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# Implementation Strategies for Quality Assurance Performance Improvements in Nursing Homes

Ameer Gilyard  
*Walden University*

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# Walden University

College of Management and Technology

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Ameer Gilyard

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## Review Committee

Dr. Daniel Smith, Committee Chairperson, Doctor of Business Administration Faculty

Dr. Gina Scoggins Smith, Committee Member, Doctor of Business Administration  
Faculty

Dr. Neil Mathur, University Reviewer, Doctor of Business Administration Faculty

Chief Academic Officer  
Eric Riedel, Ph.D.

Walden University  
2018

Abstract

Implementation Strategies for Quality Assurance Performance Improvements in Nursing

Homes

by

Ameer S. Gilyard

MBA, Friends University, 2014

BA, University of Missouri-Kansas City, 2008

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Business Administration

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## Abstract

The healthcare industry, and more specifically the nursing home sector, is changing operations and services due to a healthcare mandates and enactment of the 2010 Affordable Care Act. Such changes are termed quality assurance performance improvements (QAPI), to receive government subsidies and indemnification compensations. The purpose of this single case study was to explore effective strategies implemented by 4 healthcare leaders to comply with QAPI regulations. Total quality management theory was the conceptual framework used in this study. Data were collected through semistructured, open-ended, face-to-face interviews with 4 participants who serve in a management capacity at an organization located in northwest Missouri. Member checking was used to strengthen the credibility and trustworthiness of the interpretation of the participants' responses. The emergent themes from the study were (a) quality planning using systematic and strategic approaches, (b) quality control using business instruments and tools to measure performance and progress, (c) quality assurance through internal and external systematic analysis, and (d) quality improvements using an integrated systems approach. The implications for positive social change include the potential optimization of care provided to consumers in nursing homes by identifying best practices and strategies healthcare and business professionals have used to modify their business processes and operations.

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## Dedication

First, I dedicate this doctoral study to my wife and three children. Second, I dedicate this doctoral study to my mother. My mother has been my biggest supporter and role model. Mom, I am forever grateful for the loving support and sacrifices that you have made. To my children, Branden, Arianna, and Amiyah: I encourage you to dream big and hope that I have set a positive example of what commitment, hard work, and resiliency can achieve.

## Acknowledgments

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## Section 1: Foundation of the Study

In this study, I explored effective strategies to assist healthcare leaders of nursing homes in modifying their business processes in order to adhere to the new healthcare mandate, namely, quality assurance performance improvements (QAPI) enacted as part of the 2010 Affordable Care Act (ACA). More specifically, I identified effective strategies to assist healthcare leaders of nursing homes with accurate methods for decision-making to ensure all departments within nursing homes work autonomously through effective team-building with a tactical and structured approach to management, using the tenets of total quality management theory (Deming, 1982). Proponents of total quality management aim to generate and make permanent a business atmosphere in which their organization perpetually strives to provide eminent services to consumers (Deming, 1982). The tenets of total quality management theory may help healthcare leaders of nursing homes implement QAPI regulations for identifying systemic problems, create a new system of performance, and provide solutions to maintain or improve their business feasibility (Galliers & Leidner, 2014; Rogers, 2006).

### **Background of the Problem**

The most recent business, economic, and financial performance of healthcare leaders of nursing homes in the United States has been inextricably tied to the standardized healthcare mandate, namely QAPI (Centers for Medicare and Medicaid Services [CMMS], 2013). Through the ACA of 2010, legislators introduced and promoted the development of QAPI in order to improve the quality of healthcare services in nursing homes, and consequently, reduce per capita costs within the U.S. healthcare

delivery system by reducing waste within the subsector of healthcare in nursing homes (CMMS, 2014). Galliers and Leidner (2014) indicated that nursing homes in the United States exceeded funding received from Medicare and Medicaid by 8 billion dollars as a result of insufficient policies and procedures. Receiving funding and reimbursements from Medicare and Medicaid helps leaders of nursing homes achieve their financial projections (CMMS, 2014). However, in the nursing home sector, some administrators failed to implement QAPI despite the possible benefits it may have for both the economy and the healthcare system. Consequently, they received penalties, for example, a reduction in institutional ranking as indicated by five-star scales and the loss of government funding, such as insurance reimbursements (Galliers & Leidner, 2014). The CMMS discussed and emphasized the importance of nursing homes leaders' ability to utilize effective strategies to implement QAPI standards within their business operations in order to receive funding and maintain operations (Nursing Home Data Compendium, 2014). Therefore, a need exists to explore how business knowledge, using the proponents of total quality management, has been incorporated into healthcare management and more specifically within the nursing home sector, in accordance to the ACA of 2010.

### **Problem Statement**

The ACA of 2010 included a healthcare mandate governed by the CMMS, affecting the business profitability of nursing homes in the United States (Inamadar, 2014). The CMMS (2014) indicated that the number of nursing homes has decreased by 45% because healthcare leaders are unable to conform to this mandate, namely the QAPI regulations. The objective of QAPI regulations is to improve the quality and performance

in all functions, processes, and departments within nursing homes. The general business problem is that nursing homes fail to meet the new QAPI requirements and benchmarks to receive government funding and insurance reimbursements (CMMS, 2013). The specific business problem is that some healthcare leaders of nursing homes lack effective strategies to implement and meet QAPI standards.

### **Purpose Statement**

The purpose of this qualitative single case study was to explore the effective strategies healthcare leaders of nursing homes need to implement in order to meet QAPI standards (CMMS, 2013; Kapp, 2014). The targeted population consisted of four healthcare leaders from one nursing home located in northwest Missouri. There is an increasing need for nursing homes in the United States (Galliards & Leander, 2014). The implications for social change included the potential to improve the provision of patient care to residents in nursing homes by providing the findings concerning strategies for the adoption of QAPI standards in nursing home operations and processes (CMMS, 2013; CMMS, 2014).

### **Nature of the Study**

The three main methodologies researchers employ are qualitative, quantitative, and mixed method (Gregor & Heiner, 2013). Quantitative researchers examine the relationship or differences among and between variables by collecting and analyzing numerical data (Ioannidis et al., 2014). Mixed method researchers focus on using both qualitative and quantitative procedures to address research problems (Sandelowski, Voils, Leeman, & Crandell, 2012). The method I used for this study was qualitative. Qualitative



researchers seek to identify distinctive themes and dissimilarities on a particular subject matter or theory (Petty, Thomson, & Stew, 2012; Yin, 2014). Qualitative researchers also identify various themes and paradoxes associated with a particular topic of interest to the researcher (Yin, 2014). I selected the qualitative method because it was the most appropriate for addressing the purpose of my study, which was to thematically explore the strategies nursing home leaders used to implement QAPI standards in their business practices.

More specifically, I chose a case study design for this study, which was appropriate because using case studies necessitates attention to detail to a particular theme or question (Merriam, 2014). Phenomenology and ethnography were not suitable for this study because I did not observe participants' lived experiences to understand a phenomenon (Fields & Kafai, 2003; Petty et al., 2012). Grounded theory was not appropriate for this study either because I did not seek to develop a theory based on human opinions (Marshall & Rossman, 2011). Narrative research, too, would have been inappropriate for this study because there was no need to understand stories of individuals' lives (Marshall & Rossman, 2011).

### **Research Question**

What effective strategies do healthcare leaders of nursing homes need to implement to meet QAPI standards?

### **Interview Questions**

1. What strategies do you use to establish and implement new QAPI standards, policies, and procedures within your organization?
2. What tactics do you use to communicate your expectations and goals for implementing and meeting QAPI standards to your employees across different departments?
3. What strategies do you use to evaluate and improve the quality of customer service and customer orientation provided to consumers, and what procedures do you use to assess the progress?
4. What tactics do you use to create system integration?
5. What strategies do you use to create effective team building?
6. What else would you like to add that is relevant to the use of strategies for implementing and meeting QAPI regulations that I did not address in these questions?

### **Conceptual Framework**

In this study, I used total quality management theory as the conceptual framework. Feigenbaum (1961) introduced the total quality management framework and Deming (1982) and Juran (1986) extended Feigenbaum's work. Paradoxically, Gerald Langley, Kevin Nolan, and Thomas Nolan, who used the rudiments of total quality management theory as their premise and foundation to design the five elements that comprise QAPI, were students of Dr. William Edwards Deming and founders of QAPI

(Durham, Rokoske, Hanson, Cagle, & Schenck, 2011; Huggins, 1998). Significant tenets characterizing the total quality management theory in this framework are (a) customer service and customer orientation, (b) transformational leadership, (c) continuous improvement, (d) process-centered, (e) strategic and systematic approach to management, (f) factual approach to decision making, and (g) ensuring all departments work in concert through effective team-building (Flynn, Schroeder, & Sakakibara, 1994; Hill, Jones, & Schilling, 2014).

The functions and operations within nursing homes consist of several different components or departments, each of which serves a different role. The objective of adapting QAPI standards is to ensure that all departments flow in conjunction with each other, resulting in the projected outcome of improved patient care (Ferlie, 2014). Moreover, adapting QAPI may increase the sustainability and profitability of nursing homes by yielding government funding and insurance reimbursements as a result of aligning with these guidelines and benchmarks (CMMS, 2013; Kapp, 2014). Therefore, there was a need to explore how strategies are successfully incorporated into healthcare management, specifically within the nursing home sector using the tenets of total quality management theory (Rogers, 2006).

### **Operational Definitions**

*Quality assurance and performance improvements (QAPI)*. Statistically driven applied tactics to enhance the quality of life, care, and services in nursing homes (CMMS, 2014).

## **Assumptions, Limitations, and Delimitations**

### **Assumptions**

Assumptions consist of a list of facts I assumed to be true given explanations and findings identified in primary and secondary sources (Yin, 2014). In this study, there were four noted assumptions. The first assumption was that all participants understood QAPI regulations and requirements. A second assumption was that participants would provide truthful answers to interview questions. The third assumption was that all participants would provide meaningful and rational information regardless of their numbers of years and experience as healthcare leaders of nursing homes. This assumption was a critical factor in deciding to interview participants having at least 4 years of healthcare leadership experience in nursing homes. Lastly, the fourth assumption was that participants would provide practical strategies essential for implementing QAPI regulations in nursing homes.

### **Limitations**

Limitations consist of circumstances and situations that arise outside of my control as the researcher, also referred to as confounding variables (Yin, 2014). The first limitation was my selection of northwest Missouri as the geographic location for the collection of data from the perspectives of participants. Limiting data collection to a sample population may reduce the ability to rule out other alternative explanations and transferability of the findings to the general population (Pemberton, 2012). Therefore, findings within this study present a suggestive business solution rather than a definitive

resolution to address the business problem, which also serves as the second noted limitation.

### **Delimitations**

Delimitations are exclusionary and inclusionary boundaries and decisions within a research study defined by researchers that relate to the scope of their study and characteristics ascending from the limitations (Yin, 2014). The purpose of my research was to identify strategies some leaders of nursing homes may use to align with new QAPI regulations, and as a result, receive or maintain government funding and insurance reimbursements. In this study, to remain in compliance with institutional review board (IRB) requirements and regulations, I did not include leaders younger than 18 years of age. I also limited participants to leaders of nursing homes located in northwest Missouri who also serve as management within their respective organization. I designed my interview questions to be open-ended in order to create alignment and control within this study, thus limiting the generalizability of the discoveries to other nursing homes without confirming findings (see Lewis, 2015).

### **Significance of the Study**

The findings, conclusions, and recommendations of this study may be of value to healthcare organizations by helping their business leaders find new approaches to improve their organization's viability (Searcy, 2012; Zuckerman, 2014). Nursing home leaders' ability to plan, implement, prevent, detect, and solve problems in a highly regulated industry requires an understanding of strategies and key business processes (Howell & Azizoglu, 2011). Their capability to recognize and utilize operative strategies

serves as a catalyst for achieving sustainability and improving the delivery of services in the healthcare industry and within nursing homes (CMMS, 2013).

### **Contribution to Business Practice**

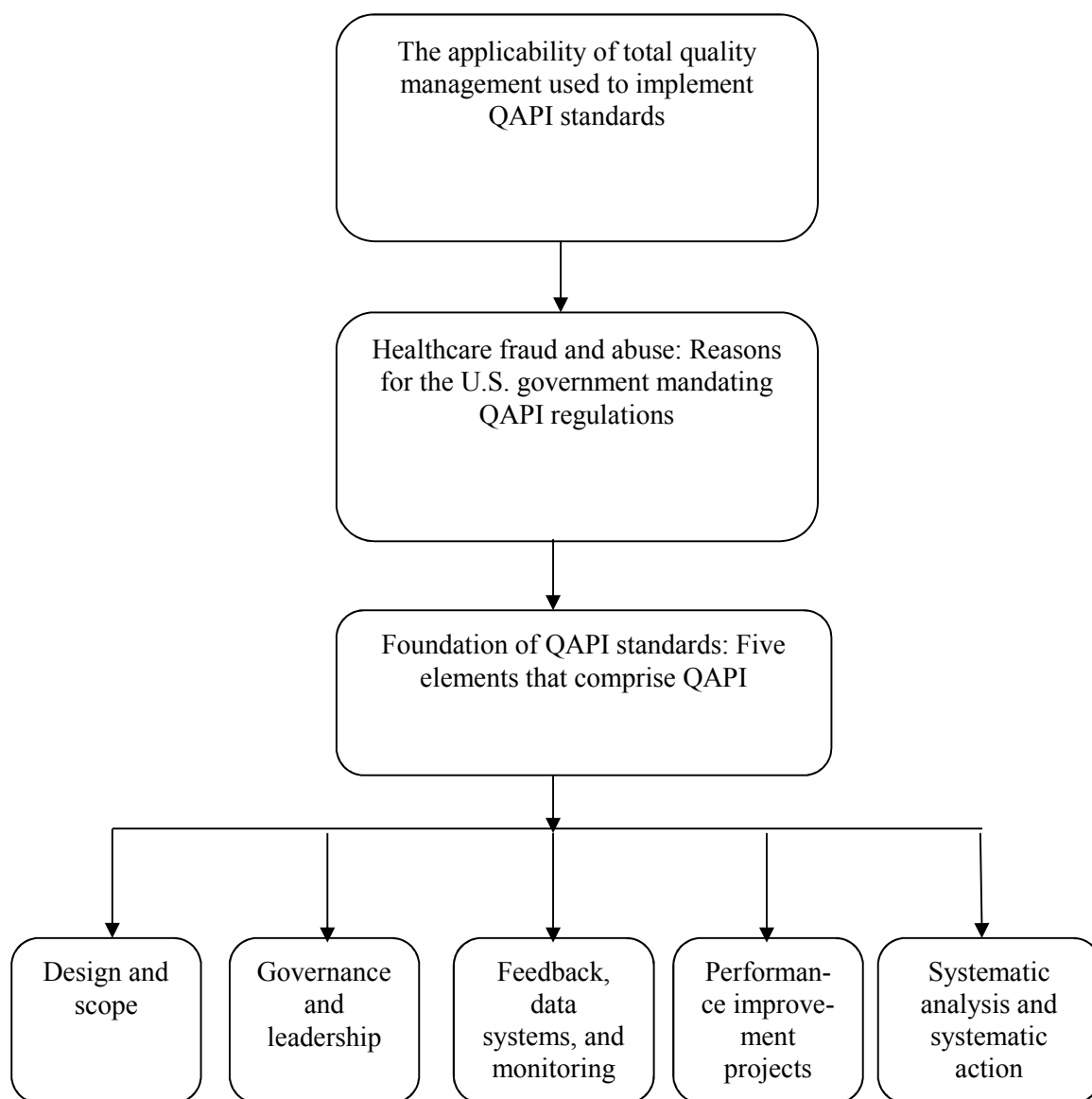
The results of this study may contribute to effective business practices by serving as a learning paradigm or business model for nursing home leaders to achieve sustainable solutions in their industry (Brumm & Drury, 2013). I planned to assist leaders of nursing homes in improving the quality and delivery of healthcare services by identifying operative strategies to integrate QAPI regulations in their business processes and operations. Being knowledgeable and able to implement effective strategies for responding to a changing regulatory environment may increase nursing homes leaders' ability to achieve sustainability (Zuckerman, 2014).

### **Implications for Social Change**

The implications for positive social change entail the possibility that nursing homes leaders will improve their process of optimization practices (Brumm & Drury, 2013; Ioannidis et al., 2014). The quality of patient care in nursing homes may increase because the results of this study can support nursing home leaders' efforts to improve their processes for patient care (CMMS, 2013; Kapp, 2014). Furthermore, implementing QAPI may assist leaders of nursing homes in maintaining operations and continue to provide nursing home services to consumers within their communities or social context, reduce per capita costs within the healthcare delivery system, and improve economic stability in the United States by reducing national economic expenditures (Inamadar, 2014).

### **A Review of the Professional and Academic Literature**

The purpose of this qualitative single case study was to explore the strategies healthcare leaders of nursing homes use to implement QAPI standards. The purpose of this literature review was to develop a complete understanding of the various strategies in the academic literature for implementing QAPI regulations in nursing homes. Total quality management theory provided the basis of the review to investigate common themes among research participants. In relation to my research findings for identifying effective strategies to assist leaders of nursing homes to implement QAPI regulations, there was a substantial amount of literature and resources available. The key search words were *healthcare reform in nursing homes, quality assurance performance improvements (QAPI), business performance, business strategies, and healthcare-management practices in nursing homes*. The first category consisted of four classifications: (a) quality planning using systematic and strategic approaches, (b) quality control using business instruments and tools to measure performance and progress, (c) quality assurance through internal and external systematic analysis, and (d) quality improvements using an integrated systems approach (Flynn et al., 1994). The second category of literature included an analysis of operational standards, protocols, and procedures in nursing homes. Identifying key search words enabled me to narrow down online databases relevant to the phenomena investigated and organize the literature reviewed.



*Figure 1.* Organization of the literature review.

### **Strategy for Searching the Literature and Organization of the Review**

I identified the information presented in the literature review from searches of academic databases using terminology relevant to the research question of this study. When reviewing previous literature related to QAPI regulations in nursing homes, I used the following online databases available through the Walden University Library and



Google Scholar: (a) Emerald Management Journals, (b) Business Source Complete, (c) LexisNexis Academic, (d) Sage Journals, and (c) ProQuest Central. Eighty-five percent of the total resources were published within the last 5 years and included a minimum of 60 scholarly and secondary peer-reviewed journals, articles, and government sources. In the end, for this study, I used 142 scholarly secondary peer-reviewed journals, articles, and government sources. Displayed in Table 1 is a summary of percentages and sources I researched and listed in the literature review.

Table 1

*Breakdown of Literature Review Sources*

Reference Type	Total number of sources used	Percentage (%) of resources published within the last 5 years (2013)	Minimum number of sources used
Scholarly and Peer-Reviewed Journals, Articles, and Government Sources	142	85	60

*Note.* Table 1 illustrates that majority of the sources I used to complete my literature review are peer reviewed and relevant in order to become knowledgeable regarding the most updated changes occurring within the nursing home sector of the healthcare industry.

The strategy for searching the literature included literary evidence of effective strategies healthcare leaders of nursing homes used to implement QAPI regulations. My objective was to demonstrate the applicability of total quality management theory, using it as a lens to understand QAPI phenomena through literary synthesis and analysis.

### **Application to the Applied Business Problem**

The application to the applied business problem allowed me to provide a critical analysis using total quality management theory as the conceptual framework that support and contrast with other theories, and was essential for identifying potential themes (Yin, 2014). The purpose of this case study was to explore effective strategies that some leaders of nursing homes used to implement QAPI standards in order to adhere to healthcare mandates, and therefore improve their business viability, using the tenets of total quality management theory (see CMMS, 2013; Kapp, 2014).

### **Total Quality Management Theory**

Proponents of conventional theories contend that the total quality management theorists focus on the sum of parts instead of the whole (Hofmann-Wellenhof, Lichtenegger, & Collins, 2012). However, proponents of total quality management theory contend that all elements and variables are responsible for the root of positive outcomes and improved business practices within organizations (Vermesan & Coenen, 2013). Both conventional and total quality management theorists have emphasized the importance of how interactions within ecological systems influence the outcomes of processes within business environments (Hofmann-Wellenhof et al., 2012). A strategic purpose of the ACA mandating QAPI standards in nursing homes is to guarantee that all operations and processes work in conjunction to improve the provision-provided to consumers and reduce healthcare waste, such as fraud and abuse (Ferlie, 2014). For that reason, it was essential to provide evidence-based strategies by conducting empirical research and

interviewing health care leaders of nursing homes, in order to gain a more in-depth understanding of the problems affecting the quality of care in nursing homes.

I have defined the conceptual framework for this study to help readers understand the strategic purposes for QAPI standards in nursing homes. The remainder of the literature review provides information regarding reasons for the U.S. government's implementation of QAPI regulations and actions taken to prevent and rectify systemic problems. Fraud and abuse are among the primary reasons for the ACA mandating of QAPI standards in nursing homes.

### **Healthcare Fraud and Abuse in Nursing Homes**

Before investigating literature regarding QAPI regulations, it is imperative to establish the distinction between fraud and abuse to understand better the benefits of regulation. The distinction between fraud and abuse vary, but ultimately both result in the misuse of funding and drastic economic effects on the U.S. economy and services provided to consumers in nursing homes (Berwick & Hackbarth, 2012; Lee & Oral, 2014). Although the reasons for fraud and abuse vary, the commonality is that individuals and organizations try to increase their profitability based on loopholes in the healthcare system and the lack of policies and procedures in place to regulate their systematic and operational business processes (Berwick & Hackbarth, 2012). However, both fraud and abuse result in illegal and unethical business practices.

Lee and Oral (2014) indicated that fraud occurs when an individual or organization knowingly and willingly completes an act to defraud a healthcare program using fraudulent behaviors or representation to achieve the desired outcome in many

cases, monetary gain. Abuse consists of willingly, knowingly, and intentionally acting inconsistently with standard medical and business practices (Lee & Oral, 2014). An example of fraud and abuse in the healthcare industry would be a physician, medical practice, or nursing home filing a claim for a service that their organization did not provide (Lee & Oral, 2014). Despite the consequences and negative ramifications, unfortunately, individuals and organizations are often able to continue providing services by identifying loopholes or paying a fine (Berwick & Hackbarth, 2012). As such, the U.S. government increased the number of resources for identifying and creating solutions to resolve unethical business practices and reduce the costs associated with fraud and abuse. Moreover, the U.S. government took systematic action by implementing QAPI regulations requiring healthcare leaders to modify their business processes within 2 years of proclamation (CMMS, 2014). The QAPI regulations improved the ability of healthcare leaders of nursing homes to reduce healthcare fraud and abuse and, as a result, decreased healthcare expenditure and improved the quality of care provided to consumers. When properly implemented, QAPI regulations enhanced the organization's ability to improve their business operations and processes. Therefore, a need exists to explore the strategies current healthcare leaders of nursing homes use to maintain ethical business practices and improve the provisions of care by reforming policies and procedures in nursing homes.

In this section, I defined the purpose of implementing QAPI standards in nursing homes and discussed their importance and the reasons that the ACA has mandated these regulations. The next section provides information regarding the systematic action that has taken place through the ACA.

### **U.S. Government Takes Systematic Action Through the Affordable Care Act**

The U.S. government continues to reform policies and procedures in nursing homes aimed at deterring and preventing unethical business practices that led to fraud and abuse, causing an increase in expenditures for individuals, private insurance companies, and Centers for Medicare and Medicaid (Hartman, Martin, Lassman, & Catlin, 2015). In efforts to eliminate and reduce the dynamical systems in a constant state of flux, occurring in nursing homes, the U.S. government mandated the implementation of QAPI to identify gaps and flaws residing in their policies and procedures (Berwick & Hackbarth, 2012; Blumenthal & Collins, 2014). As such, the ACA determines how individuals and organizations provide services and receive payouts.

The ACA's governing healthcare policies and procedures specify all services from nursing homes should be measurable by mandating that healthcare providers' services and processes have been clearly documented and defined (Panzer et al., 2013). As a result, nursing home providers have to justify each service, clearly monitor progress to justify continuing a service, and ensure patients are making positive improvements towards their current healthcare condition (Panzer et al., 2013). In like manner, another progressive act of implementing QAPI in nursing homes is that it ensures nursing home providers documents services provided to patients, and it created a monetary limit for services billed. The reason for placing a limit on services performed was to deter providers from over-billing for treatment and services and eliminate providing unnecessary treatments or services. Moreover, it created systematic ways to quantify services and to ensure nursing homes operate systematically in accordance to national

standardized policies and procedures governed by the Centers for Medicare and Medicaid (CMMS, 2014).

### **Centers for Medicare and Medicaid**

The Centers for Medicare and Medicaid is currently the governing body that oversees and ensures nursing homes adhere to QAPI regulations enacted during the 2010 ACA. Winter et al. (2012) reported issuing QAPI standards in nursing homes have positive and negative consequences for both the U.S. economy and healthcare industry. Positive consequences of implementing QAPI regulations includes an increase in the quality of health services provided to consumers and a decrease of per capita costs or expenditures allocated towards health services within the United States (CMMS, 2014; Zuckerman, 2014). The negative impact consists of a highly-regulated atmosphere that impedes on the current cultural framework residing in nursing homes, and salutary innovations that require nursing homes to modify their existing organizational framework and business operations based on statewide streamlined rules and regulations (Winter et al., 2012).

The Centers for Medicare and Medicaid streamlined state standards and regulations to ensure nursing homes nationwide adhere to QAPI standards (CMMS, 2014; Galliers & Leidner, 2014). Statewide streamlining consists of states issuing guidelines to promote and improve provisions of care and oversight of federal spending, and more importantly to ensure nursing homes adhere to federal regulations (CMMS, 2014). Federal regulations are the main components for ensuring nursing homes receive certification and are able to participate in Medicare and Medicaid financing programs

(CMMS, 2013; CMMS, 2014). In addition to federal regulations, different states ordained their nursing home regulations, which is an extension of the national model. For example, state streamlined certification regulations and institutional licensure standards, regulatory requirements that applies to the manner in which nursing home providers provide care and services to their consumers, and requiring nursing homes to improve their business operations to enhance and reduce omission of both federal and state civic spending (CMMS, 2013). Enhanced responsibility and omission of civic spending reduced per capita costs within the U.S. healthcare delivery system, which signified an improvement in healthcare quality based on less money allocated towards Medicaid and Medicare beneficiaries (Catlin, Poisal, & Cowan, 2015).

Medicare is a federally funded health insurance program used to pay for health care expenditures for United States citizens (CMMS, 2014; Kulesher, 2005). CMMS are responsible for administering Medicare (Feng, Wright, & Mor, 2012). Medicare recipients comprise senior citizens aged 65 years and older (Feng et al., 2012). The exception of adults with approved medical conditions and disabilities also qualify for Medicare based on specified federal and state laws (Feng et al., 2012). Medicare is an entitlement program similar to Social Security for citizens residing within the United States (Feng et al., 2012). Aside from the qualifying age or medical conditions and disabilities, eligibility is contingent on paying taxes for a specified number of years (Burge & Schade, 2014; Hau & Jiang, 2005). There are four different parts or types of Medicare, which consist of Medicare Part A, Medicare Part B, Medicare Part C, and Medicare Part D (CMMS, 2013). Medicare Part A and Part B are also known as Original

Medicare. Medicare Part C, also known as Medicare Advantage, is private health insurance. Medicare Part D offered coverage for prescription drugs (CMMS, 2013). Alternatively, individuals who qualify based on the age criteria or medical conditions and disabilities do not qualify for all four types of Medicare (Chambers et al., 2011). The type of Medicare plans individuals receive are complex and depend on both their financial and medical needs (McWilliams, Afendulis, McGuire, & Landon, 2011).

I have defined the purpose of implementing QAPI standards in nursing homes, discussed the importance, and established the reasons ACA mandated these regulations. The next section of this literature review includes information for understanding the foundation of QAPI standards.

### **Quality Assurance and Performance Improvements**

The traditional operating model and standards in nursing homes failed to provide governing bodies with information on historical patterns, causing healthcare expenditures to increase and quality of patient care decrease. Also, to determine reasons nursing homes fail to meet standardized quality levels of care and transform systems of care to guarantee a systematic, efficient, and data-driven approach on an on-going basis occurs within the nursing home sector using the two principal elements identified in QAPI (Mims, Pederson, & Gold, 2015). The two principal components of QAPI consist of quality assurance and performance improvements (Dellefield, Kelly, & Schnelle, 2013). The first principal component of QAPI is quality assurance, implemented to ensure nursing homes provide standard levels of care and able to be evaluated through a standardized metric system (CMMS, 2014). The second principal component is performance improvements,



which involve identifying areas in need of improvement, new strategies, and fixing systematic problems within the provision of care. Dellefield et al. (2013) indicated implementing QAPI standards is an on-going process that requires leaders of nursing homes to have a clear understanding of their objectives, goals, and business processes and operations on a continuous basis (Dellefield et al., 2013). The Centers for Medicare and Medicaid have identified five key strategic elements that serve as the framework for creating, executing, and maintaining QAPI, which are (a) design and scope, (b) governance and leadership, (c) feedback, data systems, and monitoring, (d) performance improvement projects, and (e) systematic analysis and action (CMMS, 2014). The benefits of nursing homes adhering to QAPI regulations provide significant opportunities for improving their systematic processes, quality of care, and long-term efficiency gains.

I have defined the purpose of implementing QAPI standards in nursing homes, discussed the importance, and established reasons ACA mandated these regulations. The remainder of the literature review will provide information regarding the five elements that comprise QAPI, and strategies for ensuring each element has been properly implemented.

**Design and scope.** Design and scope is the first step towards improving and addressing all systematic processes within nursing homes. This component of QAPI consists of leaders of nursing homes providing a written plan that defines and identifies their organizations' goals, objectives, and a detailed range of services, and documentation indicating providers will measure patients' progress (Dellefield et al., 2013). The reason why QAPI regulations include the mission, vision, and goals within organizations is due

to the mission, vision, and goals within nursing homes serving as their organizational foundation that outlines an organization's cultural framework. QAPI standards also specify that healthcare leaders of nursing homes are responsible for developing and fostering a positive organizational climate centered on the best interest of all stakeholders.

The purpose of incorporating design and scope into QAPI regulations is to create alignment within departments of nursing homes (Albrechts, 2013). Therefore, it is critical for leaders of nursing homes to define the role and responsibilities of all departments and employees, and able to provide this information upon state and federal inspections (Albrechts & Balducci, 2013; Ross, 2011). Consequently, it is imperative for nursing home leaders to have a clear understanding of their local, state, and federal regulations (Glasgow et al., 2012). PESTEL Analysis is a strategy often used to evaluate internal and external factors that affect the choice of direction and action (Mims et al., 2015). As such, PESTEL analysis is a strategy used to establish and implement new QAPI standards, policies, and procedures within organizations.

***PESTEL analysis.*** In this section, I explore how some leaders of nursing homes may use PESTEL analysis as a strategy to analyze external factors affecting their business operations. As it currently states in QAPI regulations, leaders of nursing homes have been required to identify all factors that influence the provisions of care using application-based methods for creating resolutions. The objective of requiring health care leaders of nursing homes analyze external factors is for identifying and taking into consideration factors influencing and diminishing the quality of care provide to

consumers. PESTEL analysis is a proponent of total quality management theory and strategy used by business leaders, who intend to decrease risks and increase profits by identifying and circumventing barriers within their business environment. PESTEL analysis is an application used for making factual approaches to decision making within the business and healthcare industry (Alexander, 2014; Allio & Fahey, 2012). PESTEL analysis consists of the following six primary areas: (a) political, (b) economic, (c) social, (d) technical, (e) environmental, and (f) legal (Keegan, 2014). Using PESTEL analysis may help leaders of nursing homes consider all aspects and requirements of QAPI standards, such as the political factors affecting the manner in which they operate and provide services to consumers (Forrester, 1994; Fuchs, 2015).

***Political environment.*** The course and immovability of political factors are a strategic concern for leaders of nursing homes (Albrechts, 2013). Political factors delineate the legitimate and governing structures created to protect employees, consumers, public, and social context in which nursing homes operate (Abdallah & Langley, 2014). Therefore, it is imperative for nursing homes leaders to identify and consider political factors that influence or affect their business processes and operations; specifically, how political factors such as QAPI standards influence or affect the nursing home industry economically (Allio & Fahey, 2012).

***Economic environment.*** Economic factors consist of the nature and direction of the economy and manner in which organizations operate and perform services (Helleiner, 2011). In the nursing home sector, QAPI regulations currently serve as an economic factor impacting the manner in which nursing homes receives funding, and, as a result

affecting their ability to provide services and maintain operations. As consumption patterns affect various market segments within the healthcare industry, it is crucial for leaders of nursing homes to take into consideration the economic trends, in addition, to the fragments that affect its productiveness. With new QAPI standards in place, it is imperative for leaders of nursing homes to acknowledge the relationship between quality of care and profitability.

Strategically identifying services where payoffs are high and barriers to entry are small may increase nursing homes' concentration ratios and bottom-line to marginalize profits (Washington, Bean-Mayberry, Riopelle, & Yano, 2011). Expansion strategies help to marginalize profits, even in highly regulated industries such as nursing homes (Redfoot, Feinberg, & Houser, 2013; Smith, 2013). As such, healthcare leaders of nursing homes face the task of remaining steadily paced with their workplace environment and consumers within their social context (Rantz et al., 2011).

***Social environment.*** As nursing homes operate as decentralized organizations, it is hard to adapt one standard and relate one nursing home problem to nursing homes globally (Grima, Marco-Almargo, Santiago, & Tort-Martorell, 2014). However, QAPI regulations apply to every nursing home located within the United States, which has also placed great emphasis on improving healthcare and increasing the longevity of citizens' lives through quality and active treatment (CMMS, 2014; Osborn, Moulds, Squires, Doty, & Anderson, 2014). Hence, the requirement for nursing homes to transform their medical and billing systems using modern day technology emerged (Kizmueller & Shimshack, 2012).

***Technological environment.*** A critical component and new requirement stemming from QAPI standards are the requirements of nursing homes to implement and use modern technology. The objective of QAPI regulations requiring the use of modern technology is to increase the effectiveness and efficiency of operations by making information more readily accessible and available, such as the medical records of patients residing in the nursing home (Rantz et al., 2011). However, some researchers and scholars have suggested there are negative aspects of QAPI regulations requiring the implementation of modern day technology in nursing homes; such as monetary resources required to update new technology, and information of patients being readily exposed and accessible to cybercrime. Fineberg (2012) suggested modern day technology has provided the healthcare industry with innovative and state of the art medical technology designed to improve healthcare services and increase the longevity of citizens' lives and is part of their corporate social responsibility. Corporate social responsibility is not a new concept but given a new emphasis due to demands from both citizens and the government, hence, the integration and healthcare mandate QAPI (Kizmueller & Shimshack, 2012). Thus, it is imperative for healthcare leaders of nursing homes to understand how their organizations' profits influence their social context and ecological system, and vice versa (Hau & Jiang, 2005).

There are negative and positive consequences stemming from QAPI standards requiring nursing homes update and utilize modern technology to provide optimal services to consumers of nursing homes. A negative aspect of requiring nursing homes to utilize electronic medical records is the significant amount of capital needed to update

technology and provide training to staff (Rantz et al., 2011). Positive consequences of QAPI requiring the use of medical records in nursing homes consist of increasing the effectiveness and efficiency of patient intakes, reduction of medical errors, and ease of access for services rendered (Fineberg, 2012).

***Environmental/physical environment.*** Nursing homes remote environments consist of elements or variables beyond the scope of their control (Shier, Khodyakov, Cohen, Zimmerman, & Saliba, 2014). Greenfield (2012) proposed understanding the physical environment of aging populations helps identify the services that are essential to their needs (Everhart, Neff, Al-Amin, Nogle, & Weech-Maldonado, 2013).

Consequently, it is critical for leaders of nursing homes to be knowledgeable of strategies that allow them to assess their internal and external environment in which their organization resides and provides services (Swysen, Lousbergh, Denec`kere, & Vanhaecht, 2012). Prominent trends taking place within nursing homes are acquisitions, mergers, and extending their service lines due to financial restraints resulting from new QAPI regulations (Grabowski, Elliot, Leitzell, Cohen, & Zimmerman, 2014). A healthcare organization that purchases an existing nursing home is an example of an acquisition. The unification of two nursing homes into one is a case of a merger.

Continuum care communities are examples of nursing homes that extend their service lines. The objective is to provide services to patients and meet their needs in terms of their defined levels of care based on their physicians' recommendation, and as denoted in QAPI regulations, which is now a state and federal legal requirement (Bowers & Nolet, 2014; Grabowski et al., 2014).

***Legal environment.*** The legal context in nursing homes changed when the ACA mandated QAPI in 2010, highlighting and giving new meaning to the term ‘corporate social responsibility’ within the nursing home sector, and more broadly the healthcare industry (Trong, 2012). The liability and accountability of healthcare organizations and corporate transparency increased, becoming an expectation of consumers, legal officials, and governing bodies, such as Centers for Medicare and Medicaid that oversee all aspects of nursing homes (Kizmueller & Shimshack, 2012; Trong, 2012). It is difficult for healthcare leaders of nursing homes to know what occurs in their facility at all times (Zheng, Rokoske, Kirk, Lyda-McDonald, & Bernard, 2014).

**Governance and leadership.** Governance and leadership is the second element identified in QAPI regulations, and a rudiment of totally quality management theory. In this section, I will provide literary evidence of how governance and leadership is critical in making transformational changes within nursing homes operations, in accordance with QAPI regulations. Coleman (2012) wrote the effective development and implementation of increasing the organizational climate within nursing homes involves a transformational style leader who is active in the daily operations of the facility. However, some researchers and scholars have suggested that no particular leadership style is more effective than the others (Northouse, 2013). Dellefield et al. (2013) explained governing bodies in nursing homes should ensure employees are aware of their daily duties and responsibilities by establishing policies and procedures that denote both their expectations and government regulations. There are several positive attributes of having effective and efficient policies and procedures in place. Establishing policies and

procedures enables employees to have an understanding of their expectations, eliminates impartiality, and creates a system of accountability (Coleman, 2012). Lastly, policies and procedures make it more efficient for nursing homes to measure progress or the lack thereof, and identify areas in need of improvement (Dellefield et al., 2013).

As such, QAPI standards aim to define and improve administrative duties and create leadership accountability by requiring leaders of nursing homes to initiate continuous strategy developments that improve their organization's overall business performance and operations on a continuous basis. For that reason, it is imperative that leaders of nursing homes have clear and measurable objectives based on newly enacted QAPI regulations to determine the practicability of services they provide, thus identifying and creating policies and procedures that are pragmatic. Similarly, ineffective or unattainable objectives reduce leaders of nursing homes' ability to determine the practicality of services. Mims et al. (2015) suggested a good nursing home leader must have clear and measurable objectives to assist in creating a paradigm shift within their organization when transforming their organization, and not limit their leadership and leadership styles to a particular one.

***Leadership and leadership styles.*** QAPI standards place an increased amount of emphasis on leadership having been held accountable for the direction of their organization. Jiang (2014) indicated that a good leader is a powerful asset to an organization, and leadership is a popular concept that requires the use of skills, education, and experience to drive the desired outcomes of their organization's mission, vision, and goals (Jiang, 2014). Hau and Jiang (2005) suggested the role of leaders and leadership is



a phenomenon scholars and business leaders often examine to improve their organization's performance (Day, Fleenor, Atwater, Sturm, & McKee, 2014; Jiang, 2014). Mendenhall, Reiche, Bird, and Osland (2012) stated there are two main types of leadership behaviors: task and relationship. Based on these compartments, there are five leadership styles: (a) authority-compliance, (b) country club management, (c) impoverished management, (d) middle-of-the-road management, and (e) team management (Northouse, 2013). The team-management approach is a critical philosophy and proponent of total quality management theory and QAPI standards used to assist business leaders to achieve their goals (Jiang, 2014; Kizmueller & Shimshack, 2012; Trong, 2012). However, some researchers and scholars have suggested no particular leadership style is more effective than another. Northouse (2013) suggested some leadership styles may be more compatible than others, depending on the goals and purpose of the organization (Day et al., 2014). Due to the challenges that accompany reforming nursing home operations, leaders of nursing homes have benefited using a team management approach leadership style (Coughlin, Long, Sheen, & Tolbert, 2012; Gordon et al., 2014).

***Team management approach.*** In this section, I provide information regarding QAPI regulations and the requirement of nursing homes implementing a team management approach. QAPI regulations require nursing homes to improve all aspects of nursing homes' services in order to create an atmosphere centered on autonomy, trust, task orientation, and results (Langley et al., 2009). A team management approach is a leadership style centered on task and relationship leadership behaviors (Northouse, 2013;

Ortega, Van den Bossche, Sánchez-Manzanares, Rico, & Gil, 2014). Leaders of nursing homes who use a team management approach may improve the manner in which their organization operates and performs services and communicates expectations and goals to employees across different departments, as well as the quality of customer services and customer orientation provided to consumers, by taking into consideration the input and wellbeing of their employees. Northouse (2013) further suggested that leaders who focus on personal gain and unconcerned with their employees' wellbeing exhibit an impoverished management style. For that reason, it is imperative that nursing home leaders incorporate the perspectives and expertise of all employees, which improves the goal of achieving transparency (Langley et al., 2009).

Nursing home leaders' ability to provide transparency helps them establish trust and accountability among stakeholders, which are critical aspects of QAPI standards (Gordon et al., 2014; Ortega et al., 2014). Having accountability helps with increasing employee involvement and performance as each employee knows the expectations of both their employers and the consumers they serve (Gordon et al., 2014). Leaders of nursing homes who hold their employees accountable for their actions exhibit task and relationship behaviors, inferring a team management leadership style (Jiang, 2014; Kizmueller & Shimshack, 2012; Trong, 2012).

***Organizational culture type.*** QAPI regulations require leaders of nursing homes to create effective team building. Therefore, QAPI standards have included organizational culture type as a critical aspect of the element of governance and leadership. Similarly, an ineffective organizational culture is indicative to poor

governance and leadership exerted by leaders. Coleman (2012) suggested leaders should serve as role models who emphasize the mission, vision, and goals of their organizations, which are abstract concepts portrayed through the leader's actions and behaviors (Mitchell, Obeidat, & Bray, 2013). Leaders thus serve as tangible representations of their organization and guide employees through their daily routines and operations, which is indicative of improving the provision services (Hinami, Whelan, Wolosin, Miller, & Wetterneck, 2012). Leaders of nursing homes who fail to view the organizational climate and customer service as a priority diminish patient and employee morale (Goldberg, Riordan, & Zhang, 2008). Consequently, nursing homes cannot flourish, leading competition to surpass them and the business to fail (Maaref & Ahmad, 2013). Similarly, an ineffective organizational climate also diminishes nursing homes' staff from establishing effective team building. Hill et al. (2014) indicated that leaders of nursing homes must have the business knowledge and skills required to make positive transformational changes within their organization in response to the political and economic factors affecting the manner in which they operate. Leaders of nursing homes who use tenets of total quality management theory for ensuring all departments work in concert through effective team building is a critical aspect identified in QAPI standards (Hill et al., 2014). The Centers for Medicare and Medicaid indicated advancing the services provided to consumers in nursing homes must include and consist of feedback from all employees from all positions, also termed multidisciplinary teams.

***Multidisciplinary teams.*** The implementation and usage of a multidisciplinary team is a critical component of the second element of QAPI under governance and

leadership. Multidisciplinary teams consist of employees from all levels of an organization's infrastructure. Strengths of multidisciplinary teams include the integration of different disciplines and perspectives, and the ability to advance the delivery of services within organizations (Russo, 2012). Weaknesses include a lack of training and miscommunication among professionals due to varying educational backgrounds and professional backgrounds (Langley et al., 2009). Leaders of nursing homes may also face challenges in implementing cross-cultural teams due to differing views, personal beliefs, and perspectives, thus serving as a barrier to transforming their current operations to adhere to new QAPI regulations (Northouse, 2013).

***Transformational change.*** New QAPI regulations will require all nursing homes to make systematic changes. Transformational change within an organization is a systematic process that requires balance and timing (Krishnakumar, 2015). Leaders of organizations who make operational changes within their organizational culture encounter several challenges, particularly when attempting to modify a culture that functions under a previously defined framework (Kane, 2015). Such actions may lead to adverse reactions from employees, a phenomenon referred to as the impact of complex adaptive systems (Kapp, 2014).

Leaders of organizations who utilize total quality management theory and include its conceptual framework within their strategic planning processes increase their organizations' performance by strengthening brand equity (Mahoney & Qian, 2014). Strengthening branding equity consists of identifying a strategy to create a competitive advantage, as denoted in QAPI standards (Krishnakumar, 2015; Oviatt & McDougall,

2005). Identifying competitive advantages require effective and efficient detail. Attention to detail serves as an element identified in total quality management theory that assists nursing home leaders with understanding how to employ strategic planning processes to increase organizational sustainability (Carter, 2014; Cusumano, Kahl, & Suarez, 2014).

**Feedback, data systems, and monitoring.** Feedback, data systems, and monitoring is the third element identified in QAPI regulations. Nursing home leaders' ability to measure progress is one of the most critical aspects and requirements of the ACA (CMMS, 2014). In nursing homes, QAPI regulations mandate employees obtain and store patient data through the data source, Minimum Data Systems (MDS) (Ouslander, Bonner, Herndon, & Shutes, 2014). An MDS coordinator is usually a nurse in a long-term care facility who schedules and completes Residential Assessments Inventory (RAI) (Ouslander et al., 2014). Residential assessments in nursing home facilities consist of questions regarding a resident's biopsychosocial background (Kane, 2015). RAIs are structured care processes designed to evaluate the quality of care provided to residents in long-term care facilities (Kane, 2015; Ouslander et al., 2014). Evaluating the quality of care is a critical step for improving care on a continuous basis, and a requirement of QAPI regulations. Smith, Castle, and Hyer (2013) described the importance of nursing homes completing a residential assessment, in order to ensure patients, receive care relevant to their health care needs. Dellefield et al. (2013) indicated MDS coordinators and patient care teams should work in collaboration to actively monitor patients' progress and determine if their care plan needs modifying based on quantifiable results. Another critical aspect of QAPI standards requiring the use of MDS

is to identify systematic problems such as an increased number of falls taking place within their premises (Kane, 2015). For that reason, QAPI standards require nursing home facilities have particular groups and teams from different disciplines and backgrounds to identify patients' needs and quantify areas in of improvement nationwide.

As such, QAPI regulations require nursing home leaders to measure progress of their organizations based on quantitative and qualitative statistical data to ensure systems are in place to obtain multiple sources of evidence-based care (e.g., feedback from staff, patients, family members of patients, and random members of the community) in order to improve the services provided to consumers in nursing homes (Smith, Castle, & Hyer, 2013). Leaders of nursing homes must put benchmarks in place for data collection and identify targets and goals clearly to monitor their progress (Dellefield et al., 2013). Identifying QAPI targets, also referred to as areas in need of improving is a critical process that requires diligent strategic planning and data from all nursing home employees.

**Performance improvement projects.** Performance improvement projects (PIP) are the third element identified in QAPI regulations. This element also consists of using a multidisciplinary team approach (Albert & Prignac, 2014). PIP involves gathering information of one particular issue occurring within nursing homes, for example, the excessive number of falls occurring with nursing home patients (Chassin & Loeb, 2011; Dellefield et al., 2013). After identifying the specific problem, QAPI regulations require nursing homes to be proactive instead of retroactive. An example of proactive is formulating a fall-risk committee. First, the committee would gather as much information

from multiple sources, and then generate a solution. The committee would be responsible for tracking information through benchmarks or targets to provide accurate system analysis and determine whether systematic action is necessary (Albert & Prignac, 2014). It is imperative for leaders of nursing homes to have the knowledge and resources to evaluate progress (Chassin & Loeb, 2011; Dellefield et al., 2013; Kane, 2015). Failure to assess progress or changes in patient care outlines the goal of improving healthcare services. Similarly, the ACA mandates that all healthcare organizations identify the key sources of problems to eliminate recycling government funds (Dellefield et al., 2013).

Smith et al. (2013) indicated performance improvement projects involved gathering and providing information concerning areas in need of improvement within nursing homes. Mims et al. (2015) suggested performance improvement projects provide a clear vision for both caregivers and customers regarding patient care services. Chassin and Loeb (2011) wrote continuous quality improvement (CQI) is a philosophy and systematic process used within organizations and indicative of total quality management theory (CMMS, 2014).

Continuous quality improvement is an ongoing practice that constantly involves evaluating and reevaluating business operations and processes to improve customer service and customer orientation, which is another component in total quality management theory, and QAPI standard (Albert & Prignac, 2014). The goal of utilizing CQI is to improve the delivery of services in nursing homes, using strategies necessary to provide an analysis of its external and internal environment in which they perform and offer services to consumers (Chassin & Loeb, 2011; Smith et al., 2013). Because QAPI

standards and regulations derived from the basic elements of total quality management, which is a management theory used to address and identify the complexities and all aspects within an organization. Therefore, it is essential nursing homes enhance their ability to adapt in a highly-regulated industry, and this requires nursing homes to have the ability to identify the strengths, weaknesses, opportunities, and threats.

**Healthcare SWOT analysis.** A healthcare SWOT analysis is a strategy healthcare and business leaders use in decision-making. It is also a strategy used to assist with making factual application-based decisions, as mandated in QAPI regulations. In this section, I will review examples of how some leaders of nursing homes may use a SWOT analysis to evaluate their organizations' strengths and weaknesses, in order to improve the quality and provision of care for consumers. Friesner (2011) wrote SWOT analysis is a business concept and strategy business professional and renowned Stanford University alumni, Albert Humphrey, introduced in the 1970s. The business concept evolved when evaluating data from major companies to determine the reasons for profit failure (Friesner, 2011). Healthcare SWOT analysis consist of the following four components: strengths, weaknesses, opportunities, and threats (Swysen et al., 2012). Strengths and weaknesses consist of observing internal factors within an organization, whereas opportunities and threats are external factors (Ng, Leung, Johnston, & Cowling, 2013).

**Strengths.** The majority of fiscal revenue generated in nursing homes originates from insurance payouts from patient care providers for services provided to patients (Bowers & Nolet, 2014). Due to the type of services rendered and population nursing



homes serve, there are often alternative revenue streams nursing homes can receive from other local and federal programs. Nursing homes are necessary regardless of their geographic location and socioeconomic status of their consumers; hence, there will always be a robust demand for nursing homes (Swysen et al., 2012).

**Weaknesses.** Though nursing homes' revenue is stable given the necessity and demands of services from consumers, it depends on their ability to maintain positive corporate social responsibility or relationships with shareholders (Uhrenfeldt, Lakanmaa, Flinkman, Basto, & Attree, 2014). With so many nursing homes operating, the customer has several options to choose from, which gives consumers bargaining power. Increasing consumers' bargaining power means nursing homes have to remain competitive and strengthen the quality of their products or delivery of services (Grabowski et al., 2014). To improve the processes and services within healthcare organizations, it is critical for all departments to work together, which is a notable weakness in all healthcare organizations nationwide, hence the enactment of QAPI.

**Opportunities.** Providing quality services at a market-based rate is a legal requirement for all healthcare organizations. It is crucial for nursing homes to re-strategize their marketing techniques and reevaluate their service delivery consistently to outperform their competition in a highly competitive and regulated industry (Zimmerman, Shier, & Saliba, 2014).

**Threats.** The goal of the ACA focuses on three critical aspects of healthcare: improved service delivery, decreased medical costs, and greater access to healthcare. The

final objective or goal of QAPI is beneficial to all shareholders. However, the changes required to succeed threaten the healthcare industry nationwide (et al., 2015).

**Systematic analysis and systematic action.** Systematic analysis and action is the fifth and last element of QAPI. It is essential and required that leaders of nursing homes conduct a systematic analysis, and take systematic action when identifying problems (Chassin, 2011). Without identifying a comprehensive and well-structured process, it is difficult to make changes to the individual facilities and provide data required and improve the quality of care within nursing homes throughout the United States systematically (Ferlie, 2014). The ability to improve nursing home services throughout the United States is an on-going process that requires constant innovations and changes. Therefore, it is imperative for leaders and governing bodies of nursing homes to promote an environment that fosters diversity and inclusion. Diversity and inclusion promotes different ideas and concepts, which involve viewing things from multiple perspectives, disciplines, and professions, followed by creating policies and procedures based on employee feedback (Chassin, 2011; Ferlie, 2014; Kane, 2015).

Healthcare leaders of nursing homes must create policies based on ACA regulations and the operations within their facility (Mims et al., 2015). When nursing home leaders identify problems, QAPI standards require leaders to not only fix the problem but also determine the cause of the problem to eliminate reoccurrence (Dellefield et al., 2013). As a result, leaders of nursing homes have been presented with the ongoing tasks of observing their surroundings constantly in order to understand their industry for improving services provided to consumers (Hempel et al., 2013). Dellefield

et al. 2013 suggested that business professionals with a strong business acumen have an in-depth understanding of planning processes.

***Strategic planning.*** In this section, I will provide a literary synthesis and analysis regarding the importance of both business and healthcare leaders having an in-depth understanding of strategic planning processes for implementing QAPI standards successfully. Abdallah and Langley (2014) indicated the use of strategic planning helps business professionals identify immediate, real-time, and future challenges. The objective of business leaders who utilize strategic planning to improve their organizations' performance is to determine and answer the fundamental questions of who, what, when, where, why, and how (Gamble, Thompson, & Peteraf, 2009; Zuckerman, 2014). The implementation of strategic planning involves understanding the relationships and interactions between both internal and external variables within the organization's environment (Gamble et al., 2009; Phillips, 2011). Leaders of nursing homes who are knowledgeable of strategic planning may help them identify the resources available, and how to utilize those resources to the best of their advantage in order to improve the performance of their organization, and reduce healthcare waste as required by QAPI standards (Gamble et al., 2009; Zuckerman, 2014). As a result, it is imperative for leaders of nursing homes to have an in-depth understanding of a principal concept of strategic planning, which is to make positive changes and forecast business objectives, also referred to as strategic intent (Shivakumar, 2014).

***Strategic intent.*** Strategic intent is a complex concept and identified as a component used by proponents of total quality management who set out to achieve

optimal business performance (Hahn, Preuss, Pinske, & Figgie, 2014; Krishnakumar, 2015). The concept of strategic intent is to forecast and control long-term outcomes through the implementation of effective strategic planning processes (Hahn et al., 2014). Strategic intent is a business skill that provides transparency, a sense of direction, and long-term goals for a company (Oviatt & McDougall, 2005). Hahn et al. (2014) suggested strategic intent should consist of business leaders improving their workplace culture and performance, and simultaneously focus on the organization's horizontal themes or profitability. For example, this may involve a company surpassing their competition by increasing performance and employee involvement (Krishnakumar, 2015; Oviatt & McDougall, 2005). Strategic intent also entails enhancing the morale within organizations to inspire employees towards adopting the vision and mission of their organization, and is a requirement of QAPI regulations (Oviatt & McDougall, 2005; Phillips, 2011). Employees who adopt their organization's vision and mission help to generate new ideas and perspectives concerning their company's products and services (Hahn et al., 2014). Thus, strategic intent is a proactive business concept that engages stakeholders (Oviatt & McDougall, 2005).

***Stakeholders.*** The QAPI standards place an increased amount of emphasis on stakeholders. Stakeholders consist of anyone with an interest in or impacted by a company's internal and external actions (Oviatt & McDougall, 2005; Tambor, Pavlova, Golinowska, Sowada, & Groot, 2012). Examples of internal stakeholders in nursing homes are employees, patients, and investors. External stakeholders consist of the community and location in which a nursing home is located (Needman et al., 2012;

Tambor et al., 2012). Understanding the value of stakeholders is critical to strategic planning and useful in identifying an organization's core competencies (Kapp, 2014). Leaders who make dynamic changes through aggressive strategies and processes risk reducing the morale of their organization (Innes, Champion, & Griffiths, 2005). Complex adaptive changes within an already-functioning organizational culture can lead stakeholders to feel a sense of injustice or as though their values and opinions have been devalued, and therefore, may result in a decline in revenue or an increase in employee turnover (Innes et al., 2005). A leader's role and leadership style within an organization are critical to creating and increasing positive relationships among stakeholders (Northouse, 2013). Business trends, government mandates, and the use of modern technology are driving forces of change within nursing homes and their ability to sustain (Mahoney & Qian, 2013). Healthcare Six Sigma is a business concept and application tool used by healthcare leaders to minimize defects in order to improve their products, improve their processes, and increase profits (De Mast & Lokkerbol, 2012).

### **Healthcare Six Sigma**

The QAPI regulations require leaders of nursing homes to evaluate and assess quality within organizations. Six Sigma is a business concept, technique, and factual approach to making business decisions and application Motorola developed in 1986 to improve business processes (Ramanan & Ramanakumar, 2014). Six Sigma received an increased amount of recognition after Jack Welch, a currently retired business executive for General Electric, utilized Six Sigma in 1995 as a central business strategy while employed at General Electric. While employed at General Electric, Jack Welch improved

General Electric's profit margins by 4,000%, utilizing Six Sigma (Grima et al., 2014; Ramanan & Ramanakumar, 2014). The goal and objective of Six Sigma are to eliminate systematic defects of production opportunities within business processes, utilizing a correspondence and sigma level of 4.5% (Mason, Nicolay, & Darzi, 2015).

Nursing homes that operate using the Six Sigma methodology set out to attain goals with defect levels below 3.4 defects per million opportunity to improve their delivery of healthcare services (Gershengorn, Kocher, & Factor, 2014). Systematically, Six Sigma enables organizations to perfect their operations and systematic processes by identifying the least critical path of resistance required to ensure their operations are performing at maximum efficiency, which highlights key elements identified in total quality management theory (Jaca, Viles, Mateo, & Santos, 2012; Prashar, 2014).

### **Transition**

Section 1 included information regarding the problem statement, purpose statement, and the nature of the study, which justifies using a qualitative method and case study design. Additionally, Section 1 encompassed the following: (a) interview questions, (b) conceptual framework, (c) assumptions, (d) limitations, and (e) delimitations of the study. The significance of the study and a review of the professional and academic literature assisted with justifying the research problem. The literature review consisted of the following four categories: (a) quality planning using systematic and strategic approaches, (b) quality control, (c) quality assurance, and (d) quality improvements. Section 2 of the study contains a summary of research components, the role of the researcher, selected participants and recruitment, data collection, and analysis.

## Section 2: The Project

Healthcare leaders of nursing homes face challenges trying to integrate QAPI regulations into their business processes and procedures (Langley et al., 2009). Nursing home administrators may be able to minimize their profit loss and achieve sustainability simultaneously using the tenets of total quality management theory and aligning their current business process and operations with QAPI standards to continue to receive government funding and insurance reimbursements (CMMS, 2013). The content in this section includes the purpose statement, role of the researcher, participant recruitment, and selected research method, as well as design, data collection, and ethical procedures.

### **Purpose Statement**

The purpose of this qualitative single case study was to explore effective strategies that some healthcare leaders of nursing homes used to implement QAPI standards to adhere to government regulations and consequently improve their business viability by receiving government funding and insurance reimbursements (CMMS, 2013; Kapp, 2014). The targeted population included four healthcare leaders from one nursing home located in northwest Missouri. Nursing homes provide a necessary service and continue to remain a profitable industry in the United States (Galliers & Leidner, 2014). However, some healthcare leaders of nursing homes lack the skills and tactics required to align with QAPI regulations, which require effective and efficient quality management practices. Effective strategies are essential for assisting healthcare leaders of nursing homes in identifying systemic problems, creating a new system of performance, and providing practical solutions that improve the functions and operations of their

organizations (Galliers & Leidner, 2014; Rogers, 2006). The implications for social change include this study's potential to improve the provision of patient care to consumers in nursing homes by providing the findings concerning best practices for implementing QAPI standards in nursing home operations and processes (CMMS, 2013; CMMS, 2014).

### **Role of the Researcher**

I conducted this study from an objective perspective to eliminate bias (Greaney et al., 2012). Throughout my educational and professional career, my thoughts and experiences concerning qualitative case studies have evolved. Such experiences have helped me become comfortable with qualitative methods and to analyze information from the literature using more of a scholarly approach and tone (see Damianakis & Woodford, 2012). I learned that, to view the world objectively, it takes both inductive and deductive reasoning. Qualitative researchers often use inductive reasoning to explore new phenomena and to examine previous research to generate a new perspective (Mikecz, 2012). As the researcher, I served as the instrument to gather primary and secondary sources (see Merriam, 2014). I used case studies, journals, articles, and interview questions to address the central research question (see Yin, 2014). I classified data based on specific themes, topics, and key terms identified through literature and feedback from the interviewees, also referred to as participants in this study (see Marshall & Rossman, 2011). Throughout this entire study, I abided by the three basic ethical principles found in the Belmont Report, which included: (a) respect for a person, (b) generosity, and (c) impartiality (see Greaney et al., 2012).



## **Participants**

The participants I interviewed for this study were four healthcare leaders who held management positions in nursing homes located in northwest Missouri (Merriam, 2014). I used open-ended questions to ascertain effective strategies and tactics essential for assisting healthcare leaders of nursing homes in integrating QAPI regulations within their business practice (see CMMS, 2014; Robinson, 2014). My justification for selecting four participants for case study analysis was to obtain in-depth interview responses from each participant and achieve data saturation (see Miller et al., 2014). I interviewed participants individually and asked the same questions to eliminate bias, and I increased reliability and validity by acquiring answers from individuals who experienced the phenomena in question (see Yin, 2014).

My criterion for selecting the participants for the study was healthcare professionals in nursing homes who hold management positions. The study allowed exploration of how these professionals implement effective strategies that align with the APA-mandated QAPI to lessen profit loss. As such, the participants supported and added valuable information in regard to the central research question: What effective strategies do healthcare leaders of nursing homes use to integrate QAPI standards in their business practices?

Before contacting participants, I obtained approval from the institutional review board (IRB). After I received approval, I selected the organization using public documents and information. Upon identifying the selected organization, I gained access and established a professional relationship with the potential interviewees. I contacted

them by telephone, introduced myself, and explained the objectives and intent of my study. After they agreed to participate, I emailed them recruitment letters (see Appendix D) which detailed the: (a) introduction, (b) overview of study, (c) participant criteria, and (d) instructions on how to respond (see Robinson, 2014). Individuals who responded to the recruitment letter were contacted first by telephone followed by e-mail for confirmation of participation, informed consent, and notice of any perils involved with participation. To meet the standards and ethics of the University Internal Review Board, both interviewees and names of their locations were kept confidential (see Greaney et al., 2012). Also, to avoid identifying the name of the organization in which the interviewees serve as managers, I only provided the state and region where the interviews took place (see Miller et al., 2014; Yin, 2014). I informed participants that they could withdraw from participating or answering a question at any time without penalty (see Greaney et al., 2012). Participants could withdraw by contacting me via phone or email.

## **Research Method and Design**

### **Research Method**

The goal of a researcher determines the method and design used in the study to explore a given phenomenon (Mikecz, 2012). In opposition, the objective of quantitative research is for researchers to determine the relationship between or impact on a minimum of one independent variable and one dependent variable (Merriam, 2014). A qualitative method was most suitable for this study because qualitative research allows investigators to examine and search for meaning using open-ended questions (Mikecz, 2014; Yin, 2014). Another benefit of qualitative research is that researchers are able to capture

meaningful experiences through themes emerging from participants' views of particular situations or the phenomena researched. Using a qualitative approach to explore strategies that healthcare leaders of nursing homes used to adapt to QAPI standards in the business processes and operations was consistent with the application methods often used within the field of healthcare and field of business professional management research (see Merriam, 2014).

Quantitative researchers examine phenomena and quantify the relationship amongst and between variables, whereas mixed methods research is an approach that simultaneously includes qualitative and quantitative forms of inquiry (Mikecz, 2014). My objective, which was to identify strategies used by healthcare leaders of nursing homes to align with new nursing home requirements and benchmarks to receive government funding and insurance reimbursements, did not require the quantification of the analysis of factors. Therefore, I did not use quantitative or mixed methods approach to address the central research question.

### **Research Design**

The focus of this study was to understand the complex social phenomenon associated with the newly enacted healthcare mandate emerging from the ACA of 2010 QAPI and how healthcare leaders of nursing homes use strategies to implement QAPI regulations to reduce the loss of revenue. For that reason, a phenomenological design was not appropriate because I did not aim to perceive lived experiences (see Mikecz, 2014; Yin, 2014). Ethnography is an appropriate design to use when the goal of the researcher is to understand cultures or study groups (Merriam, 2014). I did not intend to study

groups or cultures to understand the challenges and complexities of healthcare leaders applying QAPI standards into their business practices and processes; thus, ethnography was not an appropriate design based on my research objective. Furthermore, there was no need to understand a story based on individuals' lives, so a narrative design is not suitable to use for this study (see Yin, 2014). The selected audience for this study are business and healthcare professionals and researchers.

My design consists of a single-site case study because I did not interview participants from more than one location, and the objective was to explore strategies based on literary analysis and responses from participants. I aimed to explore, investigate, interpret, and identify effective strategies that may assist nursing home leaders to implement QAPI regulations, and my desire to understand the phenomena associated with QAPI standards and nursing homes (Merriam, 2014). Specifically, researchers should consider a case study when their focus is to answer questions consisting of *how*, *what*, and *why*. What effective strategies do nursing home leaders need to adapt to QAPI standards? When conducting case study research, researchers cannot manipulate behaviors of participants based on whether the researcher believes the environmental conditions are relevant to the phenomenon and circumstance (Yin, 2014).

Researchers who utilize a case study design should focus on obtaining data through their ability to conduct and complete in-depth interviews for data collection (Mikecz, 2012). Data saturation involves member checking, which consists of sharing data derived from interviews and sharing interpretations with the interviewees (Azevedo, 2015; Wilson, 2014). To complete the member checking process accurately, I shared data

and interpretations with participants using a member checking procedure. Marshall and Rossman (2011) specified that member checking should consist of conducting the primary interview, interpreting the participants' responses derived from interview questions, and sharing the interpretation with the participant for validity and accuracy.

### **Population and Sampling**

The population selected for this qualitative single case study included a sample size of four healthcare leaders serving as managers of one nursing home located in northeast Missouri. One inclusion criterion was that individuals needed to be older than 18 years of age to remain in compliance with IRB requirements and regulations (see Greaney et al., 2012). I limited participants to leaders of nursing homes located in northwest Missouri who also served as management within their respective organizations. The justification for these participants and source was: (a) they serve and uphold management positions within their organization and (b) secondary sources consisted of business and healthcare journals and articles used to resolve and address the business problem. Hence, I used a minimum of two sources to triangulate properly, transcribe, and saturate data (Pemberton, 2012). Triangulation is essential to ensure researchers collect a sufficient amount of data to achieve data saturation (O'Reilly & Parker, 2012). As the researcher, I used data transcription to identify emerging themes based on reviewing and synthesizing secondary sources (e.g., journals and articles), receiving and transcribing feedback via recordings. I conducted the interviews in a private location to minimize distractions and ensure the privacy of participants and their organization (Lewis, 2015).

### **Ethical Research**

Researchers who abide by research ethics follow a fundamental process. Each research inquiry comes with specific ethical requirements (Greaney et al., 2012; Yin, 2014). Thus, before data collection, I completed web-based training regarding the protection of human subjects (see Appendix A). The Walden IRB approval number for this study is 12-08-16-0501842 and expires on December 7, 2017. I contacted the participants via telephone, introducing myself and the objectives and intent of my study. If they agreed to participate, I e-mailed them an informed consent form to sign (see Appendix F). The consent form included a statement informing participants of their right to withdraw from the study without penalty. Participants could withdraw by contacting me via phone or email. Participants did not receive any compensation or incentives in exchange for their participation in this study. I also ensured the privacy of participants through deidentification (Greaney et al., 2012).

Deidentification is an important factor for ensuring the privacy of participants and their organization or affiliated practices (Lewis, 2015). As such, I refer to participants as Nursing home leaders 1, 2, 3, and 4 to keep the participants and organizations confidential (Damianakis & Woodford, 2012). The selected participants only responded to questions they choose in order to eliminate coercion. Similarly, I did not ask any questions that would compromise their professional status or potentially jeopardize the perception of their organization (Greaney et al., 2012).

I stored the consent forms in a secure and safe location, and will continue to store them for five years before securely disposing the documents (Yin, 2014). I will keep the

data of this study in the form of a soft copy on a computer that is password protected, and then delete after five years, as required by the institutional review board (Lewis, 2015).

To safeguard the rights of participants who choose to participate in this study, I will place all hard copies of data and analytical materials in a locked basin for a minimum of 5 years (Damianakis & Woodford, 2012; Greaney et al., 2012).

### **Data Collection Instruments**

I served as the primary data collection instrument for the proposed study (Pemberton, 2012). The data collection process consisted of peer-reviewed scholarly journals and articles and open-ended interviews with four healthcare leaders from one nursing home located in northwest Missouri (Yin, 2014). I used a list of six open-ended interview questions in a semi-structured format, which is favorable amongst qualitative researchers, and included in Appendix C, to explore effective strategies used by the selected participants (Merriam, 2014). Open-ended interviews allowed me to identify themes and paradoxes essential to answering my central research question (Jacob & Furgerson, 2012). I used the interview protocol process included in Appendix B to ensure consistency, and to determine if a need exists for further inquiry and to eliminate gaps in future research (Pemberton, 2012). Merriam (2014) indicated eliminating gaps in future research is critical in ensuring reliability and validity of data, particularly when conducting qualitative research.

The use of a recorder and transcription during the interview process safeguarded and provided accuracy, whereas, transcription will ensure and promote the identification

of shared responses, ideas, and meanings (Greaney et al., 2012). For that reason, I used the interview recording and transcribed all responses from participants manually.

### **Data Collection Technique**

I collected data for this study through interviews and scholarly peer-reviewed journal articles and government documents (Yin, 2014). I did not conduct a pilot study; however, I did use the interview protocol in Appendix A to conduct face-to-face semi-structured interviews to collect the enriched experiences of the participants, which is an advantage of using the qualitative data collection technique (Robinson, 2014). The disadvantages of using the qualitative data collection technique for a study include: (a) subjectivity leads to procedural problems; (b) comprehension approach to gathering data limits the scope of the study, and (c) restricted access to the data for public or private access (Yin, 2014).

Prior to interviewing each participant, I contacted them via telephone, introducing myself and the objectives and intent of my study to establish a rapport to create trust and autonomy (Greaney et al., 2012). Prior to interviewing the participants, I contacted them at least 24 hours in advance. I used a notebook to record the interview site location, time, date, demographics, and participant interaction. I provided the participant with a copy of their informed consent form (see Appendix F), and ensured they are aware of their option not to answer a question or end the interview without penalty.

I protected both participants' names and the organization by labeling each participant with a code such as Nursing Home Leader 1 (Robinson, 2014). After completing each interview, I used member checking, which consists of sharing data



derived from the interviews and interpretations with interviewees (Marshall & Rossman, 2011; Yin, 2014). To complete the member checking process properly, I shared data and interpretations with participants using a member checking protocol (Robinson, 2014). Member checking should consist of conducting the initial interview, interpreting the participants' answers derived from interview questions, and sharing the interpretation with the participants for validity and accuracy (Marshall & Rossman, 2011).

The method I used is data triangulation. Data triangulation was appropriate to use for my business problem and research goal. Data triangulation involves collecting data from at least two sources (Thurmond, 2001). Identifying multiple sources of data allowed me to gain an extensive amount of information towards both my topic and requirements for minimizing profit loss in nursing homes (Dellefield et al., 2013). Wilson (2014) indicated triangulation is a process and method used in research, social, and behavioral sciences. It consists of combining one or more data collecting techniques or research method and procedure to validate and understand a phenomenon (Thurmond, 2001). Triangulation involves four different forms: data, investigator, theoretical, and methodological (Azevedo, 2015; Wilson, 2014).

Data triangulation entails gathering data from several different sources (e.g., interviews, books, articles, and journals) (Marshall & Rossman, 2011). Investigator triangulation consists of more than one researcher investigating a phenomenon or research topic (Wilson, 2014). Theoretical triangulation consists of researchers using more than one conjectural scheme in the interpretation of the phenomenon (Thurmond,

2011). Azevedo (2015) suggested methodological data necessitates the use of one or more methods researchers use for gathering and organizing data.

### **Data Organization Technique**

Marshall and Rossman (2011) stated that data triangulation increases the validity of the case study findings. I collected data from several different sources such as interviews, books, articles, and journals. I used an Audacity software recorder to record the interviews of participants and keep track of interview data (Lewis, 2015; Yin, 2014). I brought a portable recorder to use as a backup in case of technical difficulties. After completing the interviews, I listened to the recordings, transcribe data, and perform a data cleansing process (Lewis, 2015). I organized data in a specified number of groups. I will store data in electronic form by using a flash drive and maintain data for a minimum of 5 years to comply with IRB requirements (Aluwihare-Samaranayake, 2012). I used a minimum of two forms of data to triangulate successfully (Yin, 2014).

### **Data Analysis**

I used data triangulation in the analysis of this qualitative single-site case study. This method is appropriate because data triangulation consists of using two forms of data. In this study, I will use interview questions and literature for data (Thurmond, 2001). Data analysis consists of analyzing and categorizing to interpret and understand information (Merriam, 2014). I used an Audacity software recorder to keep track of data derived from six semi-structured interview questions. Marshall and Rossman (2011) emphasized that qualitative researchers should use semi-structured interviews to capture meaningful and detailed answers from participants. Using Audacity software allowed me

to transcribe answers from participants (Aluwihare-Samaranayake, 2012). After I transcribed participants' answers, I completed a process referred to as data cleansing (Lewis, 2015).

After I completed the data cleansing process, I used MS Excel and a method termed *lean color-coding* to document and complete data analysis (Merriam, 2014). Lean color-coding provides a way to break up data for further analysis and assists with eliminating time during transcription (Lewis, 2015). I applied a code number associated with a specified color by key phrases and terms based on the responses of the interviewees and targeted themes found while conducting research (Yin, 2014). The use of color-coding and number schemes assisted with identifying specific sections of the interviews and literature, focusing on key themes, correlating key themes, and creating themes and subcategories (Yin, 2014). During transcription and coding, I identified emerging themes using an additional code number and color, for example, yellow, and termed subcategories. This data analysis method enabled me to improve the reliability (Merriam, 2014). Finally, after categorizing and interpreting the data, I developed conclusions.

## **Reliability and Validity**

### **Reliability**

I improved reliability, minimize errors, and reduce bias by ensuring all steps during the phases of research are operational and well documented for future use (Marshall, 2011). I used data triangulation to identify whether any new themes emerged and were in need of further inquiry and remain objective (Thurmond, 2001).

Furthermore, using the same set of interview questions as instruments with participants helped to improve reliability in qualitative research (Lewis, 2015; Yin, 2014). I used data triangulation to identify whether emerging themes are in need of further inquiry or investigation to eliminate bias (Thurmond, 2001).

In case studies, it is important to attain consistent results through the frequent use of a research instrument for researchers to control and determine reliability within their study (Marshall, 2011). In qualitative research, researchers who are able to repeat their operational steps and ascertain the same findings, demonstrate sound case study protocols and procedures (Yin, 2014). Additionally, to strengthen reliability, I used member checking by reviewing data analysis with participants regarding the accuracy of the findings and identified themes, also referred to as transcript review (Merriam, 2014).

### **Validity**

Four critical elements that help formulate the construct of validity are credibility, dependability, transferability, and confirmability (Lewis, 2015). Using transcript verification enabled me to capture responses from participants' accurately and without bias in order to improve and strengthen transferability of research findings (Thurmond, 2001). Transferability refers to the application of the research results to similar organizations so that I improve the credibility of data collected from participants' responses to the interview questions (Savin-Baden & Major, 2013). Researchers who use case study methods generalize their findings from a small sample of a population investigated or researched (Marshall & Rossman, 2011). Researchers who conduct case studies often utilize a small sample, rather than the generalizability of the study findings

(Yin, 2014). Confirmability refers to the extent that the study results align with previous research findings, particularly when a researcher applies a similar case study method (Lewis, 2015). The strategy I used for enhancing confirmability was conducting a data audit. Researchers who conduct a data audit examine the data collection procedures for bias or distortions (Azevedo, 2015).

I used multiple sources of data from peer-reviewed scholarly secondary journals and articles and open-ended interviews with four healthcare leaders of nursing homes located in northwest Missouri to achieve data triangulation (Savin-Baden & Major, 2013). The multiple sources of data allowed for the formation of patterns and themes, which increase the validity of the study (Yin, 2014). The completion of member checking ensured that I recorded information from the participants' answers accurately (Savin-Baden & Major, 2013). The data triangulation and member checking also served as a mean to achieve data saturation and strengthen the creditability of the study (Merriam, 2014). I interviewed participants who meet the study criteria to achieve data saturation. When the data becomes repetitive, and the data collection process yields no new information, this is an indication that researchers achieved data saturation (Lewis, 2015).

Savin-Baden and Major (2013) discussed the importance of the integrity of the data analysis within a qualitative study. The trustworthiness of data analysis depends on the availability of complex, appropriate, and saturated data (Lewis, 2015). As such, I interviewed participants separately and asked the same questions to eradicate bias, and strengthen the reliability and validity of the study by obtaining answers from individuals who experienced the phenomena in question (Merriam, 2014). I followed a logical and

detailed path through the data analysis process to ensure results are trustworthy using member checking to strengthen the dependability of the study (Yin, 2014). I reported the results of this study in a clear and understandable manner to bring validity to the study (Savin-Baden & Major, 2013).

### **Transition and Summary**

The purpose of this qualitative single case study was to explore the effective strategies healthcare leaders of nursing homes need to implement to meet QAPI standards (CMMS, 2013; Kapp, 2014). The central research question was: What effective strategies do healthcare leaders of nursing homes need to implement to meet QAPI standards? I selected the qualitative method as it is the most appropriate method to address the purpose for my study, which was to explore thematically the strategies nursing home leaders use to implement QAPI standards in their business practices. In Section 2, I provided the foundation of research and justified the reasons for the research design and method. I also provided enriched details of my role as the researcher, the participants in the study, and ethical considerations using the three core principles in the Belmont Report. Finally, I outlined and justified data used in the following sections: (a) population sampling, (b) collection instruments, (c) collection techniques, (d) organization techniques, (e) data analysis, and (f) reliability and validity. Data collected from the design of this study provided enriched and reliable information to help ensure and improve the quality of care in nursing homes. In section 3, I will present the findings and analysis.

### Section 3: Application to Professional Practice and Implications for Change

#### **Introduction**

The purpose of this qualitative single case study was to explore the strategies used by four healthcare leaders of nursing homes to adhere to the new healthcare mandate, QAPI. Using Deming's (1968) total quality management theory as the conceptual framework, I explored the strategies of four healthcare leaders from one nursing home in the north region of the United States, who developed and implemented strategies to adhere to QAPI regulations. I collected data to support the research question using a purposeful selection of participants who answered six open-ended interview questions. After recording the data, I transcribed and analyzed answers from the participants and used color coding that enabled me to identify common themes and guided the analysis and results of the study.

I also reviewed the organization's employee handbook that included their operational policies and procedures, mission, business structure, and objectives. The findings of the study revealed four distinct themes regarding strategies to implement and adhere to QAPI regulations. The four themes were (a) quality planning using systematic and strategic approaches, (b) quality control using business instruments and tools to measure performance and progress, (c) quality assurance through internal and external systematic analysis, and (d) quality improvements using an integrated systems approach.

#### **Presentation of the Findings**

I used semistructured interviews and reviewed the companies' employee handbooks to gain an in-depth understanding of the strategies used by four healthcare

leaders of a nursing home who adhered to the new ACA-mandated, quality assurance performance improvements (QAPI). The central research question, which served as the platform for understanding how to meet QAPI standards, was as follows: What effective strategies do healthcare leaders of nursing homes need to implement to meet QAPI standards? The data collection instruments consisted of the following six interview questions:

1. What strategies do you use to establish and implement new QAPI standards, policies, and procedures within your organization?
2. What tactics do you use to communicate your expectations and goals for implementing and meeting QAPI standards to your employees across different departments?
3. What strategies do you use to evaluate and improve the quality of customer service and customer orientation provided to consumers, and what procedures do you use to assess the progress?
4. What tactics do you use to create system integration?
5. What strategies do you use to create effective team building?
6. What else would you like to add that is relevant to the use of strategies for implementing and meeting QAPI regulations that I did not address in these questions?

My analysis of the employee handbook, which consists of the organization's operational standards protocols, policies, and procedures, provided a clear understanding of the benefits towards increasing the quality of care, improving the bottom-line, and



reducing healthcare waste. The presentation of findings includes descriptions of the participant sample, discussion of the four identified themes, and how data obtained supported the central research question.

The interview process consisted of face-to-face, semistructured interviews with six predetermined questions presented to four healthcare leaders from one nursing home located in northwest Missouri (see Appendix B). The participants interviewed had successfully implemented QAPI regulations based on the Centers for Medicaid and Medicare standardized metric system, which consists of the following five key strategic elements that serve as the framework for creating, executing, and maintaining QAPI: (a) design and scope; (b) governance and leadership; (c) feedback, data systems, and monitoring; (d) performance improvement projects; and (e) systematic analysis and action (CMMS, 2014). During the interview process, participants contributed concepts, perceptions, and experiences regarding strategies used to adhere to QAPI. The selection of these participants therefore enabled me to ascertain accurate strategies and tactics used by leaders of the nursing home.

After the interview, I thanked the participants for participating in my research study and then completed the following verification steps to improve the accuracy of data: (a) I provided participants with my interpretation of their responses, (b) I asked participants to correct and highlight any inaccuracies; and (c) I imported the verified data into NVivo 10, a qualitative analysis software, which gave me the ability to create color codes to organize and analyze the data as referenced in Section 2.

I used the lean color coding method to transcribe participant responses, and identify common responses and emerging themes. From the data collected and analyzed from the employee handbook, I identified the first theme, quality planning using systematic and strategic approaches, which is the first critical step in implementing QAPI standards in nursing homes. All four participants emphasized the importance of considering all aspects of their business processes and operations, and providing a written plan that defines and identifies their organizations' goals, objectives, and a detailed range of services. The next two themes, quality control to measure performance and quality assurance, are requirements of QAPI designed to measure patient progress. Understanding the value of stakeholders is critical to strategic planning and useful in identifying an organization's core competencies. The final theme, quality improvements, relates to strategies that nursing homes can use to identify a comprehensive and well-structured process in innovative care provision.

### **Theme 1: Quality Planning**

The first theme underlined the participants' perspectives of the importance of quality planning using systematic and strategic approaches in the development of implementing QAPI, which aligns with the first component of QAPI, design and scope, and the second element of QAPI, governance and leadership. The purpose of integrating design and scope into QAPI regulations is to generate alignment within departments of nursing homes (Albrechts, 2013). Jacobs and Parsons (2014) researched the complexities associated with making effective and successful changes within healthcare organizations, as a result of the 2010 ACA. Using a qualitative case study as their research design, the

Jacobs and Parsons identified the pros and cons associated with the new implementation of the ACA of 2010. Limitations of their study included a lack of strategies and knowledge provided by healthcare professionals and leaders regarding the mandates and requirements to remain in compliance with new healthcare mandates.

Zuckerman and Allen (2014) used a qualitative case study design to explore the standards and quality of care taking place within nursing homes. They concluded that planning had to be continuous in order for leaders within the healthcare system to achieve positive results and meet standardized metrics, as required by QAPI regulations (Zuckerman & Allen, 2014). Limitations of this study included a failure to observe multiple populations, because there could be other variables responsible or that impact the results (Zuckerman & Allen, 2014), for example, the cultural framework within the organization and management styles exhibited by leadership (Krishnakumar, 2015; Oviatt & McDougall, 2005).

Nursing Home Leader 1 (NHL1) indicated that the element of design and scope of QAPI begins with leaders serving as the public face of the organization by setting examples for their employees, which is symbolic of refining the provision of services. NHL1 and NHL4 mentioned that design and scope consists of leaders of nursing homes forming a written strategy that outlines their organizations' goals and objectives to foster a positive organizational climate centered on the best interest of all stakeholders (Dellefield et al., 2013). Deming (1982) theory and proponents of total quality management aim to create a business atmosphere in which their organization uses a strategic and systematic approach, where evident and necessary to achieve this task.

Consistent with total quality management theory, each participant discussed the importance of taking a strategic approach towards operational changes that benefit the organization systematically. Chassin and Loeb (2011) identified continuous quality improvements as a philosophy and systematic process used within organizations and implemented by managers, which involves constantly evaluating and re-evaluating processes to identify areas in need of improvement. The goal of CQI is to improve the delivery of services and the organizational culture within healthcare organizations objectively through quantitative and qualitative analyses as denoted by QAPI regulations (Chassin & Loeb, 2011). Furthermore, the results of Chassin and Loeb's study provided information regarding challenges associated with improving the organizational framework within healthcare systems, such as nursing homes having to adjust to a new paradigm shift as a result of standards put in place through QAPI regulations.

Based on my conclusion from the collection of data, having an in-depth understanding of strategic planning is not only critical, but also useful for identifying an organization's core competencies. Consequently, two participants emphasized the importance of analyzing internal and external factors to increase their level of awareness of both their client and employees needs (Kapp, 2014; NHL1 & NHL2). QAPI is both reactive and retroactive. Achieving quality control necessitates that leaders of nursing homes pay attention to detail and identify strategies that are pragmatic based on feedback from both patients and employees to measure performance and progress (CMMS, 2014). The use of metrics based on feedback from using a team management approach is a

fundamental concept of total quality management theory for improving patient care (CMMS, 2014; Deming, 1982).

Goodall (2011) conducted a cross-sectional study on the top 100 U.S. hospitals to determine the positive and negative benefits of using a team management approach within healthcare systems currently operating under QAPI requirements. Goodall's research evaluated hospitals' performance based on healthcare leaders' educational and professional background and experience in order to gain a more in-depth understanding of the problems affecting the quality of care in nursing homes. The researcher concluded that healthcare leaders with a medical and professional business background performed higher in terms of quality of care, than others who possessed a medical or professional background only (Goodall, 2011). Goodall's findings confirmed and correlated with the rudiments of total quality management theory, task orientation, and transferability of skills to achieve a desired goal or outcome. A noted limitation of Goodall et al.'s research is that it failed to present findings of leadership styles used, which is in need of further inquiry to determine which style is more effective to improve the effectiveness and efficiency of services provided in nursing homes.

Leaders in corporations are responsible for both understanding and implementing strategic planning processes in their organizations, for making changes in their organization, and for understanding and implementing strategies to achieve their desired goals and adhere to healthcare regulations that govern them (Lewis, Andriopoulos, & Smith, 2014). Proponents of total quality management theory emphasize the importance of leadership and a leader's ability to transform their operations in order to improve

business processes and operations. Lewis et al. (2014) acknowledged that strategic planning process is an on-going systematic procedure that requires an in-depth understanding of both business concepts and theories. Without such an understanding, leaders are unable to measure the progress of current strategies and methods or to identify methods for determining areas in need of improvement, such as analyzing employee performance based on services provided to consumers as required in QAPI regulations (CMMS, 2013). Quality planning using systematic analysis and strategic approaches takes into consideration all factors affecting the employees' performance and services provided to consumers. This helps foster a positive organizational climate centered on the best interest of all stakeholders (CMMS, 2014). The participants' supporting statements are listed in Table 2.

Table 2

*Theme 1: Quality Planning*

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NHL1	The primary person responsible for transforming nursing homes and introducing new regulations begins with leadership.
NHL2	It is imperative that administration have the ability to identify areas in need of improving with all aspects of operations. The process of implementing QAPI is a difficult problem. Not having the right level of understanding the needs of stakeholders eliminates or reduces our ability to identify areas in need of improving undetectable and unnoticed by administration.
NHL3	In order to prevent any deviation from new QAPI standards and misinterpretations, leaders have been required to document all operational policies and procedures.
NHL4	The integration of QAPI entails administration providing clear documentation of their expectations to their subordinates.

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*Note.* Table 2 illustrates responses from participants and addresses the first two interview questions.

**Theme 2: Quality Control**

Quality control through feedback, data systems, and monitoring is the third element identified in QAPI regulations. All four participants indicated that one of the most critical requirements of the ACA is mandating nursing home staff measure the progress of patient care quantifiably. Hauck, Winsett, and Kuric (2013) assessed the impact of leadership facilitation strategies on nurses' beliefs, using a prospective descriptive comparative design with surveys conducted over a two-year period. My objective was to integrate evidenced based practices by evaluating healthcare leaders of nursing homes knowledge and skills and assess their leadership abilities in order to increase or establish evidenced-based practices in nursing homes. Hauck et al. concluded positive leaders facilitated infrastructure development in the following three major areas: (a) incorporating evidence-based practice outcomes in the strategic plan; (b) supporting mentors; and (c) advocating for resources for education and outcome dissemination (2013). These major areas are critical components of total quality management theory. From this, I concluded successful key strategies were evidence-based practice education and establishing internal opportunities within the cultural framework of an organization to disseminate findings, and identify areas in need of improvements. One limitation of this study was that information was only collected from healthcare leaders of nursing homes and not any other healthcare professionals within the nursing home setting. Furthermore, this study did not include any patient feedback, which is a critical aspect of establishing evidenced-based practices.

NH1 and NH4 indicated most healthcare providers who deal with the physical well-being of others generally create a residential assessment inventory (RAI) during their intake to satisfy this guideline of QAPI. An RAI is a process intended to assess the needs of care provided to consumers during their stay in nursing homes (NH2 & NH4). As such, an RAI serves as a tool used to measure the progress and needs of services provided to consumers. The rudiments of total quality management theory support the use of RAIs as a business tool, because it serves as a quantifiable method to identify systemic problems and provides recommendations for improving provisions of care within nursing homes (Galliers & Leidner, 2014; Rogers, 2006). Reinhard, Kassner, and Houser (2011) emphasized policies associated with new government mandates and objectives of improving the delivery of care within nursing homes and long-term care facilities. For example, organizations broadening their range of care options and creating systems are referred to as care systems, in order to meet the diverse needs of the populations served, or a scorecard composed of five key characteristics to assist long-term care organizations with quantifiably identifying and measuring progress towards their anticipated goals. All four participants discussed the pros and cons associated with implementing new measurement systems within long-term care and nursing facilities. Pros of new measurement systems consisted of improving the quality of care for individuals served. Cons consisted of implementing new systematic processes and restructuring of healthcare system operations within healthcare facilities and organizations.



Nursing home leader 3 (NHL3) indicated that as the healthcare field advances, healthcare professionals are beginning to adopt a more holistic approach to health, measuring patients' progress qualitatively and quantitatively. An example of qualitative data consists of open-ended surveys. Placing data in categories and identifying key themes by numbers is a quantitative method. All four participants indicated that to improve the quality of care provided to consumers, it is critical to identify external and internal factors that affect consumers' health. As such, RAIs, as it relates to nursing homes and in terms of QAPI, serve as a business tool or instrument used to measure progress (NH2 and NH3). Identifying external and internal factors to improve and maintain quality on an on-going basis is a significant tenet of total quality management theory (Deming, 1982). NHL1 indicated their organization's policies and procedures include a complete and in-depth survey. Therefore, RAIs have been used in nursing homes as business instruments to assess and measure progress or the lack thereof to maintain quality control within the workplace. The participants' supporting statements are listed in Table 3.

Table 2

*Theme 2: Quality Control*

NHL1	The usage of an RAI has been a method used prior to the implementation of QAPI. However, new standards require that nursing homes provide a way to objectively measure and assess progress, and RAI's are a common method used amongst nursing home providers.
NHL2	RAI's are a perfect method for assessing patients' needs. This concept is not new, but given a new amount of emphasis based on QAPI standards.
NHL3	To prevent any deviation from new QAPI standards and misinterpretations, leaders have been required to document all operational policies and procedures. Also, objectivity is the most critical aspect of adhering to QAPI standards.

NHL4

The integration of QAPI entails administration providing clear documentation of their expectations to subordinates.

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*Note.* Table 3 illustrates responses from participants and resolves question 3 of the interview questions.

### **Theme 3: Quality Assurance**

Performance improvement projects is the fourth element identified in QAPI regulations. Increasing quality assurance is the third theme. This theme addresses the importance QAPI regulations have placed on leaders of nursing homes to analyze internal and external factors affecting nursing home operations (NHL1 and NHL4). NH1 formerly stated that in QAPI regulations, leaders of nursing homes had been mandated to detect all issues that affect the provisions of care provided to consumers, which consisted of more than a physician visiting and completing assessments on patients. NH1 and NH3 indicate it is becoming more common to see various departments working closer together to identify ways nursing homes can improve their services provided to consumers using a team management approach. Lopez, Nestor, and Whalen (2014) served as hospital executives and legal advisors of healthcare facilities located within the United States Healthcare industry. The authors conducted research to determine if an integrated system comprised of various positions and backgrounds increase revenues and improve the quality of care using a metric based quantitative approach of financial data to provide readers with statistical information and illustrate the effectiveness of multi-disciplinary teams, which is a requirement of QAPI and the rudiment of total quality management, team management approach. The researchers failed to take into consideration any qualitative data, such as feedback from all stakeholders. This study measured the success of the four-model approach based on financial quantitative data, which is not a

representation of the model increasing quality care, but rather a representation of the model decreasing effects to improve systematic processes associated with increasing revenue. A team management approach is a tenet of total quality management theory that consists of nursing homes using a multidisciplinary team. A multidisciplinary team comprises employees from all levels of an organization's infrastructure and is a critical component of the second element of QAPI under governance and leadership. Therefore, the research findings conducted by Zuckerman and Allen's (2014) study, and Lopez, Nestor, and Whalen's, (2014) support the conclusions revealed in the literature review. The participants' supporting statements are listed in Table 4.

Table 3

*Theme 3: Quality Assurance*

<b>NHL1</b>	In order to understand and improve the quality of services provided to consumers, it is critical to identify their needs. This can only be accomplished by receiving feedback from all staff who interact and provide services to our consumers.
<b>NHL3</b>	The objective is to build commodore and effective team building for increasing the quality of services provided to consumers.
<b>NHL4</b>	The integration of QAPI necessitates attention to detail of our social context.

*Note.* Table 4 illustrates responses from participants and resolves interview questions 4 and 5.

**Theme 4: Quality Improvements**

Quality improvements using an integrated systems approach is the fourth and final theme, extend knowledge of the conceptual framework total quality management. All four participants stressed the importance of taking into account all aspects of business operations for assessing, evaluating, and improving the development and integration of new policies and procedures necessary to adhere to QAPI regulations (NH1, NH2, NH3,

and NH4). Similarly, themes derived through literature capture the importance of taking into account all business processes for ensuring the positive development and implementation of QAPI standards (CMMS, 2013; Kapp, 2014). More importantly, it is the leader's ability to execute strategies and tactics, to make changes in the workplace environment and culture, while maintaining an atmosphere centered on autonomy, trust, and task orientation as presented by Deming's findings in 1982 (NH1, NH2, NH3, and NH4). Hence, these elements confirm the critical components identified in the total quality management theory (Deming, 1982). The participants' supporting statements are listed in Table 5.

Table 4

*Theme 4: Quality Improvements*

<b>NHL1</b>	The benefits of establishing an integrated health care system is the potential to create change on a large scale and improve healthcare services provided to consumers.
<b>NHL2</b>	Health care is changing at a rapid pace, and it is imperative to give an increased amount of attention towards providing care routinely and consistently.
<b>NHL3</b>	Quality improvements are a formal approach of analyzing and improving systematic efforts within the healthcare industry.
<b>NHL4</b>	Quality improvements consist of on-going actions leading to measurable ways of improving healthcare.

*Note.* Table 5 illustrates responses from participants and resolves interview questions 2, 4, and 6.

### **Findings Related to the Conceptual Framework**

I chose Deming's total quality management framework for analysis to assist leaders of nursing homes in improving the quality and delivery of healthcare services by identifying operative strategies to integrate QAPI regulations in their business processes and operations. Feigenbaum (1961), Deming (1982), and Juran (1986) confirmed that

significant tenets characterizing the total quality management theory in this framework are: (a) customer service and customer orientation, (b) transformational leadership, (c) continuous improvement, (d) process-centered, (e) strategic and systematic approach to management, (f) factual approach to decision making, and (g) ensuring all departments work in concert through effective team-building (Flynn et al., 1994; Hill et al., 2014). Flynn et al.'s (1994) and Hill et al.'s (2014) findings are consistent with the findings in this study. For example, all four participants agreed on the importance and role leader plays towards making operational changes. Consistent with the total quality management theory, all participants ensured that all departments co-operate through effective team-building, which is a critical aspect of QAPI regulations (CMMS, 2013; Flynn et al., 1994; Hill et al., 2014). The literature review of this study provided information regarding why the U.S. government has implemented QAPI regulations with insight into the strategic purposes for QAPI standards in nursing homes. The results of this study may support healthcare leaders of nursing homes implementing QAPI regulations by identifying systemic problems, creating a new system of performance, and providing solutions to maintain or improve their business feasibility when used as an applied business practice (Galliers & Leidner, 2014; Rogers, 2006).

### **Applications to Professional Practice**

The results of this study contribute to effective business practices by serving as a learning paradigm for nursing home leaders to achieve sustainable solutions in their industry. During the completion of my literature review, I identified strategies used by other leaders, within professional business practices, and more specifically, within the

healthcare field who used the tenets of total quality management theory to resolve their research, and improve their business and professional practices or lack thereof. Strategies are methods and ideas that consist of tools and processes essential for companies to increase their bottom line (Gamble, Thompson, & Peteraf, 2009).

The implementation and use of strategies consist of the relationship and interactions of variables, both within the external and internal environment of a business or organization (Gamble, Thompson, & Peteraf, 2009). Strategic planning is a process in which an organization identifies their resources for the purpose of gaining a competitive advantage. The goal of both strategic planning and strategic intent is to determine and answer the fundamental questions of who, what, when, where, why, and how. Strategic planning serves as a catalyst towards organizations identifying their strategic intent. Understanding the fundamentals behind strategic intent plays an intricate role towards assisting leaders increase their bottom-line (Gamble, Thompson, & Peteraf, 2009).

I used total quality management theory to guide my research for the specific business problem of some healthcare leaders of nursing homes who lack effective strategies to implement and meet QAPI standards (CMMS, 2014). The findings of this study might assist leaders of nursing homes improve the quality and delivery of healthcare services by identifying operative strategies to integrate QAPI regulations in their business processes. Data from all four participants reflect (a) quality planning using systematic and strategic approaches, (b) quality control using business instruments and tools to measure performance and progress, (c) quality assurance through internal and external systematic analysis, and (d) quality improvements using an integrated systems

approach critical for integrating QAPI regulations. Finally, the findings from this study might be helpful to leaders of nursing homes who have been unsuccessful in integrating QAPI regulations into their business practices based on themes derived from participants, referred to in this study as Nursing home leader 1 (NH1), Nursing home leader 2 (NH2), Nursing home leader 3(NH3), and Nursing home leader (NH4).

### **Implications for Social Change**

The results from this study might contribute to positive social change by improving patient care within nursing homes if the findings improve nursing homes leaders' processes of optimization practices. This study used qualitative methods to identify systemic problems to determine reasons for failing to meet standardized quality levels of care (CMMS, 2013, 2014). For that reason, strategies based on findings in this research study using the conceptual framework of total quality management theory might assist leaders of nursing homes with identifying and correcting systemic problems, in order to transform systems of care to guarantee a systematic, efficient, and data-driven approach on an on-going basis by optimizing business practices (Brumm & Drury, 2013; Ioannidis et al., 2014; Mims et al., 2015). Consequently implementing QAPI will assist leaders of nursing homes in maintaining operations and continue to provide nursing home services to consumers within their communities or social context. As a result of, employing QAPI may support leaders of nursing homes in preserving operations and continue to provide nursing home services to consumers within their communities or social context. Moreover, it might reduce per capita costs within the healthcare delivery

system and improve the economic stability within the United States by reducing national economic expenditures (Inamadar, 2014).

### **Recommendations for Action**

Based on the results of this study, identifying pragmatic tactics and strategies is essential for nursing homes leaders to integrate QAPI regulations. After exploring the strategies used by nursing home leaders located in northwest Missouri, I have three specific recommendations for action. First, leaders of nursing homes should become knowledgeable of the principal components of QAPI, which consist of quality assurance and performance improvements, use of strategies to ensure nursing homes provide standard levels of care that can be evaluated through a standardized metric system (CMMS, 2014; Dellefield et al., 2013). Second, leaders of nursing homes need to understand the second principle component, which involves identifying areas in need of improvement, new strategies, and fixing systematic problems within the provision of care, as required by QAPI standards (CMMS, 2014). The QAPI standards consist of continuous processes that require leaders of nursing homes to have an indistinct understanding of their intentions, goal line, and professional procedures and processes on a continuous basis (Dellefield et al., 2013). Leaders of nursing homes must implement strategies to enhance sustainability, increase the available expert knowledge, and yield competitive advantages in the nursing home industry based on previous research findings, and findings of this study (Mims et al., 2015). Lastly, leaders of nursing homes should create and implement new strategies on a continuous basis to enhance and improve the quality of services provided to consumers and for remaining up to date with the constant



changes and political, social, and economic trends constantly changing at a rapid pace within the business environment (Kapp, 2014).

As stated in the invitation letter, the participants will receive a copy of this study, and this study will be published in the ProQuest Dissertations and Theses Database for anyone to review and use. To further the advancement for future research, I will also seek opportunities to present my findings at relevant forums, conferences, and business-related events. It is important to further the advancement of research in order to make continuous improvements within business practices and operations to remain current with trends occurring within the social, political, and economic environment for ensuring the sustainability (Brumm & Drury, 2013; Ioannidis et al., 2014).

### **Recommendations for Further Research**

I used a qualitative single case study to explore the effective strategies healthcare leaders of nursing homes need to implement to meet QAPI standards. Personal reflections on the limitations of my study consist of having preconceived biases as a healthcare executive with 15 years of healthcare experience (Yin, 2014). To address the limitations, bias, and sample size, researchers should conduct further studies to enhance and improve the validity of research findings the face of following all procedures to reduce any impartiality and preconceived thoughts and to confirm the analysis and conclusions, bias may be present as the researcher (Petty et al., 2012; Yin, 2014). In addition, based on collecting data from only four participants, future researchers should use a larger sample size to gather additional data and strengthen research findings by

expanding the geographical location outside of the northwest region of the United States, which was a noted delimitation of this study (Sandelowski et al., 2012).

I also recommend future researchers use a quantitative or mixed method to gather additional data to confirm similar findings. Using quantitative and mixed methods, enables researchers to obtain more in-depth data through metrics and literary analysis, which is important for identifying potential new findings (Petty et al., 2012).

### **Reflections**

It is important for researchers to build knowledge based on the premises of a foundation (Yin, 2014). Aligning my thoughts with the educational model and curriculum at Walden has enhanced my critical thinking skills. Using the total quality management theory to conduct my study has reshaped my approach to research. I reframed my personal perceptions in how I perceive business, creating a paradigm shift by expanding my knowledge towards pragmatic strategies, and understanding the attributes used to shape my efforts as a leader in a positive manner (Smith, Castle, & Hyer, 2013). Therefore, it is critical for researchers to understand and consider all elements of their study to ensure the design and methods of the study are properly aligned (Yin, 2014). As a researcher and doctoral student with a minimal amount of experience in research methodology, being exposed to the critical components of what necessitates a quality research study through courses at Walden has improved my research skills.

### **Conclusion**

Integrating QAPI regulations is critical for nursing home leaders to achieve sustainability. However, some leaders of nursing homes fail to identify effective

strategies and tactics that adhere with QAPI standards. The purpose of this qualitative case study was to explore the strategies used by leaders of a nursing home to integrate QAPI regulations into their business practice, process, and operations and address the central research question: What effective strategies do healthcare leaders of nursing homes need to implement to meet QAPI standards? Four healthcare leaders from one nursing home in the northwest region of the United States participated in semi-structured interviews. A review of the company's employee handbook improved the data collected. Four main themes, critical for integrating QAPI regulations, emerged after collecting and analyzing the data (a) quality planning using systematic and strategic approaches, (b) quality control using business instruments and tools to measure performance and progress, (c) quality assurance through internal and external systematic analysis, and (d) quality improvements using an integrated systems approach. The findings indicated leaders of nursing homes who used strategies and tactics to integrate QAPI regulations improved their provisions of care and achieved sustainability.

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## Appendix A: Certificate of Completion for Ethical Research





## Appendix B: Interview Protocol

- I. Introduce myself to the participant(s).
- II. Give participant copy of consent form
- III. Go over contents, answer questions, and concerns of participant(s).
- IV. Ask permission to turn on the audio recording device
- V. Turn on the audio recording device.
- VI. Introduce participant(s) with pseudonym and coded identification; note the date and time.
- VII. Begin interview with question #1; follow through to the final question.
- VIII. Follow up with additional questions and collect company documents.
- IX. End interview sequence; discuss member checking with participant(s).
- X. Reiterate contact numbers for follow up questions and concerns from participants
- XI. Thank the participant(s) for their part in the study.
- XII. End interview protocol.

## Appendix C: Interview Questions

1. What strategies do you use to establish and implement new QAPI standards, policies, and procedures within your organization?
2. What tactics do you use to communicate your expectations and goals for implementing and meeting QAPI standards to your employees across different departments?
3. What strategies do you use to evaluate and improve the quality of customer service and customer orientation provided to consumers, and what procedures do you use to assess the progress?
4. What tactics do you use to create system integration?
5. What strategies do you use to create effective team building?
6. What else you would like to add relevant to the use of strategies for implementing and meeting QAPI regulations that I did not address in these questions?

## Appendix D: Introductory Letter for Executives

Dear Executive,

My name is Ameer S. Gilyard and I am a doctoral candidate at Walden University. I am pursuing a Doctor of Business Administration (DBA) degree with a specialization in Healthcare Management. I am conducting a qualitative single case study titled: Implementing Quality Assurance Performance Improvements: A Systematic Development within Nursing Homes. The purpose of this proposed qualitative single case study is to explore the effective strategies healthcare leaders of nursing homes need to implement to meet QAPI standards. The results of this study may contribute to effective business practices by serving as a learning paradigm or business model for nursing home leaders to achieve sustainable solutions in their industry.

As part of this study, I am requesting authorization from you to conduct four semi structured interviews with six open-ended questions with your nursing home managers for the purpose of data collection and to review your employee handbook (facility operational policies and procedures). All interviews of prospective participants will be conducted in person and employees' participation will be voluntary and at their own discretion.

If you grant me permission to conduct the study using your organization, please review, sign and email or scan the Letter of Cooperation to me. Should you have any questions or concerns, please contact me at (XXX) XXX-XXXX.

Sincerely,

Ameer S. Gilyard

## Appendix E: Invitation Letter

Dear Potential Research Participant:

As a manager or administrator in the nursing home with QAPI experience, thank you for your time. I am conducting a doctoral study regarding implementing QAPI regulations. The purpose of this proposed qualitative single-site case study is to explore the effective strategies healthcare leaders of nursing homes need to implement to meet QAPI standards. If you agree to participate in this study, I will conduct an interview with you that will last approximately 30 to 60 minutes. I will perform member checking of the results, which last between 10-20 minutes. Please note: Member checking consists of informant feedback and validating answers from questions asked. Upon approval of my dissertation, I will share a 1-2-page summary of the results and findings, via e-mail. Your participation in the study is voluntary.

I will keep your information confidential, and will not release the specifics of any interview with anyone. I will use the information to identify various themes and relationships to form conclusions on the strategies use to implement QAPI regulations. After reading this invitation letter and upon agreeing, I will provide more information during the interview.

It should be noted, that the study might be published in the ProQuest Dissertation Database; however, the individual interviews with each participant will be kept confidential. No individual other than my doctoral study committee at Walden University will have access to the interview transcripts. I will not release information that could possibly affect you or your organization.

If you have any questions, please contact me at any time. My phone number is (XXX) XXX-XXX, and email is XXX@XXX. Thank you for your consideration.

Sincerely,

Ameer S. Gilyard