Upon completion of this presentation, the learner will be able to:

- identify both the CMS regulatory requirements and the five elements that provide the basis for effective quality systems and the establishment of a QAPI program;
- discuss the QAPI Tools and Resources that enable both the identification of weak areas of performance and the development of performance improvement projects that are specific to nursing home settings; and
- apply the principles of Continuous Quality Improvement to specific examples of QAPI programs within a nursing home setting.

Seminar Description:

This session will help prepare skilled nursing providers for the QAPI initiative from CMS with information on the regulatory requirements and the tools and resources that are available. The presenter will show you from start to finish how to create a successful QAPI program for your facility, using specific examples of current programs and the five elements that provide the basis for effective quality systems.

Presenter Bio(s):

Alan Obringer has almost 20 years of experience in pharmacy including the last 5 years as the Director of Clinical Services for Senior Care Pharmacy in Lakeland. Prior to joining Senior Care Pharmacy, Alan worked for CVS Pharmacy as a district pharmacy supervisor and at Walgreens as a pharmacy manager. In 2002, Alan was licensed as a consultant pharmacist and worked as an independent consultant while performing his community pharmacy duties. Alan has also held a faculty position with the University of Florida's College of Pharmacy as an Assistant Clinical Professor since 2002. He became a Certified Geriatric Pharmacist in 2012 and serves as a preceptor for pharmacy students, offering both a Geriatric and Long-term Care practice site. Alan earned his pharmacy degree from the University of Rhode Island. As a member of the Florida Pharmacy Association, the American Society of Consultant Pharmacists and Kappa Psi Pharmaceutical Fraternity, he is a strong advocate for the profession of pharmacy in long term care and is very involved in the changes that affect the industry.
Creating a QAPI Program That Shines: Quality Assessment and Performance Improvement in Nursing Homes

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Objectives

• Identify both the CMS regulatory requirements and the Five Elements that provide the basis for effective quality systems and the establishment of a QAPI program.
• Discuss the QAPI Tools and Resources that enable both the identification of weak areas of performance and the development of performance improvement projects that are specific to nursing home settings.
• Apply the principles of Continuous Quality Improvement to specific examples of QAPI programs within a nursing home setting.
QAPI in Nursing Homes Background

• Mandated by the Affordable Care Act, March 2010.
• ACA requires CMS to establish QAPI program standards and provide support.
  – Most Tools/resources are available, only are few are still in development
• QAPI also required in hospitals, dialysis centers, hospice, and ambulatory care settings.

QAPI in Nursing Homes Background

• Goal 1: develop a more patient-centered approach.
  – Input from residents and families
  – Evaluation of both processes and outcomes
• Goal 2: integrate “quality” with routine operations.
  – Broad scope – entire facility participates
  – Leadership from all levels
• Goal 3: Advance “systems-based” thinking.
  – Proactive, data/measurement-driven.
Recent QAPI Activities

• Collaborative effort for refinement of QAPI Tools and Resources

• Launch of a QAPI demonstration
  – 17 nursing homes, 4 states
  – Testing QAPI tools, resources, systems developed

Recent QAPI Activities

• Rollout of QAPI materials
  – Core material available summer 2013
  – http://go.cms.gov/Nhqapi

• Draft of QAPI Regulation
  – ACA requires CMS to promulgate new regulation – currently being drafted
  – One year for facilities to submit QAPI after passing of regulation.

• Launch of the Nursing Home Questionnaire
  – Abt Associates, Inc.; Colorado Foundation for Medical Care
  – Establishment of baseline data on quality systems/processes in nursing homes
QAPI Demonstration Project

- 17 homes in 4 states (CA, FL, MN, MA)
  - Varied by size, profit/non-profit, rural/urban, independent/multi-home corporations, across 5-star rating system, state regulatory policy.
  - However, sample too small for generalizability
- First year of project
  - 16/17 implemented QAPI (≥ 1 PIP)
  - Success NOT predicted by 5 star rating, corporate resources, or degree of prior focus on person-centered care.

What is QAPI?

- Merger of “QA” and “PI”
  - QA is a process of meeting quality standards and assuring that care reaches an acceptable level.
  - PI 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.

QAPI
What is QAPI?

Key Differences Between QA and PI efforts

<table>
<thead>
<tr>
<th>Motivation</th>
<th>QA: Measuring compliance with standards</th>
<th>PI: Continuously improving processes to meet standards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Means</td>
<td>Inspection, review</td>
<td>Prevention, planning</td>
</tr>
<tr>
<td>Attitude</td>
<td>Required, defensive</td>
<td>Chosen, proactive</td>
</tr>
<tr>
<td>Focus</td>
<td>Outliers, “bad apples,” individuals</td>
<td>Processes, systems</td>
</tr>
<tr>
<td>Scope</td>
<td>Individual provider</td>
<td>Systems for patient care</td>
</tr>
<tr>
<td>Responsibility</td>
<td>Few</td>
<td>All</td>
</tr>
</tbody>
</table>

http://www.hrsa.gov/healthit/toolbox/healthITAdoptiontoolbox/QualityImprovement/whatarediffbtwqinqa.html

What is QAPI?

• QA + PI = QAPI
  – Comprehensive approach to ensuring high quality care.
  – Data-driven, proactive approach to improving quality of life, care, and services in nursing homes.

• Bottom line
  – Not a “program,“ but “a way of doing our work”
  – Focus on the person living in the nursing home
Why QAPI is Important

• Solve problems, prevent recurrence
• Allows new goals to be set and achieved
• Caregivers now active partners in PI
• Better care and quality of life for residents

QAPI Builds on QA & A

• Still will use a committee structure
• Conduct reviews of adverse events, complaints, and concerns
• Conduct audits
• QAPI exceeds QA & A with respect to:
  – Prospective approach
  – Inclusion of all staff, residents, and families
  – Emphasis on Performance Improvement Projects
QAPI Features

- How many of the following QAPI features are you already using?
  - Use of data to identify and prioritize quality problems and other opportunities for improvement.
  - Build upon residents’ own goals for health, quality of life, and daily activities.
  - Bring meaningful resident and family voices into setting goals and evaluating progress.
  - Incorporating caregivers broadly in a shared QAPI mission.
  - Developing Performance Improvement Project (PIP) teams with specific goals.
  - Performing a Root Cause Analysis to get to the heart of the reason for the problem.
  - Undertaking a systemic change to eliminate problems at the source.
  - Developing a feedback and monitoring system to sustain continuous improvement.

Illustrating QA & A versus QAPI

**Problem:** unexplained weight loss among residents, poor documentation of food intake and weights

- **QA & A Solution**
  - re-weighing of all residents, updating weight records of affected residents
  - in-servicing nurses on obtaining/documenting weights
  - conducting audits every 3 months and present to QAPI committee.

- **QAPI Solution**
  - charter PIP composed of CNA, charge nurse, social worker, dietician, and nurse practitioner
  - Perform RCA to direct plan of action
  - Implement specific interventions
  - Collect data on interventions; adapt and adopt.
Five Elements for Framing QAPI in Nursing Homes

• Element 1: Design and Scope
• Element 2: Governance and Leadership
• Element 3: Feedback, Data Systems & Monitoring
• Element 4: Performance Improvement Projects (PIP’s)
• Element 5: Systematic Analysis and Systemic Action

Design and Scope

• QAPI Program must be:
  – Ongoing and comprehensive
  – Include full range of services offered by facility
  – Include full range of departments
• QAPI must address:
  – Clinical care, quality of life, resident choice, care transitions.
  – Aims for safety and high quality with all clinical interventions
• It utilizes the best available evidence to define and measure goals.
• Nursing homes to have a written QAPI plan in place
Governance and Leadership

• Responsibilities of governing body and/or administration of the nursing home:
  – Develop a culture that involves leadership seeking input from staff, residents, and their family.
  – Provide adequate resources to conduct QAPI efforts.
  – Designates one or more persons to be accountable for QAPI.
  – Develops leadership and facility-wide training on QAPI
  – Establishment of policies to sustain the QAPI program despite changes in personnel.

Governance and Leadership continued

• Also responsible for:
  – Setting expectations with respect to balancing safety with resident-centered rights and choice.
  – Ensures staff accountability
  – Creates an atmosphere where staff is comfortable identifying both quality problems and opportunities for improvement.
Feedback, Data Systems & Monitoring

• Establish data-based systems to monitor care and services.
• Integrate feedback systems to actively incorporate input from staff, residents, families, and others.
• Use Performance Indicators to monitor processes and outcomes and compare them to benchmarks.
• Track, investigate, and monitor adverse events and institute action plans to prevent recurrences.

Performance Improvement Projects (PIP’s)

• Facility conducts PIP’s to examine and improve care or services in areas that facility identifies as needing attention.
• What is a PIP?
  – Concentrated effort, focused on one area or facility-wide.
  – Gathers information to clarify problem and intervening for improvements.
  – Specific to each institution
Systematic Analysis and Systemic Action

- Implement a systematic approach to determine when in-depth analysis is needed.
- Use a thorough and highly organized/structured approach to determine whether and how identified problems may be caused or exacerbated by the way care and services are organized/delivered.
- Develop policies and procedures and demonstrate proficiency in the use of Root Cause Analysis.
- Systemic actions look comprehensively across all involved systems to prevent future events and promote sustained improvement.
- Focus on continual learning and continuous improvement.

Action Steps to QAPI

- Step 1: Leadership Responsibility and Accountability
- Step 2: Develop a Deliberate Approach to Teamwork
- Step 3: Take your QAPI “Pulse” with a Self-Assessment
- Step 4: Identify Your Organization’s Guiding Principles
- Step 5: Develop Your QAPI Plan
- Step 6: Conduct a QAPI Awareness Campaign
- Step 7: Develop a Strategy for Collecting/Using QAPI Data
- Step 8: Identify Your Gaps and Opportunities
- Step 9: Prioritize Quality Opportunities and Charter PIP’s
- Step 10: Plan, Conduct, and Document PIP’s
- Step 11: Getting to the “Root” of the Problem
- Step 12: Take Systemic Action
Step 1: Leadership Responsibility and Accountability

- Create culture to support QAPI efforts
- Develop a Steering Committee
  - Develop/modify plans, review information, set priorities for PIP’s
- Provide resources
  - Equipment and training
- Climate of open communication and respect
  - Encourage active participation of every caregiver, resident, and family.

Step 2: Develop a Deliberate Approach to Teamwork

- Characteristics of an effective team:
  - Clear purpose
  - Defined roles for each team member
  - Commitment to active engagement from each member.
- Examples:
  - Task-oriented Teams – limited/focused scope
  - PIP Teams – longer-term, complex issue
Step 3: Take your QAPI “Pulse” with a Self-Assessment

- QAPI Self-Assessment Tool developed
  - Evaluate extent to which QAPI implemented
  - Identify areas of improvement
  - Upon initiation of QAPI, then annually.

QAPI Self-Assessment Tool

Step 4: Identify Your Organization’s Guiding Principles

- Vision Statement
- Mission Statement
- Purpose Statement for QAPI
- Establish Guiding Principles
- Define Scope of QAPI
- Assemble Document

Guide for Developing Purpose, Guiding Principles, and Scope for QAPI

Step 5: Develop Your QAPI Plan

- Guides quality efforts, serves as main document to support implementation of QAPI.
  - Living document, revisit as facility evolves
  - Tailored to fit your nursing home including all units, programs, and resident groups

Guide for Developing a QAPI Plan

http://www.cms.gov/Medicare/Provider‐Enrollment‐and‐Certification/QAPI/downloads/QAPIPlan.pdf
Step 6: Conduct a QAPI Awareness Campaign

- Communicate with All Caregivers
  - Often and in multiple ways
  - Plan ongoing caregiver education
  - Train through dialogue, examples, exercises
  - Stress the systems aspect of QAPI
- Communicate with Residents and Families
  - Actively seek out views, discuss QAPI in resident and family councils.
  - Use a customer-satisfaction survey to identify opportunities for improvement.

Step 7: Develop a Strategy for Collecting and Using QAPI Data

- Systematic organization and interpretation
- Set targets for performance in areas being monitored.
- Identify benchmarks (standard of comparison) for performance.
  - Nursing Home Compare (www.medicare.gov/nhcompare)
- Examples:
  - Clinical care areas, medications, complaints, hospitalizations, resident satisfaction, caregiver satisfaction, state survey results
Step 8: Identify Your Gaps and Opportunities

- Review sources of information
  - MDS data for problem patterns
  - Nursing Home Compare
  - State survey results
  - Trends in complaints
  - Patterns of caregiver turnover

Step 9: Prioritize Quality Opportunities and Charter PIP’s

- Prioritize Opportunities for Improvement
  - Open discussion among team members
  - Rank: high-risk? high frequency?
  - Select problems to become focus of PIP
    - All problems need to be addressed, just not all with PIP
- Charter PIP’s
  - Specific written mission to look into a problem.
  - Reports back to the Steering Committee
  - Use Goal Setting Worksheet
Step 10: Plan, Conduct, and Document PIP’s

- Focus PIP’s by defining the scope
  - Determine what information is needed for PIP
  - Determine a timeline and communicate it to the steering committee.
  - Identify/request any needed supplies/equipment
  - Select or create measurement tools
  - Prepare and present results
  - Use a problem solving model like PDSA

Plan-Do-Study-Act (PDSA) Cycle

PDSA Model
- **Plan**
  - Learn about problem
  - Determine changes
- **Do**
  - Carry out plan, make measurements
- **Study**
  - Summarize what was learned
- **Act**
  - What should be done next?
  - Re-studied? Adopted? Abandoned?

http://www.scotland.gov.uk/Resource/Img/209291/0061564.gif
Step 11: Getting to the “Root” of the Problem

- Root Cause Analysis
  - A systematic process for identifying contributing causal factors that underlie variations in performance.
  - Structured method of analysis, interdisciplinary, leads to identification of effective interventions
  - Impartial, focus on systems/processes
  - Many tools to choose from

Root Cause Analysis Techniques

- Change Analysis
- Barrier Analysis
- Tree Diagrams/Cause and Effect Diagrams
- Events and Causal Factor Analysis
- 5 WHY’s Tool

Which one to choose?
RCA Techniques – Change analysis

• Change analysis is an analytical technique of RCA which examines the effects of change.
  – **Reactive** by analyzing unwanted events or problems, and/or **proactive** by identifying the potential effects of changes before they are implemented.
  – Applicable when a systems performance has changed dramatically.
  – Change analysis may be the simplest of all the RCA techniques and most prone to bias.

RCA Techniques – Barrier Analysis

• Focuses on the barriers that **should have** prevented the adverse event.
• Barrier analysis is **reactive**.
• Good at identifying missing safeguards.
RCA Techniques - Tree Diagrams/Cause and Effect Diagrams (Fishbone)

- Graphical display of event, systematically details contributing factors.
- Useful to visualize and analyze more complex problems.
  - Reactive = fault or root cause trees
  - Proactive = positive trees

RCA Techniques - Events and Causal Factor Analysis

- Focus on sequence of events along with relevant contributing factors.
- Good at answering “Why” event happened.
  - Widely used for major, single event problems
- Often used in combination with change and barrier analysis.
RCA Techniques – The 5 Why’s Tool

• Useful for minor problems and/or initial brainstorming.

• Limited value when problem is really complex. Not rigorous enough to be sole tool for PIP.

Root Cause Analysis Take-Home

• Each technique is a valuable tool for performance improvement.

• As a Step in QAPI, teams should consider:
  – Studying case examples of RCA
  – Applying RCA to adverse event
  – Build RCA examples into training exercises
Step 12: Take Systemic Action

- RCA → Implementation → Improvement?
  - Most challenging step
  - Often fails due to quality of corrective actions

- Corrective Actions
  - Weak
  - Intermediate
  - Strong

Corrective Action Examples

- **Weak**: actions that depend on staff memory of policy, tend to enhance existing processes:
  - Examples: Double checks, warnings/labels, new policies/procedures, training/education, additional study

- **Intermediate**: actions may be dependent on staff memory, but tools provided to help staff that modify existing processes:
  - Examples: decrease workload, software upgrades, reduce distraction, checklists, read back, build in redundancy

- **Strong**: actions that do not depend on staff memory; redesign of process; may involve hard-stops.
  - Examples: physical changes (grab bars, non-slip strips); forcing functions w/i medical records, unit dosing
How to Learn More

- Visit QAPI website: http://go.cms.gov/Nhqapi
- Tools Available:
  - Learning modules with videos
  - QAPI Process tools with instructions
  - Best Practice examples
  - Special resources organized by particular practice role in the “Communities of Practice” section
  - News and updates on QAPI implementation

QAPI Summarized

- Extension of QA & A program
- Systems, Systems, Systems
- Involves people directly working in a process
- Continuous communication among and between all levels of organization
- Resident perspectives considered
- Opportunity for all to participate on PIP teams
- Celebrate and reward successes
Questions?

References

- CMS QAPI Background, Tools, Resources: http://go.cms.gov/Nhqapi