QAPI: Meeting the CMS Requirement of Participation Ph II

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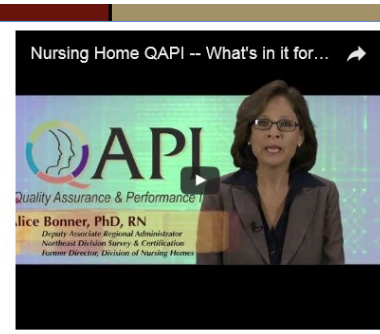
September 28, 2017

Questions to Run On . . .

Refresh my memory . . .

1. What is QAPI again?
2. Why do we care?
3. Have you started?
4. What do we do next?



Nursing Home QAPI – What's in it for You?

*CMS NH QAPI Video:
https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/NHQAPI.html

Refresh My Memory . . .

- F520 (OBRA 1987) – QAA
  - Purpose: To provide a framework for facility to evaluate their systems in order to prevent deviation in and correct inappropriate care processes
  - **Focus:** Meeting the minimum requirements
- Section 6102(c) of Affordable Care Act (2010)
  - Purpose: Strengthen a facility's capacity for data collection and analysis, strategy development, and action plans
  - **Focus:** Proactive effort to improve performance

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Now Part of the ROPs

§483.75 Quality assurance and performance improvement

[§483.75 and all subparts will be implemented beginning November 28, 2019 (Phase 3), unless otherwise specified]

§483.75(a) Quality assurance and performance improvement (QAPI) program

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

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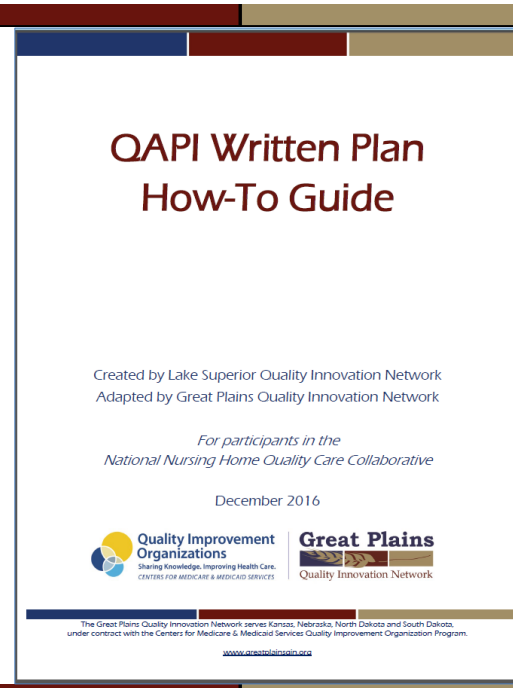
Quality Assurance/Performance Improvement (QAPI)

"Transforming the lives of nursing home residents through continuous attention to quality of care and quality of life"

Phase II Requirement

(2) Present its QAPI plan to the State Survey Agency no later than 1 year after the promulgation of this regulation; [§483.75(a)(2) will be implemented beginning November 28, 2017 (Phase 2)]

How to…



QAPI Written Plan
How-To Guide

Created by Lake Superior Quality Innovation Network
Adapted by Great Plains Quality Innovation Network

For participants in the
National Nursing Home Quality Care Collaborative

December 2016

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
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Great Plains
Quality Innovation Network

The Great Plains Quality Innovation Network serves Kansas, Nebraska, North Dakota and South Dakota, under contract with the Centers for Medicare & Medicaid Services Quality Improvement Organization Program.

www.greatplainsqin.org

http://greatplainsqin.org/wp-content/uploads/2017/07/QAPI-Written-Plan-How-to-Guide.pdf

Let's Fill in the Blanks:

- QAPI Plan for ___*your facility*___
- Vision
- Mission
- Guiding values or principles
- Purpose of your organization's QAPI Plan

Good Samaritan Foundation

Home What we do About Donate

The Good Samaritan Foundation strives to discover gift dollars to assist in the development of varied service offerings and innovative approaches of the Society. We want to give friends of the Society and donors the opportunity to support the well-being of those the Society serves, wherever they may call home.

Outcome

The Good Samaritan Foundation shares the Society's vision "to create an environment where people are loved, valued and at peace" by inviting donors to help show what senior care can be.

Our mission in action

The Foundation's initiatives focus on transforming the aging experience in America and connecting more seniors with local services.

What we do

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Rosewood on Broadway
SMP Health System

1351 Broadway
Fargo, ND 58102

Phone: 701-277-7999
Fax: 701-277-7989

Mission	Values	Services	Therapy	Departments	Tour	History
Newsletters	Employment	Volunteer	Participating Organizations	Related Links	Contact Us	Home

Mission

Rosewood on Broadway, inspired by the Sisters of Mary of the Presentation, serves those in our care with respect and compassion as we strive to fulfill the healing mission of Jesus.

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Guiding Principles

- How QAPI is interwoven into how your facility functions
- What values & principles drive all your efforts
- Confirm that all items noted in guidance and regulation repeatedly are included in your document HERE! (We'll come back to this)

Purpose

Purpose of your organization's QAPI plan:

_____

_____

_____

(reference aspects of your mission statement)

Program Design and Scope

- List of services you provide to residents:
  - Address all systems of care and management practices
  - Include clinical care, quality of life, and resident choice
  - Utilize best available evidence to define and measure indicators of quality and facility goals
  - Reflect the complexities, unique care, and services that you provide

Check the BOXES

- List the services that you provide to residents:
  - Post-acute care
  - Long-term care
  - Dementia care and services
  - Dietary/dining
  - Housekeeping
  - Rehabilitation services
  - Transitional care
  - Therapy
  - Maintenance and engineering
  - Administration
  - Hospice
  - Palliative care

How do those services align with QAPI?

- Consider how each service area addresses:
  - Clinical care
  - Individualized goals and approaches for care
  - Quality of life
  - Resident choice
  - Safety
  - Regulations

Governance and Leadership

Leadership actively engaged with setting expectations and priorities, including:

- Systematic approach to gather input from staff, residents, families and stakeholders
- Adequate resources—time, money, others
- Ongoing and consistent staff training
- Accountability for process and results
- Balance culture of safety and rights
- Non-punitive culture

Governance and Leadership (cont.)

- Responsibility and accountability through the QAPI Steering Team
  - Executive leadership
  - Medical oversight
  - QA/QAA/QAPI Coordinator
  - Interdisciplinary
  - Include front-line staff

Governance and Leadership (cont.)

- QAPI needs to be adequately resourced
- Mandatory QAPI staff training and orientation
- Framework for QAPI
- Reporting QAPI activities
- Fair and just culture

Feedback, Data Systems and Monitoring

Systems to monitor a wide range of care and service drawing from multiple sources:

- Data from staff, residents, stakeholders and others
- Use of goals and benchmarks
- Ability to analyze, interpret and translate data into meaningful and actionable information
- Using data to systematically prioritize and select performance improvement projects (PIPs) appropriate for the nursing home

Feedback, Data Systems and Monitoring

Feedback, Data Systems, and Monitoring

12. Identify Data Sources to Analyze Performance, Identify Areas of Risk and Solicit Feedback/Input

Organizations must effectively identify, collect, and use data and information from all departments and the facility assessment. Identify data sources, the frequency of data collection/analysis, targets/benchmarks you will use and establish a plan to communicate data analysis. Choose data sources your organization will use to develop and monitor performance indicators that will track your ongoing performance.

Data Sources	Data collection frequency		Benchmarks to analyze this data source	Who will analyze the data?	Data analysis frequency	Data will be communicated with	Communicate data analysis via	Frequency of communication
	Suggestions	• weekly • monthly • quarterly • annually	• applicable clinical guidelines • identified best practices • national data • organizational (chain) data • state data	• HR • Leadership Team • QAA committee	• weekly • monthly • quarterly • annually	• board members • caregivers • community • executive leadership • families • residents • volunteers	• board meetings • bulletin boards • dashboards • newsletters • posters interdisciplinary meetings • staff meetings	• weekly • monthly • quarterly • annually

Data Sources

- Abuse, neglect, maltreatment reports
- CMS QMs/MDS
- Human resources
- Case mix
- Trend tracker
- Survey deficiencies
- Complaints
- Falls
- Med errors
- Admissions, discharges, transfers
- Resident/Family Council minutes
- Satisfaction surveys
- Suggestions boxes

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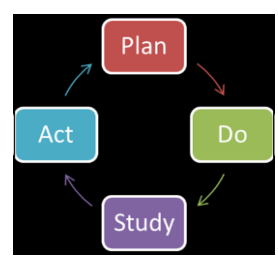
Performance Improvement Projects

Conduct Performance Improvement Projects (PIPs) to improve care or services in areas relevant for your residents:

- Gather information systematically to clarify issues and identify opportunities
- Test and implement changes
- Data



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Performance Improvement Projects

- Identifying topics
- Prioritizing and selecting PIPs
- PIP charters
- PIP teams
- Documentation and communication

https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/Downloads/ProcessToolFramework.pdf

PIPs: Identifying Topics

- Aspects of care occurring most frequently or affecting large numbers of residents
- Diagnoses associated with high rates of morbidity or disability if not treated in accordance with accepted standards of care (Evidence-based research/practices)
- Issues identified from demographic and epidemiological data
- Access to care post-discharge
- Resident/family expectations
- Regulatory requirements
- Availability of data
- Ability to impact the problem and available resources
- Critical incidents
- Near misses
- Safety concerns
- Survey deficiencies scope and severity

PIPs: Prioritizing

Prioritization Worksheet for Performance Improvement Projects

QAPI

Directions: This tool will assist in choosing which potential areas for improvement are the highest priority based on the needs of the residents and the organization. Follow this systematic assessment process below to identify potential areas for PIPs. This process will consider such factors as high-risk, high-volume, or problem-prone areas that affect health outcomes and quality of care. This tool is intended to be completed and used by the QAPI team that determines which areas to select for PIPs. Begin by listing potential areas for improvement in the left-hand column. Then score each area in the following columns based on a rating system of 1 to 5 as defined below:

1 = very low	2 = low	3 = medium	4 = high	5 = very high

Rating is subjective and is meant to be a guide and to stimulate discussion. Finally, add the scores across the row and tally in the final column. Potential improvement areas with a higher score indicate a higher priority.

POTENTIAL AREAS FOR IMPROVEMENTConsider areas identified through: Dashboard(s) Feedback from staff, families, residents, other Incidents, near misses, unsafe conditions Survey deficiencies	PREVALENCE The frequency at which this issue arises in our organization.	RISK The level to which this issue poses a risk to the well-being of our residents.	COST The cost incurred by our organization each time this issue occurs.	RELEVANCE The extent to which addressing this issue would affect resident quality of life and/or quality of care.	RESPONSIVENESS The likelihood an initiative on this issue would address a need expressed by residents, family and/or staff.	FEASIBILITY The ability of our organization to implement a PIP on this issue, given current resources.	CONTINUITY The level to which an initiative on this issue would support our organizational goals and priorities.	TOTAL SCORE TALLY

https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/PIPPriorWkshtdebedits.pdf

PIPs: Chartering

PROJECT APPROACH

Recommended Project Time Table:

PROJECT PHASE	START DATE	END DATE
Initiation: Project charter developed and approved		
Planning: Specific tasks and processes to achieve goals defined		
Implementation: Project carried out		
Monitoring: Project progress observed and results documented		
Closing: Project brought to a close and summary report written		

Project Team and Responsibilities:

TITLE	ROLE	PERSON ASSIGNED
Project Sponsor	Provide overall direction and oversee financing for the project	
Project Director	Coordinate, organize and direct all activities of the project team	
Project Manager	Manage day-to-day project operations, including collecting and displaying data from the project	
Team members*		

*Choice of team members will likely be deferred to the project manager based on interest, involvement in the process, and availability.

Material Resources Required for the Project (e.g., equipment, software, supplies):

https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/PIPCharterWkshtdebedits.pdf

Sample PIP Templates

QAPI

QAPI PERFORMANCE IMPROVEMENT PROJECT (PIP)

Page 1 of 2

FACILITY NAME			DATE	
MISSION STATEMENT				
TEAM MEMBERS	• LEAD	•	•	
	•	•	•	
	•	•	•	
FOCUS AREA				

DESCRIBE PROBLEM	GOAL Desired Outcome Specific – Measureable – Attainable – Relevant – Time-Bound

OUTCOME MEASUREMENT								
	BASELINE Starting Point	TARGET/GOAL	REMEASUREMENT					
REPORT PERIOD								
NUMERATOR / DENOMINATOR								
RATE (%) Facility Observed Percent								
NATIONAL PERCENTILE								

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Sample PIP Templates (cont.)

PERFORMANCE IMPROVEMENT PROJECT (PIP) GUIDE

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START DATE	REVIEW DATE(S)	COMPLETE DATE	PIP SQUAD MEMBERS
PROJECT LEADER:			1. 2. 3.
KEY AREA FOR IMPROVEMENT:			4. 5. 6. 7.
GOAL: Specific, Measureable, Action Oriented, Realistic, Time Bound			

WHAT IS THE ROOT CAUSE(S) FOR THE PROBLEM? Ask "Why is this happening?" 5 times. If you removed this root cause, would the event have been prevented?

BARRIERS:

BRAINSTORM POSSIBLE SOLUTIONS and START YOUR PDSA CYCLE (PLAN, DO, STUDY, ACT) – See page 2

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Systematic Analysis and Systematic Action

Create real impact and long-lasting improvement as the result of QAPI through:

- Taking into consideration all aspects of the organization when making changes
- Addressing errors at the systems level rather than looking at an individual to blame
- Linking outcomes of QAPI efforts to policies and procedures; staff orientation and ongoing education; performance expectations; and strategic planning

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Systematic Analysis/Evaluation

- QAPI Self-Assessment every _____ months
- Resident satisfaction
- Family satisfaction
- Staff satisfaction

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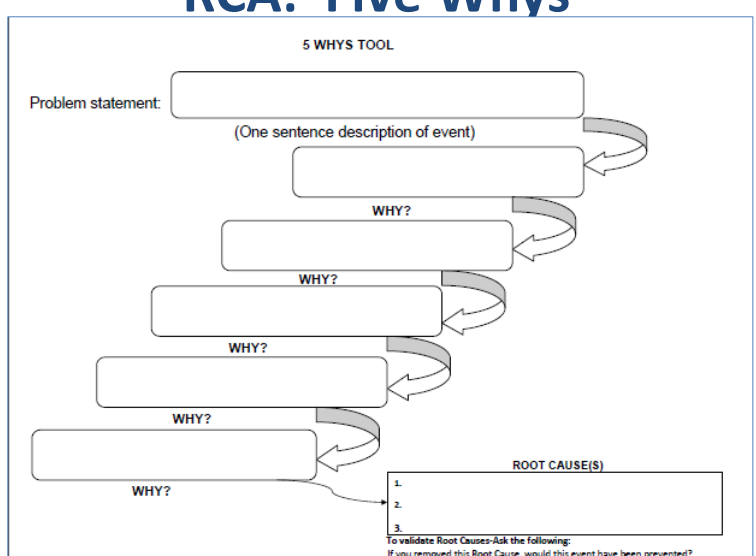
Systematic Analysis and Systemic Action

- Root Cause Analysis
  - Five Why's
  - Flowcharting
  - Fishbone diagram
  - Failure Mode and Effects Analysis (FNEA)
  - Other

RCA: Five Whys

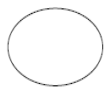


https://www.stratishealth.org/documents/rca-toolkit/4.5-Five-whys-worksheet.pdf

RCA: Flowcharting

How to Develop a Flowchart

Flowcharts are developed using shapes to diagram the types and flow of steps, activities, or events in a process. Use these shapes to represent different types of steps or actions in the process. Using large poster sheets with sticky notes for process steps or writing on a whiteboard can help.



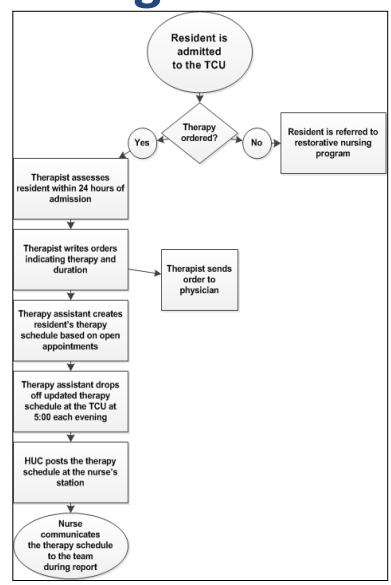
The beginning and end of a process

A task or activity in the process

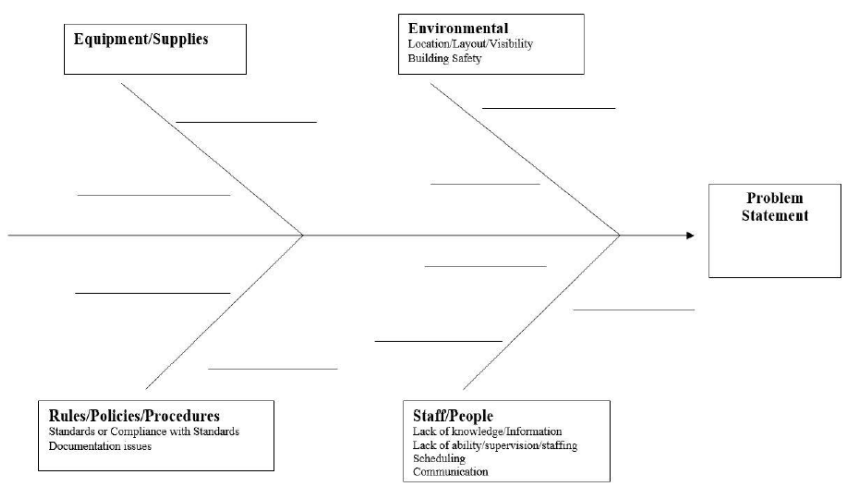
A decision point, for example yes or no

Direction or flow of the process

https://www.stratishealth.org/documents/rca-toolkit/4.1-Flowcharting-instructions.pdf



RCA: Fishbone diagram



https://www.stratishealth.org/documents/rca-toolkit/4.3-Fishbone-diagram-worksheet.pdf

RCA: FMEA

Steps in the Process	Failure Mode	Failure Causes	Failure Effects	Likelihood of Occurrence (1-10)	Likelihood of Detection (1-10)	Severity (1-10)	Risk Profile Number (RPN)	Actions to Reduce Occurrence of Failure
1								
2								
3								

http://www.ihi.org/resources/Pages/Tools/FailureModesandEffectsAnalysisTool.aspx

Communication

- To whom?
- How often?

Re-check Guiding Principles

- Organized problem-solving approach
- Non-punitive/Just Culture
- All staff/all departments involved
- "The way we do our work"
- Input from staff, residents, families
- Leaders model expected behaviors
- Data driven
  - "What gets measured… gets done"

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Facility Assessment

- Nursing Home Facility Assessment Tool and State Operations Manual Revisions Call Recording
- MLN Event Page
- Optional Facility Assessment Tool

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