

ILS CARE

REGULATORY SOLUTIONS

External QAPI Program

QAPI as a discipline, not a checkbox. A twelve-month partnership brief for hospice and home health leadership.

2026 EDITION

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EXECUTIVE SUMMARY

Most QAPI programs fail their own audit.

CMS requires every hospice and home health agency to run a Quality Assurance and Performance Improvement program. Most agencies run it as a quarterly form-fill. ILS CARE runs it as the program CMS actually wrote into the Conditions of Participation: real findings, measurable improvement, and the documentation a surveyor expects to see on the table.

This brief outlines the External QAPI Program in enough detail for clinical and financial leadership to decide whether it fits your organization. It is not a proposal. A scoping call is the next step after reading.

Six disciplines, run on a quarterly cadence.

Every component below is a regulatory line item. Each one delivered by Irene, signed off in writing, and documented for surveyor review.

01. Quarterly PIP cycle facilitation

Performance Improvement Projects scoped, run, and closed on a 90-day cycle. ILS CARE leads the meetings, owns the documentation, drives the outcome.

02. Indicator selection and data plan

QAPI indicators chosen against your specific patient mix and risk profile, with a data collection plan your team can run between cycles.

03. Root-cause analysis with the team

RCA sessions run with the clinical team that touched the chart, not at them. Findings tied to fixable processes, not individual blame.

04. Board-ready QAPI documentation

Quarterly summary packs written for governance: indicators, findings, interventions, outcomes. Drop into the board folder. Nothing else needed.

05. Monthly oversight

Monthly check-in calls with the QAPI lead, written status of every active PIP, escalation path for any indicator drifting out of control limits.

06. Quarterly on-site review

One day on-site per quarter for the cycle review, board attendance, and any required staff briefings. Multi-site engagements scoped by location.

HOW THE PROGRAM RUNS

The PDSA cycle, every quarter.

The Plan-Do-Study-Act cycle is what CMS expects QAPI to actually be doing. Here is how ILS CARE runs each rotation, with what we own and what your team owns at every stage.

Stage	Timing	What ILS CARE owns	What your team owns
P — PLAN	Month 1	Indicator selection. Baseline measurement. Tool generation. Data review process. Change standard	Organizing. Data. Review process. Change standard
D — DO	Month 1 to 2	Protocols. Monitoring tool. Training for the discipline effect	Implementation. Documentation at the bedside, in real time
S — STUDY	Month 2 to 3	RCA facilitation. Data analysis. Written findings. Standard for the Commission and Context for variance.	Standard for the Commission and Context for variance.
A — ACT	Month 3	Policy update drafting. Training rollout plan. Next quarter PDSA plan	Adoption. Policy change. Scaling the change into standard

INTERNAL QAPI VS. EXTERNAL QAPI

Why most internal QAPI programs fail their own audit.

	Internal QAPI committee	ILS CARE External QAPI
Indicator selection	Carried over from last year, often template-so	Selected against patient mix, risk profile, recent survey tre
Cycle cadence	Quarterly meeting; PIPs often slip multi-quarte	Run as a 90-day cycle with documented closeout.
Root-cause analysis	Often skipped; education used as default inte	Facilitated with the team that touched the chart, every cycl
Board reporting	Compiled by clinical leadership the week of the	Delivered as a written pack, surveyor-format, on time.
Surveyor exposure	QAPI is a frequent CMS citation area for hosp	Documented in the format CMS surveyors are trained to lo
Cost model	Hidden: clinical leadership time plus last-minu	Fixed monthly fee. No hourly billing surprises.

ENGAGEMENT MODEL

Twelve months. One discipline.

External QAPI is a twelve-month minimum because the program needs four full PDSA cycles before it produces the kind of board-ready evidence surveyors look for. Anything shorter is a checkbox in disguise.

- Onboarding workshop in week one to select indicators
- Four 90-day PDSA cycles across the engagement year
- Monthly oversight calls plus written status
- One day on-site per quarter, including board attendance
- Year-end QAPI program review and renewal scoping
- Multi-site clients scoped by location, priced separately

FR
OM

\$4,800

/mo
12-MONTH MINIMUM • INVOICED MONTHLY

OUTCOMES ACROSS COMPLETED ENGAGEMENTS

Three numbers a board can see.

3.2×

More findings surfaced vs. internal QAPI committees

12 hrs

Board hours saved per cycle

0

QAPI-related citations across completed engagements

Illustrative. See ilscare.com/methodology for the full accounting. Line-item backup available under NDA.

NEXT STEP

Stop running QAPI as a quarterly form-fill.

A fifteen-minute call is enough to know whether External QAPI is the right fit for your program. If it is not, ILS CARE will tell you what is.

To request a scoping call

Email: info@ilscarern.com · **Phone:** 516-618-4560 · **Book directly:** ilscarern.com/contact

What happens on the call

- Two or three questions about your current QAPI cadence and most recent survey history
- A read on whether External QAPI is the right entry point, or whether an External Q/A Service or Mock Survey sprint should come first
- If it is a fit, a scoped twelve-month proposal sent within five business days

This brief is confidential and prepared for the reader. Redistribution outside the client organization requires prior written consent. ILS CARE RN is a New York-based regulatory consultancy serving Medicare-certified hospice and home health agencies nationwide.