



Are You Effectively Applying the CMS Process Tools for QAPI (Quality Assessment & Performance Improvement) in Your Dietary Services?

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Objectives

The Participant will be able to:

- Define the regulatory requirements for QAPI
- State the CMS 5 Elements of QAPI
- State the CMS Goals and "CMS Process Tools" for each Element
- Describe Effective Systems in Dietary Services:

From Policies (QA Thresholds)>Training> Monitoring Staff> to QAPI

- Use of "CMS Process Tools": Examples of MiniQAPI for weaknesses,

PIPs: Performance Improvement Projects with Root Cause Analysis

END RESULT: CDM WILL PERFECT THE DIETARY DEPARTMENT!!



CMS Description of QA

- "QAPI is the merger of two complementary approaches to quality, Quality Assurance (QA) and Performance Improvement (PI). Both involve seeking and using information, but they differ in key ways:
- 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.



CMS Description of PI

- *"PI (also called Quality Improvement - QI) is a pro-active and continuous study of processes with the intent to prevent or decrease the likelihood of problems by identifying areas of opportunity and testing new approaches to fix underlying causes of persistent/systemic problems."*
- *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."*
- **QAPI is a data-driven, proactive approach to improving the quality of life, care, and services in nursing homes.**
- **The activities of QAPI involve members at all levels of the organization 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.**



5 Elements of QAPI: GOALS, PROCESS TOOLS

ELEMENT 1: DESIGN AND SCOPE

- **GOAL:** Learn the basics of QAPI • Review QAPI five elements • Understand how QAPI coordinates with QAA
TOOLS: QAPI Five Elements, QAPI at a Glance, QAPI News Brief – Vol.1
- **GOAL:** Assess QAPI in your organization
TOOL: QAPI Self-Assessment Tool
- **GOAL:** Create a structure and plan to support QAPI
TOOLS: Guide to Developing Purpose, Guiding Principles and Scope for QAPI, Guide for Developing a QAPI Plan



5 Elements of QAPI: GOALS, PROCESS TOOLS

ELEMENT 2: GOVERNANCE AND LEADERSHIP

- **GOAL:** Understand the QAPI business case
TOOL: CMS Video: Nursing Home QAPI – What's in it for you?
 - **GOAL:** Promote a fair and open culture where staff are comfortable identifying quality problems and opportunities
• Know your current culture • Assess your individual skills, practice, attitude • Create a learning organization that drives and reinforces a process for organizational change
 - Distinguish between human error, at risk, and reckless behavior, and respond differently/ appropriately to each
- TOOLS:** QAPI at a Glance, QAPI News Brief - Volume 1



5 Elements of QAPI: GOALS, PROCESS TOOLS

ELEMENT 2: GOVERNANCE AND LEADERSHIP Continued:

- **GOAL:** Create a Culture that embraces the principles of QAPI
TOOLS: QAPI at a Glance, QAPI News Brief - Volume 1, QAPI Leadership Rounding Tool
- **GOAL:** Promote engagement and commitment of staff, residents and families in QAPI
TOOLS: QAPI at a Glance, QAPI News Brief - Volume 1, Examples of Performance Objectives for Job Descriptions and Performance Reviews
- **GOAL:** Involve residents and families• Focus on the customer needs and expectations
TOOLS: QAPI at a Glance, QAPI News Brief - Volume 1



5 Elements of QAPI: GOALS, PROCESS TOOLS

ELEMENT 3: FEEDBACK, DATA SYSTEMS AND MONITORING

- **GOAL:** Use and make data meaningful
 - Identify what you need to monitor
 - Collect, track, and monitor measures/indicators
 - Set goals, benchmarks, thresholds
 - Identify gaps and opportunities
 - Prioritize what you will work to improve
 - Use data to drive decisions
- TOOLS:** Measure/Indicator Development Worksheet, Measure/Indicator Collection and Monitoring Plan, Instructions to Develop a Dashboard, Goal Setting Worksheet, Prioritization Worksheet for Performance Improvement Projects



5 Elements of QAPI: GOALS, PROCESS TOOLS

ELEMENT 4: PERFORMANCE IMPROVEMENT PROJECTS Continued:

TOOLS: Worksheet to Create a PIP Charter , PIP Launch Checklist: Helpful hints for project leaders, managers, and coordinators, Plan-Do-Study-Act (PDSA) Cycle Template, PIP Inventory, Sustainability Decision Guide, Brainstorming, Affinity Grouping, and Multi-Voting Tool

- **GOAL:** Enhance QAPI communications
TOOLS: QAPI at a Glance, Communications Plan Worksheet, Storyboard Guide for PIPs, Improvement Success Story Template



5 Elements of QAPI: GOALS, PROCESS TOOLS

ELEMENT 4: PERFORMANCE IMPROVEMENT PROJECTS

- **GOAL:** *Implement performance improvement projects*
 - *Focus on topics that are meaningful and address the needs of residents and staff*
 - *Charter PIP teams*
 - *Support staff in being effective PIP team members. Use tools that support effective teamwork.*
 - *Plan, implement, measure, monitor, and document changes, using a structured PI approach*



5 Elements of QAPI: GOALS, PROCESS TOOLS

ELEMENT 5: SYSTEMATIC ANALYSIS AND SYSTEMIC ACTION

- **GOAL:** *Understand and focus on organizational processes and systems*
 - *Model and promote systems thinking*
- **Practice RCA – get to the root of problems**
- *Take action at the systems level*

TOOLS: *Guidance for Failure Mode and Effects, Analysis (FMEA), Guidance for Root Cause Analysis (RCA), Flowcharting, Five Whys, Fishbone Diagram*



Intro: Goals and Process Tools

- The "QAPI at a Glance", also called the "Nuts and Bolts" guide and resources.
- Cannot do justice to all TOOLS: Challenge CDMs (in collaboration with the Dietitians) to study these in detail.
- In Appendix A of "QAPI at a Glance": "**Guide for Developing Purpose, Guiding Principles, and Scope for QAPI**"
- Steps 1-4, for finding or developing Your Organization's Vision Statement, Mission Statement, Purpose for QAPI, and Establish Guiding Principles for QAPI.
- **Has your department ever had a vision or mission statement posted for all staff to see?**
- **Example:** "We strive to provide safe, nutritious food to meet the assessed needs of our patients/residents under our care."



How to Set Up Effective Systems

1. STANDARDS, POLICIES AND PROCEDURES (P & P) AKA QA THRESHOLDS:

- Ensure current, approved P & P (based upon national standards of practice (FDA Food Code and Nutrition).
- NOTE: KNOW every word of your P & P. If you use a corporate or commercial P & P, CUSTOMIZE it to ensure these are practices you expect your staff to follow
- If you disagree with your P & P, you must make one of two choices:
 - CHANGE IT OR FOLLOW IT. NOTE: Surveyors will hold you to your P & P.



How to Set Up Effective Systems

1. STANDARDS, POLICIES AND PROCEDURES (P & P) AKA QA THRESHOLDS (Cont.)

- Establish Criteria for all Policies & Procedures (QA Thresholds) and to measure your staff practices.
 - Every Sanitation procedures should have criteria.
 - Every nutrition standards should have criteria to measure it by.



How to Set Up Effective Systems

2. TRAINING:

- Ensure there is a detailed in-service plan to train staff.
- First during orientation of a new hire with a competency checklist.
- Ongoing to ensure all staff receive training in areas they work.

Weekly Huddle Training: Highly recommended, More Effective then 1/mo.

- CDMs & RDs develop weekly short stand up "Huddles In-services"
- Include Focus Areas: Found to be weak in QAPI.



How to Set Up Effective Systems

2. TRAINING (Continued)

Laminated P & P Posters:

- Highly recommended laminated posters (easily developed 8 1/2 "x 11" size)
- Posted or on a Ring
- As a Huddle Teaching Tool or as Reference to Staff on the P & P.
- Reduce the Need for "Memorizing".
 - Remember: Staff can become frustrated in survey and hardly remember their own name. Empower staff to reference these procedures. Have them say, "When I do this task, I often reference the poster, let me show you."



How to Set Up Effective Systems



3. MONITORING: Have detailed QAPI forms to audit staff practices.

- a. **Audits:** Monthly or Quarterly QA audits in high risk dietary/nutrition areas:
 - *Sanitation, Diet Order Audits, Tray line Audits, Dining Room Audits, Room Tray Audits, Satisfaction Audits, Clinical Chart Audits
- b. **Scoring and Measuring Improvement:** Scoring method allows to measure your progress
- c. **Criteria:** Establish specific criteria for each audit, Staff and leadership who evaluate know what is expected for QA Threshold Laminated posters & weekly "Huddles" can be used to effectively reinforce the Criteria



How to Set Up Effective Systems

4. EFFECTIVE QAPI:

- Monitoring or auditing forms should identify the dietary problems or weakness
- Is it a lack of defined P & P, lack of training, or there was training but staff did not understand or refused to do the approved practice?
- Often Audits will identify a problem but it ends there without accountability to what was done. (Citations have been given)
- "Mini QAPIs": A simple MiniQAPI format is: **Problem, Root Cause Analysis, Corrective Actions, Monitoring (who), and Status (your progress.)**



Mini QAPIs: To Track Improvement After Being Found In Monitoring Audits

- Accuracy of Diets served, compared to Diet Tray card, and actual Physician's Orders
- Staff not following the Diet Manual on the Fortification Diet
- Staff not following the recipe for making the puree diets to ensure protein is same as in regular diets
- Nursing unsure of approved diets, not sure how to obtain or use Diet Manual



Mini QAPIs: To Track Improvement After Being Found In Monitoring Audits

- RD (Registered Dietitian) not monitoring I & Os or comparing Intake with Assessed fluid needs for dehydration risks
- Social Services unaware and not seeking dental or denture evaluation to bring residents with texture modified diets to highest practicable level
- Untimely response or lack of documentation for RD recommendations for interventions

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Mini QAPIs: To Track Improvement After Being Found In Monitoring Audits

- Lack of competency criteria and evaluation for training needs for staff positions
- Lack of a comprehensive Cleaning Schedule with specific staff assigned and requiring initialing
- Lack of Manufacturer's Guidelines (MFG) for cleaning and sanitizing and log for monitoring: ice machine, juice machine, soda machine, yogurt machine, meat slicer, tomato slicer
- Lack of log or monitoring of Red Sanitizing buckets for effective sanitizer use





Plan-Do-Study-Act (PDSA) Cycle Template

- Identify opportunities for improvement that exist (look for causes of problems that have occurred):
- Performance Improvement Projects (see root cause analysis tool):
- Points where breakdowns occur
- "Work-a-rounds" that have been developed
- Variation that occurs
- Duplicate or unnecessary steps
- Decide what you will change in the process; determine your intervention based on your analysis
- Identify better ways to do things that address the root causes of the problem
- Learn what has worked at other organizations (copy)
- Review the best available evidence for what works (literature, studies, experts, guidelines)
- Remember that solution doesn't have to be perfect the first time





Root Cause Analysis

1. Identify the event to be investigated and gather preliminary information:
2. Charter and select team facilitator and team members: Leadership should provide a project charter to launch the team. The facilitator is appointed by leadership. Team members are people with personal knowledge of the processes and systems involved in the event to be investigated.
3. Describe what happened: Collect and organize the facts surrounding the event to understand what happened.



How to Use the Fishbone Tool with Root Cause Analysis: Tips

- Use the fishbone diagram tool to keep the team focused on the causes of the problem, rather than the symptoms.
- Consider drawing your fish on a flip chart or large dry erase board.
- Make sure to leave enough space between the major categories on the diagram so that you can add minor detailed causes later.
- When you are brainstorming causes, consider having team members write each cause on sticky notes, going around the group asking each person for one cause. Continue going through the rounds, getting more causes, until all ideas are exhausted.



How to Use the Fishbone Tool with Root Cause Analysis: More Tips

- Encourage each person to participate in the brainstorming activity and to voice their own opinions.
- Note that the "five-whys" technique is often used in conjunction with the fishbone diagram – keep asking why until you get to the root cause.
- To help identify the root causes from all the ideas generated, consider a multi-voting technique such as having each team member identify the top three root causes.

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Example 1: PIP & RCA-Follow with PDSA

- **Problem:** Untimely Dietitian's (RDN) Assessment and Recommendations for nutrition interventions, and untimely implementation of interventions for high risk patients/residents.
- **RCA (Root Cause Analysis) Evaluation:**
- Has there been established criteria/facility standards and then an Auditing Tool for compliance to this criteria
- Are there effective systems to inform RDN, usually coordinated by the CDM? How was the (RDN) informed of a high risk patient/resident? Weekly skin reports? Are there monthly weights, and when necessary, weekly weights to monitor status of significant losses and gains?



Example 2: PIP & RCA

- **Problem:** Untimeliness of Tray Delivery and Complaints of Cold Food
- **RCA:**
 - Trays have always followed a certain schedule for delivery to each floor.
 - Nursing not ready to pass when trays are delivered so trays sit and food gets cold.
 - How can dietary services staff and nursing work to brainstorm and find a solution for timely delivery.



Example 3: PIP & RCA

- **Problem:** Sanitation Audit identifies: NO systems to ensure cleaning & sanitizing of the internal ice making component & bin of ice machine (according to the Manufacturer's Guidance (MFG))
- **RCA:** Do YOU or Contract Co. have a copy of the MFG?
- Is there documentation that it is followed (on invoice) and the two required chemicals: Ice Machine Cleaner and Chlorine based Sanitizer (to kill Norovirus) is used?
- Is there a log of when this is done (required every 6 months for internal cleaning and per MFG for bin)? How do YOU monitor this (ice is a food and ultimately your responsibility.)



Example 4: PIP & RCA

- **Problem:** Diet, interventions, and assessed dining needs are not met for residents, especially in the RNA Dining Program
- **RCA:** Is there auditing to ensure the correct diet, interventions as ordered (at meal times and in between), and adaptive equipment is given?
- How does each CNA or RNA who assist in feeding KNOW individual assessed needs of resident they are assisting?
- Is the Diet List and additional Supplements/Interventions List posted at all stations? Is there reference info in a binder (including any Speech or Occupational Therapy assessed needs) or for reference in digital form in computer?
- Do CNAs and RNAs actually reference it when they are assisting a new resident? When there are volunteer family members, are they instructed on these needs and care plan approaches? Nursing must provide oversight to ensure assessed needs and care plan approaches are followed.



**Simple Audit:
Do What Surveyors Do**



(In the PIP above) Example:

1. Review the orders, assessments, & care plans of sampled high risk residents
 2. Observe the assistance with feeding (what is actually happening? And does it match the orders or assessments (of RDN, Speech, OT?) or what was defined for "Approaches" in the Care Plan?
 3. Interview or ask staff and volunteers to describe the feeding needs as they understand them (see if they really do KNOW the needs?)
- NOW, AS WITH ALL AUDITS, WHAT CORRECTIVE PLANS ARE NEEDED?**



MAY YOUR QAPI GO WELL!!

Website for QAPI Process Tools :

- <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/>
- linda@handydietaryconsulting.com
- www.handydietaryconsulting.com
- See article on QAPI by Presenter in the EDGE Magazine June 2016


