

Linking QAPI & Survey
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Objectives

- Understand QAPI requirements
- Determine the responsibilities of leadership for QAPI
- Learn how QIS can be used for QAPI

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What are we talking about?

CMS is trying to align

What we **SHOULD** do (in the moral sense) ↔ What we **MUST** do (in the legal sense)

BUT...

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Regulation
Regulation
Regulation

QUALITY ASSURANCE &
PERFORMANCE IMPROVEMENT

QUALITY ASSURANCE &
PERFORMANCE IMPROVEMENT



A word cloud centered on the page. The most prominent words are 'performance', 'nursing', 'care team', 'residents', 'process', 'caregivers', and 'facility'. Other visible words include 'purpose', 'each', 'identify', 'compliance', 'data', 'guiding', 'problem', 'resident', 'use', 'action', 'actions', 'tool', 'problems', 'improvement', 'work', 'identified', 'systems', 'scope', 'opportunities', 'example', and 'principles'. There are also some smaller words like 'areas', 'goal', 'committee', 'service', 'home', 'describe', 'leadership', 'new', 'using', 'change', 'facility', 'homes', 'goals', and 'Notes'.

QUALITY ASSURANCE & PERFORMANCE IMPROVEMENT

The Affordable Care Act mandates "Accountability Requirements for Facilities" and requires that CMS:

- Must establish and implement a quality assurance and performance improvement for facilities
- Must establish standards relating to quality assurance and performance improvement with respect to facilities
- Must provide technical assistance to facilities on the development of best practices in order to meet such standards.

Bottom line: This is a law, and it's not going anywhere unless the ACA is repealed.

QUALITY ASSURANCE & PERFORMANCE IMPROVEMENT

UPDATE: In March 2015, CMS announced that it will roll QAPI regulations into a broader overhaul of Conditions of Participation for nursing homes.

Source: <https://www.federalregister.gov/regulations/0938-ARE1/reform-of-requirements-for-long-term-care-facilities-cms-3260-p>

EXAMPLE : QAPI SURVEY QUESTIONS

- Is the scope of data collection appropriate to the indicator ?
- Is the method (e.g., chart reviews, monthly observations, etc.) and frequency of data collection specified?
- Is there evidence that the data are actually collected in the manner and frequency specified for this indicator?
- Are the collected data analyzed?

*From Hospital Surveyor QAPI Worksheet

EXAMPLE : QAPI SURVEY QUESTIONS*

- If the data analysis identified areas needing improvement, is there evidence that the facility instituted interventions to address them?
- Is there evidence that the facility has a formal QAPI program including written policies and procedures, budgeted sources, and clearly identified responsible staff -approved by the governing body after input from the leadership?

*From Hospital Surveyor QAPI Worksheet

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EXAMPLE : QAPI SURVEY QUESTIONS

Is there evidence that the governing body:

- Approves QAPI program indicators selected and frequency of data collection?
- Actively reviews the results of QAPI data collection, analyses, activities, projects and makes decisions based on such review?
- Is there evidence of the amount of resources (funding and personnel) dedicated to the hospital's QAPI program and the functions for which those resources are used?

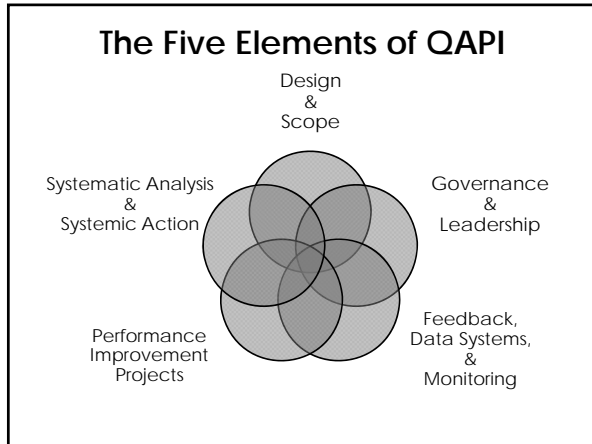
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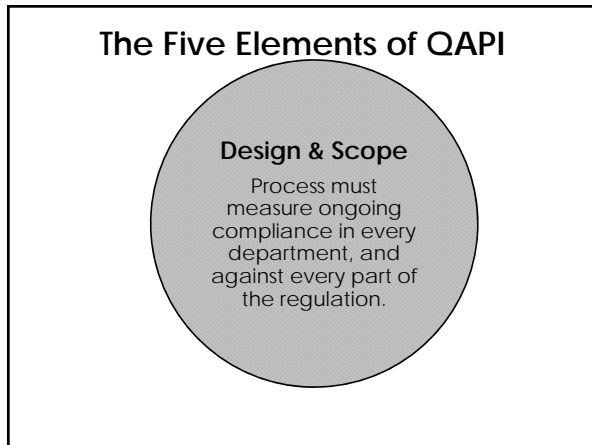
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The Five Elements of QAPI



CMS Survey and Certification letter 13-05
<http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-13-05.pdf>





1. Design and Scope

QAPI	QIS
QAPI is Ongoing and Comprehensive within the facility.	QIS covers the whole regulation. Used quarterly, it is ongoing.
Deals with all services offered and all departments.	Care areas cover all departments
Should include Clinical Care, Quality of Life, Resident Choice, and Care Transitions.	QIS was DESIGNED around resident centered care. The care areas also look at clinical issues and care transitions.
Utilizes the best available evidence to define and measure goals.	In depth investigation in QIS isn't arbitrary; if you exceed the threshold, you have a high likelihood of non compliance
Nursing homes will have in place a written QAPI plan.	QIS methodology will get you started with your defined QAPI plan

The Five Elements of QAPI

Governance & Leadership
Who is going to take responsibility and how?

2. Governance and Leadership

QAPI	QIS
Administration leads QAPI with input from staff, residents, families.	Administration implements a system that incorporates input from staff, residents and families.
Provides training and equipment as needed for QAPI.	QIS tools are publically available. abaqis training teaches using QIS as a QA tool and provides education on how it applies to QAPI.
Establish policies to sustain the QAPI program despite changes in personnel and turnover	Can train multiple staff members to complete parts of the QIS data collection, which ensures sustaining through turnover.
Set priorities for improvement.	Use of the QIS thresholds help you to prioritize what you should be working on .
Ensures QAPI is adequately resourced with one or more persons accountable.	
Set expectations around safety, quality, rights, choice and respect.	
Ensures that while staff are held accountable, there exists an atmosphere in which staff are not punished for errors and do not fear retaliation for reporting quality concerns.	

The Five Elements of QAPI

Feedback, data systems & monitoring
How are you getting data, and how will you confirm that what you're doing is working?

3. Feedback, Data Systems, and Monitoring

QAPI	QIS
Facility puts into place systems to monitor care and services, drawing data from multiple sources.	Using QIS quarterly is a constant 'double check'. Because the assessments come from multiple sources, issues are caught.
Feedback systems actively incorporate input from staff, residents, families, and others as appropriate.	QIS incorporates resident, family and staff interviews, resident observations, clinical team, and MDS.
Performance Indicators monitor a wide range of care processes and outcomes.	QIS covers the full regulation.
Findings are reviewed against benchmarks and/or targets the facility has established for performance.	Thresholds can be used as benchmarks to measure performance.
Includes tracking, investigating, and monitoring Adverse Events.	

The Five Elements of QAPI



4. Performance Improvement Projects (PIPs)

QAPI	QIS
The facility conducts Performance Improvement Projects (PIPs) to examine and improve care in areas that are identified as needing attention.	Use of QIS thresholds can help a facility identify 'quick fixes,' and those problems that need a bigger effort like a PIP
A PIP project is a concentrated effort on a particular problem.	QIS can identify what should be a PIP, and then when they re assess, see if it worked.
A PIP involves gathering information systematically to clarify issues or problems, and intervening for improvements.	QIS is a systematic, data driven process that can measure the success of interventions.

The Five Elements of QAPI

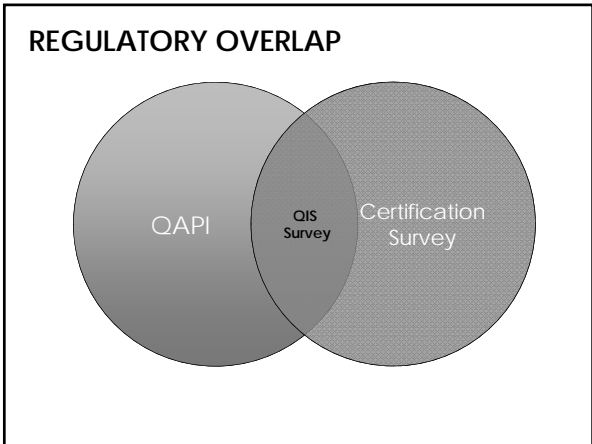
Systematic Analysis & Systemic Action

Your QAPI process isn't just putting out fires, it's fixing what's wrong with the system.

5. Systematic Analysis and Systemic Action

QAPI	QIS
The facility uses a systematic approach to determine when in-depth analysis is needed.	Utilization of the QIS methodology provides you a definable system- a process conducted the same way every time.
The facility uses an organized approach to determine if identified problems are caused by the way care is delivered.	By comparing answers across residents, QIS looks at system issues, and has a process that defines when they need in depth analysis.
Systemic Actions look comprehensively across all involved systems to prevent future events and promote sustained improvement.	Using QIS helps monitor that fixes are working on a system level
Facilities will be expected to develop policies and procedures and demonstrate proficiency in the use of Root Cause Analysis.	

QUALITY INDICATOR SURVEY



QUALITY INDICATOR SURVEY (QIS)

Main goal is to cover the FULL federal regulation with emphasis on **quality of care and quality of life**

QUALITY INDICATOR SURVEY (QIS)

To evaluate nursing home quality, QIS employs:

- Random samples
- Care Areas with 85 indicators of quality (aka QCLIs)
- In-depth, structured investigations

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Quality Management System

QUALITY INDICATOR SURVEY (QIS)

Stage 1

Current Sample

Sample 4 012015 042015
12-Jan-2015 — 12-Apr-2015

Census & Admission Sample Assessments	Completed
Census Sample - 40 Residents	
Resident Interviews	37
Family Interviews	34
Staff Interviews	29
Resident Observations	31
Census Sample Record Reviews	22
Admission Sample - 30 Residents	
Admission Sample Record Review	27

Stage 2

Current Snapshot

Last 3 Months
29-Dec-2014 — 29-Mar-2015

	Risk	0	1	2
● Unnecessary Medications	100%	34	0	0
● Incontinence	76%	14	0	2
● Hydration	75%	13	0	0
● Choices	60%	16	0	0
● Behavioral and Emotional St...	56%	8	0	0
● Physical Restraints	47%	11	0	0
Mandatory Facility Tasks		0	0	0

QUALITY INDICATOR SURVEY (QIS)

For state surveyors, QIS is a regulatory tool that enables them to systematically review care and determine areas that are out of compliance.

For nursing homes, QIS can be a powerful tool to ensure compliance with current federal regulations as well as pending changes driven through QAPI.

QIS Survey Forms

Downloads

- [CMS-802 Surveyor Notes Worksheet \(PDF, 146K\)](#)
- [CMS-20044 Clinical Observation Worksheet \(PDF, 216K\)](#)
- [CMS-20045 Entrance Conference Worksheet \(GIS Facility Copy\) \(PDF, 58K\)](#)
- [CMS-20046 Entrance Conference Worksheet \(GIS Team Copy\) \(PDF, 44K\)](#)
- [CMS-20047 Admission Sample Record Review \(PDF, 50K\)](#)
- [CMS-20048 Census Sample Record Review \(PDF, 50K\)](#)
- [CMS-20049 Family Interviews \(PDF, 61K\)](#)
- [CMS-20050 Resident Interview & Resident Observation \(PDF, 107K\)](#)
- [CMS-20051 Staff Interview \(PDF, 88K\)](#)
- [CMS-20052 Liability Notices & Beneficiary Appeal Rights Review \(PDF, 42K\)](#)
- [CMS-20053 Dining Observation \(PDF, 108K\)](#)
- [CMS-20054 Infection Control & Immunizations \(PDF, 93K\)](#)
- [CMS-20055 Kitchen/Food Service Observation \(PDF, 70K\)](#)
- [CMS-20056 Medication Administration Observation \(PDF, 53K\)](#)
- [CMS-20057 Resident Council President/Representative Interview \(PDF, 21K\)](#)
- [CMS-20058 Quality Assessment and Assurance \(QAA\) Review \(PDF, 60K\)](#)
- [CMS-20059 Abuse Prohibition Review \(PDF, 64K\)](#)
- [CMS-20060 Admission, Transfer and Discharge Review \(PDF, 51K\)](#)
- [CMS-20061 Environmental Observations \(PDF, 61K\)](#)
- [CMS-20062 Sufficient Nursing Staff Review \(PDF, 37K\)](#)
- [CMS-20063 Personal Funds Review \(PDF, 46K\)](#)
- [CMS-20065 Stage 2 Critical Elements for Activities \(PDF, 73K\)](#)

abaqis
Quality Management System

Random Samples

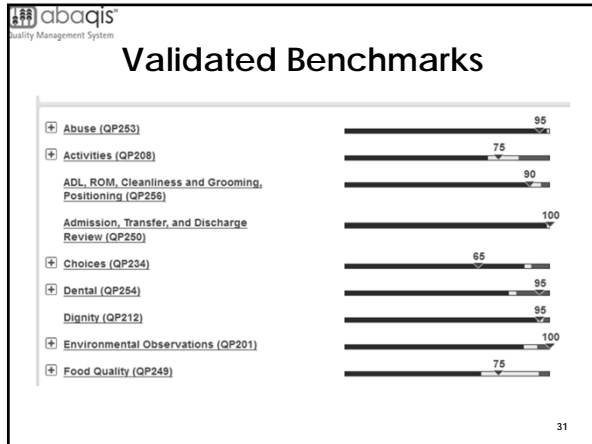
Stage 1

Current Sample

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Structured Investigations

Pressure Ulcers
with - Santos, Brian, CO

Resident-Level Task

Note: Residents below are sorted in descending order by risk of inclusion in a government Stage 2 sample. To deal with the highest risk resident

	Assessment	Care Planning	Provision of C
Curie, Marie	●	●	○
Ford, Henry	○	○	○
Goodyear, Charles	○	○	○
Jones, Peggy	○	○	○
Sherwin, Belle	○	○	○
Mason, Stanley	○	○	○

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LEADERSHIP RESPONSIBILITY

Leadership Responsibility

Administration leads QAPI with input from staff, residents, families.

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Leadership Responsibility

Ensures QAPI is adequately resourced and sustainable through turnover

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Leadership Responsibility

Set Priorities for Improvement

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Leadership Responsibility

Set expectations around safety, quality, rights, choice and respect

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Leadership Responsibility

Ensure that there exists an atmosphere that emphasizes accountability without blame or retaliation

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What you need

As a QIS state, you're already being help to regulatory scope of QAPI, so....

- > If you aren't using QIS as an ongoing QAPI system, START!!!
- > Documentation – if you didn't write it, you didn't do it

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Questions?

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Five Elements

Element 1: Design and Scope

A QAPI program must be ongoing and comprehensive, dealing with the full range of services offered by the facility, including the full range of departments. When fully implemented, the QAPI program should address all systems of care and management practices, and should always include clinical care, quality of life, and resident choice. It aims for safety and high quality with all clinical interventions while emphasizing autonomy and choice in daily life for residents (or resident's agents). It utilizes the best available evidence to define and measure goals. Nursing homes will have in place a written QAPI plan adhering to these principles.

Element 2: Governance and Leadership

The governing body and/or administration of the nursing home develops a culture that involves leadership seeking input from facility staff, residents, and their families and/or representatives. The governing body assures adequate resources exist to conduct QAPI efforts. This includes designating one or more persons to be accountable for QAPI; developing leadership and facility-wide training on QAPI; and ensuring staff time, equipment, and technical training as needed. The Governing Body should foster a culture where QAPI is a priority by ensuring that policies are developed to sustain QAPI despite changes in personnel and turnover. Their responsibilities include, setting expectations around safety, quality, rights, choice, and respect by balancing safety with resident-centered rights and choice. The governing body ensures staff accountability, while creating an atmosphere where staff is comfortable identifying and reporting quality problems as well as opportunities for improvement.

Element 3: Feedback, Data Systems and Monitoring

The facility puts systems in place to monitor care and services, drawing data from multiple sources. Feedback systems actively incorporate input from staff, residents, families, and others as appropriate. This element includes using Performance Indicators to monitor a wide range of care processes and outcomes, and reviewing findings against benchmarks and/or targets the facility has established for performance. It also includes tracking, investigating, and monitoring Adverse Events that must be investigated every time they occur, and action plans implemented to prevent recurrences.

Element 4: Performance Improvement Projects (PIPs)

A Performance Improvement Project (PIP) is a concentrated effort on a particular problem in one area of the facility or facility wide; it involves gathering information systematically to clarify issues or problems, and intervening for improvements. The facility conducts PIPs to examine and improve care or services in areas that the facility identifies as needing attention. Areas that need attention will vary depending on the type of facility and the unique scope of services they provide.

Element 5: Systematic Analysis and Systemic Action

The facility uses a systematic approach to determine when in-depth analysis is needed to fully understand the problem, its causes, and implications of a change. The facility uses 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 or delivered. Additionally, facilities will be expected to 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. This element includes a focus on continual learning and continuous improvement.