



QAPI 2025

A Goal without a Strategy is
just a Wish

Do Better

Guiding Virtues

1. I Inspire Hope, Faith, and Love
2. I Build Trusting and Meaningful Relationships
3. I Make It Safe So There Is Peace of Mind
4. I am Enthusiastic, Playful, and Fun
5. I am Creative and Innovative
6. I Embrace and Inspire Positive Change
7. I Build a Positive Team with Spirit
8. I Pursue Growth and Learning
9. I am Responsible and Follow Through
10. I Practice Humility and Compassion

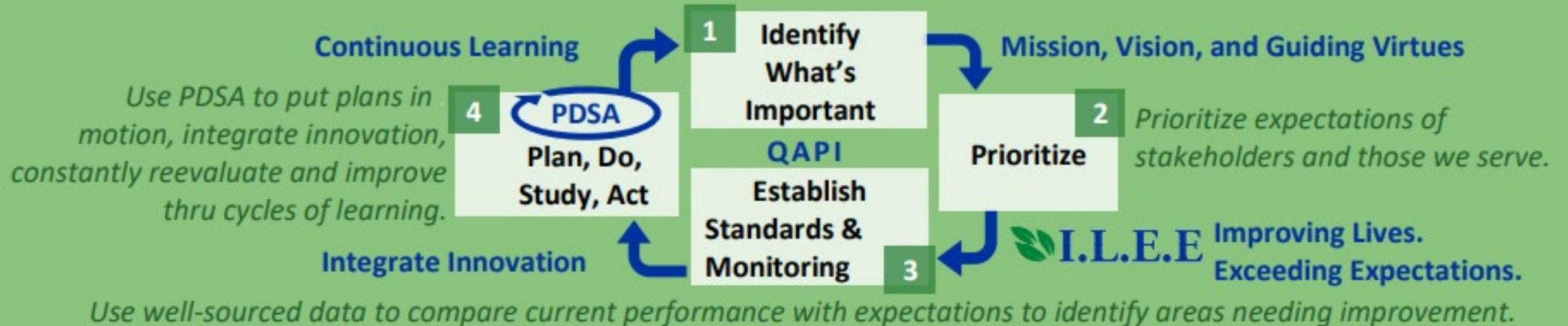


QAPI Process

Figure P.2-2 Performance Improvement System: **Quality Assurance Performance Improvement**

QA is our system that identifies what's important and how to monitor standards ensuring high-quality care.

Through strategic planning, identify or verify what's important.



PI is our system to study and improve our services and outcomes.

NHR Performance Improvement System Foundation = Baldrige Excellence Framework

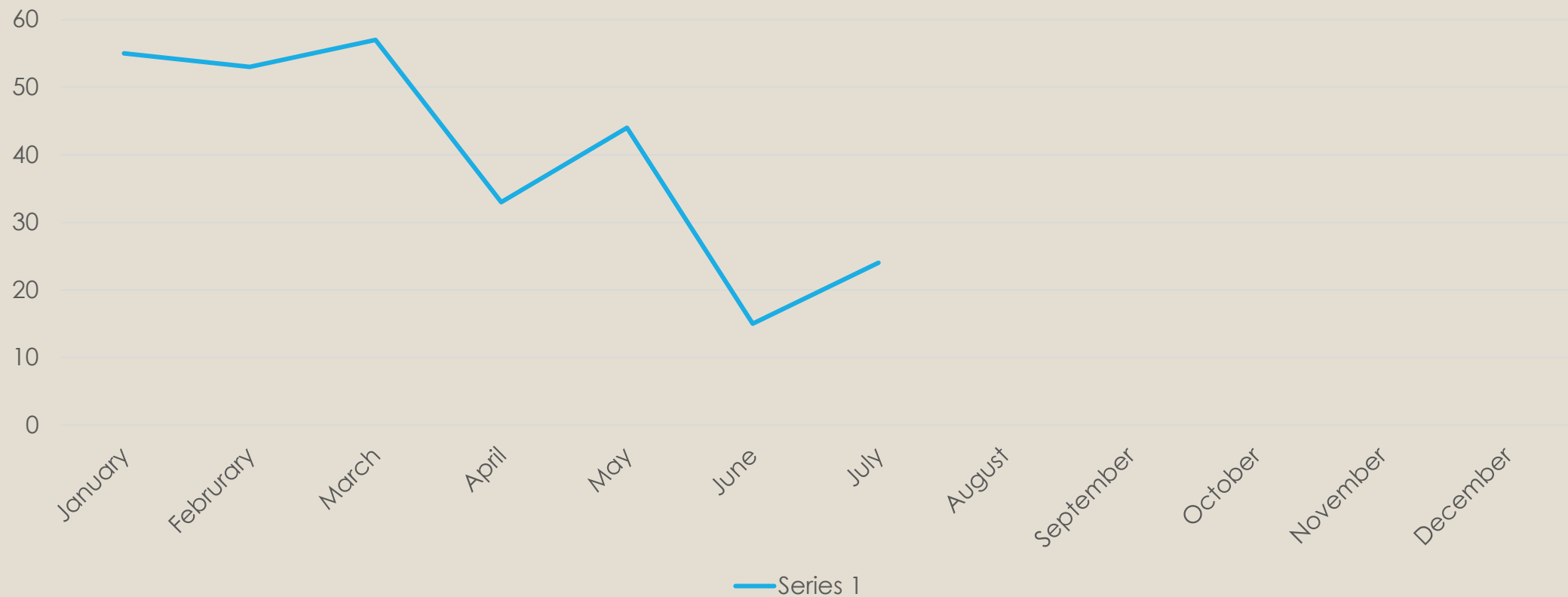
[illegible]



FINANCIAL OBJECTIVES

Comparison: 45 Days
Goal: 35 Days

Days of Sales Outstanding (DSO)



Grow Census (From SPP)

Comparison:
State % Occupancy:
National %
Occupancy: 81%
Goal: Next Slide

Short Term Goals

- Maintain census to budget

Long Term Goal

- Hire a second marketer



WORKFORCE OBJECTIVES

Decrease Turnover by 12/31/25

(Goal is by number of people termed)

- Nursing Staff turnover (Goal: < 30)
- Dietary staff turnover by (Goal: <10)
- Housekeeping turnover (Goal: <10)
- Therapy turnover (Goal <5)
- Administration & Leadership (Goal <4)
- New Hires (Goal <4)

Comparison: Only available for Nursing except for article below that states 21% is national average for service professionals in healthcare
Nursing:
National %:
State %:

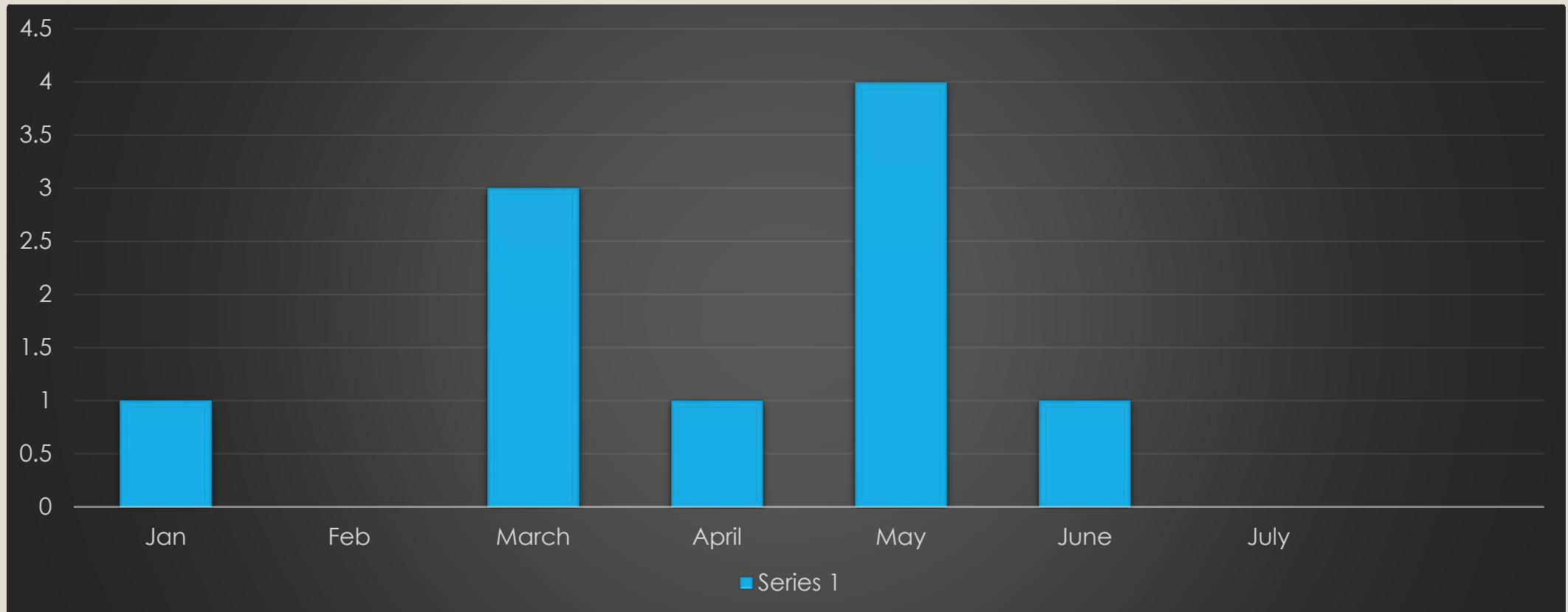
<https://www.beckershospitalreview.com/workforce/healthcare-employee-turnover-by-role/>



LIVING THE MISSION

Scholarships

(9 total for this year)



National Comparison:

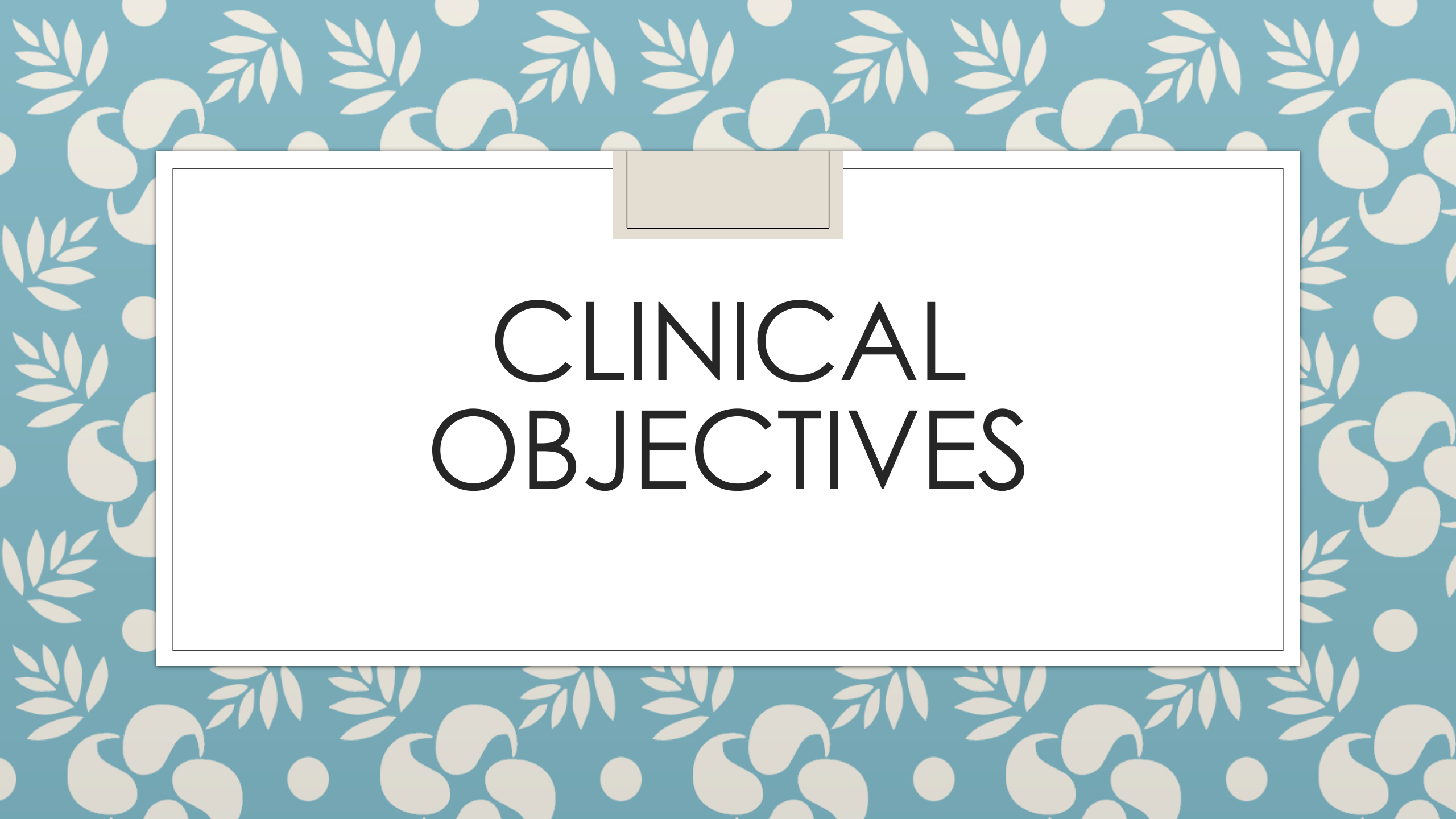
Strategic Objective: Improve Engagement Scores

Short Term Goals

- Based on Engagement Survey Jan 25: we need to improve our leadership listening

Actions (by May 15th)

- ED to add 24/7 Help line



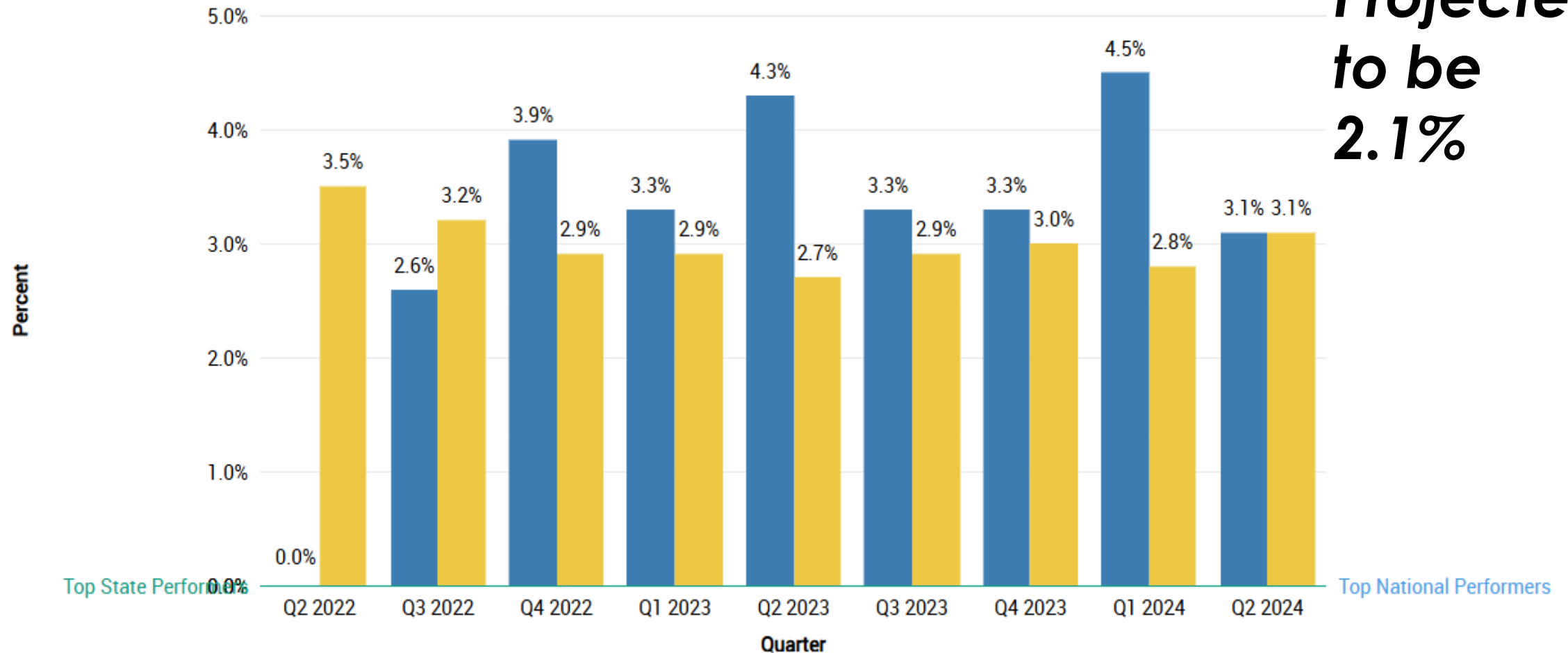
CLINICAL OBJECTIVES

iQIES CMS Report Undesirable Outcomes

SNF Quality Measures Report: Quality Reporting Program (QRP) MDS - Pressure Ulcers New or Worsened (QRP) - 4 - Quarter View

My Buildings: Axiom Healthcare Management (1 Currently Active Building). Peers: Peers in States that match my centers; No peer type restriction; Centers from My Org are not included in peer group (303 Currently Active Buildings).

**Back on
track!
Projected
to be
2.1%**



Rolling QRP Rehospitalizations (what gets reported on Care Compare)

REPORT DATE: 08/27/2025

Company Information

Company: Axiom
Facility: Nottingham Health & Rehab
BU: 5
Prov#: 175540

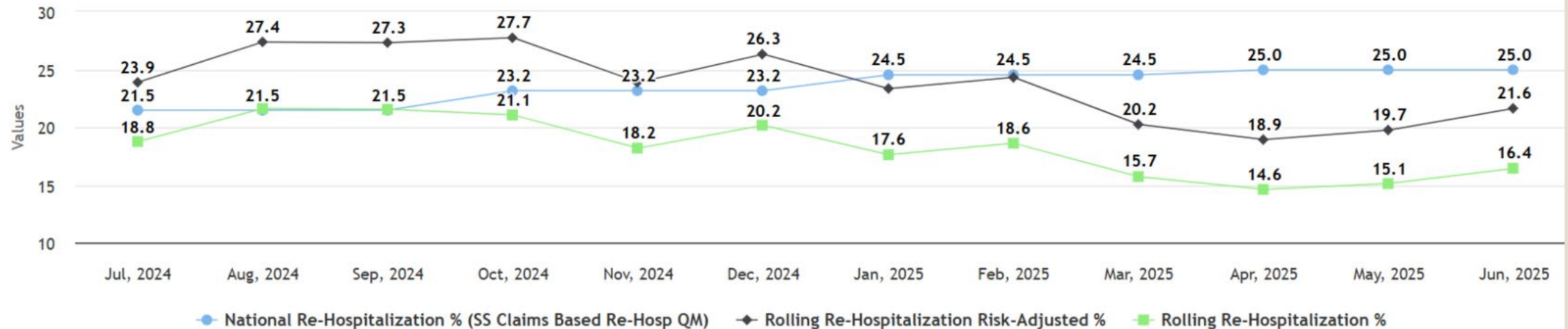
Report Dates

End Date (as of): 06/30/2025
Trend Type: 12 Months
Data as of: June, 2025

Report Information

Diagnosis: All
Days Until Re-hospitalization: All
Re-hospitalization Type: ShortStay
Payor Type: Medicare

Rolling Data



Rolling Data

Rolling Admissions

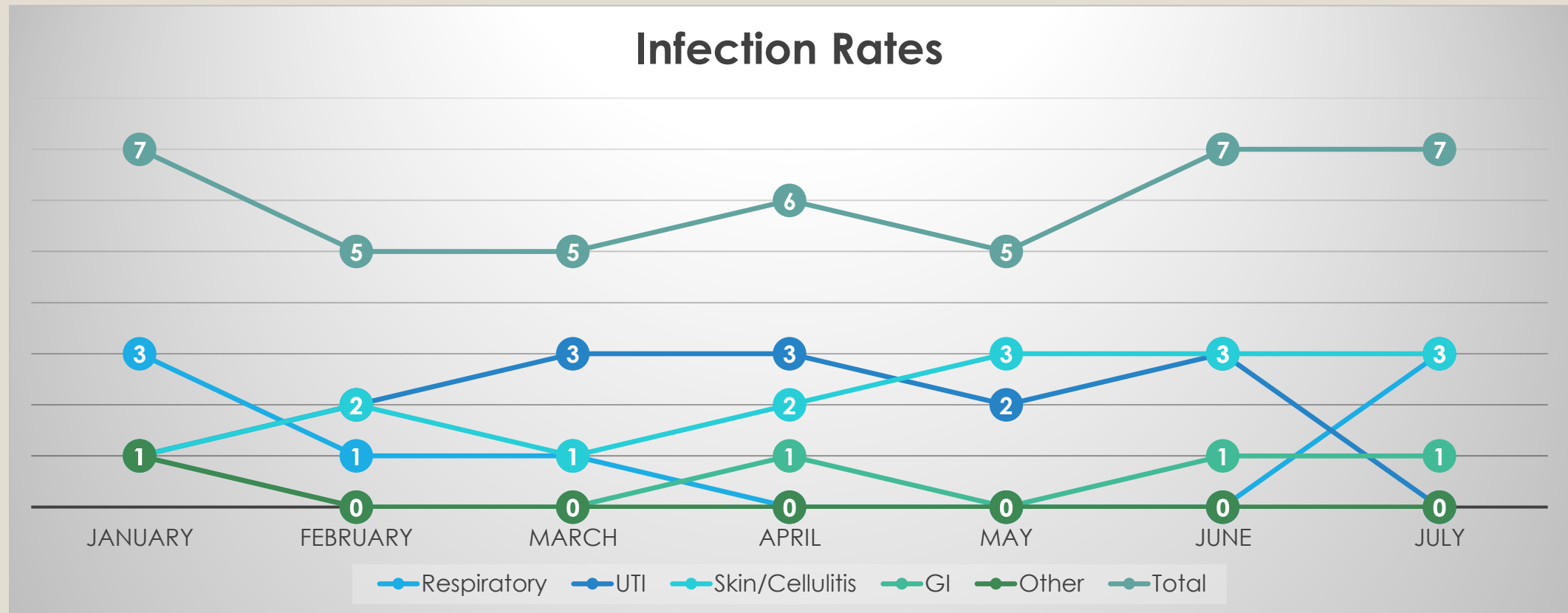
Admissions

Re-hospitalization Rate

Days Until Rehosp

Diagnosis

Infection Rates



Monthly Pharmacy Review

Class of Medication:	# Of Residents with Orders:	% Center Average:	% State Average*:	% National Average**:
Antipsychotics	0	0.0	26.8	21.1
Anxiolytics	18	23.7	25.4	20.0
Antidepressants	41	54.0	54.6	48.5
Miscellaneous Psychotropics	1	1.3	N/A	N/A
Sedative/Hypnotics	1	1.3	5.6	5.1

Total Residents Reviewed:76



COMMUNITY LIFE OBJECTIVES

Pillars of Societal Contributions

Key Societal Contributions	
Areas	Actions based on SL SPP
Community Involvement & Support	• Annual Small Business Vendor Events quarterly with 3 or more local vendors • Narrow Network Acceptance to 2 Narrow Networks • 100% Attendance to Olathe Disaster Prep Planning Meetings. Two Health Focused Events with surrounding ILs (Fall Prevention & BP Check Clinic) • Scholarship opportunities for staff
Giving Back	• Each month ILEE Committee chooses a charity or person/people in need and NHR staff, residents and families support that need. Private rooms for Medicaid Residents- budget reflects 33 private rooms for Medicaid recipients. Assisting with Medicaid Pending though the Kansas system is difficult and other providers do not assist.
Advocacy	• 1 SL attends Senior Advocacy Day annually • 1 Political visit to NHR in the calendar year of 2024 • 2 SL involvement in KHCA Education Committee in 2024 • 1 SL involvement in Quality Committee for advocating on quality of care in 2024 • 1 GB involvement in Advocacy Committee with AHCA in 2024
Environmental Responsibility	• Ongoing recycling of cardboard • Ongoing monthly battery recycling & utilization of rechargeable batteries

Community Involvement/Philanthropic Events

Month 2025	Completed or Ideas for future months
January	Fabric Drive/Watched movie with Connect 55 residents
February	Can food drive for local pantry
March	Bought 2 residents clothing that had no family
April	Staff helped Resident with no family move/Shop til you drop!
May	Grades school choir performed & Quilt Club raised money for local church
June	Raised money for therapy dog
July	Collecting bags for homeless mats
August	School Supply Drive
September	Plant a Tree October: Hat Drive
November	Thanksgiving Dinner for the needy
December	Grade school choir coming & Angel Tree & Red Bags Jan: Linus & Hats

Resident Council Trends



LIFE SAFETY OBJECTIVES

[illegible][illegible]

Safety Committee Notes

Emergency Preparedness Notes

Fire Drill Feedback

- Only feedback was that upon hire it would be nice to have a fire drill to ensure competency instead of just where things are.

PIMS	System Review			
	Clinical System	Admin	EVS	Community Life
January	Falls			
February	Supplements & Altered Diets	Collections: Med Pending; DSO		
March	Skin & Weight Loss	New Hire Surveys		
April	Emergency Prep	HIPAA		Grievances
May	Medication Storage & Administration	Corporate Compliance/Ethics		
June	Admission Process & Code Status	Facility Assessment		
July	Discharge	SL Rounds	Terminal Cleaning	Advanced Directives
August	Infection Control & Blood Path	Orientation	Isolation Cleaning	Care Plan Meetings & Notes
September	Communication Methods	Discharge Satisfaction Surveys	EBP	Resident Council
October	Elopement & Emergency Prep	Equal Opportunity & Fair Treatment	Routine Cleaning	
November	PIMS & Strategic Planning		High Touch Surfaces	
December			Equipment Cleaning	

Things to Celebrate!!

STAY ON IT!
STRATEGIC PLANNING
PROCESS TIMELINE

January – SP Finalized!

- Assignments are finalized for Action Plans
- Deployment Plan finalized
- Prior to February QAPI – incorporate both Action Plans & Strategic Planning Timelines in QAPI Power Point templates by month

February

- Strategy Map initiated
- Balanced Score Card Updated
- Employee Evaluations Updated
- Monthly In-Service is about Strategic Plan
- Plan is given to Axiom

March-June

- Work it! Update as needed
- Don't forget to integrate the innovation feedback!

In July's QAPI Meeting we Review & analyze:

- Last year's planning process for OFI. What did we learn from last year? What can we improve in the process of Strategic Planning & QAPI?
- Past performance/comparisons on Action Plan items
- Internal process pain points (i.e., are there work processes that could be easier or improved)
- Balanced Score Card Results
- Facility Assessment
- QAPI minutes
- Concern Log Trends
- Innovation Station items
- Engagement Survey Trends
- Customer process pain points (i.e. are there customer experiences that could be easier or improved- even if they haven't complained about them)
- Survey Results
- Financial Results
- NIFO, DSO, Payor Mix & Census trends by month
- Marketing share's last year's constituent survey questions and results for approval from QAPI team and finalizes dates to send out so the results are gathered prior to August's QAPI
- ☐ After July's review, QAPI Team conducts SWOT (Strengths, Weaknesses, Opportunities, Threats) for each area: Community Life (Social Services & Life Enrichment), Nursing, Therapy, Dietary, EVS (Maintenance & Housekeeping, Marketing, Administration (Business Office, Administrator, HR, Administrative Assistant) to present in August's QAPI

August

- Team conducts a PESTLE Analysis together (Example & Forms in Resources)
- SWOTs are presented & finalized (Example & Forms in Resources) – Team starts thinking about potential goals & metrics to measure success

September

- Team reviews work done to ensure alignment with Mission, Vision, Guiding Virtues and finalizes data pool (SWOT, PESTLE, lesson's learned, and all reviews) to ensure everything has been analyzed everyone is on the same page.

October

- Each Senior Leader Team presents potential department objectives based on strategic strengths and challenges

November

- ED & DON meet with Axiom to ensure NHR;s goals align with Axiom, Mission, Vision, and Guiding Virtues (Sometimes there are changes within Axiom that may change or enhance our plan i.e., vision statement changed in 2024)

December

- Team uses Prioritization Worksheet to set strategic plan priorities- Big Picture Goals
- Action Plans are finalized & Goals and metrics are identified (Performance Measurement Algorithm in Resources)
- Validate core competencies (What do we do every day that we are really good at? Is it the same as last year?)
- Validate teams and areas of expertise. Do we need to move our teams around? (i.e. Does it still make sense to have Community Life be Social Services & Life Enrichment)