📄 Business Office KPI Dashboard
- 📄 QAPI Indicator Dashboard

PERFORMANCE IMPROVEMENT STUDY FORMAT

Study Name: _____ Date: _____

- Purpose Statement**
Quantify the gap and explain why it is important. Define the purpose of the study. Include the data source(s) and the analysis of this data, as applicable.
- Performance Goal and Timeframe**
Define what the facility is trying to achieve. The performance goal should be based on industry benchmarks. Goals should be quantitative and timebound.
- Identify the Gap**
Identify the reasons for the problem. Hypothesize as to why current performance doesn't reach the goal. Include any additional data source(s) and the analysis of this data, as applicable.
- Corrective Action(s)**
Define and describe the corrective action(s).

QUALITY IMPROVEMENT INDICATOR DASHBOARD

CLINICAL EFFECTIVENESS	YEAR 2026												TOTAL	GOAL	
	QTR 1			QTR 2			QTR 3			QTR 4					
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC			
Number of postoperative infections														0	0%
Number of intra-operative complications														0	0%
Number of noncompliance with infection control plan (including timely preoperative prophylactic antibiotic administration)														0	100%
Number of patients experiencing a burn prior to discharge (ASC-1)														0	0%
Number of patients that experienced a fall prior to discharge (ASC-2)														0	0%
Number of patients that experienced a wrong site, side, patient, procedure, or implant event (ASC-3)														0	100%
Number of patients requiring a hospital readmission (ASC-4)														0	0%
Number of average risk patients with appropriate follow-up interval for normal colonoscopy (ASC-5)														0	0%
Number of normothermic patients, if applicable (ASC-13)														0	0%
Number of patients with unplanned anterior vitrectomy, if applicable (ASC-14)														0	0%
Number of patients with pain being treated as effectively as possible														0	100%
Number of laser procedure exceptions, if applicable														0	100%
ASC Quality Reporting (AQCR) measures reported by deadline														0	100%
TRACKING OF IDENTIFIED ISSUES															
Number of procedures that time out was documented														0	100%
Number of charts with H&P completed and updated														0	0%
Number of charts reviewed that had documentation issues for nursing care														0	100%
Number of patients discharged without a physician order														0	100%
Number of Pharmacy Consultant report/narcotic documentation issues														0	100%
Number of Pharmacy Consultant report/narcotic documentation concerns														0	5%
Number of physicians that were 15 minutes or more late to start procedures														0	0%





PROGRESSIVE
SURGICAL
eSupport
POWERED BY  VMG HEALTH



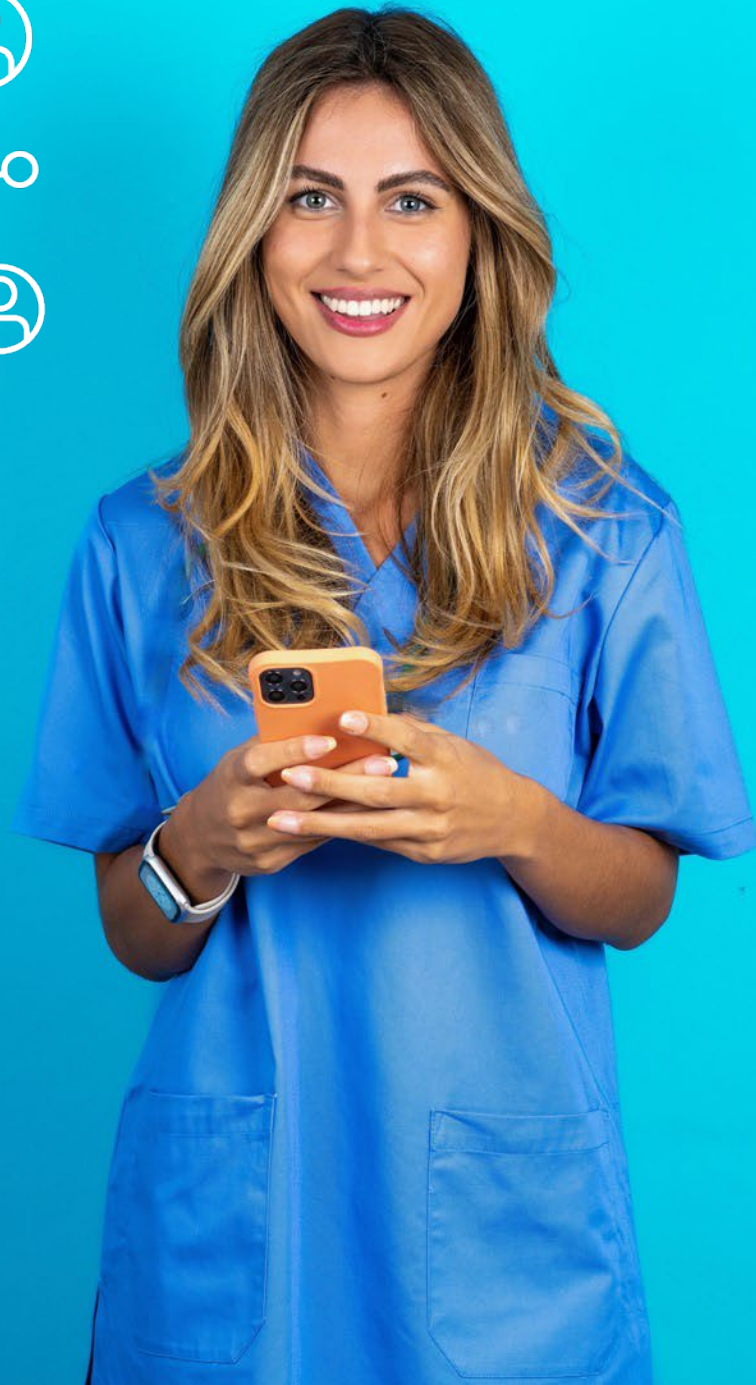
The **leading**
online membership for
ASC nurse leaders who want
to run a compliant, efficient,
and profitable ASC **with confidence.**



less

RUNNING AN ASC CAN BE OVERWHELMING





Join our *Private* Facebook Group

A place to **connect**, **support**,
and **network** with other ASC
managers all over the country.






2026 WEBINAR CALENDAR



Upcoming Webinars

DATE		CE	WEBINAR TOPIC	SPEAKER
JUNE 26	60	RN, CASC CAIP	Turnover to Terminal: Housekeeping Done Right	Apryl McElheny MBA, MSN, RN, CASC, CIC <i>VMG Health</i>
JULY 27	20		AI in ASC Revenue Cycle Turning Denials and Claims Data into Automation	Hanes Singhn <i>CEO, DocVocate</i>
AUG 28	60	RN, CASC CAIP	ASC Emergency Preparedness: How to Conduct Meaningful Drills & Exercises	<i>Dale Lyman, CFPS</i> <i>elgian Engineering and Consulting</i>
SEP 28	20		Maximizing Performance: Implementing KPI-Based Bonus Programs	Nancy Stephens <i>VMG Health</i>