QAPI: Quality Assurance Taken to a New Level

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Objectives

- Discuss background of the QAPI initiative
- Explain the distinction between QA and PI
- Review the 5 QAPI elements
- Review the 12 action steps to implementation
- Identify methods of Root Cause Analysis
- Provide tips for writing a QAPI plan

Background

- 2010: Congress passed the Patient Protection and Affordable Care Act
  - Provisions set forth in 6102(c) provided an opportunity for CMS to develop and provide assistance with best practices in QAPI
  - The Affordable Care Act of 2010 requires nursing homes to have an acceptable QAPI plan within a year of the promulgation of a QAPI regulation

Background

- 2011: CMS QAPI Demonstration Project
  - 17 Nursing Homes in 4 States
  - Development of Best Practices
  - Development of Tools and Resources for facilities
Background

- 2013: Forging Ahead...
  - Tools and resources posted on QAPI website
    - QAPI Self-Assessment Tool
    - Guide for Developing Purpose, Guiding Principles, and Scope for QAPI
    - Guide for Developing a QAPI Plan
    - Goal Setting Worksheet
  - Promulgation of Regulation coming soon!

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QA

Compliance measured against standards
Few People Responsible

Retrospective, Reactive, Focus on Individuals, Medically oriented

Achieving an Acceptable Level of Quality

PI

Continuously improving to exceed standards
Everyone Responsible

Prevention, Proactive, Focus on Processes/Systems, Resident oriented

Always Reaching Higher

Quality Assurance Performance Improvement

QA + PI = QAPI
QAPI

• QAPI is a data-driven, proactive approach to improving the quality of life, care, and services in nursing homes.

QAPI

• The purpose is to identify opportunities for improvement; address gaps in systems or processes; develop and implement an improvement or corrective plan; and continuously monitor effectiveness of interventions.

QAPI

The activities of QAPI involve members at all levels of the organization.

QAPI

CMS description

• QAPI builds on QA
  – Create systems to achieve compliance
  – Investigate problems to prevent recurrence
  – Track and report adverse events
  – Compare quality of your home to others
  – Receive and investigate complaints
  – Seek feedback from residents and caregivers
**QAPI** CMS description

- QAPI builds on QA (continued)
  - Set targets for quality
  - Strive to achieve improvement in specific goals related to PUs, Falls, Restraints, or Permanent Caregiver assignment (i.e. Joining Advancing Excellence)
  - Commitment to balancing safety and resident choice
  - Strive for deficiency-free surveys

**Numbers, Numbers, Numbers…**

- 5 QAPI Elements
- 12 QAPI Action Steps
- 9 Sections in QAPI plan

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**5 QAPI Elements**

- CMS identified 5 strategic elements that are basic building blocks to effective QAPI
- These provide a framework for QAPI development

1. **Design and Scope**
   - Written Plan
     - Full range of services
     - Full range of departments

2. **Governance & Leadership**

3. **Feedback, Data Systems and Monitoring**

4. **Performance Improvement Projects (PIP)**

5. **Systematic Analysis & Action**

**Quality of Life, Quality of Care, Resident Choice**

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**5 QAPI Elements**

1. **Design and Scope**
- Written Plan
2. **Ongoing and Comprehensive**
   - Full range of services
   - Full range of departments
3. **Systems of Care**
   - Clinical Care
   - Quality of Life
   - Resident Choice
   - Care Transitions
4. **Define and Measure Goals**
   - Utilize evidence based data and best practices

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5 QAPI Elements

2. Governance and Leadership
- Leadership
  - Own it, Sell it, and Lead
  - Team Development
- Designated person accountable
- Structured
- Facility-wide training and communication
- Culture
  - Accountability
  - Input is welcomed
  - Balancing resident safety and choice

3. Feedback, Data Systems and Monitoring
- Systems to monitor care and services
- Data from multiple sources
- Feedback systems
  - Residents • families • staff • others
- Use of Performance Indicators to monitor processes and outcomes
- Tracking
- Investigating

4. Performance Improvement Projects
- “PIPs” provide evidence that you are working on problems and that the success of your solutions is being measured
- Concentrated effort on particular area
  - Gathering information and data
  - Close examination
  - Clarify problem
  - Develop intervention
  - Monitor and evaluate outcomes

Your QAPI process isn't just putting out fires; it's fixing what's wrong with the system...

...and preventing the fires.
5 QAPI Elements

5. Systemic Analysis and Action
- Systematic approach to problem analysis
  - Thorough
  - Highly organized
  - Structured
- Root cause of problem
  - Delivery or organization of care and services
  - Proficient in use of Root Cause Analysis
- Policies and Procedures define process

QAPI

So How Do We Get Started?

Starting Now Will Reap Benefits!

- Not likely the standards will change
- Moving toward QAPI for all Medicare providers
- Facilities will have 1 year to comply
- Fully functioning program takes time
- Most importantly, start now so your residents, staff and families will begin to experience the many benefits of a comprehensive and effective QAPI program

12 Action Steps to QAPI

- Each step builds on other QAPI principles
- They do not need to be achieved sequentially
12 Action Steps to QAPI

1. Leadership Responsibility and Accountability
   - QAPI begins with leadership
   - Support from the top is essential
   - Must develop a steering committee to include Administrator, DNS, Social Services, Medical Director, and other staff/board members as needed
     - Overall responsibility for developing and modifying QAPI plan
     - Review information and set priorities for PIPs
   - Must ensure Medical Director is actively engaged in QAPI
   - Provide resources for QAPI
   - Create expectation that everyone is working on improving care and services

2. Develop a Deliberate Approach to Teamwork
   - Teamwork is a core component of QAPI
   - An effective team consists of:
     - Having a clear purpose
     - Having defined roles for each team member
     - Having commitment from each member
   - PIP teams are formed for longer-term work on an issue
     - Careful consideration must be given to the purpose of the PIP and type of members needed to achieve that purpose
   - Each team should be composed of interdisciplinary members

3. Take Your QAPI “Pulse” with a Self-Assessment:
   - CMS provides 5-page multiple question tool
     - Will help determine where you stand in relation to process
     - Evaluates extent to which components of QAPI are in place and other areas that need development
     - Complete this tool with input from the entire QAPI team and leadership
4. Identify Your Organization’s Guiding Principles:
   - Statements that provide a foundation to help guide decision making and setting priorities for QAPI
   - Beliefs and philosophy regarding performance improvement
   - Tied to facility’s mission
   - Use the Guide for Developing Purpose, Guiding Principles, and Scope for QAPI to establish your organization’s principles
   - Team completing this assignment should include senior leadership
6. **Conduct a QAPI Awareness Campaign**
   - Let everyone know about your QAPI plan – often and in multiple ways
     * CEO and governing board should review and approve
     * Orientation of new employees, ongoing education, resident and family council meetings
     * Don’t forget contractors (hospice, pharmacy etc.)
   - Convey the message that any and every caregiver is expected to raise quality concerns and it’s safe to do so
   - Must state in QAPI plan how you are going to communicate QAPI activities

7. **Develop a Strategy for Collecting and Using QAPI Data**
   - Identify the sources of data:
     * Input from caregivers, residents, families and others
     * Adverse events
     * Performance Indicators (QMs, 5-star etc.)
     * Survey and complaint findings
     * Clinical records (MDS)
   - QAPI plan must describe process for collecting and analyzing the data and how findings will be reviewed against benchmarks and/or targets set by the facility

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**Analyzing the Data**

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<th>Description</th>
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“Data without analysis is useless… What is the data telling you?”
12 Action Steps

8. Identify Your Gaps and Opportunities:
   - Review sources of information (data) to determine if gaps or patterns exist in your systems that could result in quality problems:
     - Look at MDS data for patterns
     - Log onto NHC (QMs, staffing, survey)
     - Trends in survey issues/complaints?
     - Review Resident and Family satisfaction for trends
     - ER/hospital use
     - Caregiver turnover
     - Clinical Records
   - This step should lead to development of Performance Improvement Projects (PIPs)

... and Data Analysis

Rehospitalization data received:
   - 5 hospitalizations
   - 1 day shift, 4 evening shift, 0 night shift
   - 1 from Unit One, 4 from Unit Two
   - 4 from Unit Two were all while Nurse Jones was on duty
   - 3 admitted with dehydration, 1 UTI/Sepsis, 1 Pneumonia
   - None were seen by the physician in the week prior to hospital admission

Examples of Data...

Rehospitalization
   - From what?
   - How soon?
   - How many times?
   - What shift?
   - What nurse?
   - Doctor involved?
   - Early intervention?
   - Insidious onset?
   - Decline noted?

Deductions?

   - What shift would you focus on?
     - Evenings?
     - Maybe the problem is actually on Days?
     - Why didn’t Days provide intervention?
     - Notify the Doctor?
     - Is it that the nurse on Evenings is “nervous” or that she is very skilled in assessing the need for intervention?

What would your PIP look like?
12 Action Steps

9. Prioritize Quality Opportunities and Charter PIPs:
   - Prioritizing opportunities for improvement is key in the process of translating data into action
   - Consider problems/issues that are important and should become focus of PIPs
   - “Chartering” implies that the team has been entrusted with a mission. This is not a casual effort!
   - Use Goal Setting Worksheet to help your PIP team establish appropriate goals for improvement

10. Plan, Conduct and Document PIPs:
    • Identify and support a change agent for each improvement project—i.e., key facilitator of change in your facility.
    • Use an action plan template that defines who and when, to establish timelines and accountability.
    • Seek creative ideas from multiple sources within and outside the organization in order to foster innovation.
    • Create a safe environment to test changes, to try new ways to meet resident needs.
    • Include “all voices” that have a stake in what is being discussed. Use methods that encourage open and honest communication, especially to get at concerns

11. Getting to the “Root” of the Problem:

   What is the REAL cause(s) of the problem?

   • Potential Contributing factors:
     - Procedure/Policy not based on Regulation
     - Knowledge of Regulations
     - Staff knowledge and education
     - Accountability
     - Communication
     - Normalizing Behaviors: accepting the unacceptable
     - Quality Assessment/Accurance Process

Sample root cause tools:

- **Diagrams**: Fishbone, Management Oversight and Risk Tree Analysis, etc.
  - May be most helpful with systems or training breakdown.

- **Why-Why (5 Whys)**:
  - Helps drill down to subsequent causes

- **Storytelling Method**: Incident Reports.
  - **Predefined**
  - Stops before the end of the story
Fish Bone Diagrams

- Look at Cause and Effect
- Drill down to specific causes
- Many problems have multiple causes

Why-Why Chart

One of many brainstorming methods also known as the “Five Whys” method.

- Most simplistic root cause analysis process
- Involves repeatedly asking “why?” 5 times or until you can no longer answer the question
- 5 is arbitrary
- Increased staff participation

The root cause has been identified when asking “why” doesn’t provide any more useful information

5 Whys...

Man runs out of gas...
Why did you run out of gas?  
Because I didn’t put gas in the car.
Why didn’t you put gas in the car?  
Because I didn’t have any money.
Why didn’t you have any money?  
Because I spent it at the casino.
Why did you spend all your money at the casino?  
Because I kept losing.
Why did you keep losing?  
Because I am bad at gambling.  (ROOT CAUSE)
5 Whys...

Residents falling on Unit 2...

Why are residents falling on Unit 2?
They are getting up without assistance.

Why aren't they getting assistance?
They aren't asking for assistance.

Why aren't they asking for assistance?
The staff are too busy.

Why do they think the staff is too busy?
Because the staff tell the residents they are short staffed

Why are the staff telling the residents they are short staffed?
So the residents will tell management.

Potential Root Cause(s):

- Staff telling residents they are short staffed
- Communication between staff and management
- Adequacy of unit staffing

12 Action Steps

12. Take Systemic Action

- Implement changes that reduce the chance of the event(s) recurring
- Avoid “quick fixes”
- Sustainable changes
- The PIP team should make recommendations that address systems rather than the individuals

PDSA
Plan-Do-Study-Act

- Act: What changes are to be made? Need cycle?
- Plan: Objective, Predictions, Plan to carry out the changes, who, where, when, what, how
- Study: Analyse data, Compare results, Document findings, Summarise what was learned
- Do: Carry out the plan, Document, Evaluate
Tips for Writing a QAPI Plan

1. Establish goals for the year
   – Goals should be (SMART):
     • Specific
     • Measurable
     • Actionable
     • Relevant
     • Timeline
   – Remains to be seen if regulation will mandate # of goals or # of PIPs for the year

Goal Examples

• Decrease pressure ulcer prevalence in long-stay residents by 25% of current rate in Q2 2013 (9.4%) to 7% as measured by the CMS QM "Percent of hi-risk long-stay residents with pressure ulcers" in Q4 2013.

• Develop and implement a resident interview-based approach to care planning in order to create more individualized, person-centered care plans by December 1, 2013.
Tips for Writing a QAPI Plan

II. Discuss Scope
Describe in plan how you will:
- Incorporate QAPI into the culture throughout all disciplines and service lines*
- Assess quality in all areas
- Aim for safety and high quality while emphasizing autonomy and choice
- Utilize the best available evidence to determine appropriate care and to define and measure goals

Example: Incorporating QAPI into all aspects of facility:

QAPI is incorporated into our culture throughout all disciplines and service lines:
- QAPI training is an integral component of new employee orientation.
- QAPI is included in all staff job descriptions and in annual evaluations.
- Employees understand and can describe their role in identifying opportunities for improvement.
- All staff attend an annual mandatory in-service in February for a review of the facility’s vision and mission statements, prior year’s goals and results of performance improvement projects (PIPs).....etc.

Tips for Writing a QAPI Plan

III. Write Guidelines for Governance and Leadership
- How is QAPI integrated into responsibilities and accountabilities of top level management?
- How is QAPI adequately resourced?
- Who is your QAPI leadership and what are their responsibilities on the QAPI steering committee?
- How will the QAPI activities be reported to the governing body?

Example: How QAPI activities will be communicated to the CEO and Governing Board:

The QAPI steering committee submits its annual plan for the coming year to the CEO and governing board for review, modifications and approval by January 15th. The final approved plan becomes the basis by which the committee will direct its efforts over the coming year. The plan may be modified during the year, with CEO/Governing Board approval, based on circumstances.
Tips for Writing a QAPI Plan

IV. Describe the systems you have in place to monitor care and services from multiple sources of data

Example: Systems in place to monitor care and services:

- Feedback from caregivers, residents, families and others will be collected via staff and resident/family satisfaction surveys, a "suggestion box" at the lobby desk and an open door policy where staff, resident and family members feel comfortable bringing quality concerns to mid-level and senior level staff.
- Tracking, monitoring and investigating adverse events such as falls, injuries and infections through incident/accident reports and infection reports.
- Tracking, monitoring and analyzing CMS Quality Measures, 5-star ratings and other performance indicators through QM reports, 5-star preview reports and other measurement data as provided through software programs that are available to GMHCF.
- Acting on survey findings that are reported on the survey statement of deficiencies and OSCAR reports.
- Tracking, monitoring and responding to verbal and written complaints.

Tips for Writing a QAPI Plan

V. Write Guidelines for Performance Improvement Project (PIP) Teams

- Include overall plan for conducting PIPs
- How are you going to designate PIP teams?
- What are the characteristics suited for PIP teams?
- How will PIPs be documented?

Example: Designating PIP teams

- The QAPI steering committee will consider who the stakeholders are, that is, which staff and disciplines on the various shifts and which residents and family are affected by the issue, keeping in mind that for confidentiality reasons, family members and residents may not review certain data that may identify individual residents if they are chosen for the team.
- The committee will select one or two people to act as coordinator(s) of the PIP team.
Tips for Writing a QAPI Plan

VI. Describe how you will ensure Systemic Analysis and Systemic Action
   – How will you observe for positive and negative consequences resulting from changes?
   – What methods will you use to get to the root cause of issues?
   – How will you ensure that interventions are effective in making improvements?

Example: Evaluating Changes
When system changes are made, we will observe for positive and negative consequences resulting from changes:
   • Plans for improvement will be trialed in a small way (on one unit) before it is rolled out to the entire facility in order to identify unintended consequences of the change.
   • We will continue monitoring to see whether or not improvement has occurred.

Tips for Writing a QAPI Plan

VII. Communications
   – How will QAPI activities be communicated?

Example: Communicating QAPI activities to everyone
QAPI activities will be communicated:
   • During orientation of all new employees
   • Annually during a mandatory QAPI in-service for all employees
   • In resident and family council meetings
   • Upon contract to consultants, contractors and collaborating agencies (example: hospice, podiatrist)
   • By conveying the message that any and every caregiver is expected to raise quality concerns and to think about systems and that it is safe to do so.
Tips for Writing a QAPI Plan

VIII. Evaluation
- How will you evaluate your QAPI program on a regular basis?

Example: How QAPI will be evaluated

The QAPI steering committee, along with all department heads, will utilize CMS’ QAPI at a Glance self-assessment tool on a biannual basis to help identify educational and skill needs, and to assure that QAPI is reaching every aspect of the organization. Once the steering committee is satisfied that the QAPI is fully established and part of the organization’s culture, the self-assessment will be performed on an annual basis thereafter.

Tips for Writing a QAPI Plan

IX. Establishment of Plan
- Date plan was developed
- When it will be reviewed
- Where will it be saved?
- Signatures and dates
  - QAPI Steering Committee Coordinator
  - CEO
  - BOD

Example: Establishing the Plan

- This current QAPI plan is dated: January 2013
- The QAPI plan will be reviewed on a quarterly basis, beginning at the April QAPI committee meeting and every three months thereafter. If modifications are warranted upon review, the plan will be revised, dated and saved as a new copy of the original plan.
- All copies of the plan, including the original will be saved in a folder on the shared drive entitled “QAPI Plan (month/year)”.
Getting Started

- QAPI tools and resources:
  - QAPI website:
    - http://cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/NHQAPI.html
  - QAPI at a Glance manual:
    - Facility Self-Assessment
    - Defining Guiding Principles and Scope
    - Development of a QAPI plan
    - How to Create and Develop Goals
  - Ohio QIO Companion Guide:

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