QA&A AND QAPI: DRIVING THE CALL TO ACTION

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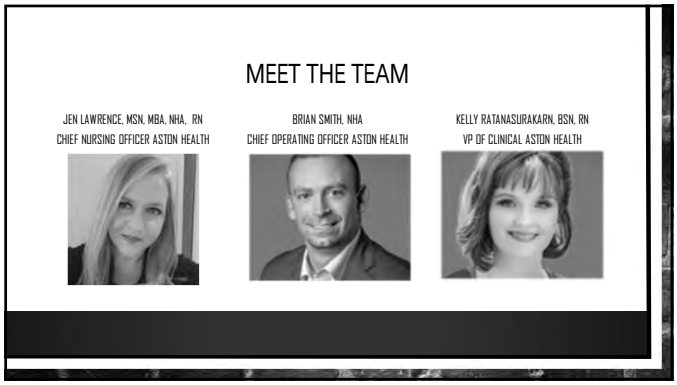
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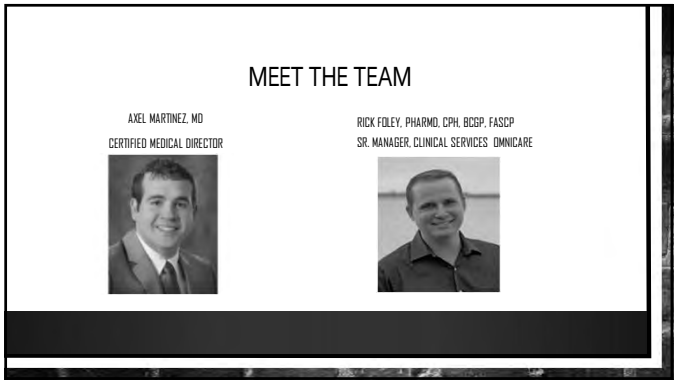
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ROADMAP

- *"IF YOU DON'T KNOW WHERE YOU ARE GOING, YOU'LL END UP SOMEPLACE ELSE"*

  (YOGI BERRA)

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OBJECTIVES

- DESCRIBE THE QA COMMITTEE
- DEFINE THE RELATIONSHIP BETWEEN QA AND QAPI
- RECOGNIZE HOW AN AGENDA DEFINES THE MEETING PROCESS
- IDENTIFY COMPONENTS OF A SUCCESSFUL QAPI AGENDA
- OUTLINE CATEGORIES OF A PIP AND REPORTING ON PIPS
- DESIGN A QAPI MEETING TOOL

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CALL TO ACTION – QA/QAPI MEETING

- THE CALL TO ACTION INVOLVES A TWO PART PROCESS
- REGULATORY GUIDANCE DEFINES QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT AS A MERGER OF TWO COMPLEMENTARY APPROACHES TO QUALITY MANAGEMENT.
- QUALITY MANAGEMENT BEGINS WITH THE QA MEETING AND INVOLVES THE QAPI PROCESS

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ACCOUNTABILITY

NAVIGATING YOUR QA/QAPI MEETING

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QA MEETING SCENARIO #1 - ACCOUNTABILITY

- WELCOME TO VALLEY NURSING AND REHAB FACILITY. IT IS THE 3RD THURSDAY OF THE MONTH AND IT IS TIME FOR THEIR MONTHLY QA/QAPI MEETING. THE DON, ADMINISTRATOR, INFECTION PREVENTIONIST AND THE MEDICAL DIRECTOR ARE ALL PRESENT. IT IS THE BEGINNING OF THE MEETING AND THE MEDICAL DIRECTOR JUST ANNOUNCED THAT HE DOESN'T HAVE MUCH TIME.

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WHO MAKES UP THE QA COMMITTEE

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QUALITY ASSURANCE

- QA COMMITTEE WORKS TO ENSURE THE FACILITY'S COMPLIANCE WITH STATE AND FEDERAL REGULATIONS
- 3 STEP PROCESS:
  - EXAMINE WHY THE FACILITY FAILED TO MEET A CERTAIN STANDARD
  - DEVELOP A FIX FOR THE PROBLEM
  - MONITOR THE FIX

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WHAT IS PERFORMANCE IMPROVEMENT

- PERFORMANCE IMPROVEMENT = ACTION ORIENTED = PROACTIVE APPROACH TO QUALITY
- CONTINUOUS STUDY OF PROCESSES = OPERATIONAL SYSTEMS = RESULTS YOU EXPECT
- GROUP EFFORT IDENTIFYING ROOT CAUSE AND WORKING TOWARDS A SOLUTION

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KEY ELEMENTS

MEETING REQUIREMENTS

- MEETINGS ARE REQUIRED AT LEAST QUARTERLY
- DIRECTOR OF NURSING, ADMINISTRATOR, MEDICAL DIRECTOR, INFECTION PREVENTIONIST AND 3 OTHER TEAM MEMBERS
- SHOULD OCCUR IN PERSON
- AGENDA OF MEETING
- MINUTES/RECORD KEEPING/REPORTS

AGENDA

- DATE/TIME = CONSISTENT
- ROLL CALL/ATTENDANCE = SIGNATURE OF PARTICIPATION
- INTRODUCTION OF GUESTS AND NEW TEAM MEMBERS
- GUEST PRESENTATIONS (PRODUCT REVIEWS, NEW SERVICES OR PROVIDERS, ETC.)
- SUMMARY OVERVIEW QAPI MEETING - DISCUSSION: NEW POLICIES/PROTOCOLS/CARE PRACTICES/TRAININGS/EDUCATIONAL SEMINARS, ETC.)

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KEY ELEMENTS

RISK MANAGEMENT	BENCHMARKS OF CARE	INFECTION CONTROL
EVENT REPORTS	**PRESSURE ULCERS**	**INFECTIONS**
TRENDS	**FALLS**	IN HOUSE ACQUIRED RATE/COMMUNITY ACQUIRED RATE
MEDICATION ERRORS	**AVOIDABLE WEIGHT LOSS**	
REPORTABLES	**RETURN TO HOSPITAL**	**ANTIBIOTIC STEWARDSHIP**
ABUSE/NEGLECT/EXPLOITATION/MISAPPROPRIATION/INJURY OF UNKNOWN SOURCE – ANALYSIS/SUMMARY	**RESTRAINTS**	
	ELOPEMENTS	**VACCINATIONS**
	AMA DISCHARGE	
	BAKER ACT	
	PSYCHOTROPIC MEDICATION	

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KEY ELEMENTS

RESIDENT/FAMILY COUNCIL	GRIEVANCES/COMPLAINTS	STAFF RETENTION
RESIDENT COUNCIL MEETINGS	GRIEVANCES	OPEN POSITIONS/NEW HIRES
FAMILY COUNCIL MEETINGS	UNRESOLVED GRIEVANCES/ISSUES	EMPLOYEE TURNOVER
FOOD COMMITTEE	TRENDS	WORK RELATED INJURIES – TRENDS/LIGHT DUTY/OSHA
CALL LIGHT AUDITS	COMPLIANCE CALLS	EMPLOYEE OF MONTH/APPRECIATION
GUARDIAN ANGEL ROUNDS	OMBUDSMAN VISITS	EMPLOYEE RETENTION PLANS
MEET & GREET	REVIEWS/CUSTOMER SATISFACTION SCORES	
EVENTS/ACTIVITIES		

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QA & QAPI RELATIONSHIP

- BLENDING OF THE OLD AND THE NEW
- MOVE FOCUS OF MEETINGS FROM QUALITY ASSURANCE TO PERFORMANCE IMPROVEMENT
- PROVIDE STRUCTURE TO PLAN AN EFFICIENT AND EFFECTIVE MEETING
- HELP MEET QAPI REGULATION

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QA + PI = QAPI

RE-HOSPITALIZATION

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QA MEETING SCENARIO #2 – RE-HOSPITALIZATION

- WELCOME TO VALLEY NURSING AND REHAB FACILITY. IT IS THE 3RD THURSDAY OF THE MONTH AND IT IS TIME FOR THEIR MONTHLY QA/QAPI MEETING. THE DON, ADMINISTRATOR, INFECTION PREVENTIONIST AND THE MEDICAL DIRECTOR ARE ALL PRESENT. EVERYONE IS ON TIME AND THE MEETING BEGINS WITH ROLL CALL, ATTENDANCE, REVIEW OF LAST MONTH'S MINUTES AND RISK MANAGEMENT REPORT. THE DON BEGINS BY TALKING ABOUT BENCHMARKS AND RETURN TO HOSPITAL.

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RE-HOSPITALIZATION - QAPI FOCUS

- HIGH REHOSPITALIZATION RATE
  - YOU KNOW IT'S THERE
  - YOU KNOW IT'S A PROBLEM
- ADDRESSING THE PROBLEM REQUIRES FOCUS
- STRUCTURE AND A SYSTEMS APPROACH THAT IS DATA-DRIVEN

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DRILL DOWN

- DO YOU KNOW YOUR RE-HOSPITALIZATION RATE
- WHAT ARE THE MOST COMMON DIAGNOSES FOR RE-HOSPITALIZATION
- ARE THERE ANY PATTERNS SUCH AS DAY OF THE WEEK, TIME OF DAY, ETC.
- WHAT IS THE TREND IN CUMULATIVE RE-HOSPITALIZATION RATE? IS IT BETWEEN 10-20 DAYS OF RESIDENT'S STAY?

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ROOT CAUSE ANALYSIS

- ASSEMBLE THE TEAM: ADMINISTRATOR, DON, UNIT MANAGERS, MEDICAL DIRECTOR, THERAPY, PHARMACY, PCP, NP, DISCHARGE PLANNERS, ETC.
- ANALYZE HIGH REHOSPITALIZATION RATE WITHIN 30 DAYS OF ADMISSION: WHY?
- ASSESS INTERNAL DISCHARGE PLANNING PROCESS AND SYSTEMS TO IDENTIFY AND ACT ON EARLY CHANGE IN CONDITION – HOW INVOLVED ARE PCPS? – WHAT IS THE RELATIONSHIP WITH ACUTE CARE FACILITY? – TARGET PROBLEM DIAGNOSES TO START WITH
- ASSESS STAFFING (RNS, LPNS) – STAFF COMPETENCIES
- ASSESSMENT SKILLS: RESPIRATORY/CARDIAC, FUNCTIONAL
- TECHNICAL SKILLS: IV/OTHER PARENTERAL ADMINISTRATION
- CNA SKILLS: VITAL SIGNS, WEIGHTS, INTAKE/OUTPUT
- OTHER RESOURCES: PHARMACY, RADIOLOGY, ETC.
- PHYSICIANS, PHYSICIAN EXTENDERS, NPS: AVAILABILITY AND RELIABILITY RESPONSE TO STAFF
- FAMILIES • UNDERSTANDING OF DISEASE PROCESSES • COMMUNICATION ABOUT WHEN TO HOSPITALIZE

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POSSIBLE CONTRIBUTORY FACTORS

- SYSTEMIC ISSUES: – NEW ADMISSION PROTOCOLS DROPPED OFF AFTER FIRST WEEK
- CONTRACTED SERVICES ▪ STAT X-RAYS, STAT MED ORDERS NOT AVAILABLE
- INTERNAL STAFFING ▪ LACK OF RN COVERAGE NIGHTS/WEEKEND

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PROCESS TOOLS, RESOURCES, EDUCATION

PROCESS TOOLS & RESOURCES

- INTERNAL TOOLS: ADMISSION DATA, SHIFT COMMUNICATION/CHANGE OF CONDITION FORMS
- EARLY WARNING TOOL, "STOP AND WATCH" SBAR COMMUNICATION TOOL AND PROGRESS NOTE
- QUALITY IMPROVEMENT TOOL FOR REVIEW OF ACUTE CARE TRANSFERS
- ADVANCE CARE PLANNING TOOLS

EDUCATION

- STAFF EDUCATION – ELEMENTS FOR ALL STAFF LEVELS COMPETENCIES UPDATED AND REVIEWED, CLINICAL SKILL SETS "
- BRING CONSULTANTS AND MEDICAL SERVICES ON BOARD WITH THE QUALITY FOCUS
- RESIDENT AND FAMILY EDUCATION – ENSURE RESIDENT AND FAMILIES HAVE OPPORTUNITY TO CONTRIBUTE
- MATERIALS SPECIFIC TO RESIDENT AND FAMILIES
- END OF LIFE , ADVANCE DIRECTIVES ETC., DISEASE CONDITIONS
- COMMUNITY COLLABORATION

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PLAN, DO, STUDY, ACT

- PLAN - IDENTIFY AND TARGET ROOT CAUSES OF PROBLEMS ▪ DEVELOP ACTION PLAN
- DO - PILOT THE PLANNED SOLUTION ▪ IMPLEMENT ACTIVITY
- STUDY - MEASURE ▪ AUDIT ▪ EVALUATE OUTCOMES
- ACT - DETERMINE IF IMPROVEMENTS HAVE BEEN MET ▪ REFINE AND EXPAND SOLUTIONS ▪ MONITOR PROGRESS

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PERFORMANCE IMPROVEMENT PROJECTS

- REVIEW PIPS FOR: PROBLEM/ISSUE, INTERVENTIONS, PROGRESS EVALUATION, TEAM, GOAL, MEASURE DATE.
- FROM TEAM REVIEW OF CURRENT MEETING IDENTIFY NEW AREAS OF CONCERN FOR PIP IMPLEMENTATION
- PIPS CAN BE IDENTIFIED AT ANY TIME AND CAN BE A SINGLE OCCURRENCE OR AN IDENTIFIED TREND
- PIPS REQUIRE: PLAN/DO/STUDY/ACT - ROOT CAUSE ANALYSIS OF THE CONCERN

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QA/QAPI - PIT STOPS

ADDITIONAL AGENDA TOPICS

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QA/QAPI ADDITIONAL TOPICS

ANNUAL REVIEWS

- ANNUAL REVIEWS AS NECESSARY: EDUCATION CALENDAR/TRAININGS, FACILITY POLICIES AND PROCEDURES, PHARMACY POLICY AND PROCEDURES, FACILITY ASSESSMENT, COUNTY EMERGENCY MANAGEMENT PLANS, SECURITY PLAN, EMERGENCY PREPAREDNESS PLAN

REGULATORY VISITS

- LAST ANNUAL SURVEY – RESULTS – CITATIONS (STATE/FEDERAL/LIFE SAFETY) – OPEN WINDOW, PREPARATION (MOCK SURVEY)
- COMPLAINT SURVEY ACTIVITY – RESULTS – CITATIONS (STATE/FEDERAL/LIFE SAFETY)
- DCF VISIT – ACTIVITY/OUTCOME
- OMBUDSMAN – ACTIVITY/OUTCOME
- PHARMACY SURVEY – ACTIVITY/OUTCOME
- DOH VISIT – ACTIVITY/OUTCOME
- FIRE MARSHALL VISIT – ACTIVITY/OUTCOME
- TJC VISIT – ACTIVITY/OUTCOME

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QUALITY INDICATOR/QUALITY MEASURE REVIEW

- MOST RECENT 5 STAR RATINGS: OVERALL/HEALTH INSPECTION/QUALITY MEASURES/STAFFING/RN STAFFING
- REVIEW QM THAT TRIGGER GREATER THAN 75 PERCENTILE
- SUMMARY OF CASPER REPORT - ANALYSIS USING CASPER REPORT FOR QUALITY FOCUS

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THERAPY

- CASELOAD – SUMMARY
- LENGTH OF STAY – MTD/YTD
- RESTORATIVE

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TEAM REVIEW

- ACTIVITIES
- ADMINISTRATION
- ADMISSIONS/MARKETING
- BUSINESS OFFICE
- FOOD AND NUTRITION SERVICES
- HOUSEKEEPING
- HR/PAYROLL
- LAB/DIAGNOSTICS
- MEDICAL DIRECTOR
- MEDICAL RECORDS
- MDS
- NURSING
- PHARMACY
- PLANT OPS
- SOCIAL SERVICES
- THERAPY

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AD HOC QA

- AD HOC QA MEETINGS ARE USED TO ADDRESS UNFORESEEN PROBLEMS, CHALLENGES, OR CHANGES THAT ARISE IN THE FACILITY. MAY BE SCHEDULED WHEN IT'S ESSENTIAL FOR EMPLOYEES AND OTHER STAKEHOLDERS TO MAKE URGENT DECISIONS REGARDING EMERGENCIES THAT STRONGLY IMPACT RESIDENT CARE.
- AN IMPROMPTU MEETING MAY NOT HAVE A FORMALIZED AGENDA BUT REQUIRES A SPECIFIC FORMAT: ATTENDEES/IDENTIFICATION OF PROBLEM/GOAL/ACTION ITEMS/FOLLOW UP/MEETING TOOLS/TIME MANAGEMENT.
- AD HOC MEETINGS ARE NOT REQUIRED TO BE IN PERSON: MEDICAL DIRECTOR MAY ATTEND VIA ZOOM CONFERENCE, TELEPHONE, ETC.

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TO PIP OR NOT TO PIP

- PROCESS OF TRANSLATING DATA INTO ACTION
- PRIORITIZE OPPORTUNITIES FOR MORE INTENSIVE IMPROVEMENT WORK
- CONSIDER HIGH RISK, HIGH FREQUENCY AND/OR PROBLEM PRONE
- ALL IDENTIFIED PROBLEMS NEED ATTENTION BUT NOT ALL REQUIRE PIPS
- ESTABLISH A CHARTER PIP TEAM – RESPONSIBLE FOR REVIEWING AND EXPLORING THE PROBLEM

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OUTCOME/SUSTAINABILITY

- OUTCOME: HAVE THE REVISIONS OR CHANGES IN THE PROCESS MADE A POSITIVE IMPACT ON RESIDENT OUTCOMES? HAVE THE RESIDENTS' QUALITY OF LIFE IMPROVED?
- SUSTAINABILITY: PERFORMANCE IMPROVEMENT IS AN ONGOING CYCLE OF MEASURING RESIDENT OUTCOMES. MONITORING RESULTS IS ESSENTIAL. PARTICIPANTS SHOULD CONTINUALLY LOOK FOR NEW WAYS OF IMPROVING THE PROCESS.
- EDUCATION/TRAINING: ONGOING EDUCATION WITH TEAM INCLUDING RESIDENTS/FAMILIES; STAFF COMPETENCY

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DESTINATION

- WHAT HAVE WE TALKED ABOUT TODAY THAT WILL MAKE THE LIVES OF OUR RESIDENTS AND/OR STAFF BETTER BY THE NEXT TIME WE MEET?
- REVIEW OF QAPI PLAN
- DATE OF LAST REVIEW
- ANY CHANGES NEEDED TO QAPI PLAN? FACILITY ASSESSMENT?
- MEETING TOOL

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QUESTIONS

THANK YOU FOR YOUR PARTICIPATION! WE WELCOME ANY QUESTIONS OR COMMENTS.

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RESOURCES/REFERENCES

- CMS QAPI AT A GLANCE HTTPS://CMS.GOV/MEDICARE/PROVIDER-ENROLLMENT-AND-CERTIFICATION/QAPI/DOWNLOADS/QAPIATAGLANCE.PDF
- QAPI HEALTH SERVICES ADVISORY GROUPS HSAG QUALITY IMPROVEMENT ORGANIZATIONS CMS HTTPS://WWW.HSAG.COM/QAPI
- CMS QAPI DESCRIPTION AND BACKGROUND HTTPS://CMS.GOVWWW.CMS.GOV/MEDICARE/PROVIDER-ENROLLMENT-AND-CERTIFICATION/QAPI/QAPIDEFINITION
- U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES GUIDANCE PORTAL QAPI RESOURCES HTTPS://WWW.HHS.GOV/GUIDANCE/DOCUMENT/QAPI-RESOURCES

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