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QAPI Basics: Fostering a Culture of Safety

Presented by:

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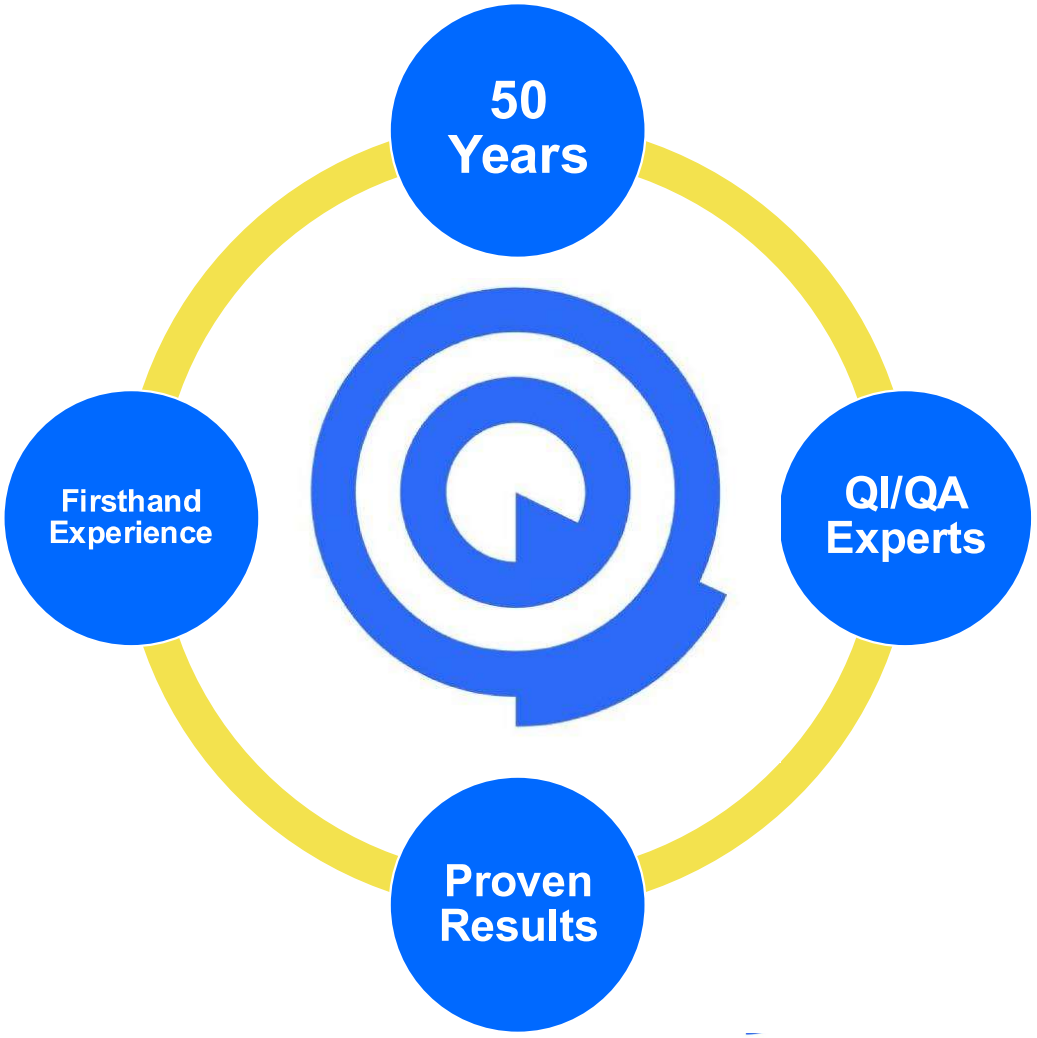
Who is Qsource?

- Driven improvement in over **2,000 nursing homes across six states**.
- Improved staff COVID vaccination rate by **21.4% across 234 homes in Indiana** as a part of our QIO contract.
- Prevented foreclosures and helped nursing homes achieve **deficient-free return state surveys**.
- Implemented infection prevention protocols resulting in an overall **15.5% reduction**.
- Optimized MDS coding to achieve **improved STAR Ratings**.
- **Improved quality ratings** through QAPI program development.



Agenda Overview

1) The Key Components of a Safety-Focused QAPI Program

2) Interpreting Safety Data and Metrics for Identifying Areas of Improvement

3) Evaluate the Effectiveness of Safety Interventions and their Impact on Resident Outcomes

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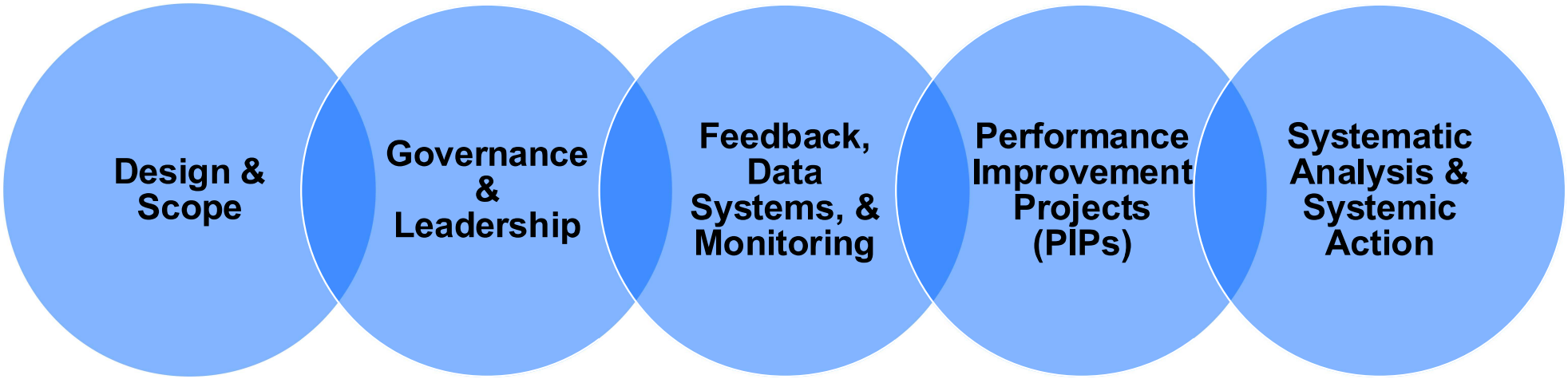
The Five Elements of Quality Assurance and Performance Improvement (QAPI)



CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

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F-865 Quality Assurance and Performance Improvement

"Each LTC facility, including a facility that is part of a multiunit 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."

Quality Assurance vs Performance Improvement

QAPI is the coordination of both Quality Assurance (QA) and Performance Improvement (PI).

QA gives specifications to standards for quality of service and outcomes.

PI can be interchanged with Quality Improvement (QI). PI is the process of continuous improvement.

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QAPI
Design and Scope

Design and Scope aim for safety and high quality with all clinical interventions while emphasizing autonomy and choice in the daily life of 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.

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Examples of Pressure Ulcer Monitoring

- Dressing changes per physician order, nursing documentation of wound condition during dressing changes, and identification of changes promptly.
- Weekly Wound Assessment that includes measurements and description to ensure continuous healing and need for adjustment of wound care as needed.
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Governance and Leadership as Described in Element 1: Design and Scope

“Governance and leadership ensures **accountability** while creating an atmosphere where staff are comfortable identifying and reporting quality problems as well as opportunities for improvement.”

Ensuring Compliance with F865

- Maintain documentation
- Present your Plan to the Survey team
- Present evidence necessary to demonstrate compliance with requirements
- Develop, Implement and Maintain an effective, comprehensive QAPI program
- Ensure governing body oversight of the facility's QAPI program and activities

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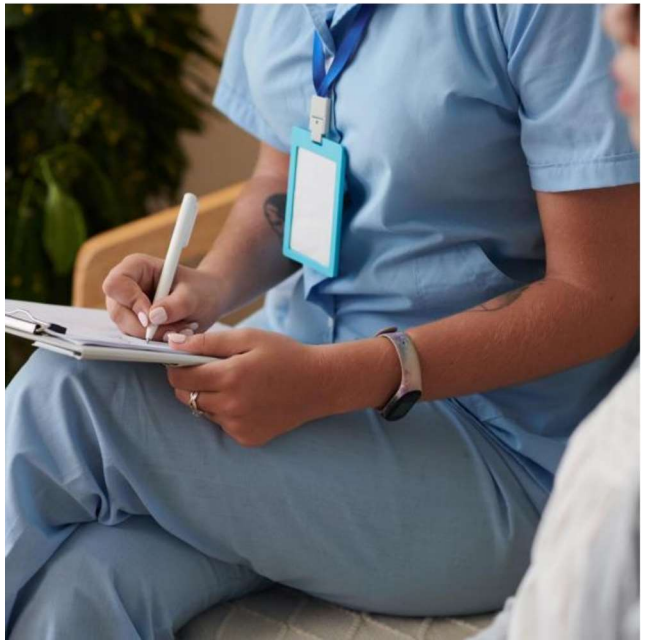
F-867 QAPI/QAA Improvement Activities

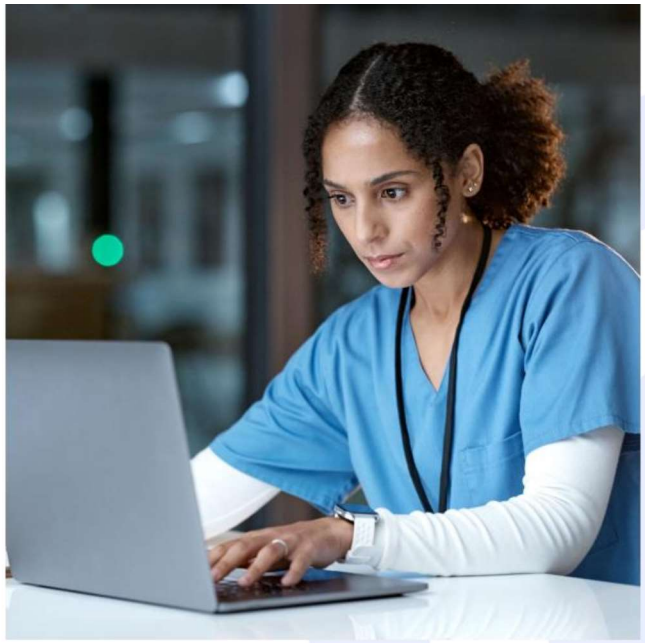
The facility **must develop and implement systems** that ensure the care and services it delivers meet acceptable standards of quality in accordance with recognized standards of practice.

Feedback, Data Systems and Monitoring

Use and make data meaningful

- Identify what you need to monitor
- Collect, track, and monitor measures/indicators
- Set goals, benchmarks, and thresholds
- Identify gaps and opportunities
- Prioritize what you will work to improve
- Use data to drive decisions





Examples of mechanisms for obtaining resident and staff feedback include satisfaction surveys and questionnaires and routine meetings such as care plan meetings, resident council, safety team meetings, and town halls. Other facilities choose to have suggestions or comment boxes.

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Data Collection and Monitoring

Performance Indicators

How you evaluate your collected data?

How often you evaluate your collected data?

How you compare to your peers?

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Care Compare Five-Star Ratings of Nursing Homes

Provider Rating Report for March 2023

Ratings for			
Overall Quality	**Health Inspection**	**Quality Measures**	**Staffing**
★★	★★	★★★	★★

The Five-Star ratings provided above will be displayed for your nursing home on the Care Compare website on or around March 29, 2023. The health inspection rating incorporates data reported through February 28, 2023. The time periods for each of the quality measures that contribute to the Quality Measure (QM) rating can be found in the QM tables located later in this report. The staffing rating is based on payroll-based journal (PBJ) staffing data reported through the third calendar quarter of 2022.

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MDS 3.0 Facility-Level Quality Measure (QM) Report

Report Period: 01/01/2023 - 04/23/2023
Comparison Group: 01/01/2022 - 06/30/2022
Report Run Date: 04/29/2023
Data Calculation Date: 04/23/2023
Report Version Number: 3.03 Legend

Note: Dashes represent a value that could not be computed
Note: S = short stay, L = long stay
Note: C = complete; data available for all days selected, I = incomplete; data not available for all days selected
Note: * is an indicator used to identify that the measure is flagged
Note: For the Improvement in Function (S) Measure, a single * indicates a Percentile of 25 or less (higher Percentile values are better)

Facility ID: Facility Name: CCN: City/State:

MDS Measures

Measure Description	CMS ID	Data	Num	Denom	Facility Observed Percent	Facility Adjusted Percent	Comparison Group State Average	Comparison Group National Average	Comparison Group National Percentile
Hi-risk/Unstageable Pres Ulcer (L)	N015.03	C	1	25	4.0%	4.0%	10.6%	9.2%	20
Phys restraints (L)	N027.02	C	0	45	0.0%	0.0%	0.1%	0.1%	0
Falls (L)	N032.02	C	25	45	55.6%	55.6%	47.0%	43.6%	**80***
Falls w/Maj Injury (L)	N013.02	C	5	45	11.1%	11.1%	3.9%	3.5%	**97***
Antipsych Med (S)	N011.02	C	0	5	0.0%	0.0%	3.4%	1.9%	0
Antipsych Med (L)	N031.03	C	6	39	15.4%	15.4%	20.8%	14.5%	60
Antianxiety/Hypnotic Prev (L)	N033.02	C	2	20	10.0%	10.0%	9.3%	6.4%	**77***
Antianxiety/Hypnotic % (L)	N036.02	C	9	38	23.7%	23.7%	23.9%	19.4%	69
Behav Sx affect Others (L)	N034.02	C	10	39	25.6%	25.6%	19.7%	18.9%	**75***

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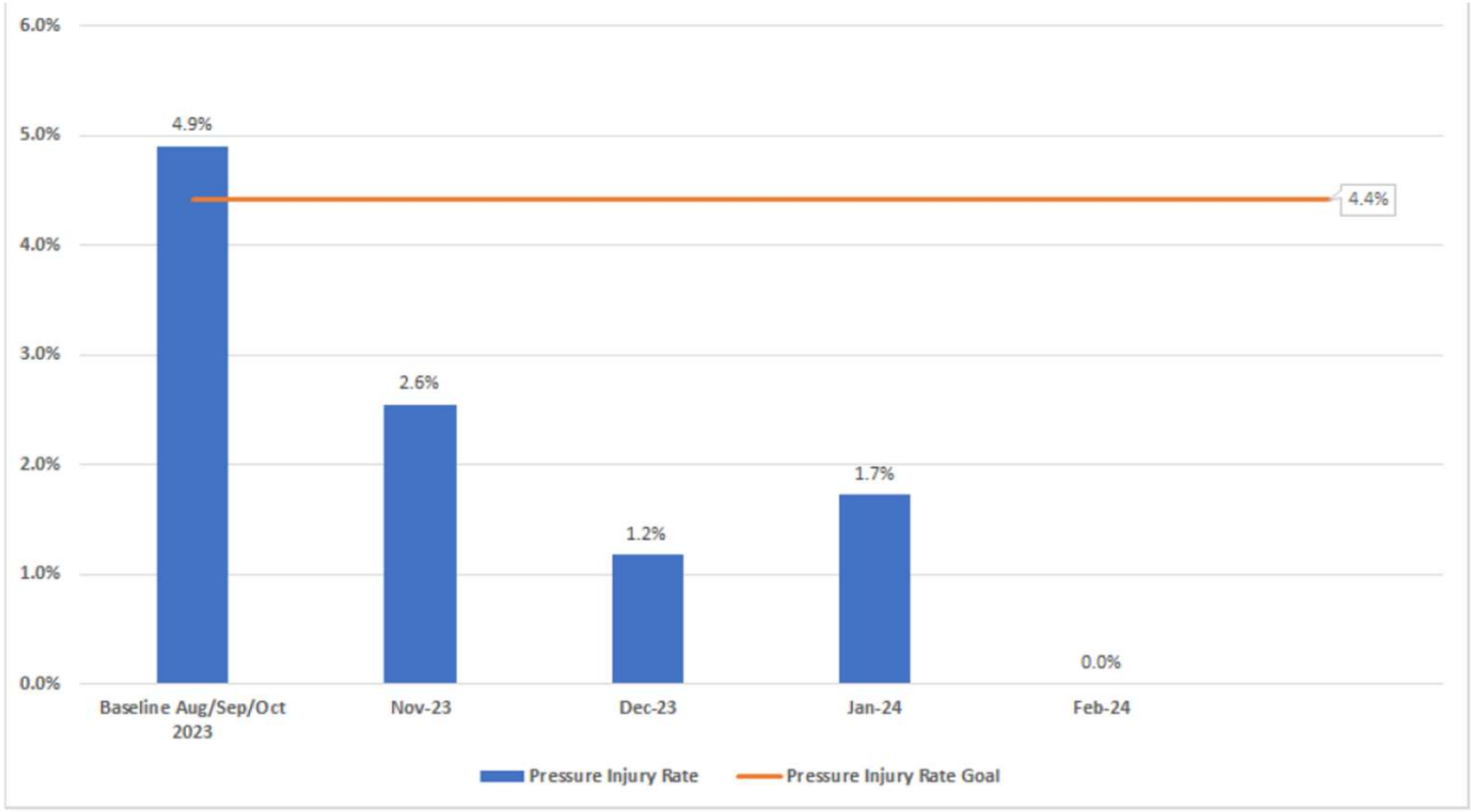
Percentage of Pressure Injuries Baseline & Goals (10% RIR)
(lower percentage indicates better performance)



Now What? I have my data collected…

The facility must develop and implement policies and procedures that address actions intended to improve performance.

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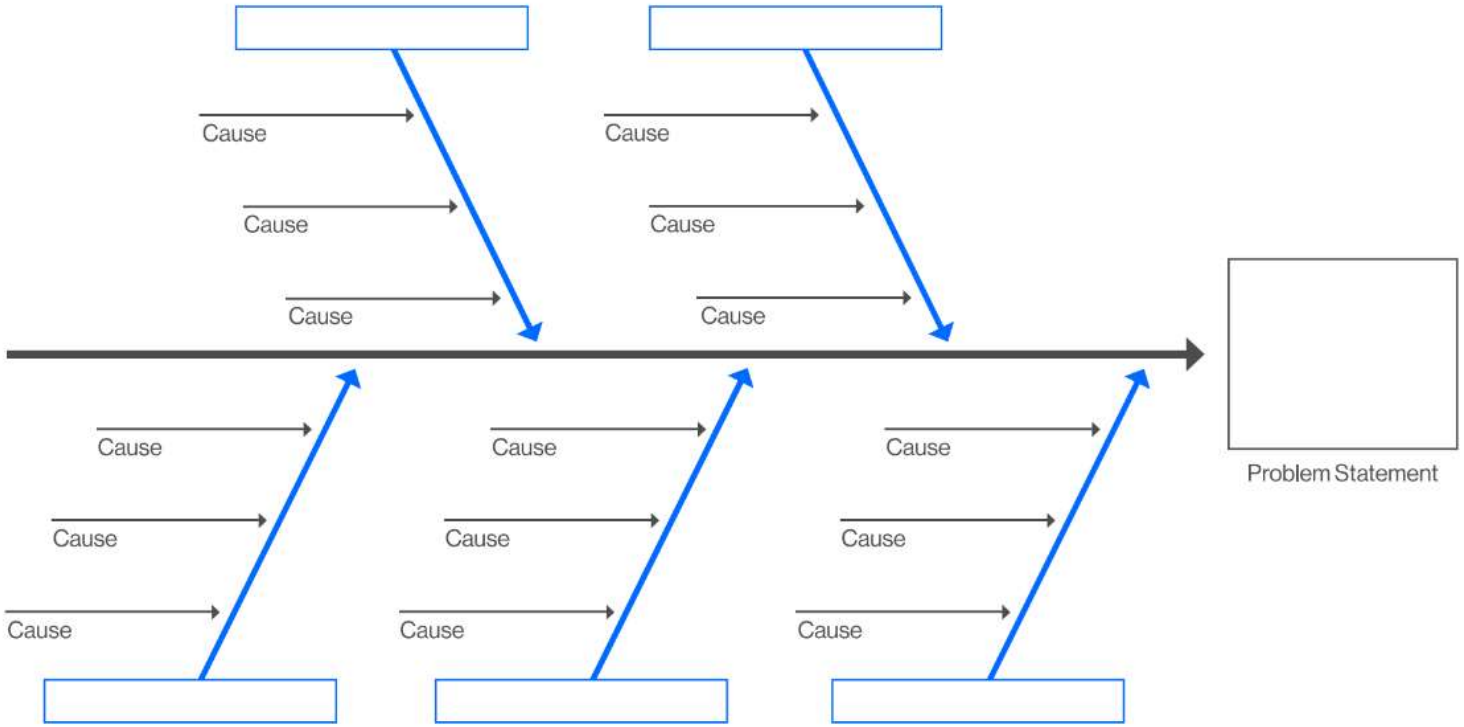
Systematic Analysis and Systemic Action

Understand and focus on organizational processes and systems

- Model and promote systems thinking
- Practice RCA – get to the root of problems
- Take action at the systems-level
- This element includes a focus on continual learning and continuous improvement

Fishbone Diagram



Examples of Factors in Each Category

Provider	Medication reconciliation, discharge planning, follow-up care not arranged, no PCP identified, miscommunication between providers or provider and patient, lack of training, knowledge deficit, inappropriate prescribing, lack of access to accurate health information, inappropriate monitoring
Patient	Need for patient and family engagement, patient education, health coaching, poor health literacy, cognitive decline, polypharmacy, multiple providers, non-adherence, medication misuse, comorbidities, taking high-risk medications (e.g. anticoagulants, antidiabetics, opioids)
Health Care System	Information transfer between providers, fragmented care delivery, limited time for patient interaction, formulary restrictions
Organization	Punitive environment, focus on individual instead of systems, high workload, lack of procedure to report and investigate ADEs, lack of safe medication use policies
Technical	Difficult to use materials, look-alike sound-alike medications, difficulties using technology

Root Cause Analysis Worksheet: Five Whys Method

Define the Problem:

Why is it happening?

1. → Why?

2. → Why?

3. → Why?

4. → Why?

5.

Tip: Don't list five different reasons for the problem. Instead, dig deeper into the one reason.

Tip: If the last answer is something that can't be controlled, return to the previous answer. Individuals should not be blamed. Instead, the "why" is being examined to determine a solution/resolution.

Action to begin implementing:

CSC Collaborative Activity Worksheet

Data Sources and Interventions

Facility Name: _____

Data Source-Item / Information Source	Findings	Intervention	Data Source for Evaluation / Tracking

NEXT STEPS: Complete Data Collection Plan (Who, How, When, What will be collected/monitored)

Establishing Priorities

Not everything is required to have a performance improvement project.

Determining priorities is key.

Make sure to focus on systemic concerns, especially repeat survey deficiencies.

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Performance Improvement Projects (PIP)

Implement performance improvement projects

- Focus on topics that are meaningful and address the needs of residents and staff
- Charter PIP teams
- Support staff in being effective PIP team members. Use tools that support effective teamwork.
- Plan, implement, measure, monitor, and document changes, using a structured PI approach

Performance Improvement Plan (PIP) Summary

Start Date	Review Date	Complete Date		PIP Team Members
			1	
Facility Name			2	
Project Leader			3	
Key Areas for Improvement			4	
			5	
			6	
			7	

GOAL: Specific, Measurable, Action-Oriented, Realistic, Time-Bound

What is the Root Cause(s) for the Problem? Ask "Why is this happening?" five times. If you removed this root cause, would the event have been prevented?

Start Date	Review Date	Complete Date		PIP Team Members
January 1, 2023	On-going	September 1, 2023	1	Jaimme Preston- Administrator
Facility Name	Life Care Center of Athens		2	Susan Goodman-DON
Project Leader	Jaimme Preston		3	Marine Musiyevich- ADON
Key Areas for Improvement	Increase in Falls and Falls with Major Injury		4	Barbara Ester- MDS Coordinator
			5	Jessica Stone- Rehab Director
			6	Jena Waley- SSD
			7	

GOAL: Specific, Measurable, Action-Oriented, Realistic, Time-Bound

The Facility will decrease the number of Falls beginning January 2023 and ending August 2023 by 10%. The facility will continue to minimize all falls with injury.

What is the Root Cause(s) for the Problem? Ask "Why is this happening?" five times. If you removed this root cause, would the event have been prevented?

Resident # 1- Resident has had repetitive falls. Resident has an extensive neurological past medical history that includes dx of normal pressure hydrocephalus that required placement of a ventriculoperitoneal shunt in 2017 to decrease build up of fluid. Resident diagnosis often causes her frequent headaches, abnormal gait, and posturing, increase impulsivity, and poor safety awareness.

Resident # 2- Resident has had repetitive falls. Resident is noted with severe impairment of cognitive skills for daily decision making related to dx of dementia with unspecified severity of agitation, visual hallucinations, and decreased cognitive awareness and function. Resident has had a history of a stroke that worsened her cognitive status, visual hallucinations, and hemiplegia of her right dominant side. Multiple co-morbidities that increased risk for stroke and severe impairment of cognitive status. Diagnosis includes hepatic failure unspecified without coma, metabolic encephalopathy, unspecified cirrhosis of liver, CAD, AFIB, CHF, Hyperlipidemia.

Resident # 3- Resident has had repetitive falls. Resident is noted with severe impairment of cognitive skills and daily decision making complicated by injuries in the past. Past medical history includes a car accident and drug abuse that resulted in a traumatic brain injury. Diagnosis are complication by recent diagnosis of vascular dementia with short term memory absent, gait imbalance, and posture changes. Resident present clinical with increased impulsive behaviors, compulsive, no safety awareness, and repetitive questions.

Resident # 4- Resident has had repetitive falls. Resident is noted with ability to retain information but has increased impulsiveness due to the diagnosis vascular dementia, cerebral infarction, weakness, gait imbalance, HTN, CAD, Anemia. Related co-morbidities has increased resident need for medication that could cause adverse side effects. Resident is noted with increased c/o pain and discomfort with need for review of medications, lab work, and potential causation of increased pain.

Resident # 5- Resident has had repetitive falls. Resident has severe cognitive impairment, impulsiveness, and severely impaired safety awareness. Resident has a diagnosis of dementia with agitation, COPD, AFIB, PVD, HTN, Adjustment Disorder, and Delusion Disorder. Resident above diagnosis are further complicated due to dx of insomnia, hallucinations, osteoporosis, arthritis, and adult failure to thrive. Resident has abnormal positioning, furniture walks due to weakness, and inability to move independently. Need for adjustment in assistive devices to assist with defining resident space for transition and positioning.

Barriers

Possible Interventions: brainstorm possible intervention and start your PDSA (Plan-Do-Study-Act) Cycle

Barriers
Staffing, Multiple Resident's with co-morbidities, Nursing staff inconsistences of documentation, identification of acute on chronic process, Resident cognition status, impulsiveness, and poor safety awareness.

Resident # 1: 1. Audit of resident past falls to determine a pattern of tracking and trending. 2. Review interventions in place to determine if appropriate. 3. Review Resident past medical history to determine if acute on chronic process is occurring with needed intervention. 4. Schedule appointment with resident Neurologist to determine if shunt malfunctioning or need for fluid build up removed. 5. Environmental assessment to determine if room placement and interventions in place are mitigating fall risk and being following by staff. 6. Toileting program reviewed and updated as needed 7. Education provided to staff on utilization of a gait belt when assisting resident with movement.

Resident # 2: 1. Audit of residents past falls to determine pattern for tracking and trending.2. Review of interventions to determine if appropriate. 3. Review of resident past medical history to determine if acute on chronic process or decline in current diagnosis of dementia. 4. Review of resident current medications. 5. Facility contacted Ombudsmen to assist with interventions.6 Care plan meeting established with family, IDT, and Medical Director to determine most appropriate plan of care. 7. Family in agreement with Geri-psych evaluation. 8. Lab-work and CT obtained per request of family. No acute medical conditions noted on diagnostic testing. 9. Resident sent to Geri-psych on 4/8.

Resident # 3: 1. Audit of resident past falls to determine a pattern of tracking and trending. 2. Review of interventions to determine if appropriate. 3. Review resident Kardex for interventions to be added or removed if needed. 4. Educate staff on Kardex use. 5. Review resident's past medical history to educate staff on behaviors exhibited complicated by dx of vascular dementia. 6. Behavioral Management Plan reviewed and updated: answer repetitive questions with short simple answers, serve resident last in dinning room due to impulsive with eating-this encourages resident to slow down meals to reduce risk of aspiration, due to resident's compulsivity with eating healthier portions for meals and reduction of condiments due to resident absent short term memory and continued use of overeating, resident is currently on a physician prescribed weight loss program. 7. Review current medications to determine if appropriate for Gradual dose reductions. 8. Xanax 0.5 mg decreased to 3 x daily and 1mg at 4pm due to sundowning. 9. Review for potential visual changes related to chronic use of glasses. 10. Schedule appointment with Optometrist.

Resident # 4: 1. Review of current medications to determine root cause analysis. 2. All medications reviewed with lab work ordered to establish baseline. 3. Medication adjustments to assist with pain management and decrease adverse side effects. 4. Medication adjustments over period of time include: Bio Freeze to bilateral legs BID (Feb), Methocarbamol discontinued (Mar), Requip at bedtime (Mar), Statin stopped (Apr), Sari sulfate TID (Apr), and hydrocodone increased to TID (Apr) 5. Audit of all falls to identify patterns or trends. 6 Reviewed interventions to determine additional needs or concerns.

Resident # 5: 1. Audit of residents past falls to determine tracking and trending. 2. Review of interventions to determine if appropriate. 3. Review of resident past medical history to determine if acute on chronic process.4. Review resident current medications to determine adjustments. 5. Medication adjustment: Depakote decreased to 250 mg BID, GDR off Zyprexa, increased Hydrocodone 3 x daily. 6. Updated interventions to include motion alarm in her room, broda chair to assist with positioning, and specific pattern for up in chair.

Plan	Do			Study and Act
List the tasks to be done	**Responsible Member**	**Start Date**	**Actual Completion Date**	**Comments (Results/Lessons Learned)**

Study and Act					
Benchmarks/Metrics *How will we measure progress?*	**Baseline Date**	**1st Measurement Date**	**2nd Measurement Date**	**Final Measurement Date**	**Comments**

Plan	Do			Study and Act
List the tasks to be done	Responsible Member	Start Date	Actual Completion Date	Comments (Results/Lessons Learned)
Audit of residents with repetitive falls past falls to determine patterns and individual RCA. Resident # 1	DON, Designee	3/1/23	4/3/23	Toileting program reviewed, Education provided to staff on appropriate use of gait belt, and neurologist appointment setup. Resident # 1 noted with review of information gathered on past falls, interventions established, and H & P that resident has a significant history of neurological concerns including stroke, NPH and VP shunt. Neurologist appointment initiated to review if shunt is working appropriately.
Resident #1 schedule neurological appointment related to increase in falls, abnormal posturing, and abnormal gait	DON, Designee	3/1/23	4/3/23	Resident VP shunt assessed by Neurologist and determined that shunt was at appropriate setting of 1.0. Neurologist did adjust shunt down from 1.0 to 0.5 and confirmed x 3 times related to resident increased frequent headaches and gait imbalance.

Resident # 1 environmental assessment	DON, Designee	3/23	4/23	Resident noted with current room away from the nurses' station with resident increased impulsivity and poor safety awareness possible need for move. Resident placed in room closer to nurses station.
Audit of residents with repetitive falls past falls to determine patterns and individual RCA. Resident # 2.	DON, Designee	3/23	5/23	Care plan meeting established with family, IDT, and Medical Director to determine most appropriate plan of care. Facility contacted Ombudsmen to assist with interventions that would benefit the resident, but family is disagreeing with any interventions. Ombudsmen was able to assist in mitigation and family agreed to meet with the facility, IDT, and MD. Family agreed in the benefit of resident going to geropsych. Lab work and CT obtained per request of family. No concerns identified. Resident sent to Geri-psych on 4/8.
Resident # 2 updated plan of care	DON, Designee	5/23	6/23	Increased severity of dementia process. Hospice Evaluation completed. Hospice admitted resident for terminal dx of Dementia related to advanced prognosis. Updated positioning device to broda chair that has assisted resident in calming behaviors and further positioning.
Audit of residents with repetitive falls past falls to determine patterns and individual RCA. Resident # 3.	DON, Designee	4/23	6/23	Reviewed patterns identified to determine appropriate interventions listed. Behavior management plan updated with answer repetitive questions with short simple answers, serve resident last in dining room due to impulsive with eating-this encourages resident to slow down meals to reduce risk for aspiration. Due to resident compulsivity with eating healthier portions for meals and reduction of condiments due to resident

				absent short term memory and continued use of overeating, resident is currently on a physician prescribed weight loss program. Reviewed resident current mediations to determine if appropriate for gradual dose reduction.
Resident # 3 with review of medications and vision	DON, Designee	2/23	6/23	GDR completed and optometrist appointment scheduled. Xanax 0.5 mg decreased to 3 x daily and 1 mg at 4 pm due to sundowning. Reviewed resident for potential visual changes related to chronic use of glasses and scheduled an appointment with optometrist.
Resident # 3 noted with increase falls in May and June.	DON, Designee	5/23	6/23	02 saturation dropping and noted during night. 6/9 unable to recover 02 sats and resident sent to ER for evaluation and treatment. On 6/9/23 resident was admitted to hospital for collapsed lung related to COPD.
Audit of residents with repetitive falls past falls to determine patterns and individual RCA. Resident # 4	DON, Designee	2/23	5/23	Reviewed patterns identified to determine appropriate interventions listed. Review of current medications to determine RCA. All medications reviewed with lab work ordered to establish baseline. Medication adjustments to assist with pain management and decrease adverse side effects.
Resident # 4 with pharmacological review	DON, Designee	2/23	6/23	GDR and adjustment of medications. Medication adjustments over period of time include Bio Freeze to bilateral legs BID (Feb), Methocarbamol discontinued (Mar), Reequip at bedtime (Mar), Statin stopped (Apr), Sari sulfate TID (Apr), and hydrocodone increased to TID (Apr)

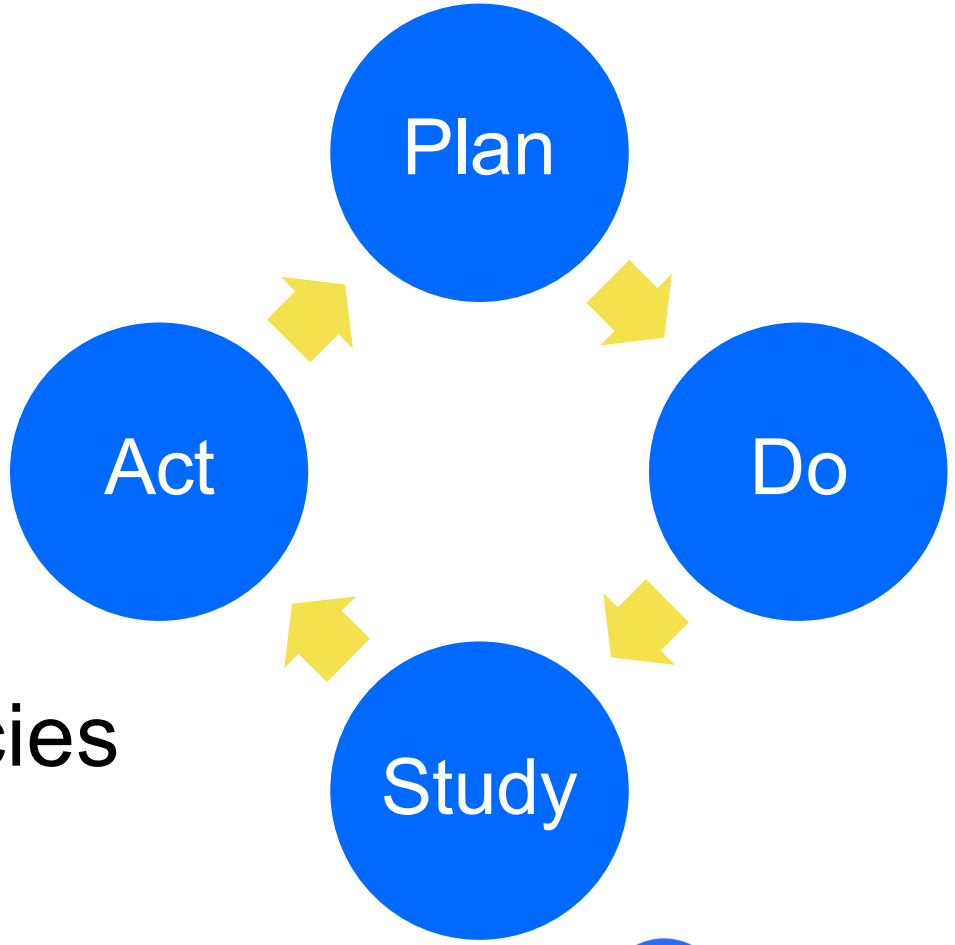
Audit of residents with repetitive falls past falls to determine patterns and individual RCA. Resident # 5.	DON, Designee	3/23	6/23	Reviewed patterns identified to determine appropriate interventions listed. Reviewed resident current medications to determine RCA along with list of interventions/assistive devices to determine if most appropriate.
Resident # 5 updated medications and interventions	DON, Designee	2/23	6/23	GDR and adjustment of medications. Update interventions. Medication adjustment: Depakote decreased to 250 mg BID, GDR off Zyprexa, increased Hydrocodone 3 x daily. Updated interventions to include motion alarm in her room, broda chair to assist with positioning, and specific pattern for up in chair.

Study and Act

Benchmarks/Metrics *How will we measure progress?*	Baseline Date	1st Measurement Date	2nd Measurement Date	Final Measurement Date	Comments
Fall data will be gathered each month and analyzed. A fall rate will be assigned each month. This rate will be compared month to month to measure progress	Jan-March 2023	April 2023	June 2023	August 2023	Facility has identified through their fishbone diagram to focus on resident's with repetitive falls to determine RCA and mitigation of fall risk.

PIPs

- PIPs are a process
- Require investigation
- Closely monitored
- Address quality deficiencies



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Ensuring Compliance with F867

- In your policy, include how to obtain and use feedback from residents, resident representatives, and staff.
- Develop and implement policies that include how to ensure data is collected, used, and monitored for all departments.
- Develop and implement policies for how the facility develops, monitors, and evaluates performance indicators and the frequency of these activities.
- Develop policies and procedures for how it will identify, report, and track adverse events, and high-risk, high-volume, problem-prone concerns.

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Ensuring Compliance with F867

- Establish priorities for its improvement activities, that focus on high-risk, high-volume, or problem-prone areas, as well as resident safety, choice, autonomy, and quality of care.
- Measure the success of actions implemented and track performance.
- Conduct at least one PIP annually.
- Ensure the QAA Committee regularly reviews data.

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F-868 QAA Committee

The QAA Committee must meet at least quarterly and be comprised of the Director of Nursing, the Medical Director (or designee) the facility Infection Preventionist, and three additional members of the facility. One of these three members must be the Administrator, the owner, a Board Member, or someone else who holds a leadership role.

- **Responsibilities of the QAA Committee**
- **Responsibilities of the Medical Director**

The Infection Preventionist

Must participate on the QAPI committee

Must be an individual designated as the IP

Must report to the QAPI on a regular basis

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The Medical Director

Is a required member

Must have evidence of meaningful participation in the QAPI program

Having a designee does not absolve the Medical Director's responsibility to fulfill his/her role

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QAA Committee

The committee should be composed of **staff who understand the characteristics and complexities** of the care and services delivered by each unit, and/or department.

Frequency of Meetings

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Ensuring Compliance with F868

- Establish and maintain a QAA Committee
- Have the correct members to compose the committee
- Report to your Governing Body
- Meet at least quarterly

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Resources

QAPI Description and Background | CMS

Medicare & Medicaid Programs; Requirements for Long-Term Care Facilities: Regulatory Provisions to Promote Efficiency and Transparency | CMS

With Phase 3 guidance nearing, skilled nursing providers advised ‘don’t wait’ on infection preventionist, other regs - McKnight's Long-Term Care News (mcknights.com)

State Operations Manual. Appendix PP. Page 731-800

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Engage with Qsource

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- Email us with your questions: Solutions@qsource.org
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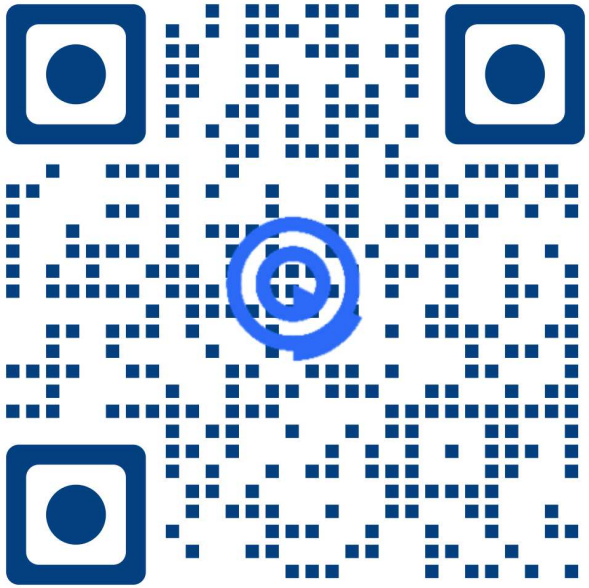

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Thank You