Objectives

1. Describe the fundamentals of QAPI programs
2. Understand the 5 elements of QAPI for nursing facilities
3. Describe a process for establishing priority QAPI goals based on facility specific assessment.
4. Understand the governing body and administrative role in development and sustenance of a QAPI culture and maintaining accountability for safety and quality in balance with resident rights and choice.

Housekeeping Announcements

- Handouts are posted on the toolbar at the right of your screen.
- All phone lines are muted
- All questions will be held until the end of the session
  - If you have a question/comment type your question into the Go-To webinar toolbar
- Contact the association through which you registered for any questions regarding continuing education credits & certificates.
Quality Assurance & Performance Improvement

Quality Assurance (QA)
- Standards
- Reactive
- Reach acceptable levels

Performance Improvement (PI)
- Proactive
- Continuous study
- Prevents or decreases problems

QAPI
- Systematic
- Interdisciplinary
- Data Driven
- Comprehensive

QAPI in Action: 5 Elements

Element 1: Design and Scope
Element 2: Governance & Leadership
Element 3: Feedback, Data Systems, & Monitoring
Element 4: Performance Improvement Projects (PIPs)
Element 5: Systemic Analysis & Systemic Action

Action Plan

1. Leadership Responsibility
2. Preamble Documents
3. Self-Assessment
4. Written QAPI Plan
5. Policy Development
6. QAPI Forms/Documents

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December 2018
LEADERSHIP RESPONSIBILITY

F867
Quality Assessment & Assurance

- The quality assessment & assurance committee reports to the facility's governing body, or designated person(s) functioning as a governing body regarding its activities, including implementation of the QAPI program. The committee must:
  i. Develop & implement appropriate plans of action to correct identified quality deficiencies;
  ii. Regularly review & analyze data, including data collected under the QAPI program & data resulting from drug regimen reviews, & act on available data to make improvements.

(QMS, Appendix PP, 2017)

QAA Committee Responsibility

- Identify & respond to quality deficiencies
  - Data monitoring
  - Prioritization of concerns
  - Identify root cause
- Oversight of QAPI program
- Develop & implement corrective actions
- Monitor to ensure performance goals achieved
F868 Quality Assessment & Assurance

- A facility must maintain a quality assessment and assurance committee consisting at a minimum of:
  - i. The director of nursing services;
  - ii. The Medical Director or his/her designee;
  - iii. At least three other members of the facility's staff, at least one of who must be the administrator, owner, a board member or other individual in a leadership role; and
  - iv. The infection preventionist. (Phase 3)

F868 Quality Assessment & Assurance

- The quality assessment and assurance committee reports to the facility's governing body, or designated person(s) functioning as a governing body regarding its activities, including implementation of the QAPI program.
- The Quality Assessment & Assurance committee must:
  - i. Meet at least quarterly and as needed to coordinate and evaluate activities under the QAPI program, such as identifying issues with respect to which quality assessment and assurance activities, including performance improvement projects required under the QAPI program, are necessary.

F865 Governance & Leadership

- The governing body and/or executive leadership (or organized group or individual who assumes full legal authority and responsibility for operation of the facility) is responsible and accountable for ensuring that:
  - (f)(1) An ongoing QAPI program is defined, implemented, and maintained and addresses identified priorities.
  - (f)(2) The QAPI program is sustained during transitions in leadership and staffing;
  - (f)(3) The QAPI program is adequately resourced, including ensuring staff time, equipment, and technical training as needed;
F865 Governance & Leadership

- The governing body and/or executive leadership is responsible and accountable for ensuring that:
  - (f)(4) The QAPI program identifies and prioritizes problems and opportunities that reflect organizational process, functions, and services provided to residents based on performance indicator data, and resident and staff input, and other information.
  - (f)(5) Corrective actions address gaps in systems, and are evaluated for effectiveness; and
  - (f)(6) Clear expectations are set around safety, quality, rights, choice, and respect.

(CMS, Appendix PP, 2017)

PREAMBLE DOCUMENTS

Action Step # 2

1. Vision Statement
2. Mission Statement
3. Purpose Statement
4. Guiding Principles
5. Scope

QAPI Plan Preamble: Foundational Documents
Mission & Vision Statements

Mission: Meadowlark Hills is each resident's home. We are committed to enhancing the quality of life by nurturing individuality and independence. We are growing a value-driven community while leading the way in honoring inherent senior rights and building strong and meaningful relationships with all whose lives we touch.

Vision: The vision of the Good Samaritan Society is to create an environment where people are loved, valued and at peace.

Purpose Statement

Purpose: The purpose of QAPI in our organization is to take a proactive approach to continually improving the way we care for and engage with our residents, caregivers, and other partners so that we may realize our vision to (reference aspects of vision statement here). To do this, all employees will participate in ongoing QAPI efforts, which support our mission by (reference aspects of mission statement here).

Guiding Principles

• Guiding Principles: Our organization uses QAPI to make decisions and guide our day to day operations.
• The outcome of QAPI in our organization is the quality of care and the quality of life of our residents.
• In our organization, QAPI includes all employees, all departments and all services provided.
• QAPI focuses on systems and processes, rather than individuals. The emphasis is on identifying system gaps rather than on blaming individuals.
F865 Program Design & Scope

- A facility must design its QAPI program to be ongoing, comprehensive, and to address the full range of care and services provided by the facility. It must:
  - (b)(1) Address all systems of care and management practices;
  - (b)(2) Include clinical care, quality of life, and resident choice;
  - (b)(3) Utilize the best available evidence to define and measure indicators of quality and facility goals that reflect processes of care and facility operations that have been shown to be predictive of desired outcomes for residents of a SNF or NF.
  - (b)(4) Reflect the complexities, unique care, and services that the facility provides.

(CMS, Appendix PP, 2017)

Scope of Care & Services

- Short Stay Rehab
- Long-term Care
- Dementia Care
- Specialty Clinical Services
  - Wound Care
  - Respiratory Care
  - Dialysis
  - Hospice/Palliative Care
  - Restorative Nursing
- Rehabilitation Services
- Nutrition Services
- Environmental Services
- Social Services
- Activities
- Physician Services

QAPI SELF ASSESSMENT

Action Step # 3
QAPI Self Assessment

- Review existing QAA program to determine strengths and weaknesses
- CMS tool for self assessment at the start of QAPI
- Team input into self assessment to reflect organization’s awareness and involvement in QAPI
- Recommended to reassess annually to measure progress
- Self assessment reviews content from all five elements

CMS Self Assessment Tool

[Image of CMS Self Assessment Tool]


WRITTEN QAPI PLAN

Action Step # 4

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QAPI Plan

• Written plan containing process that will guide efforts in assuring care & services maintained at acceptable levels of performance & continually improved
• Describes how you will conduct required QAPI & QAA committee functions

QAPI Plan Elements

• Scope of committee responsibilities & activities
• Process for conducting activities necessary to identify & correct quality deficiencies
• How to ensure care & services meet accepted standards of quality
• How to identify problems & opportunities for improvement
• How to ensure progress achieved & sustained
• Process to identify & correct quality deficiencies
• Tracking & measuring performance
• Establishing goals & thresholds
• Identifying & prioritizing quality deficiencies
• Developing & implementing corrective actions
• Monitoring & evaluating effectiveness of actions

F865 QAPI Program

• The facility must:
  • (a)(2) Present its QAPI plan to the State Survey Agency no later than 1 year after the promulgation of this regulation (Phase 2)
  • (a)(3) Present its QAPI plan to a State Survey Agency or Federal surveyor at each annual recertification survey and upon request during any other survey and to CMS upon request; and
  • (a)(4) Present documentation and evidence of its ongoing QAPI program’s implementation and the facility’s compliance with requirements to a State Survey Agency, Federal surveyor or CMS upon request.
F866
Program feedback, data systems & monitoring

A facility must establish and implement written policies and procedures for feedback, data collections systems, and monitoring, including adverse event monitoring. The policies and procedures must include, at a minimum, the following:

1. Facility maintenance of effective systems to obtain and use of feedback & input from direct care staff, other staff, residents, & resident representatives, including how such information will be used to identify problems that are high risk, high volume, or problem-prone, & opportunities for improvement.

(CMS, Appendix PP, 2017)
Feedback, Data Systems, & Monitoring

- Obtain and use feedback to facilitate improvement
  - Residents
  - Families/Representatives
  - Staff including direct care workers
- Ensure process for data collection and use from all departments
- Determine method for using data to determine high volume, problem prone or high risk areas

Identify Gaps & Opportunities

- Adverse Events
- Previous Survey Citations
- Quality Measures
- Infection Control Data
- Medications
- Complaints
- Satisfaction Surveys
- Rehospitalization Rates
- Consultant Reports
- Incident Reports
- Audits

Potentially Preventable Events

<table>
<thead>
<tr>
<th>Medications</th>
<th>Care</th>
<th>Infection</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Change in mental status r/t opiate or psychotropic use</td>
<td>• Falls or other trauma related to care</td>
<td>• Respiratory Infections</td>
</tr>
<tr>
<td>• Hypoglycemia or ketoacidosis r/t antidiabetic medication</td>
<td>• Electrolyte imbalance</td>
<td>• Skin &amp; wound infections</td>
</tr>
<tr>
<td>• Bleeding or thromboembolism r/t antithrombotic medications</td>
<td>• Thromboembolic events</td>
<td>• UTIs</td>
</tr>
<tr>
<td>• Constipation, ileus, or impaction r/t opiate use</td>
<td>• Respiratory distress</td>
<td>• Infectious diarrhea</td>
</tr>
<tr>
<td>• Electrolyte imbalance r/t diuretics</td>
<td>• Exacerbations of preexisting conditions</td>
<td></td>
</tr>
</tbody>
</table>
### High Risk, High Volume, Problem Prone

<table>
<thead>
<tr>
<th>Definition</th>
<th>Examples</th>
</tr>
</thead>
</table>
| High Risk Care or service areas associated with significant risk to the  | • Tracheostomy Care  
| health or safety of residents                                              | • Pressure Injury Prevention  
|                                                                             | • Administration of high risk medications                                |
| High Volume Care or service areas performed frequently or affecting a     | • Order transcription  
| large population                                                           | • Medication administration  
|                                                                             | • Laboratory testing                                                    |
| Problem Prone Care or service areas that have historically had repeated   | • Call light response times  
| problems                                                                  | • Staff turnover  
|                                                                             | • Lost laundry                                                           |

**F867**

**QAPI- Program Systematic Analysis & Systemic Action**

- The facility must take actions aimed at performance improvement & after implementing those actions, measure its success, & track performance to ensure that improvements are realized & sustained
- The facility will develop & implement policies addressing:
  i. How they will use a systematic approach to determine underlying causes of problems impacting larger systems;
  ii. How they will develop corrective actions that will be designed to effect change at the systems level to prevent quality of care, quality of life, or safety problems; and
  iii. How the facility will monitor the effectiveness of its performance improvement activities to ensure that improvements are sustained.

(CMS, Appendix PP, 2017)
F865
QAPI Program

(a) Each LTC facility, including a facility that is part of a multiunit chain, must develop, implement, and maintain an effective, comprehensive, data-driven QAPI program that focuses on indicators of the outcomes of care and quality of life. The facility must:

• (a)(1) Maintain documentation and demonstrate evidence of its ongoing QAPI program that meets the requirements of this section. This may include but is not limited to systems and reports demonstrating systematic identification, reporting, investigation, analysis, and prevention of adverse events; and documentation demonstrating the development, implementation, and evaluation of corrective actions or performance improvement activities;

F867
Program Activities

• The facility must set priorities for its performance improvement activities that focus on high-risk, high-volume, or problem-prone areas; consider the incidence, prevalence, & severity of problems in those areas; & affect health outcomes, resident safety, resident autonomy, resident choice, & quality of care.

• Performance improvement activities must track medical errors & adverse resident events, analyze their causes, & implement preventive actions & mechanisms that include feedback & learning throughout the facility.

Presenting Data

1. What are we measuring?
2. When are we measuring it?
3. How do we measure this, where does the data come from?
4. Who is responsible for tracking the data?
5. What is our performance goal or aim?
6. How will data findings be tracked and displayed?
Prioritizing Improvement

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevalence</td>
<td>Frequency at which issue arises in the organization</td>
</tr>
<tr>
<td>Risk</td>
<td>Level to which the issue poses a risk to the well-being of the residents</td>
</tr>
<tr>
<td>Cost</td>
<td>Cost incurred by the organization each time the issue occurs</td>
</tr>
<tr>
<td>Relevance</td>
<td>Extent to which addressing the issue would affect resident quality of life</td>
</tr>
<tr>
<td>Responsiveness</td>
<td>Likelihood an initiative on this issue would address a need expressed by residents, family, and/or staff</td>
</tr>
<tr>
<td>Feasibility</td>
<td>Ability of the organization to implement a PIP on the issue, given current resources</td>
</tr>
<tr>
<td>Continuity</td>
<td>Level to which an initiative on the issue would support the organizational goals and priorities</td>
</tr>
</tbody>
</table>

F867 Program Activities

- As part of their performance improvement activities, the facility must conduct distinct performance improvement projects.
  - The number and frequency of improvement projects conducted by the facility must reflect the scope & complexity of the facility’s services & available resources, as reflected in the facility assessment.
  - Improvement projects must include at least annually a project that focuses on high risk or problem-prone areas identified through the data collection & analysis

Corrective Action

- QAA committee responsible to oversee development of appropriate corrective action
  - Address the underlying cause of the issue comprehensively, at the systems level
  - Develop written PIP that includes:
    - Definition of problem
    - Measurable goals
    - Step by step interventions to correct problem
    - Description of how committee will monitor to ensure expected results achieved
Performance Improvement Projects (PIPs)

- Concentrated effort on a problem area
- Systematic approach to clarify issues and intervene for improvement
- PIPs are conducted in individual facility priority areas

PIP Charter

- Goals
- Scope
- Timing
- Milestones
- Team Roles & Responsibilities

- CMS QAPI Resource
  - Worksheet to Create a Performance Improvement Project Charter

Launching a PIP

- PIP Launch Checklist
- PIP Inventory Log
- PIP Inventory Form
Systematic Analysis & Systemic Action

- Systematic, highly structured approach to problems review
- Policies and procedures on the use of Root Cause Analysis
  - Purpose is to find out what happened, why it happened, & what changes need to be made
- Comprehensive review across all involved systems to prevent future events
- Promotes sustained improvement
- Focuses on continual learning and continuous improvement

Model for Improvement

1. What are we trying to accomplish?
2. How will we know the change is an improvement?
3. What change can we make that will result in an improvement?

![Model for Improvement Diagram](CMS, 2014)

Sustaining Improvement

- Systems
- People
- Environment
- Measurement
Root Cause Analysis

- Structured facilitated team process to identify root causes of an event that resulted in an undesired outcome & develop corrective actions.
- Purpose is to find out what happened, why it happened, & what changes need to be made.

Root Cause Analysis Handout

Achieving Change Success

- Visible leadership who are enthusiastic about the change
- Multidisciplinary approach
- Focus on human side of change
NEW LTC SURVEY PROCESS

F865 Disclosure of Information & Sanctions

- A State or the Secretary may not require disclosure of the records of such committee except in so far as such disclosure is related to the compliance of such committee with the requirements of this section (Phase 1)
- Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions (Phase 1)

(CMS, Appendix PP, 2017)

Good Faith Attempts

- Where you aware of problem promptly?
- Was the issue a high-risk, high-volume, or problem-prone issue you should have been tracking?
- Was there a negative outcome to a resident which should have alerted you to the issue?
- What steps did you take when you became aware of the issue?
- Has there been enough time to implement changes & evaluate the effectiveness of the changes?
- Do your efforts demonstrate diligence & an honest attempt to correct the issue?
Sanctions

• Refusal by a facility to produce evidence of compliance with QAA will lead to citation of noncompliance with F865, requiring a plan of correction, and possible imposition of enforcement remedies up to and including termination of the facility’s provider agreement.
• In the event of a facility refusal to produce evidence of compliance, the team coordinator directed to contact their State Agency supervisor.

LTC Survey Process
QAA & QAPI Plan Review

1. Did QAA committee develop & implement appropriate plans of action to correct identified quality deficiencies?
2. Does QAA committee consist of minimum required members?
3. Does facility have QAA committee that meets at least quarterly?
4. Does QAA committee put forth Good Faith Attempts to identify & correct quality deficiencies?
5. Does facility have a QAPI plan containing necessary policies & protocols describing how will identify & correct quality deficiencies?

Examples of QAA non-compliance

• No physician committee member
• Committee meetings only twice per year
• Action plan to correct a quality deficiency not followed
• Action plan did not adequately employ root cause analysis of underlying issue
  • An action plan to address falls failed to identify the impact of sedating medications on the residents repeated falls.
QAPI Action Plan Development

References


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