



**Quality**

**Assurance**

*and*

**Performance**

**Improvement**

**A Nursing Home's Guide to  
Implementation and Management**

Frosini Rubertino, RN, BSN, C-NE, CDONA/LTC

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a division of BLR

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# About the Author

Frosini Rubertino, RN, BSN, is a regulatory specialist with more than 25 years of experience in the healthcare industry. She is the author of HCPro's *The QIS Mock Survey Guide*, HCPro's *The Medicare Billing Manual for Long-Term Care*, and TrainingInMotion.org's *Carmelina: Essential Nursing Systems for Long-Term Care*.

As the founder of TrainingInMotion.org and an instructor for HCPro's Boot Camps, she is a nationally recognized instructor and speaker, advising long-term care organizations in regulatory compliance and how to maintain excellence in their respective roles.

Frosini Rubertino is also a contributor to numerous publications, including HCPro's *PPS Alert* and *Billing Alert for Long-Term Care*, and is the author of several published articles, including *Provider Magazine* and *The Eden Alternative*. She is often a featured speaker on clinical systems, culture change, performance improvement, and Medicare for state and private organizations across the country.





# Foreword

Quality assurance and performance improvement (QAPI) for long-term care is our call to action. It's an opportunity to drive quality care. Improving quality of care reaches beyond the basics of gathering statistics in a quality assessment and assurance (QAA) meeting and monitoring only our quality measures retrospectively. Data will be drawn from multiple sources, and benchmarks will be established based on each facility's unique goals. Accomplishing something with the data is now as important as gathering the data.

The traditional approaches used in the past are obsolete, bringing rise to a culture of continuous performance improvement and prospective activities with participation from employees, elders, family members, and other key individuals. Our efforts will be collaborative, going beyond the silos of individual departments that often function independently from one another, to collectively ensuring responsiveness to the care needs and satisfaction levels of the elders we serve and to the regulatory mandates.

This approach will combine meeting quality standards with examining underlying causes and developing a plan to prevent or eliminate the problem, moving us from a reactive to a proactive process for quality improvement.

From quality to compliance and customer satisfaction, the new QAPI organizational infrastructure for long-term care facilities will strengthen



the processes for developing strategies that improve outcomes. It is a long-term care cultural evolution that will transform the culture of aging in America by transforming the quality of care that is delivered to our nation's elders residing in nursing homes.

QAPI: It is everyone's responsibility and it is simply the right thing to do.



# Overview: The Quality Assurance and Performance Improvement Provision

From a regulatory perspective, the previous Quality Assessment and Assurance (QAA) provision for nursing homes at 42 *CFR*, Part 483.75(o), specified only the frequency of meetings and the committee composition. It required long-term care facilities to develop and implement plans of action to correct quality deficiencies. There were no rules in this provision on the means and methods to implement the regulations.

In March 2010, Congress passed the Patient Protection and Affordable Care Act (PPACA), often referred to as the Affordable Care Act (ACA). Section 6102(c) of the PPACA set forth additional provisions on accountability requirements for skilled nursing facilities and nursing facilities. Part A of title XI of the Social Security Act (42 U.S.C. 1301 et seq.) establishes accountability for sustaining quality of care and quality of life for nursing home elders through Quality Assurance and Performance Improvement (QAPI) by the following:

*In general—Not later than December 31, 2011, the Secretary shall establish and implement a quality assurance and performance improvement program for facilities, including multiunit chains of*



*facilities. Under the QAPI program, the Secretary shall establish standards relating to quality assurance and performance improvement with respect to facilities and provide technical assistance to facilities on the development of best practices in order to meet such standards. Not later than one year after the date on which the regulations are promulgated, a facility must submit to the Secretary such best practices, including how to coordinate the implementation of such a plan with quality assessment and assurance activities.*

This new provision will significantly expand the scope of quality activities in nursing homes, focusing on prevention by continuously improving processes to meet standards, not solely measuring compliance with standards. In preparation, the Centers for Medicare and Medicaid Services (CMS) launched a prototype of QAPI as a demonstration in selected nursing homes in 2011. Each nursing home participated in a three-part learning collaborative based on the Breakthrough Series Model that was based on the Institute for Healthcare Improvement model. The model supports and reinforces learning from facility to facility, as well as from a diverse expert panel, which included researchers, gerontologists, schools of nursing, quality consulting firms, nursing home providers, and former state agency directors. CMS used the results of the demonstration to establish QAPI tools to assist facilities in improving their current quality programs. These tools are available at [www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/qapitools.html](http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/qapitools.html).

CMS has developed a framework for implementing QAPI with five key elements, all based on effective quality management. While one element does not sequentially build on the other, there is a substantial link between each of them. The following five key elements are components of your overall QAPI plan:

1. Design and scope
2. Governance and leadership



3. Feedback, data systems, and monitoring
4. Performance improvement projects (PIP)
5. Systemic analysis and systemic action

This framework is the basis for the unification of two approaches to quality: quality assurance (QA) and performance improvement (PI). Although both QA and PI may seem similar, they differ in essential areas.

QA is simply the process of meeting quality standards and ensuring the outcomes reach an acceptable level or threshold. Historically, these thresholds were established to comply with the minimum regulatory requirements for facility licensure and for Medicare and Medicaid certification. It is typically a retrospective approach by a select few staff members, usually department heads who examine why certain standards were not met. Once the standard is met and the issue corrected, the efforts frequently conclude, so the QA activities do not actually strive to improve quality on an ongoing basis.

PI (also referred to as quality improvement [QI]) is a more proactive approach to improvement. It is a continuous study of processes, using both prospective and retrospective reviews that are intended to prevent or decrease the likelihood of problems by testing new approaches for issues and concerns that were identified. These approaches are aimed at the underlying causes of the issue, which may be systemic in nature. The identification of opportunities to correct actual and potential issues is ongoing with PI, and the responsibility lies with all staff members.

QAPI adds process improvement to the existing QAA. Together, QA and PI are systematic, comprehensive, and data driven. Each organization and each facility is unique in their QAPI efforts and activities. Identifying your distinctive gaps in systems or processes, developing and implementing a corrective action plan, and continuously monitoring the effectiveness of that plan will involve individuals at all levels of your organization. For QAPI to be successful, everyone must become an active partner in



the performance improvement process. The result, using components of the process framework for your QAPI plan, will transform good care into exceptional care, while improving quality of life.

The Distinction Between Quality Assurance and Performance Improvement		
	Quality Assurance	Performance Improvement
Motivation	Measures compliance with current standards.	Continuously improves processes to meet those standards.
Means	Inspects current practices for negative outcomes.	Prevents future negative outcomes.
Attitude	Usually defensive.	Proactive.
Focus	Focuses on individuals and blame, who is at fault.	Focuses on systems and processes. Avoids blame.
Method	Retrospective and reactive.	Prospective and retrospective reviews. Measuring where you are and how to improve.
Scope	The provider of care and services.	The residents and their person-centered needs.
Responsibility	Management team.	Everyone in the facility and in the organization.
Outcomes	Activities end once standard or improvement goal is met.	Efforts continue to ensure sustainment and identify when approaches need to change again.
In Summary	Puts out fires.	Prevents the fires from starting.

Quality improvement processes are not a new concept. QAPI has existed in other industries for many years, frequently being referred to as total quality management, continuous process improvement, or continuous quality improvement. QAPI for nursing homes:

1. Is a commitment and approach used to continuously assess and improve every process in every part of the facility with the intent of meeting and exceeding customer and regulatory expectations
2. Is a structured approach to the ongoing study and improvement and processes for providing healthcare services to meet the needs of residents
3. Is management-led and customer-focused
4. Is a planned pattern of actions necessary to improve care and services
5. Is a belief that problems generally stem from systems and not the individuals involved
6. Is a belief that outcomes are the product of all governance, managerial, clinical, and support processes
7. Is data driven to improve decision-making
8. Has a strong emphasis on person-centered care, systems, and processes
9. Involves staff, residents, and family members
10. Is a never-ending cycle of performance improvement
11. Encompasses many topics, including but not limited to:
  - Nursing services
  - Care transitions and preventable rehospitalizations
  - Staff turnover
  - Quality of life and resident choice
  - Clinical records and documentation
  - Infection control
  - Pharmacy services
  - Physician services
  - Resident rights

- Contract services
- Volunteers
- Hospice services
- Incidents and accidents
- Medication administration
- Dietary services
- Social services
- Housekeeping services
- Maintenance services
- Laboratory services
- Restorative nursing services
- Therapy services
- Activities
- Human resources
- Business office

We can basically describe any improvement process by asking ourselves a simple question, “How can we do it better?” QAPI gives us the solid foundation to answer this question and improve the delivery of care and services.

Success will rely upon:

- Leadership support
- Commitment and participation of all staff members
- A non-punitive and supportive environment
- Investment of time, money, and resources
- Training
- Adhering to the structured approach
- Attention to opportunities to improve
- Flexibility
- Multidisciplinary collaborative approach



# **Chapter 1**

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## **Element 1: Design and Scope**



# 1

## Element 1: Design and Scope

### Design

A QAPI program must be ongoing and comprehensive, dealing with the full range of services offered by the facility. On its QAPI and You website ([www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/qapifiveelements.pdf](http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/qapifiveelements.pdf)), CMS states that, “When fully implemented, the QAPI program should be designed to address all systems of care and management practices and should always include clinical care, quality of life, and resident choice. It aims for safety and high quality with all clinical interventions while emphasizing autonomy and choice in daily life for residents (or residents’ agents). It utilizes the best available evidence to define and measure goals.” Nursing homes need to create and have in place a written QAPI plan adhering to these principles.

### Coordinating QAPI With Your Current Quality Assessment and Assurance (QAA)

Element 1 is the first of five elements in the process framework for your quality assurance and performance improvement (QAPI) plan. The QAPI



committee will include, at a minimum, the key individuals from the prior QAA provisions:

- The director of nursing services.
- A physician designated by the facility.
- At least three other members of the facility's staff. These other staff members may include the administrator, medical director, direct care staff, or staff with responsibility for the physical plant. If the medical director is not a committee member, the exchange of information with the medical director can enhance the functioning of the committee.

Consideration should be given as to how the information discussed in the committee meeting is communicated to those not on the committee but whose responsibilities include oversight of care services or facility departments.

The QAA provisions also state that the committee:

- Meets at least quarterly to identify issues with respect to which quality activities are necessary
- Develops and implements appropriate plans of action to correct quality deficiencies

The intent of this requirement is that the facility has an ongoing QAA committee that includes key members and that the committee will identify quality deficiencies. Once the quality deficiencies are identified, the facility will implement a plan of action to correct and monitor the effect of the changes and revise the action plan as necessary.

The new provision for QAPI will now heighten the realm of the basic QAA responsibility. Whereas the QAA committee has been traditionally focused on correcting facility shortcomings, QAPI will now significantly expand into performance improvement, with an ongoing focus on how



the changes can be sustained and identifying other opportunities to improve care. So now, when the facilitator asks for the number of acquired pressure ulcers or how many falls occurred during the previous month, the next question will be, “Has a root cause analysis been done, and what is our plan to do better?” If there is already a plan in place to improve, it will be based on concrete benchmarks for a plan that will be implemented by the performance improvement project team. At times, the composition and frequency of the meetings will be altered to accomplish facility goals, fulfill committee functions, and operate effectively. However, a minimum of quarterly meetings must still take place.

Whereas surveyors may not review the records of committee meetings, unless the facility chooses to provide them, the survey team will review the documents used in the committee and determine whether the committee is performing the functions required by the regulations. A good indication that the committee is not functioning effectively is when there are repeat deficiencies or deficient practices that have not been identified by the committee. In addition, survey activity will focus not only on the adverse event but also on the facility’s internal process for prevention and improvement of that event. As a result, while a single survey deficiency can often (F tag) branch out into other related deficiencies, your survey results may now include the QAA F tag F520, because an event is most often the result of a failed system or process.

## **Assessing Your Current Performance Improvement Culture**

QAPI cannot be successful until an initial facility self-assessment is completed with the participation of the entire QAPI team and organizational leadership (Table 1-1). This can be accomplished as a roundtable format, discussing the answer to each question to determine the state of your current performance improvement efforts. When completing a

self-assessment, it must be an accurate evaluation of where the facility is in the performance improvement process, not where it wants to be. The self-assessment should be repeated annually or semiannually.

<b>Table 1-1: Sample Facility Self-Assessment for QAPI</b>			
Item	No	Getting There	Yes
All of our current staff members know what QAPI is, and their roles in the process.			
We have QAPI resources available and there is more training available for those staff members who wish to receive more on the subject.			
Our staff is enthusiastic about their participation in QAPI.			
QAPI as a topic is included in our orientation program that includes the role in identifying opportunities to improve and to expect to be active participants in the Performance Improvement Projects.			
We have developed guiding principles on how we will incorporate QAPI into our care culture.			
All staff members can identify where our QAPI guiding principles are located.			
All service lines and departments are aware that they will be engaged in QAPI.			
We have completed a written QAPI plan that contains the steps we will take to identify, implement, and sustain improvement.			
Our leaders (ownership, board of directors, trustees, etc.) are supportive of the performance improvement work being done in our facility.			
QAPI is a priority in our organization.			
We have a process to cover those who are asked to participate in Performance Improvement Projects.			
When we are conducting a Performance Improvement Project, we begin with making small changes before we implement a widespread change.			



When we examine performance improvement opportunities, we focus on systems and processes.			
Caregivers in our facility are held accountable for their performance, but are not punished for errors, because we do not lead by fear.			
Our leadership knows QAPI so well that they can explain the process and give examples to someone who has never heard of it.			
We know which data sources are relevant to our facility and they include input from caregivers, residents, families, and other sources.			
We set goals for our desired performance as well as minimum performance thresholds. If we fall below our minimum threshold, we revise our strategy to reach our goal.			
We have a solid system to collect and analyze our data to identify opportunities to improve.			
We support the employees who have a skill in analyzing and interpreting data to assess our performance by offering training opportunities to those who are interested.			
We can prioritize our opportunities to improve, taking into account input from multiple disciplines, residents, and families.			
We have a process in place to charter a Performance Improvement Project that describes the scope and objectives of the project so the team has a clear understanding of what they need to accomplish.			
We have a process in place to document our progress and what we have learned on the Performance Improvement Project.			
We use measurements to determine if our efforts have been effective for every Performance Improvement Project.			

We use a structured root cause analysis method to identify underlying causes of problems.			
When there is a problem, we focus on the process by using root cause analysis to prevent the problem from happening again.			
We consistently link any corrective actions with the specific process breakdown we identified.			
We place process and outcome measures in place to determine if the change is happening as expected.			
Once we determine that a change is successful, we ensure that the change has been sustained.			

## Creating a Structure and Plan to QAPI

Once your current performance improvement efforts have been self-assessed, you will begin creating a structure and plan to support QAPI. This structure and plan will begin with meeting the expectations of element 1, Design and Scope, and then following with the remaining elements. The element 1 plan components include:

- Writing the mission, vision, and purpose statement
- Writing the guiding principles
- Defining the scope of services
- Writing the goals

### Writing the mission, vision, and purpose statement

Developing a purpose statement to describe how QAPI will support your facility’s vision and mission is the first component to creating a structure that supports QAPI. If the facility’s current vision and mission statements no longer apply, you may choose to develop new ones. Take a look at the following example of vision, mission, and QAPI purpose statements for a fictional facility, Oak Trail Nursing and Rehabilitation Center.



## Oak Trail Nursing and Rehabilitation Center's Vision, Mission, and Purpose

**Our Vision:** To create an environment where respect and recognition of our elders are at the forefront of person-centered, exceptional care.

**Our Mission:** To create a culture of continuous performance improvement, thus going from good to exceptional caregiving and building meaningful relationships with those we serve.

**Our Purpose:** The purpose of QAPI in our care center is to realize our vision to create an environment of respect and recognition with participation and support from all staff members who will support our mission to create a culture of ongoing performance improvement.

### Writing the guiding principles

Once the vision and mission statement are developed, guiding principles can be established. The guiding principles will describe your beliefs and philosophy pertaining to quality assurance and performance improvement. They guide what you do, why you do it, and how you do it. Below is an example.

## Oak Trail Nursing and Rehabilitation Center's Guiding Principles

**Guiding Principle 1:** Our facility uses QAPI to guide our decision-making processes on care delivery.

**Guiding Principle 2:** In our facility, QAPI includes all staff members who acknowledge their participation and responsibility in the performance improvement process.

**Guiding Principle 3:** We make our decisions based on data and input from staff, residents, family, and other healthcare practitioners.

Guiding Principle 4: We have created a culture of ongoing performance improvement that encourages staff, in a nonpunitive environment, to identify system breakdowns and errors.

Guiding Principle 5: We encourage our staff to be accountable for their own performance and to support their colleagues.

### **Defining the scope**

Your scope will outline the types of services provided by your facility. These services impact care, quality of life, resident choice, and care transitions. Our fictional Oak Trail Nursing and Rehabilitation Center offers several services, and each one will use QAPI on an ongoing basis to assess, monitor, and improve performance.

## **Oak Trail Nursing and Rehabilitation Center's Scope of Services**

**General:** Oak Trail Nursing and Rehabilitation Center offers care and services for dementia care, postacute care, palliative care, and ventilator care.

### **Specifically: for dementia care**

We provide comprehensive person-centered dementia care to residents, with individual care that focuses on life activity preferences, resident choice, and physical care needs.

### **Specifically: for postacute care**

We provide care to those residents who need postacute nursing and therapy services aligned with their goals for improvement and discharge plan.



**Specifically: for palliative care**

We provide quality end-of-life care that meets the spiritual needs and physical care needs of our residents, with emphasis on compassion for the resident and their loved ones.

**Specifically: for ventilator care**

We provide ventilator care for our residents while meeting their physical, mental, and psychosocial care needs.

Once the vision, mission, purpose, guiding principles, and scope are developed, your structure is completed. They will serve as the introduction to your QAPI plan and assist you with articulating the goals and objectives of your facility. Many facilities choose to post these documents at a location where all staff and visitors can view. The QAPI plan, comprising each of the QAPI elements, will guide your facility toward a culture of performance improvement. It will help you achieve the vision, mission, purpose, and guiding principles you developed earlier and will continue to evolve as you move forward in the months and years to come.

**Writing your goals**

With input from caregivers in all roles, you should develop your goals by clearly stating your measurable goals using the Specific, Measurable, Attainable, Relevant, Time-bound (SMART) formula. Take a look at Oak Trail Nursing and Rehabilitation Center's goals to develop their services into a high-quality person-centered model of care.

## Oak Trail Nursing and Rehabilitation Center QAPI Goals

**Specific: Define what you want to accomplish.**

- Oak Trail Nursing and Rehabilitation Center will develop a person-centered model of care to meet the psychosocial and spiritual needs of our elders

- All staff will be involved in the process to develop a person-centered culture in our care center
- The transition to a person-centered model of care will take place at our care center for all care neighborhoods

**Measurable: Define how you will measure your progress.**

We will measure our success using the following:

- Customer satisfaction surveys from elders, family members, and staff members, maintaining an 80% satisfaction rate
- Antipsychotic use less than the national benchmark
- Improved survey outcomes
- Decreased preventable hospital readmissions by 75%

**Attainable: The goal must be realistic to achieve.**

We will use evidence-based research and clinical guidelines for dementia care, postacute care, palliative care, and ventilator care. This approach will reinforce our commitment to our mission, vision, and purpose. The outcome will improve clinical care, quality of care, and resident choice.

**Relevant: How the goal is relevant to the care you deliver.**

Through commitment to our guiding principles, we will move toward our goal of delivering a quality person-centered model of care.

**Time-bound: A timeline for achieving the goal.**

Our efforts toward our goal will be a continuous process, supported by our guiding principles.

This plan, using the SMART formula, could not be developed without consideration of the mission, vision, purpose, and guiding principles previously established. The next step to your QAPI plan is to incorporate the remaining elements (2 to 5) in your plan.





# Quality Assurance *and* Performance Improvement:

## A Nursing Home's Guide to Implementation and Management

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Quality Assurance and Performance Improvement (QAPI) is a data-driven, proactive approach to improving the quality of life, care, and services in nursing homes. QAPI is often used to identify opportunities for improvement; address gaps in systems or processes; develop and implement an improvement or corrective plan; and continuously monitor effectiveness of interventions.

### ***Quality Assurance and Performance Improvement: A Nursing Home's Guide to Implementation and Management***

will introduce the basics of QAPI, including how it came to fruition and what regulations exist in regard to nursing homes starting their own QAPI program. In addition, this manual will highlight the new skills nursing homes will need to focus on to implement QAPI, including data analysis and root cause analysis. You'll get the tools you need to create a QAPI implementation and staff training plan.

#### **This book provides:**

- An overview of QAPI and how it came to realization
- Regulations surrounding QAPI and how they affect long-term care
- How to assess your current performance improvement culture
- A summary of each element and implementation examples
- Steps to take to create and implement a QAPI program

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