Building a Pathway from QAA to QAPI

Dawn Murr-Davidson, Director of Quality and Clinical Services PHCA
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Objectives

• Define QAPI
• Discuss the Five QAPI elements
• Compare and contrast the current QAA regulation with the Phase 2 and Phase 3 QAPI regulation
• Describe steps to write a QAPI plan
• Discuss the importance of executing a quality plan prior to the implementation of the regulation.
**Scenario:** Your organization received deficiencies during their annual survey because 5 residents had unexplained weight loss and documentation of weights and food intake were not accurately and consistently documented.
Quality Assessment and Assurance Model

- **Post Survey:** QA Committee developed a Plan of Correction which contained the following components
  - Re-weighing all residents
  - Updating the weight records for the affected residents
  - In-servicing the Nursing Department on obtaining and documenting weights and intake.
  - Conduct 3 monthly audits of weight and intake records with results reported to the QA committee.

- The plan of correction was accepted by the State Survey Agency.
# Quality Assessment and Assurance Model

<table>
<thead>
<tr>
<th>Quality Assessment Model</th>
<th>Case Scenario</th>
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<tbody>
<tr>
<td>Measuring compliance with standards</td>
<td>Problem identified based on compliance with the regulations</td>
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<tr>
<td>Inspection</td>
<td>Identified during a survey</td>
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<tr>
<td>Required, Reactive</td>
<td>Plan of Correction Required</td>
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<td>Outliers (Bad Apples)</td>
<td>Missing documentation</td>
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<td>5 residents out of the survey sample</td>
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<tr>
<td>Provider</td>
<td>Nursing home deficiency centered</td>
</tr>
<tr>
<td>Few</td>
<td>Nursing department for documentation education QA Committee</td>
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</tbody>
</table>
Quality Assurance and Performance Improvement Model

• **Scenario:** Dining service staff identified an increase in the amount of food left on plates during the evening meals over the past week.
• The observation was discussed during morning stand up meeting.
• Dining services reported that an increased number of supplements were being utilized in the evenings.
• The team conducted a “Five Why” discussion and agreed to implement some short term strategies and reported their findings to the QAPI Steering Committee.
• 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.
Quality Assurance and Performance Improvement Model

- The QAPI Steering Committee established an inter-disciplinary team (CNA, charge nurse, social worker, dietary worker, registered dietitian, and a nurse practitioner).
- The team conducted studies on the issue, and then performed a root cause analysis (RCA) which revealed:
  - No process existed for identifying and addressing residents identified at risk 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
  - Residents reported the food was not appetizing
Quality Assurance and Performance Improvement Model

**Actions Taken:**
- A protocol was developed to identify residents at risk for weight loss (on admission and with each care plan). The protocol included a review of medications (appetite suppressants), new diagnoses and resident assessments (dental issues).
- CNAs were engaged in a new program for CNAs that identified the food preferences of residents.
- Laminated badge cards with pictures of meal percentages were distributed to all CNAs.
- A subcommittee of the Resident Council was established to assist in selecting favorite foods for menus.
- The protocol and CNA program was implemented in one area of the building. The team collected data from dietary (food wasted and supplement use), CNAs (observation of resident satisfaction and meal percentages), residents (satisfaction surveys), and weights.
Quality Assurance and Performance Improvement Model

Results:

• After 3 months, the team reported that 5 residents gained weight and 15 remained stable.

• There were 5 residents that lost weight, but the weight loss was attributed to their clinical condition.

• Food costs did not increase and supplement costs decreased by 12%.

• Residents and families reported an increased level of satisfaction with the food selection.

• The program expanded across the entire nursing center.

• Survey results: No complaint surveys/no deficiencies in the areas of nutrition on their annual survey.
## QAPI Model

<table>
<thead>
<tr>
<th>Performance Improvement</th>
<th>Continuous improvement of processes to meet standards</th>
<th>Staff identified more food was left on plates during the evening shift</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention</td>
<td>Short term interventions</td>
<td>Reported to QAPI Steering Committee</td>
</tr>
<tr>
<td>Selected, Proactive</td>
<td>Recommendations were made</td>
<td></td>
</tr>
<tr>
<td>Systems, Processes</td>
<td>Protocol developed</td>
<td></td>
</tr>
<tr>
<td>Resident</td>
<td>Resident Council to be engaged in selection of food</td>
<td>CNAs engaged in learning resident preferences</td>
</tr>
<tr>
<td>All</td>
<td>Nursing, Dietary, Residents</td>
<td></td>
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</tbody>
</table>
Comparing QAA and QAPI

Provides a comprehensive approach to ensuring high quality care including components of QA and Performance Improvement

<table>
<thead>
<tr>
<th></th>
<th>Quality Assurance</th>
<th>Performance Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Motivation</td>
<td>Measuring compliance with standards</td>
<td>Continuously improving processes to meet standards</td>
</tr>
<tr>
<td>Means</td>
<td>Inspection</td>
<td>Prevention</td>
</tr>
<tr>
<td>Attitude</td>
<td>Required, Reactive</td>
<td>Selected, Proactive</td>
</tr>
<tr>
<td>Focus</td>
<td>Outliers (Bad Apples)</td>
<td>Systems, Processes</td>
</tr>
<tr>
<td>Scope</td>
<td>Provider</td>
<td>Resident</td>
</tr>
<tr>
<td>Responsibility</td>
<td>Few</td>
<td>Many</td>
</tr>
</tbody>
</table>
Why Start QAPI Now?

- Nursing Centers will be required to have a QAPI Plan for compliance in November 2017
  - Takes time to develop skills and thinking -- Culture change in some organizations
  - CMS estimates that the initial quality plan can take up to 56 hours to complete
  - There is an “overconfidence” by many providers that their program will meet the requirement

- The 2019 Requirement must have document and demonstrate the QAPI program has been ongoing.

- The benefits of QAPI are far more beneficial than meeting the regulatory requirement.
Quality Assurance Performance Improvement (483.75)

- The new requirement retains QAA requirement but builds on the requirement to develop, implement and maintain an effective, comprehensive QAPI program that focuses on indicators of the outcomes of care and quality of life.

- The center must:
  - Maintain documentation & demonstrate ongoing program;
  - **Phase 2**: Present plan to survey team at first annual recertification survey that occurs following final regulations and annually thereafter;
  - **Phase 3**: Present documentation & evidence of its ongoing program’s implementation to State Agency, Federal Surveyor or CMS on request:
    - Design & Scope, address full range of care & services provided;
    - All systems of care & management practices;
    - Include clinical care, quality of life, and patient choice;
    - Use best evidence to define & measure goals that reflect predictive processes of care to achieve expected outcomes;
    - Reflect the complexities, unique care, and services that the center provides.
New Requirements of Participation

• **Phase 2:** Beginning in November 2017, nursing centers must have a QAPI plan available to present to the State Survey Agency (or Federal Surveyor).

• **Phase 3:** Beginning in November 2019, nursing centers must document and demonstrate evidence of an ongoing QAPI program.
Benefits of QAPI

• Utilizes a data-driven approach to improve:
  o Quality of Life
  o Quality of Care
  o Work Processes and Services of an Organization
• Shifts thinking from reactive to proactive
• Continuously monitors effectiveness
• Involves many not just a few
  o Staff Satisfaction, Retention and Engagement
• Focuses on prevention
  o Decreased Adverse Events
• Builds on residents’ own goals for health, quality of life, and daily activities
  o Person Centered Care
• Brings meaningful resident and family voices into setting goals and evaluating progress
  o Resident and Family Satisfaction
• Aligns the organization with goals of emerging payment models tying payment to quality outcomes
Implementing QAPI

**Six Steps to Take Now:**

- Ensure understanding of the Five Elements of QAPI
- Establish a Team
- Conduct an Organizational Assessment
  - Facility Assessment
  - QAPI Self-Assessment
- Write a QAPI Plan
- Conduct QAPI Training/Competency
- Generate Excitement through a QAPI Campaign
Implementing QAPI

Step One: Understand the Five QAPI Elements

• Leadership and Governance
• Design and Scope
• Feedback, Data Systems and Monitoring
• Performance Improvement Projects
• Systematic Analysis and Systemic Action
Elements of QAPI: Leadership and Governance

• Develops the culture of the organization
  o Accountability
  o Transformation
  o Sustainability Performance Improvement

• Assures resources exist to provide services
  o Policies and Procedures
  o Delegation of staff (includes the development of bench strength)
  o Ensures training on skills to conduct quality efforts

• Engages staff, residents and families
Elements of QAPI: Design and Scope

• QAPI must be ongoing and comprehensive
• QAPI should include a focus on safety (prevention), but emphasize autonomy and choice
• QAPI must deal with the full range of services offered by an organization and fully implemented all systems of care and management practices

The QAPI Plan needs to adhere to these principles.
Elements of QAPI: Feedback, Data Systems and Monitoring

- The organization puts a system in place to monitor care and services
- The system will draw from multiple sources
- Feedback systems are active
- Systems will incorporate residents, families, staff and others as appropriate (referral sources)
- Includes the use of:
  - Performance Indicators
  - Benchmarking
  - Includes tracking, investigation, and monitoring of adverse events

Outline in the QAPI Plan
Elements of QAPI: Performance Improvement Projects

• Performance Improvement Projects are concentrated efforts on a specific problem/identified area in one specific area of the facility or facility wide

• Areas that need to be developed/reviewed will vary depending on the type of organization, services and scope of care
  • How are PIPS prioritized and selected
  • How are PIP Teams established
  • How does your organization document PIP
Elements of QAPI: Systematic Analysis and Systemic Action

- A systematic approach is utilized to determine the problem, cause and implications for change that is thorough and organized
- Policies and procedures exist and are integrated into the organization
- Staff demonstrate proficiency in the use of Root Cause Analysis
- The focus is on continual learning and continuous improvement
Implementing QAPI

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• Step Two: Establish a team
  o Keep in mind the services provided in your organization
  o Definition of QAPI
Implementing QAPI

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Implementing QAPI

• Conduct a QAPI Organizational Assessment
  • Establishes baseline
  • Re-evaluate to demonstrate progress
  • Tools already available
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 utilize 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 referenced would not meet the intent of a QAPI plan.

Notes:

Our board of directors and trustees (if applicable) are engaged in and supportive of the performance improvement work being done in our organization. For example, it would be evident from meeting minutes of the board or other leadership meetings that they are informed of what is being learned from the data, and they provide input on what initiatives should be considered. Other examples would be having leadership (board or executive leadership) representation on performance improvement projects or teams, and providing resources to support QAPI.

Notes:
Implementing QAPI

Six Steps to Take Now:

✓ Ensure understanding of the Five Elements of QAPI
✓ Establish a Team
✓ Conduct an Organizational Assessment
  ✓ Facility Assessment
  ✓ QAPI Self-Assessment
• Write a QAPI Plan
• Conduct QAPI Training/Competency
• Generate Excitement through a QAPI Campaign
Write the QAPI Plan

• Components of a Quality Plan
  o Purpose Statement
  o Scope of Services
  o Strategy/Approach
  o Process for Current and Identifying New Activities
  o Utilizing Best Evidence Available
  o Incorporate the QAPI Elements
Components of the QAPI Plan: Purpose

Purpose Section:
• Describes the purpose of the QAPI Plan
• Describes the organization’s strategy to demonstrate continuous improvement
• Describes how the plan will be reviewed incorporating both QA and PI components

Considerations:
• Mission Statement
• Vision Statement
• Guiding Values and Principles:
  • Guidance for everyone in the organization
  • Frames the culture of the organization
QAPI Plan: Example of Section 1

- At ABC Nursing Home, the purpose of our QAPI plan is to provide overall guidance to the organization. Our nursing center has developed the Baldrige Principles and align with our mission statement to be a high performing organization that provides excellence in quality of care, supports quality of life through patient centered care. The focus areas will include all systems that impact resident, family and staff satisfaction, quality of care and services provided.

- The Administrator will assure that the QAPI plan is reviewed at least annually, but revisions to the plan will be ongoing to reflect current practices. Revisions to the plan will be made by the QAPI Committee and will be reviewed by our Regional and Executive Leadership Team.
**QAPI Plan: Scope**

Section 2: Scope

- List of all Care and Services Provided by the Organization
- Current Quality Assurance and Performance Improvement Activities
- Integrates Best Evidence Available

Considerations:

- On an annual basis the organization must conduct a Facility Assessment of services and care areas provides.
- The QAPI Plan is a living document; revisions are expected. How will your organization capture these revisions?
QAPI Plan: Example of Section 2

• The scope of our QAPI activities will be integrated across our services areas in the organization. Our services areas currently include: Rehabilitation Services, Dementia Care, Long-Term Care and High Tech Care (Ventilators).

• Each service area will be represented on the QAPI Committee. Interdisciplinary Focus Teams will be established to integrate care and services across the organization.

• Our scope will be reviewed on at least an annual basis with the facility assessment.
QAPI Plan: Strategy

Describe Strategy for Addressing:

• **Key Areas:** Clinical care, individualized goals/approaches to care, quality of life, resident choice, safety with consideration for resident autonomy, organizational management practices

• **Policies and Procedures:**
  - Examples include:
    - Establishing goals and thresholds for performance measures
    - Identifying and Utilizing data to monitor performance
    - Integration of staff, resident and family input
    - Identifying and Prioritizing problems and opportunities for improvement
QAPI Plan: Example of Section 3

• Our QAPI plan includes the policies and procedures used to:
  o Identify and use data to monitor our performance
  o Establish goals and thresholds for our performance measurement
  o Utilize Resident, Staff and Family Input
  o (Additional P&P)

• Address how your organization will educate on the QAPI Principles

• Address how evidenced based practices will be considered and integrated into your QAPI program
Quality Plan: Current QAPI Activities

• Describe the process for QAPI current activities
  o Current Activities
  o Identifying New Activities

➤ Reminder this will be different for each organization
➤ The Plan is a Living Document so will need to be updated
Quality Plan: Incorporate the QAPI Elements

• Feedback, Data Systems and Monitoring:
  • Organizations must effectively identify, collect and use data and information from all departments and the facility assessment
  • Identify data sources, frequency, targets and benchmarks

CAUTION
Keep it real
Data Exhaustion/Confusion
Less may be More
## Example

<table>
<thead>
<tr>
<th>Data Source</th>
<th>Collection Frequency</th>
<th>Benchmark Data Source</th>
<th>Responsible Party</th>
<th>Data Analysis Frequency</th>
<th>Communicate Data Via</th>
<th>Frequency of Communication</th>
</tr>
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Quality Plan: Governance and Leadership

• The QAPI Plan should Indicate:
  o Responsibility and Accountability
  o Education Plan for QAPI Staff Training and Orientation, General Staff Orientation
  o Framework
    • Who
    • Frequency
    • Responsibility
    • Performance Project Team Development

• Scope and Services
• Performance Improvement Projects
• Systematic Analysis and Systemic Action
Implementing QAPI

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Resources

- PHCA Website: https://www.phca.org/quality/resources
- Lake Superior Quality Innovative Network: https://www.lsqin.org/initiatives/nursing-home-quality/