Be a yardstick of quality. Some people aren't used to an environment where excellence is expected.

Steve Jobs
Objectives

• QAPI defined
• Writing the QAPI plan
• Root cause and data analysis
• Performance Improvement Projects
• Managing Quality

What is QAPI?

• Quality Assurance and Performance Improvement (QAPI) is a data-driven and pro-active approach to quality improvement.
• Collaborative commitment from all departments within a facility to continuously identify opportunities for improvement in the quality of care through a systemic approach
• Not a program but rather an approach to how things are done in a nursing home
What is QAPI?

- “QAPI will seek to create a facility and corporate-wide infrastructure that supports and effectively strengthens a nursing home’s internal capabilities for data collection and analysis, while developing strategies that can identify the causes of both persistent and isolated problems and develop plans to prevent them.”
  
  Cheryl Phillips MD, Leading Age

QAPI

- The Affordable Care Act of 2010 requires nursing homes to have an acceptable, written, QAPI plan in place within 1 year of the promulgation of a QAPI regulation.
- Nursing Homes will soon be required to develop QAPI plans.
  
  • Written plan must be unique to the facility.
- QAPI is not new to the healthcare industry—it is already required regulation in hospitals, hospice, ambulatory care, dialysis centers, transplant programs.
What do they have in common

- Must use quality indicator data.
- Monitor effectiveness and safety of services.
- Monitor quality of care.
- Identify opportunities for improvement.
- Frequency and detail of data approved by governing body.
- Focus on high risk, high volume or problem prone areas.
- Consider incidence, prevalence, and severity.
- Affect outcomes, patient safety, and quality of care.

What’s new!

**Current Requirements:**
Quality Assessment and Assurance (QAA) specifies the QAA committee composition and frequency of meetings and requires facilities to develop and implement appropriate plans of action to correct identified quality deficiencies.

**New Requirements:**
Significantly expands the level and scope of activities to ensure that facilities **continuously identify and correct quality deficiencies as well as sustain performance improvement**
What is it about?

• QAPI is Person-Centered:
  Resident & Family input is essential
• QAPI is broad in scope and continuous:
  – All Staff, at All Levels, in All Departments use QAPI
daily as part of their routine job duties, it is not just a
  program or project!
• QAPI is about systems thinking:
  – Requires proactive analysis
  – Is data and measurement driven
  – Is supported by tools

Background

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

- Identify high performing nursing homes in order to learn more about their systems and processes that contribute to overall quality
- Utilize the findings to share with any nursing home seeking to improve quality
- Specific focus:
  - HAI (Healthcare Acquired Infections – MRSA, VRE)
  - HACs (Healthcare Acquired Conditions – falls, fractures, PU)
  - Antipsychotics

What they learned...

- Characteristics of an effective organization:
  - Lead with a sense of purpose
  - Recruit and retain a quality staff
  - Connect with residents in a celebration of their lives
  - Nourish teamwork and communication
  - Be a continuous learning organization
  - Provide exceptional, compassionate clinical care that treats the whole person
  - Construct solid business practices that support your purpose
Forging Ahead...

- 2013:
  - 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!
  - Projected in 2014

### QA+PI Quality Assurance Performance Improvement

<table>
<thead>
<tr>
<th>QA+PI</th>
<th>Quality Assurance</th>
<th>Performance Improvement</th>
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<tbody>
<tr>
<td>Motivation</td>
<td>Measuring Compliance</td>
<td>Continuously improving processes</td>
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<tr>
<td></td>
<td>with Standards</td>
<td>to meet standards</td>
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<tr>
<td>Means</td>
<td>Inspection</td>
<td>Prevention</td>
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<tr>
<td>Attitude</td>
<td>Required, Reactive</td>
<td>Chosen, Proactive</td>
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<tr>
<td>Focus</td>
<td>Outliers: “bad apples”</td>
<td>Processes or Systems</td>
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<tr>
<td></td>
<td>Individuals</td>
<td></td>
</tr>
<tr>
<td>Scope</td>
<td>Medical provider</td>
<td>Resident care</td>
</tr>
<tr>
<td>Responsibility</td>
<td>Few</td>
<td>All</td>
</tr>
</tbody>
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### QA + QI = QAPI

<table>
<thead>
<tr>
<th>QA</th>
<th>QI</th>
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<tbody>
<tr>
<td>• Retrospective analysis</td>
<td>• Internal management process</td>
</tr>
<tr>
<td>• Process to meet standards</td>
<td>• Increased involvement</td>
</tr>
<tr>
<td>• Limited involvement</td>
<td>• Driven by quality leaders and their search for better ways</td>
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<tr>
<td>• Driven by external forces</td>
<td>• Proactive analysis designed to detect problems early</td>
</tr>
<tr>
<td>• Narrow focus on clinical measures</td>
<td>• Broad focus on organizational systems and outcomes</td>
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<tr>
<td>• Needed to stay licensed</td>
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**CMS description of QAPI**

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

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

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

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<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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<tbody>
<tr>
<td>DESIGN AND SCOPE</td>
<td>GOVERNANCE &amp; LEADERSHIP</td>
<td>FEEDBACK, DATA SYSTEMS AND MONITORING</td>
<td>PERFORMANCE IMPROVEMENT PROJECTS (PIP)</td>
<td>SYSTEMATIC ANALYSIS &amp; ACTION</td>
</tr>
</tbody>
</table>

QUALITY OF LIFE, QUALITY OF CARE, RESIDENT CHOICE

5 QAPI Elements

1. Design and Scope

- Written Plan
- Ongoing and Comprehensive
  - Full range of services
  - Full range of departments
- Systems of Care
  - Clinical Care
  - Quality of Life
  - Resident Choice
  - Care Transitions

- Define and Measure Goals
  - Utilize evidence based data and best practices
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

5 QAPI Elements

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
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

Root Cause…

“To address this mistake we need to utilise our thorough system of root cause analysis. I will begin, if I may, by pointing out that it’s not my fault.”
Getting Started

How and When Do We Begin?

• 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

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
1. Leadership
2. Teamwork
3. Self-Assessment
4. Identify Guiding Principles
5. Develop QAPI Plan
6. QAPI Awareness

12 Action Steps to QAPI

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

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
12 Action Steps

2. 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
  - Comprised of interdisciplinary members
- 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 specific purpose

3. Take Your QAPI “Pulse”… 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 Guiding Principles

- Provide a foundation to help guide decision making and priority setting
- Beliefs and philosophy regarding performance improvement
- Tied to facility’s mission
- Team completing this assignment should include senior leadership
- Use the Guide for Developing Purpose, Guiding Principles, and Scope for QAPI to establish your organization’s principles (see QAPI at a Glance)
5. Develop Your QAPI Plan:
- A written plan will be due 1 year after regulation is promulgated
- The main document supporting QAPI in your organization
- Tailor it to fit your organization – all units, programs and resident groups
- Must use it and continually refine it
- Use the “Guide for Developing a QAPI Plan”
  (see QAPI at a Glance)

6. Conduct a QAPI Awareness Campaign
- Let everyone know about your QAPI plan – do it 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
12 Action Steps

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

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)
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
12 Action Steps

11. Getting to the “Root” of the Problem:
• Determine the REAL cause 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/Assurance Process

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
Illustrating QAPI in Action

The scenario below illustrates how a QAA committee might develop a plan of correction in response to deficiencies identified during an annual survey. The example shows how facilities often react to regulatory noncompliance with a "band-aid" approach. The activities described are representative of the types of plans of corrections that are often submitted to Survey Agencies and accepted. It addresses the immediate problem, and then takes steps assumed to prevent recurrence of the problem.

Scenario 1

The Issue: Your nursing home, Whistling Pines, received deficiencies during their annual survey because residents had unexplained weight loss, and weights and food intake were not accurately and consistently documented.

What Whistling Pines did: The QAA Committee developed a Plan of Correction, which contained the following components: Re-weighing all residents, and updating the weight records for the affected residents; In-servicing the Nursing Department on obtaining and documenting weights and intake. They stated they would conduct 3 monthly audits of weight and intake records, with results reported to the QAA committee.

The next case study shows a facility with effective QAPI systems in place to identify issues proactively, before trends become serious problems. A nursing home chooses a limited number of PIP projects in "high-risk, high volume, problem-prone" areas.

Scenario 2

The Issue: During the monthly QAPI meeting at Whistling Pines, staff discovered a trend of unexplained weight loss among several residents over the last two months. During the discussion, a representative from dining services noted that there had been an increase in the amount of food left on plates, as well as an increase in the amount of supplements being ordered. Although other issues and opportunities for improvement were identified at the meeting, the QAPI Steering Committee decided to launch a Performance Improvement Project (PIP) on the weight loss trend because unexplained weight loss posed a high-risk problem for residents.

What Whistling Pines did: The QAPI Steering Committee chartered a PIP team composed of a certified nursing assistant (CNA), charge nurse, social worker, dietary worker, registered dietitian, and a nurse practitioner. The team studied the issue, and then performed a root cause analysis (RCA) to help direct a plan of action. The RCA revealed several underlying factors, which included:

- No process existed for identifying and addressing risks for weight loss such as dental condition, diagnosis, or use of appetite suppressing medications;
- No system existed to ensure resident preferences are honored;
- Staff lacked an understanding of how to document food intake percentages; and
- Residents reported the food was not appetizing.

LeadingAge New York PRO CARE
Providing the solutions you need...for the results you want.
Your QAPI process isn’t just putting out fires; it’s fixing what’s wrong with the system... …and preventing the fires.