


QAPI: Principles and Practice

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**Quality Improvement
Organizations**
Sharing Knowledge, Improving Health Care,
Controls for Accreditation & Monitoring Activities



**Lake Superior
Quality Innovation
Network**
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Conflict of Interest

The presenters for the session “QAPI: Principles and Practice” have no conflicts of interest, either financial or commercial.

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Purpose

Today we will discuss the CMS proposed regulations regarding QAPI requirements, discuss QAPI principles, and understand how these practices can be implemented into nursing homes’ everyday practices while meeting CMS recommendations.

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What is the Purpose of QAPI in NHs today?

CMS proposed regulations would require all LTC facilities to develop, implement, and maintain an effective comprehensive, ongoing, data-driven QAPI program that focuses on systems of care, outcomes, and services for residents and staff.

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CMS Proposed Regulations

Facilities would –

- Design and incorporate quality improvement into their facilities' routine.
- Governing Body will ensure that a QAPI plan is defined, implemented, and maintained to address identified priorities
- Have a process for identifying, reporting, analyzing, and preventing adverse/potential adverse events;

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CMS Proposed Regulations

Facilities would –

- Submit a QAPI plan that incorporates current quality assurance activities
- Maintain documentation and demonstrate evidence of the facilities QAPI plan

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THERE IS HELP!

- The CMS Website provides links to Guides for Quality as well as several helpful places to access QAPI Tools
<http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/qapiresources.html>
- A Process Tool Framework has been created to crosswalk each CMS Process Tool to the QAPI Five Elements
<http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/Downloads/ProcessToolFramework.pdf>
- The QIO Network provides technical assistance and works with providers to focus on quality improvement measures such as decreasing healthcare associated conditions and engaging with providers participating in the National Nursing Home Quality Care Collaborative (NNHQCC)
<https://www.isqin.org>
- The Advancing Excellence in America's Nursing Homes campaign offers free tools and resources to support evidence-based quality improvement programs on nine goals
<https://www.nhqualitycampaign.org>

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QAPI

What is QAPI?

- Two mutually-reinforcing aspects of a quality management system:
 - Quality Assurance (QA) and
 - Performance Improvement (PI)
- Systematic, comprehensive, and data-driven approach
- Involves all nursing home stakeholders in practical and creative problem solving

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QAPI

QAPI is a quality management system that ...

- Engages everyone in the facility to continuously identify problems and opportunities for improvement
- Develops interventions that address the underlying system, not only the symptom
- Continuously monitors performance

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QA

QA is a process of meeting quality standards and assuring that care reaches an acceptable level.

Nursing homes typically set QA thresholds to comply with regulations.

They may also create standards that go beyond regulations. QA is a reactive, retrospective effort to examine why a facility failed to meet certain standards. QA activities do improve quality, but efforts frequently end once the standard is met.

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PI

Process/ Performance Improvement is a pro-active and continuous study of processes.

PI in nursing homes aims to improve processes involved in health care delivery and resident quality of life.

PI can make good quality even better.

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Comparison



Quality Assurance

- Measure quality compliance standards
- Assure care reaches acceptable levels
- Focus on provider and events
- Required and reactive
- Sometimes anecdotal
- Sometimes punitive

Performance Improvement

- Optimizes processes to meet standards continuously
- Decrease problems by identifying opportunity for improvement
- Focus on patient outcomes
- Chosen and proactive
- Aggregates data and patterns
- Leads to positive change

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Differences

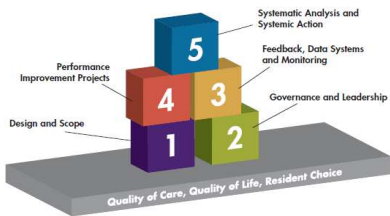


	QUALITY ASSURANCE	PERFORMANCE IMPROVEMENT
MOTIVATION	Measures compliance with standards	Continuously improves processes to meet standards
MEANS	Inspection	Prevention
FOCUS	Outliers	Processes or Systems
RESPONSIBILITY	DON/ Few people	Everyone

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5 Elements of QAPI

CMS has identified five strategic elements that are basic building blocks to effective QAPI. These provide a framework for QAPI development.



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QAPI Element 1: Design and Scope

QAPI Program:

- On-going and comprehensive
- Addresses all aspects of the range of services offered at the facility
- Include clinical care, quality of life, and resident choice
- Promotes safety and high quality in all clinical interventions
- Emphasizes resident autonomy and choice in daily life

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QAPI Element 2: Governance and Leadership

Nursing Home Administration

Develops a culture that involves leadership in QAPI

Leadership seeks input from staff, residents, and families

There are designated persons accountable for QAPI

Time, resources, and support by administration is given to designated QAPI-designated staff

QAPI is a priority, despite turnover in leadership and staff

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QAPI Element 3: Feedback, Data Systems, and Monitoring

Feedback systems for staff, residents, and families

Uses Performance Indicators to monitor a wide range of care processes and outcomes

Benchmarks and targets are used to measure progress

Includes monitoring adverse events, tracking, and investigating each one

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QAPI Self-Assessment

QAPI Self-Assessment Tool



Directions: Use this tool as you begin work on QAPI and then for annual or semiannual evaluation of your organization's progress with QAPI. This tool should be completed with input from the entire QAPI team and organizational leadership. This is meant to be an honest reflection of your progress with QAPI. The results of this assessment will direct you to areas you need to work on in order to establish QAPI in your organization. You may find it helpful to add notes under each item as to why you rated yourself a certain way.

Date of Review: _____ Next review scheduled for: _____

Rate how closely each statement fits your organization	Not started	Just starting	On our way	Almost there	Doing great
Our organization has developed principles guiding how QAPI will be incorporated into our culture and built into how we do our work. For example, we can say that QAPI is a method for approaching decision making and problem solving rather than considered as a separate program. Notes:					
Our organization has identified how all service lines and departments will use and be engaged in QAPI to plan and do their work. For example, we can say that all service lines and departments use data to make decisions and drive improvements, and use measurement to determine if improvement efforts were successful. Notes:					
Our organization has developed a written QAPI plan that contains the steps that the organization takes to identify, implement and sustain continuous improvements in all departments, and is revised on an ongoing basis. For example, a written plan that is done purely for compliance and not intended would not meet the intent of a QAPI plan. Notes:					

QAPI SELF-ASSESSMENT TOOL

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Develop a Performance Improvement Plan (PIP) TEAM

This is a key element in driving change

Teamwork between all levels of caregivers and disciplines should be able to provide feedback on how your efforts are working

Teams should have defined roles that relate to the process being improved

Timelines are important in tracking changes and revising methods for optimal outcomes

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Root Cause Analysis

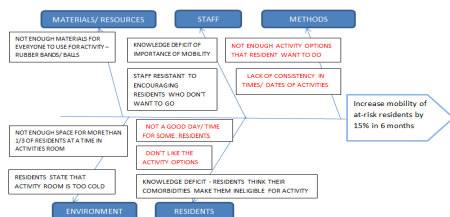
Fishbones – an analysis tool to categorize the causes of the status quo

- Why are we at this level of compliance?
- Categories might include:
 - Environmental surroundings/ Physical space
 - Resources/ materials/ equipment
 - Knowledge deficit
- Causes may not be what was initially assumed

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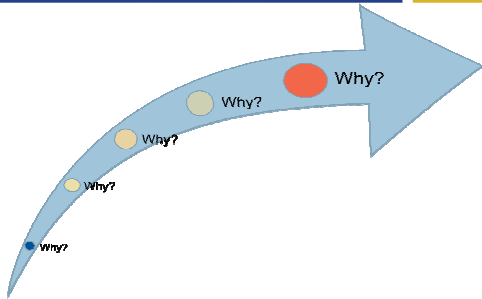
RCA FISHBONES

ISSUE: At-Risk Residents are not engaged in activities offered throughout the day



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5 Whys



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Resident Level Root Cause Analysis

- One resident may be a clue to a systems problem that will affect more residents
- Consider “near misses”
- Consider family comments
- Consider staff feedback

Facility level system problems must always be considered while you are analyzing the data

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Root Cause Analysis

Compliance – Non-compliance RCA

- Don't know
 - Never knew
 - Forgot
 - Tasks *implied* – Not done due to inexperience
- Can't comply
 - Scarce resources
 - Don't know how
 - Impossibility
- Won't comply
 - No reward/no penalty
 - Disagree or think it is impractical

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Establishing a Goal

The TEAM defines the goals by:

- Reviewing the QAPI Self-Assessment
- Reviewing gaps in care
- Reviewing data reports
- Chart audits
- CASPER reports
- Family/ Resident complaints
- Citations

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Establishing a Goal

Written goals should be **SMART**

Specific
Measurable
Attainable
Relevant
Time-bound

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Establishing a Tracking Method

What tracking method will give you the data that tells you a difference has been made?

- Is there a Tracking Tool for the interventions?
- Is the data in the EHR?
- Is the data in the paper chart?

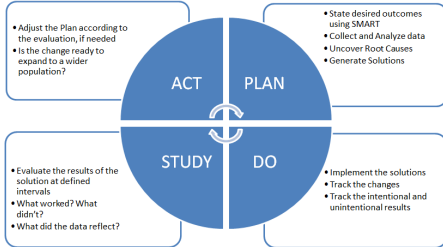
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WHO / WHAT / WHEN Chart / Action Plan

	WHO	WHAT	WHEN
Project steps	Who is responsible for this step?	What are they going to do?	What is the Deadline/ Timeline for this item?

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Performance Improvement Road Map



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QAPI Element 5: Systematic Analysis and Systemic Action

- **Facility Expectation:**
 - To develop procedures and demonstrate proficiency in the use of root cause analysis (RCA)
- **Systemic Actions:**
 - Look comprehensively across all involved systems to prevent future events and promote sustained improvement
 - Focus on continual learning and continuous improvement

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Conclusion

Your QAPI results are generated from your own experiences, priority-setting, and team spirit.

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Our Journey To Improve the Quality of Care For Our Residents

Quality Assurance Performance Improvement

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Learning The Process

1. NHA obtained the CMS materials/tools to develop a strategic plan to become comfortable with the program.
2. Introduction of the concept and content to the Quality Assurance Performance Improvement team.
3. Over time, developed a culture of keeping the process in the forefront of how we manage our facility operations daily.
4. Applying root cause analysis in our daily routine with problem solving functions.

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We Embrace The QAPI Process In Our Daily Delivery of Care Efforts

Leadership and Team Work Commitment To Success
Getting Everyone Involved
Enhanced Data Access
Starting with the Basics

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We Embrace The QAPI Process In Our Daily Delivery of Care Efforts

Leadership and Team Work Involvement

- Administrative team attendance in daily meetings includes:
- NHA & Director Of Nursing
- Daily morning meeting
- Clinical meeting
- Daily 24 hr report review
- Discuss any concerns expressed by our residents, families and staff members.

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Selection of Four Clinical Quality Measures To Improve Quality of Care & Quality of Life for our Residents

The First Steps

- Enrolled in the 2014-2019 Medicare Initiatives -LSQIN program in 2014.
- Advancing Excellence In Long Term Care with a Collaborative Participant Agreement.
- Established a plan for each of the four clinical quality measures.
- Assigning key personnel that would charter the process, with team assistance and support.
- Establishing enhanced evidence based data to measure progress towards improvement.

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Barriers and Lessons Learned

Barriers :

- Medical providers lack understanding of appropriate use of antipsychotic drug use in Long Term Care setting.
- Resident limitations and willingness to participate exercise in programs to increase mobility.
- Staff dependency on alarm use as first intervention for fall prevention.

Lessons Learned:

- Each individual occurrence must be reviewed for root cause to determine if interventions are working or need to change the plan.
- Daily leadership involvement and monitoring essential for the success of the QAPI process.

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Appropriate Antipsychotic Medication Our Most Challenging Initiative

The Team Getting Everyone Involved

NHA
Nursing
Rehabilitation Nurse
Social Services Director
Pharmacy Consultant
Medical Director
Activities
Outside resources

Starting With The Basics

F-329 Unnecessary Drugs staff
education to empower staff.
Identify the root cause
Determine Plan
Take Action
Chart reviews- Identify focused
residents
Evaluate Behavior Management
meeting structure and frequency

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Some QAPI Clinical Proactive Steps Taken: Proactive not Reactive Approach

To Avoid Unnecessary Antipsychotic Drugs to Improve the Quality of Life and Quality of Care for Our Residents:

- Nurse notification to the Director of Nursing regarding behavior concerns prior to calling physician. Non- pharmacological intervention/ appropriateness of physician notification for medication treatment for the behavior.(s)
- Attending physician /family updates regarding behavior occurrences .
- Director of Nursing and Social Services Director daily monitoring of behavior changes assisting with root cause analysis for the behaviors. Such as pain, or other unidentified needs not being met.

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Some QAPI Clinical Proactive Steps Taken: Proactive not Reactive Approach (cont'd)

To Avoid Unnecessary Antipsychotic Drugs to Improve the Quality of Life and Quality of Care for Our Residents:

- Interdisciplinary Team schedule special care conference with family, resident centered involvement to resolve behavior concerns.
- Maintain the Behavior Management Team meetings per schedule
- Involve Pharmacy Consultant for medication reviews if indicated
- Reach out to outside mental health ancillary services for additional interventions.
- The process begins prior to admission, continues daily, weekly, monthly, quarterly and annually for the duration of any resident receiving antipsychotic drugs.

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The Villa at West Branch Quality of Care Improvement Successful Outcomes

QM Composite Scores Rolling 6 month period August 2014- January 2015 **Target** of 6, Five months under 5 and one month just over 5.

QM Composite Scores for Rolling Six Months Feb 2015- July 2015 first three months greater than five and last three months under five.

National Nursing Home Composite Quality Score Measure is the top 10% of Michigan.

CMS Five STAR Rated Facility

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Quality Assurance Performance Improvement Everyday!

As a team changing the facility culture and embracing the process.

Improving Quality of Life and Care For our Residents.

Celebrating Our Success with Residents, Families & Staff.

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The Villa At West Branch

Quality Assurance Performance Improvement
Everyday!

Improving Quality of Life and Care for the Residents

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Thank you!
Questions?

This material was prepared by the Lake Superior Quality Innovation Network, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The materials do not necessarily reflect CMS policy. 11SOW-MC-16-26 022616



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