QAPI:
12 Steps to Excellence

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QAPI: 12 Steps To Excellence!

Harmony University
The Provider Unit of
Harmony Healthcare International, Inc.

Presented by:
Beckie Dow, RN, RAC-MT
Director of MDS and Nursing Education & Training

Speaker Bio

- Over 20 Years Experience in Long-term Care
- Clinical and Reimbursement Accuracy in Assessments
- Quality Assurance Activities
- Interrelation between MDS, Care Planning, QA, and Clinical Excellence at the Bedside
- AANAC Master Teacher

Disclosures: The planners and presenters of this educational activity have no relationship with commercial entities or conflicts of interest to disclose.

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QAPI: 12 Steps To Excellence!

Disclosure

Speaker: Beckie Dow, RN, RAC-MT Director of MDS/Nursing Program Development

- The speaker has no relevant financial relationships to disclose
- The speaker has no relevant nonfinancial relationships to disclose

Objectives

- Upon completion of the program, the learner will be able to:
  - List the five elements of QAPI
  - Discuss the QAPI demonstration
  - Detail the 12 Action Steps to QAPI
  - Articulate how existing quality improvement programs in SNFs can benefit from the QAPI materials available from CMS

Quality Assurance Performance Improvement: 12 Steps to Excellence

Criteria for Successful Completion

- Complete Sign-in and Sign-Out on Attendance Form
- Attendance for entire session
- Completion and submission of speaker evaluation form

10/29/2013

speaker evaluation form

Completion and submission of
“Don’t judge each day by the harvest you reap, but by the seeds you plant”
-Robert Louis Stevenson

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The CMS Nursing Home Action Plan: A Three Part Aim

- Better Health for the Population
- Better Care for Individuals
- Lower Cost Through Improvement

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The CMS Nursing Home Action Plan: Five Approaches

- Enhance consumer engagement
- Strengthen survey processes, standards, and enforcement
- Promote quality improvement
- Create strategic approaches through partnerships
- Advance quality through innovation and demonstration
F520 - Quality Assessment and Assurance (QAA)

- The facility has an ongoing QAA committee that includes designated key members and that meets at least quarterly; and
- The committee identifies quality deficiencies and develops and implements plans of action to correct these quality deficiencies, including monitoring the effect of implemented changes and making needed revisions to the action plans.

QAPI Timeline

- March 2010 — Affordable Care Act passed
- April 2011 — QAPI announced
- September 2011 — prototype QAPI program launched to test QAPI tools and resources
- May 2012 — QAPI questionnaire
- July 2012 — Panel of experts assembled to discuss the prototype tools and questionnaire results

S&C Letter: 13-05-NH

- Released December 14, 2012
- Announced that a core set of introductory materials would be made available on the QAPI website by February 2013
- Announced the QAPI at a Glance guide
- ACA directs the Secretary to ensure that technical assistance for QAPI is available prior to promulgation of regulations
The QAPI “Elevator Speech”

- QAPI is a **comprehensive program** by which an organization **identifies problems or issues early on**, develops a plan to **address the root causes** of problems and prevent adverse events throughout the system, and **involves the entire team** in using data to understand quality and work to improve performance.

What is QAPI?

- The merger of two complimentary approaches to quality management:
  - Quality Assessment – determining where things are going well and where opportunity to improve exists
  - Performance Improvement – the reaction to the opportunity to improve

What is QAPI?

<table>
<thead>
<tr>
<th>Quality Assurance</th>
<th>Performance Improvement</th>
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<tbody>
<tr>
<td><strong>Motivation</strong></td>
<td>Measuring compliance with standards</td>
</tr>
<tr>
<td><strong>Means</strong></td>
<td>Inspection</td>
</tr>
<tr>
<td><strong>Attitude</strong></td>
<td>Required: reactive</td>
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<tr>
<td><strong>Focus</strong></td>
<td>Outliers: “bad apples”</td>
</tr>
<tr>
<td><strong>Scope</strong></td>
<td>Medical provider</td>
</tr>
<tr>
<td><strong>Responsibility</strong></td>
<td>Few</td>
</tr>
</tbody>
</table>
What is QAPI?

“QAPI is about **critical thinking**. It involves **figuring out what is causing certain problems**, and implementing interventions and solutions that **address the root causes of the problems**, rather than just the symptoms”

Karen Schoeneman
Past Technical Director, CMS Division of Nursing Homes

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QAPI: The Five Elements

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

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QAPI: The Five Elements

- Your QAPI program should contain all five elements, which are closely related
- Your QAPI plan will be based on your own center’s needs, current programs, and unique residents

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The Challenge…

“Not all change is improvement, but all improvement is change”

Donald Berwick, MD
Former CMS Administrator

The Goal of QAPI and/or Other Quality Improvement Models

- The Goal: Meet or exceed the expectations of our customers
- Meeting customer expectations = meeting the mission!
- Who are the customers?
  - External customers: The reason the organization exists
  - Internal customers: Anyone within the organization

A Culture of Caring

- “I take care of my staff, and they take care of the patients,” said one DON. “If I treat them badly, they will treat the patients badly.”

Source: Beyond Unloving Care by Susan Eaton, June 2000
The 12 Action Steps to QAPI

- The 12 steps do not need to be achieved sequentially, but each step builds on other QAPI principles.
- The most important aspect of QAPI is effective implementation.

Step 1: Leadership Responsibility and Accountability

- Support “from the top” is essential, and that support should foster the active participation of every caregiver.
- Executive leadership sets the tone and provides resources.
- Executive leaders help other leadership flourish in the nursing home.
Step 1: Leadership Responsibility and Accountability
- Develop a steering committee to provide QAPI leadership
- Provide resources for QAPI—equipment, training, and staff time
- Climate of open communication and respect
- Understand your Home’s current culture

Step 2: Develop a Deliberate Approach to Teamwork
- Teamwork is a central concept to an effective QAPI program
- An effective team has a clear purpose, defined roles for each member to play, and each member is committed to active engagement in the team’s activities

Step 3: Take your QAPI “pulse” with a Self-Assessment
- Self-assessment tool is provided in the QAPI at a Glance guide
- Can be used at the beginning of the QAPI journey, and then for semi- or annual evaluation thereafter
- The results will direct you to areas you need to work on to effectively establish QAPI in your organization
Step 4: Identify your Organization’s Guiding Principles

- Establishing a purpose and guiding principle will unify the organization
- Many caregivers do not know the guiding principles of the organization
- Taking time to articulate your organization’s purpose will assist your organization to develop a written QAPI plan

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Step 4: Identify your Organization’s Guiding Principles

1. Locate or develop your organization’s vision statement
2. Locate or develop your organization’s mission statement
3. Develop a purpose statement for QAPI

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Step 4: Identify your Organization’s Guiding Principles

4. Establish guiding principles
5. Define the scope of QAPI in your organization
6. Assemble the Document
Step 5: Develop your QAPI Plan

- Your plan will assist you in achieving what you have identified as your organization's purpose, guiding principles, and scope
- Tailor-made program that is a living, breathing document
- Amend or change your plan as your organization changes and grows

Step 6: Conduct a QAPI Awareness Campaign

- Let everyone know about your QAPI plan - often and in multiple ways
- Ongoing and varied caregiver training
- Ensure that consultants and outside agencies that work within your organization are aware of your QAPI program
- Discuss the hard questions

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

- QAPI includes the routine monitoring of data from multiple sources
- Set targets for performance in the areas you are monitoring
- Identify benchmarks for performance
- Develop a plan for the data you collect to ensure it is used, not just collected
Step 8: Identify your Gaps and Opportunities

- Review your sources of information to determine if gaps or patterns exist
- These gaps may result in quality problems
- Look for areas where there is opportunity for improvement
- Take notice of things you are doing well
- Set priorities for Performance Improvement Projects (PIPs)

Step 9: Prioritize Quality Opportunities and Charter PIPs

- Prioritize opportunities for more intensive improvement work
- Consider areas that are high risk, high frequency, and/or problem prone, or may affect the psychological well-being and comfort of residents
- Charter a PIP team

Performance Improvement Projects (PIPs)

- What do we target?
  - Any area – even if things are going well, there may be the opportunity to improve
- Identify opportunities to optimize:
  - Effectiveness
  - Efficiency
  - Safety
Performance Improvement Projects (PIPs)

- Essential steps/elements of a PIP:
  - Define the nature of the problem
  - Develop change ideas
  - Determine your actions
  - Test the actions
  - Determine if change has occurred and if it is an improvement

Performance Improvement Projects (PIPs)

- Team activities
  - Meet regularly
  - Develop the pilot study
  - Once the successful change is determined, roll it out organization-wide
  - Continue to monitor and ensure sustained improvement

Performance Improvement Projects (PIPs)
Performance Improvement Projects (PIPs)

- What should the PIP team expect?
  - 3-6 month commitment
  - Management and staff support
  - Be prepared to participate in the organization-wide implementation of the change

Step 10: Plan, Conduct, and Document PIPs

- Focus your PIP by defining the scope, so the team does not get overwhelmed
- Identify the information the PIP team needs and a timeline for completion
- Identify and request any materials or supplies needed
- Use a problem-solving model, like PDSA

The Model for Improvement

- PDSA: Plan, Do, Act, Study

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Step 11: Getting to the “Root” of the Problem

- No problem can be effectively addressed without thoroughly exploring the problem
- The problem may involve multiple factors and may affect several departments.
- Root Cause Analysis (RCA) is a systemic process for identifying contributing causal factors that underlie variations in performance.

Root Cause Analysis

- Step 1 – Gather initial information
- Step 2 – Fill in the gaps
- Step 3 – Analysis
- Step 4 – Action plan development
- Step 5 – Evaluation of results

Source: Oregon Patient Safety Commission

Root Cause Analysis

Step 1 – Gather Initial Information

- Immediate data gathering; get the facts first
- Focus on what happened, not “who did it”
- Keep an open-minded attitude

Source: Oregon Patient Safety Commission
**Root Cause Analysis**

**Step 2 – Fill in the Gaps**
- Discuss the incidence as a team
- Identify gaps and reconcile differences of views
- Gather more information
- Investigate the scene of the incident and any involved equipment

Source: Oregon Patient Safety Commission

**Step 3 - Analysis**
- Ask why until you can’t ask it anymore!
- Review contributing factors
- Document
- Conduct the “Common Sense Test” on the conclusions or the investigation

Source: Oregon Patient Safety Commission

**Step 4 – Action Plan Development**
- Develop an immediate plan as well as (if needed) a long or short-term plan
- Use the S.M.A.R.T.S. system for action plans
- Document the plan
- Implement the plan
- Consider the application of the plan to others

Source: Oregon Patient Safety Commission
A “SMARTS” Action Plan

- Specific
- Measurable
- Attainable
- Realistic
- Timely
- Supported

Source: Oregon Patient Safety Commission

Root Cause Analysis

Step 5 – Evaluation of Results

- Track the implementation
- Measure how each plan is doing
- Celebrate success
- Plan for maintaining the changes

Source: Oregon Patient Safety Commission

Root Cause Analysis

- Root Cause Analysis Materials for Long Term Care Facilities
Step 12: Take Systemic Action

- Implement changes that will result in improvement or reduce the chance of an event recurring
- Choose actions that are tightly linked to the root cause and lead to a system or process change
- Corrective action should target the elimination of the root cause

Step 12: Take Systemic Action

- Pilot test the change in one area of your facility before launching facility-wide
- Pilot testing gives the team the opportunity to correct unintended consequences of the change
- Choose strong methods of corrective action for facility policy to increase success

The Demonstration States

- California
- Florida
- Massachusetts
- Minnesota
Demonstration Activities

- Develop and implement QAPI plans
- Participate in virtual and in-person meetings
- Receive tools and resources
- Offer feedback
- Generate best practice ideas

Demonstration Activities

- Expectations of the demonstration participants:
  - Implement all elements of QAPI
  - Provide an environment that encourages quality improvement
  - Develop systems to identify problems and address them
  - Conduct quality improvement projects

Demonstration Activities

- Benefits to participants:
  - A liaison to assist each facility
  - Technical assistance
  - On-line instruction
  - Learning collaborative
  - Early access to tools
Getting Ready for QAPI

“Nursing homes can get ready for QAPI by working on the Advancing Excellence Goals”

Carol Benner,
Advancing Excellence National Director

Advancing Excellence in America’s Nursing Homes - Goals for 2012

- Improve staff stability
- Increase use of consistent assignment
- Increase person-centered care planning and decision making

Advancing Excellence in America’s Nursing Homes - Goals for 2012

- Reduce hospitalizations safely
- Use medications appropriately
- Increase resident mobility
Advancing Excellence in America’s Nursing Homes - Goals for 2012

- Prevent and manage infections safely
- Reduce pressure ulcers
- Decrease symptoms of pain

Advancing Excellence in America’s Nursing Homes - Goals for 2012

- Check the *Excellence in America’s Nursing Homes* Web site for updated tools to assist you in your efforts:
  
  [www.nhqualitycampaign.org](http://www.nhqualitycampaign.org)

Consider Quality Indicator Survey (QIS) Tools as QAPI Data Sources

- Available at [www.QTSO.org](http://www.QTSO.org)
- Use tools consistently and without bias
- Go beyond Stage I tools
- Stage II tools help ensure in-depth investigation
The DPOC Model: Great for Problem Solving

- Assessment of causative factors
- Steps/interventions undertaken
- Triggers/parameters to signal of an evolving problem
- How the facility will measure the success of its efforts

Final Thoughts...

“Excellence is an art won by training and habituation. We do not act rightly because we have virtue or excellence, but we rather have those because we have acted rightly. We are what we repeatedly do. Excellence, then, is not an act but a habit.”

-Aristotle

Final Thoughts...

- The goal of providing the best possible quality of care and life for those entrusted to our care does not change
- Success depends on us evolving and always striving to redefine and achieve excellence
- Successful QAPI will not be a department, it will be a way of life in the organization
References

- Nursing Home Quality Assurance & Performance Improvement Web site (CMS)
  https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/QAPI.html

- S&C Letter Quality Assurance and Performance Improvement (QAPI) in Nursing Homes - Activities Related to QAPI Implementation

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References

- QAPI at a Glance guide

- S&C Letter dated 12-14-12

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References

- Quality Improvement Organization (QIO)
Questions/Answers

- Beckie Dow, RN, RAC-MT
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Harmony Healthcare International

Have you Considered a Customized Complimentary HARMONY(HHI) MEDICARE PROGRAM EVALUATION or CASE MIX ANALYSIS for your Facility?

Perhaps your facility has potential for additional revenue
Assess your facility against key indicators and national norms
Email us at for more information
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Analysis is cost & obligation free