QAPI

QA our way to excellence in Dining!

Spring Summer 2018

Objectives

At the end of the session the participant will be able to:

1. State the 5 elements of QAPI.
2. State 4 sources of data for determining possible QAPI activities.
3. Identify first steps to implement a PIP in dining.
4. Develop a QAPI plan using a case study.

What is QAPI?

- Quality Improvement Program
- Includes QA and PI
- QA focus is current outcomes "look back"; "what happened"

  Compliance based

  Follow up on identified issues

- PI goal is to make it better

  focus is system issues that can cause poor outcomes

Why is LTC/CMS moving to QAPI?

- Mandated by affordable care act

- Part of the quality initiative to improve care and services for healthcare and LTC specifically

- Insure medicare dollars are well utilized and provide for the utmost quality to end user

Spring 2011 CMS announces QAPI

- **The Affordable Care Act:** Section 6102 (c) of the Affordable Care Act requires Centers for Medicare & Medicaid Services (CMS) to establish QAPI standards and provide technical assistance to nursing homes on the development of best practices in order to meet such standards.

- **QAPI Prototype:** A nursing home QAPI prototype will be tested in a small nursing home demonstration project conducted by an independent contractor in the summer of 2011.

- **New QAPI Regulation**: In addition to the existing Quality Assessment and Assurance (QAA) regulation currently found at 42 CFR, Part 483.75(o), CMS will promulgate a new QAPI regulation.

CMS Rationale

- This program shall include establishing standards (regulations), and providing technical assistance to homes on the development of best practices in order to meet such standards. This new provision significantly expands the level and scope of

- required QAPI activities to ensure that facilities continuously identify and correct quality deficiencies as well as sustain performance improvement.

CMS Web Site information

- Updates available at their website:

http://cms.gov/Medicare/Provider-Enrollment-and-certification/SurveyCertificationGenInfo/QAPI.html

- **Summer 2012** First wave of data collection

  Objective   Establish a baseline of QAPI practices in nursing homes and gather information on the challenges and barriers to implementing effective QAPI programs

- **2013 - 2014** Second wave of data collection

  Objective   Assess the development of QAPI systems, determine what types of TA to make available to nursing homes in the future, and determine the potential impact of TA in advancing QAPI in nursing homes

New CMS Guidelines

- **§*483.75(g)* Quality assessment and assurance.**

- *§483.75(g)(2) 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 required under paragraphs (a) through (e) of this section. The committee must:*

- *(ii) Develop and implement appropriate plans of action to correct identified quality deficiencies;*

- *(iii) Regularly review and analyze data, including data collected under the QAPI program and data resulting from drug regimen reviews, and act on available data to make improvements.*

- *[§483.75(g)(2)(ii) implemented November 28, 2016 (Phase 1) except as related to implementation of the QAPI program, which will be implemented November 28, 2019 (Phase 3)]*

New CMS Guidelines

- *There are many different methodologies available to facilities for developing corrective action. CMS has not prescribed a particular method that must be used. Corrective action generally involves a written plan that includes:*

- *• A definition of the problem – which, depending on the severity and extent of the problem, may require further study by the committee to determine contributing causes of the problem (Root Cause Analysis);*

- *• Measurable goals or targets;*

- *• Step-by-step interventions to correct the problem and achieve established goals; and*

- *• A description of how the QAA committee will monitor to ensure changes yield the expected results.*

New CMS Guidelines

- *Corrective actions may take the form of one or more tests of change, or PDSA cycles until the desired performance goals have been met, or facilities may convene a Performance Improvement Project (PIP).*

- *While facilities are not yet required to perform them, PIPs are a type of corrective action that generally involves a team making a concentrated effort over time to improve a systemic problem. It often requires a systematic investigation, such as a Root Cause Analysis (RCA) to identify underlying causes or factors which have contributed to, or caused the problem. Interventions are designed to address the underlying causes. Once each intervention is implemented, the team closely monitors results to determine if changes are yielding the expected improvement or if the interventions should be revised.*

- ***NOTE:*** *The requirement for facilities to conduct PIPs will be implemented in Phase 3, beginning on November 28, 2019.*

New CMS Guidelines

- **F868**

- *§483.75(g)* **Quality assessment and assurance.**

- *§483.75(g)*(1) **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.*

- *[483.75(g)(1)(iv) Implemented beginning November 28, 2019(Phase 3)]*

- *§483.75(g)*(2) **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 required under paragraphs (a) through (e) of this section. The 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.**

Five Elements

Design and scope
- Ongoing
- Comprehensive
- Include clinical care, quality of life & resident choice
- Safety of care; autonomy of choice in daily life
- Best evidence to devise goals
- Written QAPI plan to achieve these principles

Five Elements

Governance and Leadership

- Work with input facility staff, residents and families
- Provide resources to conduct the work
- Delegate a responsible person for QAPI
- Train
- Policy development
- Set Expectations for quality, safety, rights, choices, respect, culture of resident centered care
- Holds staff accountable

Five Elements

Feedback, Data and Monitoring

- Systems to monitor care
- Use performance indicators
- Review findings against benchmarks
- Tracking

Five Elements

Performance Improvement

- PI projects

- Examine and improve care

- Focus is on areas identified that need attention

Five Elements

Systematic Analysis and Systematic Action
- In depth analysis
- Look for root cause
- Develop policies and procedures using root cause analysis
- Examine all systems to prevent any future negetive events and promote sustained improvement
- Continual learning and improvement

Lets look at an example: Consistent Assignments

- http://www.nhqualitycampaign.org/star_index.aspx?controls=PersonCenteredCareExamineProcess

Person-Centered Care
- **Explore Goal**

- **Identify Baseline**
- **Examine Process**
- **Improve**

- **Leadership**

- **Monitor & Sustain**
- **Celebrate**

Using Data

- Process to Gather
- Continuous
- QAPI Committee reviews
- Review Data-what story does it tell
- Trends-location, staff, time of day
- Goals, Mission-are they met?
- If outcomes are not as desired, why?
- PIP might be next step

Let's Apply QAPI to Dining

- Data

  Weight loss, PU

  Number of therapeutic diets and Supplements

  % residents on texture modified

  % residents with declining ability to feed self

  % residents by living area for above stats

  Meal Satisfaction surveys, NAR, QA, Councils

  QI report

PIP Team

- There are three important questions to answer:

(1)What are we trying to accomplish?

(2)What changes can we make to bring

about an improvement?

(3) How will we know whether the change

is an improvement?

PDSA

- The four-step **Plan, Do, Study, Act (PDSA)**
- **Cycle can help you answer these questions.**

PLAN

- *What changes can we make to bring about an improvement?*

- *How will we know whether a change is an improvement?*

- *It* is essential to identify specific ways of measuring the effects of a change at the very beginning, before making any actual changes

- measure change from different perspectives (needs to work for all stakeholders to be sustainable)

PLAN

- Planning begins with the question, *What are*
- *we are trying to improve? Or, put another way,*
- *What are we trying to accomplish?*
- How much do we know about the issue?
- What else do we need to know about
- Whom should we talk with to get additional information

Do

- The next step is to test the change on a small scale.

- Learn from experience before trying to implement

- Decide what criteria (or measures to fuse to judge whether their test is successful

- Once the trial date(s) has been set, all those affected by the changes — staff, residents, family and friends — need to be informed about the plan. After the trial phase has be completed, data should be collected.

Study

- Evaluate the results
- Compare information collected before/after test
- Evaluating input from staff, residents, families
- Determine if the proposed change resulted desired improvement.
- Two basic questions to ask are: Did it work? and, If not,why not?
- Often, when a change is tested, ideas for further improvements emerge.

ACT

- If test considered successful, how will you spread the change?

- What preparations and training are needed?

- What is the plan for ongoing monitoring?

- Did the test identify other opportunities for improvement?

- If the change didn't work, or that adjustments are needed, adjust and test again.

- Repeat until desired outcome is achieved

Case Study

- ABC Care Home has noticed there is a rising trend of weight loss on their memory care unit.

- There are 30 residents that live in 2 different neighborhoods

- Meals come on a cart from a central kitchen

- The direct care staff/universal worker serve the food off of the cart.

- The menu is a non select with a planned alternate

What is next?

- Final regulations are pending implementation in 2019

- Facilities will be asked to develop a plan and appoint a responsible person

- Training aides should be published soon

- Practice with current systems

- Stay tuned for more information

- Dining will be an area of focus due to GAO audits

Additional Resources

- CMS Website

https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/qapitools.html

- Sample Booklet that explains the process:

http://www.susanwehrymd.com/files/gettingbetterall-the-time.pdf

- Pioneer Network

Website resources

- Advancement Excellence:

http://www.nhqualitycampaign.org/