QAPI THAT MATTERS

Carolyn St.Charles

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Sept 2025 – Jan 2026 webinars

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URL: https://bit.ly/3Ve3iS9

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Date: November 7, 2025 | **Time:** 12pm CST
URL: https://bit.ly/3Jko8wF

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Tools to increase employee engagement: Lessons from a 99th percentile hospital

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REH 101: A compliance guide for Rural Emergency Hospitals

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C-NHCE, HACP-CMS
Date: January 23, 2026 | **Time:** 12pm CST
URL: https://bit.ly/41PxdUt

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Leadership Development

$499 - 20 Contact Hours
Leadership Development is a comprehensive course designed to address the critical need for cultivating leadership skills among middle managers who find themselves in leadership roles without formal training and staff members who aspire to grow into management and leadership roles.

Lean Practitioner

$499, 16 Contact Hours
A Lean culture empowers individuals closest to the work to drive meaningful improvements. This Lean course equips frontline staff with the essential tools, resources, and knowledge to master and apply Lean principles effectively.

At its core, Lean focuses on enhancing process efficiency through fundamental concepts and tools. The four key principles for designing, assessing, and refining processes include defining the ideal state, identifying waste (muda), applying the four rules, and harnessing the power of observation. Critical tools such as value stream mapping and A3 problem-solving drive this methodology. While some may view Lean as a fleeting trend, its evidence-based history proves it to be a reliable, results-oriented approach with a proven track record of success. Lean isn't just a set of processes—it's a transformative mindset and methodology that fosters a safe, efficient, and high-quality environment for both patients and healthcare workers.

01

Care Coordination

HealthTech acknowledges the crucial role Care Coordination plays in driving success and sustainability within primary care. To empower the growth and sustainability of your programs, we provide a range of self-paced, asynchronous courses designed to enhance and expand services under CMS Care Coordination:

- **Care Coordination Fundamentals** – $299, offering 12 contact hours
- **Behavioral Health Integration** – $219, offering 9 contact hours
- **Transitional Care Management** – $159, offering 9 contact hours
- **Annual Wellness Visits** – $199, offering 8 contact hours
- **Advance Care Planning** – $149, offering 6 contact hours

These courses are tailored to support the continued development of your care coordination services, ensuring your team stays at the forefront of primary care excellence. Each course is crafted to equip members of the professional primary care team—including nurses, health educators, health coaches, and other qualified health-care providers—with the essential knowledge, skills, and expertise to conduct comprehensive consultative visits and create personalized preventive care plans. Focusing on a team-based care model, the platform prioritizes coordinated care, harnessing the collective expertise of diverse team members. This approach enhances care coordination for patients with chronic and behavioral health conditions while reinforcing the integration of health promotion and prevention into everyday practice.

Swing Bed Courses for Critical Access Hospitals

The Swing Bed concept allows a hospital to use its beds interchangeably for either acute care or post-acute care. The reimbursement "swings" from billing for acute care services to billing for post-acute skilled nursing services, even though the patient usually stays in the same bed . Swing Bed allows patients to receive care close to home. The two courses Basics and Beyond Basics provide the fundamentals to care for Swing Bed patients and meet regulatory requirements.

Swing Bed Basics for Critical Access Hospitals

$299 - 9 Contact Hours
The Swing Bed Basics course focuses on the elements of a successful Swing Bed program including understanding and implementing CMS regulatory requirements found in the State Operations Manual Appendix W, State Operations Manual Appendix PP, and the Medicare Benefit Policy Manuals.

Swing Bed Beyond Basics for Critical Access Hospitals

$299 – 9 Contact Hours
The Swing Bed Advanced Course is focused on strategies to grow and strengthen the Swing Bed program including understanding the requirements in Appendix PP that apply to Swing Bed strategies for increasing volume. The course is divided into six modules, with one bonus module discussing the MDS which is required for Swing Beds in a PPS hospital. Each module may take up to two-weeks, but the course is self-paced.

Instructions for Today

Please feel free to write questions in the Chat Box

The webinar is recorded and I will send out the recording within 2 days

Presenter

Susan Runyan, MHCL, MICT
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Phone: 620-222-8366

Susan Runyan started her consulting firm in 2016. She primarily assists Critical Access Hospitals with quality improvement activities and programs, along with quality data reporting. Runyan's background includes more than 14 years in hospital risk, quality, and compliance with more than 30 years overall in a variety of health care roles. independently with CAHs to serve as a trainer and resource when new quality directors, abstractors, or risk managers are hired.

She holds a Master of Health Care Leadership degree from Friends University and a Bachelor of Science degree in Health Care Administration from Southwestern College. Runyan also holds a Six Sigma Green Belt certificate in health care from Villanova University, Villanova, PA.

QAPI THAT MATTERS

Susan Runyan, Runyan Health Care Quality Consulting

OBJECTIVES

- Understand the principles of QAPI

- Apply QAPI tool & techniques

- Recognize a culture of quality

Quality Improvement

What does it mean?

WHAT DOES THIS MEAN?

Quality improvement is the continuous study and adaptation of a healthcare organization's functions and processes to increase the likelihood of achieving desired outcomes.
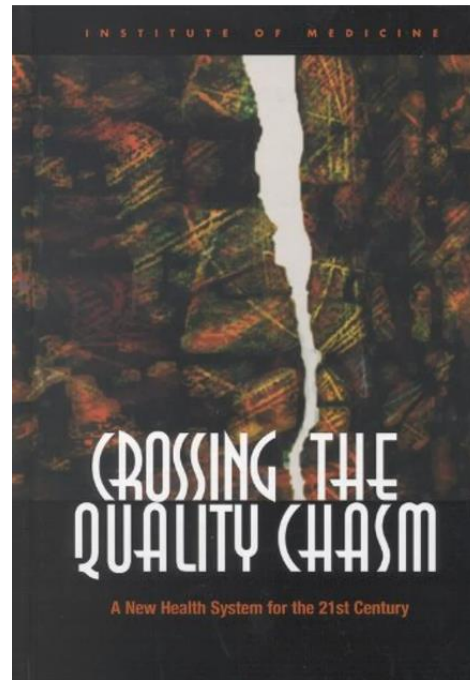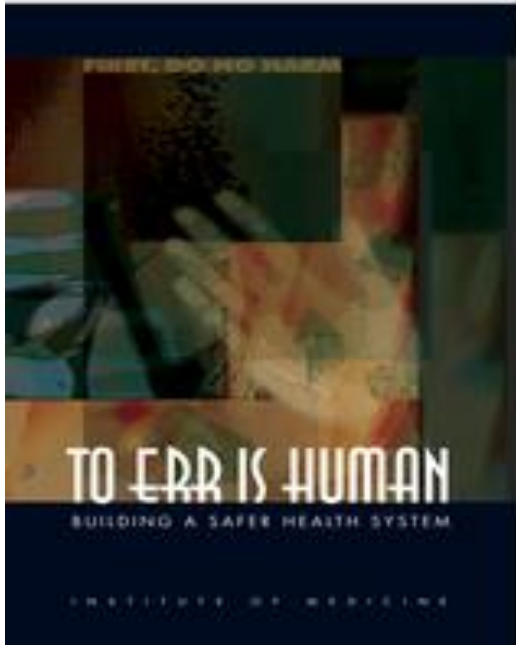
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The Institute of Medicine

To Err is Human (1999)

Crossing the Quality Chasm (2001)
◦ Six overarching "Aims for Improvement" for health care:
  ◦ **S**afe
  ◦ **T**imely
  ◦ **E**ffective
  ◦ **E**fficient
  ◦ **E**quitable
  ◦ **P**atient-centered

DEFINING QUALITY IMPROVEMENT

TQM (total quality management)

CQI (continuous quality improvement)

PI (performance or process improvement)

Six sigma

Lean

Balanced scorecard

Others?

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Doing the right thing well

What is the right thing?

Evidence based practice

Regulatory guidelines

Standards of practice

What is well?

Benchmarking

DEFINING QUALITY IMPROVEMENT

QUALITY ASSURANCE VS. QUALITY IMPROVEMENT

	QA	QI
Model	Monitor and correct performance outliers	Processes/systems are in place that will affect performance today
Program Scope	Focused on organizational mistakes	Focused on outcomes and processes of organizational services
Population	Problem prone areas	High-risk, high-volume, problem prone areas
Data Collection	Retrospective data collection	Concurrent data collection Proactive risk reduction

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FROM QA TO QI

QA	QI
Monitoring crash cart checks	Developing a code blue evaluation process: • Adequate number/type of staff response • Timeliness of team member response • Equipment availability/malfunction • ACLS guidelines followed? • Mock code blue drills

QA	QI
Monitoring radiology aprons for cracks	• Minimizing radiology wait times • Developing a "same day" mammography program • Developing a mammography registry and patient reminder system • Maintaining confidentiality in the waiting room

What's Wrong?

What's Wrong???

What's Wrong???

What's Wrong???

Foundations of Quality Improvement

Customer focused

Process oriented

Data driven
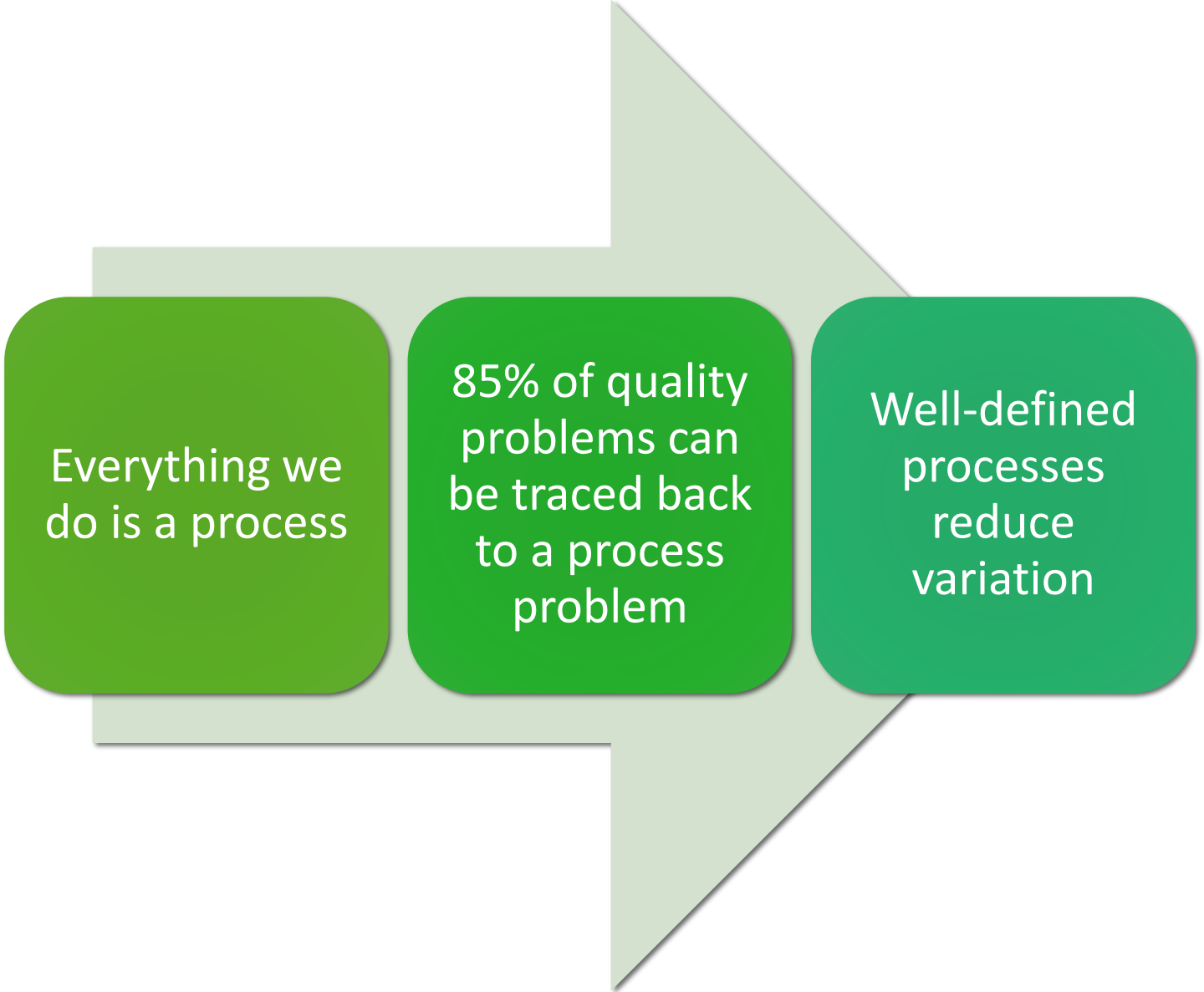
QI Foundation #1: Customer Focused

Who do we serve? Who are our customers? (consider both internal and external)

What does it take to delight our customers?

How can we help co-workers see how their work affects others in the process?

QI Foundation #2: Process Oriented

Everything we do is a process

85% of quality problems can be traced back to a process problem

Well-defined processes reduce variation

QI Foundation #3: Data Driven

Keep data collection and measurement simple

What data is currently collected that could be used?

Is another unit/department already collecting the data?

Can data be collected concurrently?

Don't use "gut" reactions only

How Does Measurement Improve Quality?
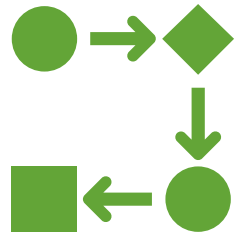
By helping us:

understand the variation that exists in a process

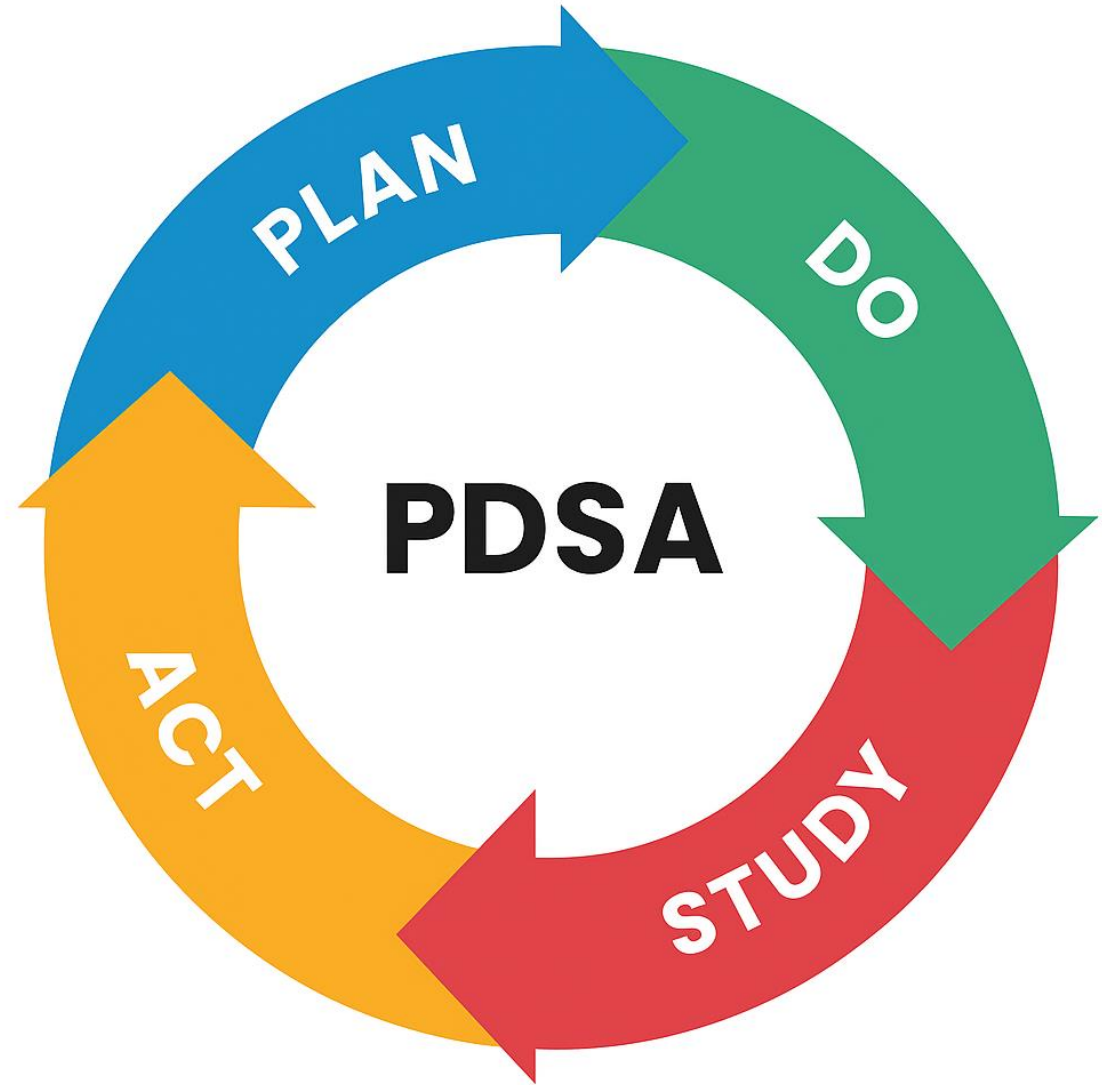monitor a process over time

see the effect of a change in a process

By providing:

a common reference point

clarity of the goal(s)

a more accurate basis for prediction

How do you measure success?

Cycle of QI/PI

PLAN
DO
STUDY
ACT

PDSA

Plan

This phase focuses on identifying a goal and designing a strategy to achieve it.

Problem Statement – Clearly define the issue or opportunity for improvement.

Objectives & Metrics – Set measurable goals and decide how success will be tracked.

Action Plan – Develop a step-by-step strategy, including timelines and responsibilities.

Do

This is the implementation phase where the plan is put into action.

Pilot Test – Execute the plan on a small scale to minimize risk.

Data Collection Tools – Use surveys, checklists, or logs to gather performance data.

Training Materials – Provide instructions or workshops to ensure consistent execution.

Study

Here, you analyze the results and compare them to the expected outcomes.

Data Analysis Reports – Review collected data to identify trends or gaps.

Performance Dashboards – Visualize metrics to assess progress.

Feedback Forms – Gather input from participants or stakeholders.

Act

Based on what was learned, you refine, standardize, or expand the improvement.

Policy Updates – Revise hospital policies to reflect successful changes.

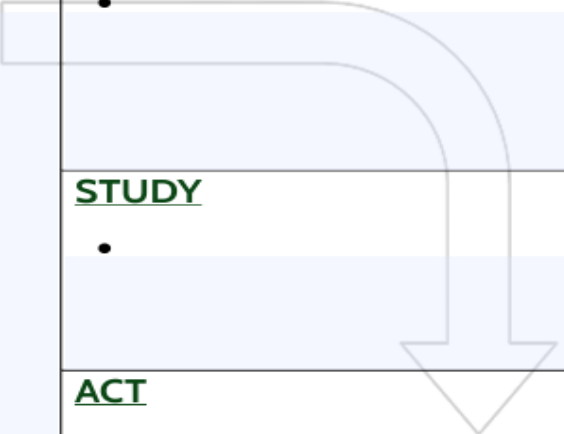**Staff Debriefings** – Hold meetings to discuss lessons learned and gather feedback.

Scale-Up Plan – Expand the intervention to other departments or facilities based on results.

The Why (problem)	
AIM Statement	
Team Lead (Dept.)		Team Members (Dept.)	

Start Date: Last Updated: Completion Date:

PLAN
-

DO
-

STUDY
-

ACT
-

SMARTIE Goals

Specific

Measurable/Meaningful

Attainable/Achievable

Results oriented/Relevant

Timed

Inclusive

Equitable

Establish Goals

- Accountability
- Improve patient experience, safety, quality, and efficiency
- Short- and long-term (milestones)
- Re-evaluate on a quarterly basis and adjust as needed
  - Culture change takes time and goals may change each year

Sample Goals:
- Improve the Quality Program by 12/31/25
- Establish a patient and family advisory council
- Implement bedside shift report
- Improve nurse communication HCAHPS composite scores by 5% across all units
- Reduce unplanned readmissions by 10%

Suggestions

KEEP IT SIMPLE

HOLD TO ORIGINAL QUESTION

COMMUNICATE THE FINDINGS

UNDERSTAND VARIATION

Identify Key Success Indicators

- Once broad goals have been defined, identify key indicators or specific measures of success

- Be sure to collect baseline data

- Things to consider:
  - Existing quality measurement efforts, including specific HCAHPS questions
  - Limit number of key indicators to help keep focus (e.g. 1-3)
  - Evaluate indicators periodically, but allow enough time for relevant measurement before changing
  - Culture change takes time!

CULTURE OF QUALITY

Improving care through shared values, accountability, and continuous learning

WHAT IS A CULTURE OF QUALITY?

Shared commitment to **patient safety, clinical excellence,** and **continuous improvement**

Staff feel **empowered** to speak up and solve problems

Quality is not a department—it's **everyone's responsibility**

🗣 *Quote: "Quality means doing it right when no one is looking." — Henry Ford*

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UNIQUE CHALLENGES IN RURAL HEALTHCARE

Limited resources and staffing

Geographic isolation and access barriers

High reliance on **multiskilled teams** and **community trust**

🔍 *Why it matters:* Quality culture helps overcome these challenges by fostering **resilience, collaboration,** and **innovation.**

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SIGNS OF A STRONG QUALITY CULTURE

Staff routinely report safety concerns without fear

Data is used to drive decisions, not just compliance

Patients and families are **actively involved** in care planning

Leadership models transparency and **celebrates small wins**

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HOW TO RECOGNIZE AND STRENGTHEN IT

Conduct **walkarounds** and listen to frontline voices
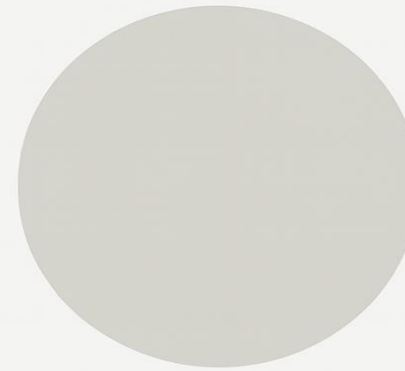
Celebrate quality champions and peer-led initiatives

Use tools like the **PDSA cycle** to build improvement habits

Align quality goals with **community values** and **local health needs**

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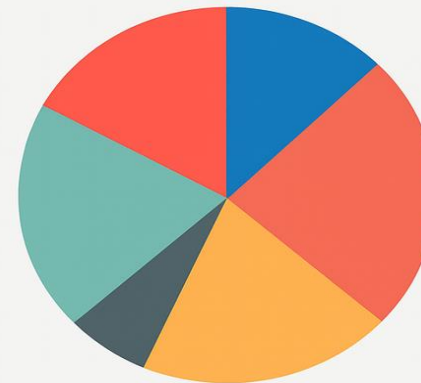
Leadership's Role In a Quality Program

Continuous improvement is better than delayed perfection.

- Mark Twain

Not Looking for Perfection

20 minutes of doing something is more valued than 20 hours of thinking about doing something

Spending ten minutes clearing off one shelf is better than fantasizing about spending the weekend cleaning out the basement

Do Something – Take Action

What's Your Success Story?

- Report – at least quarterly

- Celebrate and highlight successes

- Utilize your internal AND external communication channels

- Share successes – and perceived failures

- Show, don't tell

MEASURE IMPORTANT THINGS

"The more often we *measure the important things*, the more we'll know about where we are making progress and where we are not. And the more we know, the more we can affect behavior."

-Quint Studer

QUESTIONS

Contact Me

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