Quality Assurance and Performance Improvement
Medicare and Medicaid Programs; Reform of Requirements for Long-Term Care Facilities

aka: The Final Rule or “The Regs”
Overview

• The regulations have not been updated since 1991 - 25 YEARS!
• The revised regulations were published in October 2016 - what we have been calling the Final Rule.
• The Final Rule included over 500 edits and changes to existing regulations plus 19 new components driving survey changes already in 2017.
• Implementation and compliance with new regulations occurring in 3 Phases over 3 years.
§483.75 Quality assurance and performance improvement.

- Each LTC facility, including a facility that is part of a multi-unit chain, must develop, implement, and maintain an effective, comprehensive, data-driven QAPI program that focuses on indicators of the outcomes of care and quality of life.
Phase 1

- Deadline: 11/28/2016
- Create your QA&A Committee
- Infection Prevention & Control Officer isn’t due until 11/28/19

QA&A Committee

Who is on your QA&A Committee?

- Medical Director/Desigee
- Director of Nursing Services
- Administrator/Owner/Board Member/Other Leader
- Infection Prevention & Control Officer

Additional Members:

Your QAPI Plan should have at least one member in addition to the members listed above.

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Deadline: 11/28/2017

- Create, present, and **defend** your **comprehensive** QAPI Plan to State Survey Agency representative
Phase 3

- Deadline: 11/28/2019
- All facets of QAPI must be implemented.
- Infection Prevention and Control Officer must be in place.
The 5 Elements of QA PI
The 5 Elements of QA PI

1. Systematic Analysis and Systemic Improvement
2. Design and Scope
3. Governance and Leadership
4. Performance Improvement Projects (PIPs)
5. Feedback, Data Systems, and Monitoring

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A facility must design its QAPI program to be ongoing, comprehensive, and to address the full range of care and services provided by the facility.

Utilize the best available evidence to define and measure indicators of quality and facility goals that reflect processes of care and facility operations that have been shown to be predictive of desired outcomes for residents of a SNF or NF.

**Simple Summary**

A facility must collect data to assess their compliance against every aspect of care and piece of regulation.
Governance and Leadership

The governing body and/or executive leadership (or organized group or individual who assumes full legal authority and responsibility for operation of the facility) is responsible and accountable.

The QAPI program is sustained during transitions in leadership and staffing.

Simple Summary

A facility must create a system that sustains turnover; it must engage the entire organization in QAPI.
A facility must establish and implement written policies and procedures for feedback, data collections systems, and monitoring, including adverse event monitoring.

Facility maintenance of effective systems to obtain and use of feedback and input from direct care staff, other staff, residents, and resident representatives.

Simple Summary

Facilities must collect data systematically from multiple sources, including residents, family, and staff.
Performance Improvement Projects (PIPs)

The facility must set priorities for its performance improvement activities that focus on high-risk, high-volume, or problem-prone areas, and affect health outcomes, resident safety, resident autonomy, resident choice, and quality of care.

The number and frequency of improvement projects conducted by the facility must reflect the scope and complexity of the facility's services and available resources.

Improvement projects must include at least annually a project that focuses on high risk or problem-prone areas identified through the data collection and analysis.

Simple Summary

A facility must conduct at least one PIP annually, which focuses on high-risk, problem-prone areas, identified through data collection.
Element 5

Systematic Analysis and Systemic Action

The facility must take actions aimed at performance improvement and, after implementing those actions, measure its success, and track performance to ensure that improvements are realized and sustained.

How they will use a systematic approach to determine underlying causes of problems impacting larger systems;

How the facility will monitor the effectiveness of its performance improvement activities to ensure that improvements are sustained.

Simple Summary

A facility must implement a system to identify whether it is getting better or worse in each care area; quarter over quarter, year over year.

abaqis manages your QA PI

Systematic Analysis and Systemic Improvement:
Your process should be structured, replicable, and identify system issues.

Design and Scope:
Prove you assess compliance with the entire regulation.

Governance and Leadership:
Process involves whole team and sustains through turnover.

Performance Improvement Projects (PIPs):
Conduct at least one in-depth improvement project per year with documented root cause analysis.

Feedback, Data Systems, and Monitoring:
Data needs to come from multiple sources, including resident, family, and staff feedback.
**Conclusion**

If you are being asked to do more with the same amount of resources, you have to become more efficient.

**Estimated Cost of Final Rule**

CMS estimates a cost of $63,000 the first year, and over $55,000 on average per facility per year thereafter to maintain compliance with the final rule.

CMS estimates a cost of over $8,000 on average per facility to implement a comprehensive QAPI program in the first year, with an ongoing maintenance cost of $3,200 per facility per year thereafter.
November 28th, 2017
QA PI Plan Deadline
A facility has to **defend**, in writing, how they are meeting each of those five elements of QAPI. This plan has to be presented to the State annually (at their survey).

Maintain **documentation** and **demonstrate evidence** of its **ongoing** QAPI program that meets the requirements of this section. This may include but is not limited to **systems and reports** demonstrating systematic identification, reporting, investigation, analysis, and **prevention** of adverse events; and documentation **demonstrating** the development, implementation, and evaluation of corrective actions or performance improvement activities;
QAPI Plan

Let's take a look at a comprehensive QAPI Plan
Assessing Your Readiness
Assessment Question

Design and Scope

- Do you feel confident you can provide data to a surveyor on each care area?
Assessment Questions

Governance and Leadership

- Do you feel confident your current QAPI program can/will sustain turnover?
- Can everyone in your facility speak to something you are doing to assess and improve resident care?
• What systems do you currently have in place to obtain regular, systematic feedback from residents, family, and staff?
• What sources of data are you pulling resident dignity from?
Do you currently have a system in place to assess whether you are getting better or worse in pressure ulcers?

Do you have the same system to evaluate resident dignity or privacy?

How do you currently identify potential system-level issues before they become big problems?
Now that you see what’s required and the depth of which the plan must go, you have 6 months...are you ready?
Contact

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