

QAPI 101

5.3.21

QAPI 101

C.A.R.E.S.TM

HHI C.A.R.E.S. About Care

**Compliance | Analysis | Audit | Regulatory | Rehabilitation
Reimbursement | Education | Efficiency | Survey**

Copyright © 2021 All Rights Reserved

Harmony Healthcare International (HHI)

“HHI C.A.R.E.S. about Care”

About Kris

Kris Mastrangelo OTR/L, LNHA,
MBA

President and CEO

Owens and operates
Harmony Healthcare International (HHI) a
Nationally recognized, premier Healthcare
Consulting firm specializing in **C.A.R.E.S.**
There are no nonfinancial disclosures to
share.

“HHI C.A.R.E.S. About Care.”



C Compliance TM
A Analysis
Audit
R Regulatory
Rehabilitation
Reimbursement
E Education
Efficiency
S Survey

HHI C.A.R.E.S. About Care

Harmony 
Healthcare
INTERNATIONAL

Speaker and Planning Committee Disclosure

- **Disclosures:** The planners and presenters of this educational activity have no relationship with commercial entities or conflicts of interest to disclose. Please visit <https://www.harmony-healthcare.com/hhi-team> for all speaker's financial and nonfinancial disclosures
- **Planners:**
 - Kris Mastrangelo, OTR/L, LNHA, MBA
 - Joyce Sadewicz, PT, RAC-CT
 - Pamela Duchene, PhD, APRN-BC, NEA, FACHE
- **Presenter:**
 - Kris Mastrangelo, OTR/L, LNHA, MBA

Learning Objectives

1. Describe the **difference** between **Quality Assurance and Performance Improvement**
2. Describe the **practical application** of the QAPI Process (QAPI Work Plan, Quality Assurance committee and Quality subcommittees)

Predictable Success

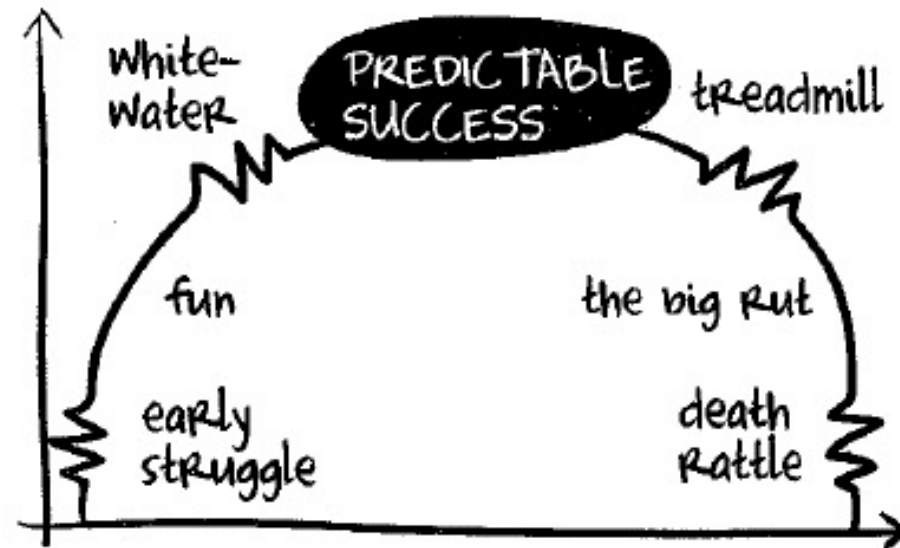
Evolution and Change
in Healthcare

The Principles of Predictable Success Are Universal

- Will work for any group, in any situation
- Division or department
- Project team
- Not for profit
- Government Agency
- Nongovernmental organization
- Charity
- Soccer team
- Church committee or a family
- Any group of people who are trying to achieve something together

Taking the Journey

- Having a map means you know where you are going



Predictable Success

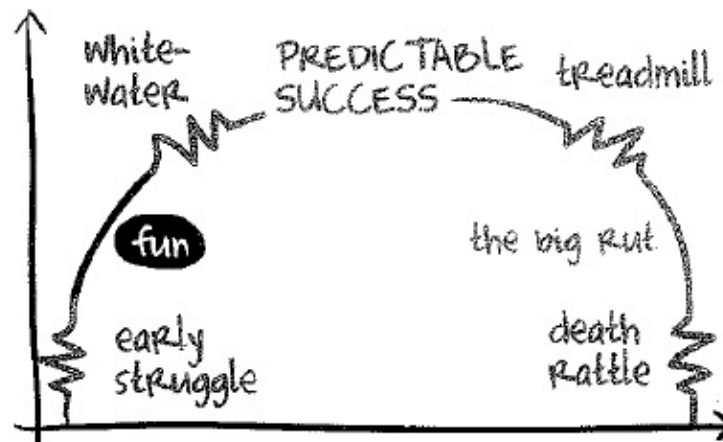
- Reallocation of Services

Fun

- Fill the beds – Fast Growth and Early Success

*“I want to run a company where we are moving too quickly and trying too much. If we **don’t [make] any Mistakes**, we’re not taking enough risk.”*

–Larry Page, Google Cofounder



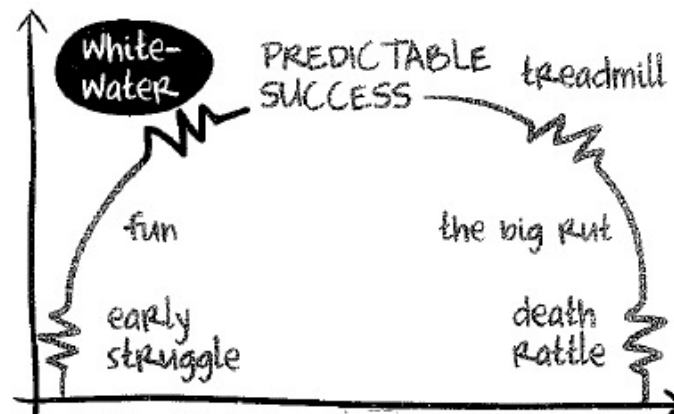
Whitewater

- Your organization becomes complex, and the key **emphasis shifts** once more, from **sales to profitability**
- Put in place **consistent processes**, policies and systems
- Identify crisis
- **Doubting** your **leadership** and **management** skills

Whitewater

- Why isn't this Fun anymore? Battling complexity to become **efficient.**

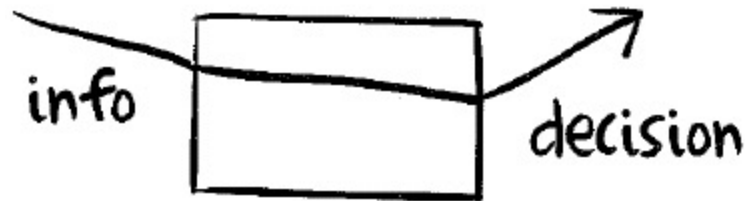
"You found a company, you run it, then it runs you."
–David Neeleman, former CEO of JetBlue



Overcoming Complexity

- **Decision-Making**

- In Fun, decisions are made frequently and almost instantly, often based on instinct



Whitewater to Predictable Success

- **Six specific** changes to the way in which the organization makes decisions
 1. First, it must redesign its organization chart into a **machine** for **decision-making**
 2. Second, managers must **learn** to relate **laterally** – to each other – in addition to **retaining** their existing “**vertical**” relationships to their boss and their direct reports

Summary

3. Third, the newly aligned managers must **push alignment down** through the whole organization, renewing and invigorating their employees' understanding of and commitment to the organization's mission, vision and values
4. Fourth, management must implement and enforce **cross-functional decision making** throughout the organization
5. Fifth, the groups that are working cross-functionally must (over time) be **empowered** to assume more delegated authority and responsibility

Summary

6. Sixth, and finally, **ownership and self-accountability** will spontaneously reemerge in the workforce as a result of the first five steps, providing the final push into Predictable Success

The New Gold Standard
“Ritz-Level”
Customer Service

The New Gold Standard

Motto

“Ladies and Gentlemen
Serving Ladies and Gentlemen”



THE RITZ-CARLTON

The New Gold Standard

Ladies and Gentlemen

Horst Schulze,
Busboy 14 years old

“We could never go to this hotel; it is
only for **important people.**”

The New Gold Standard

- As he watched the maitre d' over time, he realized that the staff were as important as the guests. Every guest was proud when he spoke to them. **Why?**
- Because the maitre d' was a **first-class professional! He was somebody exceptional because of the excellence he created for his guests.**

The New Gold Standard

- All of us who serve, can be Ladies and Gentlemen just like our Guests!
- Treat our guests and each other with **respect and dignity**

The New Gold Standard Leadership Qualities

Ritz offers a rich tapestry of leadership successes:

- **Respect** for staff
- **Quality** Improvement
- **Brand** Repositioning
- Corporate **Adaptability**
- Cultural **Consistency**
- Unparalleled **Service Excellence**

The New Gold Standard

Define and Refine

- Define the pillars of enduring excellence that are **fundamental to original success** and longevity
- Refine strategic changes for **growth and evolution**

The New Gold Standard

"If we could turn back the time to two months before the opening, what would we do to better?"

The New Gold Standard Stay Relevant

- Shanghai 24-hour club level
- Club level - family and business-separate spots
- Suit and tie, leave the resort

The New Gold Standard

Cultural Considerations

- Omaha
- Indoor playground

The New Gold Standard Scenography

- San Francisco wine country
- Local relevance
- It's the experience

The New Gold Standard

Curiosity

- **Everyone** you come in contact within business should be considered a valued customer, whether it's the janitors, the chairman of the board, salespeople, or defined clients

The New Gold Standard Messaging

- Meet the needs of the customer and message accordingly

The New Gold Standard Messaging

- Motto
- Credo
- 3 Steps of Service

The New Gold Standard

- Culture versus Cult, carrying around the **CREDO CARD-1986**:
 1. The Ritz Carlton is a place where the **genuine care and comfort** of our guests is our highest mission
 2. We **pledge** to provide the finest personal service and facilities for our guests who will always enjoy a warm, relaxed, yet refined ambiance
 3. The Ritz-Carlton experience livens the senses, instills well-being, and fulfills even the **unexpressed** wishes and needs of our guests

The New Gold Standard

3 Steps to Service

1. A warm, nice greeting. Use the guest's **name**.
2. **Anticipation and fulfillment** of each guest's needs
3. Fond Farewell. Give a warm goodbye and use the guest's **name**.

The New Gold Standard

Customer Centered

“The Art of Anticipation”

The New Gold Standard

The Basics

- **Annual Training** Certification on each position
- Each employee will continually **identify defects**
- Each employee has responsibility to create a work environment **teamwork**
- Uncompromising levels of **cleanliness**
- Recording guest **preferences**
- Whoever receives a complaint, will **own it, record it**
- Be an **Ambassador** in and out
- Never point, always **escort**
- Take pride and care of your **personal appearance**
- **Smile** and **eye** contact

The New Gold Standard

The Basics

- Guidelines, not Treadmill
- Follow the cues of the guest

The New Gold Standard Starbucks

- Starbucks 5 principles of turning ordinary into extraordinary; "coffee staged in an environment of affordable luxury":
 - Name on the cup
 - Free Wi-Fi
 - Ample seating and leather couches
 - Free coffee if wrong order
- Looking to produce transformational customer **experiences**

The New Gold Standard

- Looking to produce transformational customer **experiences**

The New Gold Standard

The Daily Huddle

- The “Lineup” 3 x per day, motivational quotes, guest feedback throughout the world, includes the top

The New Gold Standard

- Repetition of Values
- Common Language
- Visual Symbols
- Oral Traditions
- Positive Storytelling
- Modeling by Leaders

The New Gold Standard You Must Fail to Succeed

- Just because they have a great reputation does not mean they do not make mistakes:
 - The pen, not tested fully
 - Pool in the shade all day

Dr. William Edwards Deming

- Born October 14, 1900
- **American engineer, statistician**, professor, author, lecturer, and management consultant
- Developed the **sampling techniques** still used by the U.S. Department of the Census and the Bureau of Labor Statistics.
- Developed **The Shewhart Cycle** which evolved into PDSA (**Plan-Do-Study-Act**)

Dr. William Edwards Deming

- Dr. Deming's famous **14 Points**, originally presented in **Out of the Crisis**, serve as management guidelines. The points cultivate a fertile soil in which a more efficient workplace, **higher profits**, and **increased productivity** may **grow**.

Dr. William Edwards Deming

1. Create and **communicate to all employees** a statement of the aims and purposes of the company
2. **Adapt** to the **new philosophy of the day**; industries and economics are always changing
3. **Build quality** into a product throughout production
4. End the practice of awarding business based on price tag alone; instead, try a long-term relationship based on **established loyalty and trust**

Dr. William Edwards Deming

5. Work to **constantly improve quality and productivity**
6. Institute **on-the-job training**
7. **Teach and institute leadership** to improve all job functions
8. **Drive out fear**; create trust
9. Strive to **reduce** intradepartmental **conflicts**
10. Eliminate exhortations for the work force; instead, focus on the **system and morale**

Dr. William Edwards Deming

11. (a) **Eliminate** work standard **quotas** for production. Substitute leadership methods for improvement
(b) **Eliminate MBO.** Avoid numerical goals. Alternatively, learn the capabilities of processes, and how to improve them
12. **Remove barriers** that rob people of pride of workmanship
13. **Educate** with **self-improvement** programs
14. **Include everyone in the company** to accomplish the transformation

“We Already Do That...”

Rather than simply addressing a symptom, QAPI focuses the efforts of the team to **determine and address root cause** of problems or potential problems and, in doing so, **ensure lasting success**



Industry Highlights

- Health care delivery is changing – **fast**
- Nursing facilities are **transforming from sites of custodial care into sites of high intensity care for sick, complex patients**
- Expectations from hospitals, payers, regulators, etc., are rising – **greater scrutiny of quality and cost**
- Pay for performance - **outcomes**
- Much more is and will be expected of facilities, physicians and medical directors
- More care will be provided by fewer practitioners
- **Customer Expectations – Service Delivery**

Culture Change Trends

- The prominent industry trends of person-centered care and culture change is **primarily** about increasing:
 - Care quality and consistency
 - The degree of collaboration across departments
 - The participation of workers across levels of the organization
 - Organizational development to promote evidence-based practice and person-centered care
 - An exceptional customer experience
 - **Transparency**

Key Drivers for Change

- Focus on **integration, coordination of care** and dual eligible recipients
- Managing of care through accountable care organizations, medical homes, transitions in care models
- **Reducing fraud and abuse**
- Medicare is the driver, but state Medicaid and commercial payers are close behind

The Challenge...

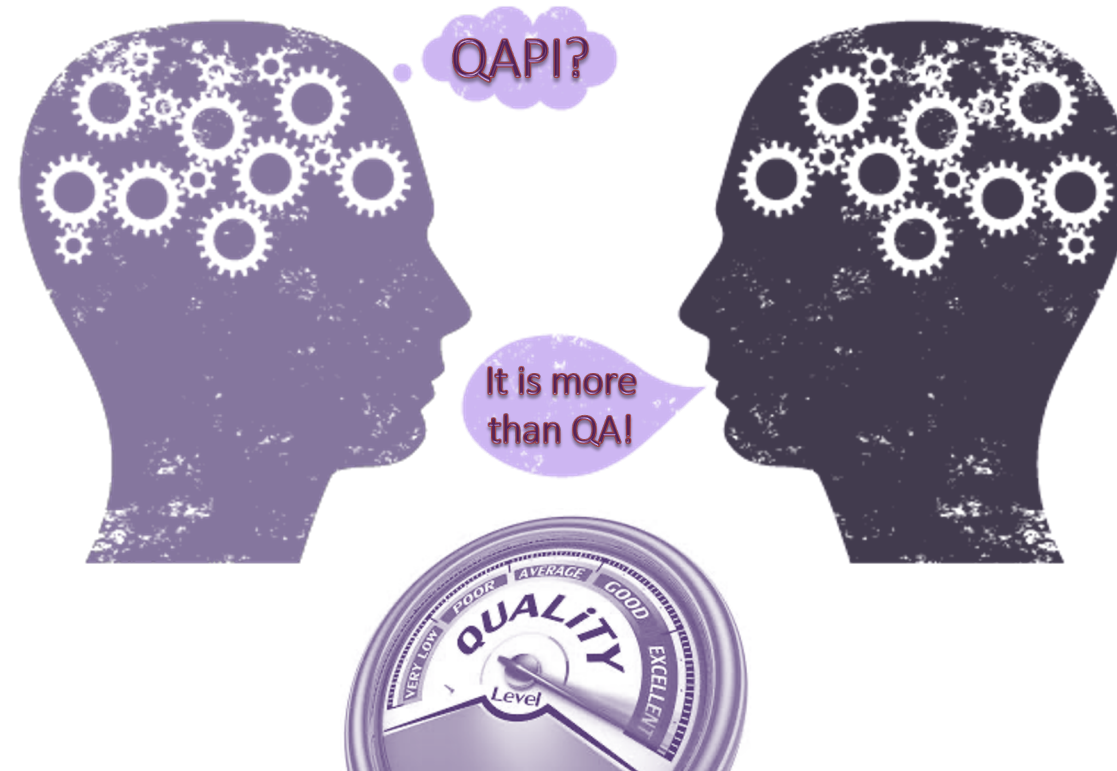
“Not all change is improvement, but all improvement is change”

Donald Berwick, MD
Former CMS Administrator

QAPI

What Is It and Where Do I Begin?

Let's Talk QAPI



Are You Already Doing QAPI?

- Does your facility...
 - **Investigate problems** and try to prevent their recurrence systemically?
 - **Track** and **report** adverse events? To whom?
 - **Compare** the quality of your home to that of other homes in your state or company?
 - **Create systems** that focus on improving care and achieving healthcare regulation compliance?

What is QAPI?

- QAPI is a **data-driven**, proactive approach to improving the quality of life, care, and services provided to residents in healthcare organizations
- The activities of QAPI involve members at all levels of the organization to:
 - Identify **opportunities** for **improvement**
 - Address **gaps** in systems or processes
 - Develop and implement **data-driven** improvement/corrective **action plans**
 - **Continuously monitor** effectiveness of interventions

What is QAPI?

Quality Assurance

- Reactive
- Single episode
- Organizational mistake
- Prevents something from happening again
- Sometimes anecdotal
- Retrospective
- Monitoring based on audit
- Sometimes punitive

Performance Improvement

- Proactive
- Aggregate Data
- Organizational process
- Improves overall performance
- Always measurable
- Concurrent
- Monitoring is continuous
- Positive change

2014 QAPI Performance to Date

(*) = Measured as rate of occurrence per 1000 participant days.

| QAPI Area Addressed | Measure | Baseline | Target | 1 st Q 2014 Results | 2 nd Q 2014 Results | 3rd Q 2014 Results |
|---|--|-----------------------------|---|--------------------------------|--------------------------------|--------------------|
| Utilization of Services | Hospital Readmission within 30 Days | 22.26% | 21.16% | 12.2% | 18.6% | 16.8% |
| Participant Satisfaction | Improve Participant Satisfaction Rating | 29 th percentile | 40 th percentile (Oct. 2014) | NR | NR | NR |
| Caregiver Satisfaction | Improve Family Satisfaction Rating | 83% | 85% (Oct. 2014) | NR | NR | NR |
| Data collected during Participant Assessments | Fall Prevention | 5.28* | 5.02* | 4.75* | 4.47* | 4.54* |
| | Pressure Wound Prevention | 0.37* | 0.35* | 0.33* | 0.26* | 0.30* |
| | Appropriate Use of Antipsychotic Medications | 20% | 50% | NR | N/A | 41% YTD |

Quality Assurance and Performance Improvement (QAPI)

What is QAPI?

- Quality Assurance and Performance Improvement (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

QAPI Regulatory Update

- “Quality Assurance and Performance Improvement (QAPI)” (§ 483.75) per the Medicare and Medicaid Programs; Reform of Requirements for Long-Term Care Facilities; Final Rule (10/4/16)
- In accordance with the statute, we **require** all LTC facilities to **develop, implement, and maintain** an effective comprehensive, data-driven QAPI program that focuses on systems of care, outcomes of care and quality of life

QAPI Implementation Timeline

Effective date: These regulations (Final Rule) are effective on November 28, 2016:

- Implementation date: The regulations included in **Phase 1** must be implemented by **November 28, 2016**
- The regulations included in **Phase 2** must be implemented by **November 28, 2017**
- The regulations included in **Phase 3** must be implemented by **November 28, 2019**

Phase 1 Implementation: QAPI

- §483.75 Quality Assurance and Performance Improvement will be implemented in Phase 3 with the following exceptions:
 - Phase 1:
 - Section 483.75 (g)(1) QAA committee—All requirements of this section will be implemented in Phase 1 with the exception of subparagraph (iv), the addition of the ICPO, which will be implemented in Phase 3
 - Section 483.75(i) Sanctions

Phase 1 Implementation: QAPI

- Section 483.75(h) Disclosure of information
- (h)(2): In order to demonstrate compliance with the requirements (outlined in this Section), may be required to disclose or provide access to certain QAPI information. Specifically:
 - Access to systems and reports demonstrating systematic identification, reporting, investigation, analysis and prevention of adverse event
 - Documentation demonstrating the development, implementation and evaluation of corrective actions or process improvement activities
 - Other documentation considered necessary by a state or federal surveyor in assessing compliance

QAA Committee: Phase 1 QAPI

- The facility must **maintain** a Quality Assessment and Assurance (QA&A) committee consisting of the Director of Nursing, Physician, and three other members of the facility staff. The QA&A Committee **must**:
 - Meet at least quarterly
 - Identify quality deficiencies and develop and implement plans of action to correct deficiencies
 - Have a Governing Body, or designated persons functioning as a governing body, will ensure that the QAPI program is defined, implemented, maintained and addresses identified priorities

Phase 2 Implementation: QAPI

- §483.75 Quality Assurance and Performance Improvement will be implemented in Phase 3 with the following exceptions:
 - Phase 2:
 - Section 483.75(a)(2) Initial QAPI Plan must be provided to State Agency Surveyor at annual survey—Implemented in Phase 2:
 - HHI QAPI Work Plan: Actual roadmap describing the specific facility initiatives – annual work plan

Phase 3 Implementation

- §483.75 Quality Assurance and Performance Improvement will be implemented in Phase 3 with the following:
 - **Mandatory addition** of **Infection Control** and **Prevention Officer** to committee membership

Final Rule QAPI Regulations

- §483.75(a) Requires each facility develop, implement and maintain an effective, comprehensive, data-driven QAPI program, reflected in its QAPI Plan that focuses on systems of care, outcomes and services for residents and staff
- The facility must maintain documentation and demonstrate evidence of its QAPI program
- Submit QAPI (Work) plan to surveyors during survey process

Final Rule QAPI Regulations

- Required to address all systems of care and management and **always** include:
 - Clinical Care
 - Quality of Life
 - Resident Choice

Final Rule QAPI Regulations

- As part of QAPI, each facility is **required** to use the best available evidence to define and measure indicators of quality and set facility goals that identify processes/operations that is improved, result in improved resident care and outcomes
- **Must** obtain and use feedback from direct care and access workers, residents, and families to identify areas of opportunity for improvement
- **Must** involve all departments and be added to any facility-based policy and procedures accordingly

Final Rule QAPI Regulations

- The SNF QAPI must include initiatives that address any adverse events - preventable and non-preventable – such as:
 - Failure to diagnose or treat
 - Medication variance (less than 5%)
 - Injury due to falls
 - Failure to identify change of condition
 - Spread of disease due to infection control errors
 - Pressure Ulcers due to inappropriate care

Phase III

Quality Assurance and Performance
Improvement
(QAPI)

Implemented November 28, 2019

Phase III QAPI

- Guidance to Surveyors for your Long Term Care Survey
- Long Term Care Survey Process (LTCSP) Procedure Guide **Effective August 5, 2018**
- Step 22: Complete QAA/QAPI
 - This facility task should take place at the end of the survey; however, with enough time to investigate and follow on potential concerns
 - **Prior to interviewing** the facility staff about the QAA program, **review the Facility Rates for MDS Indicators**, prior **survey history, FRIs**, and **complaints** to remind yourself of present concerns and repeat deficiencies
 - Review the QAPI plan
 - During team meetings, ensure you have a list of concerns the facility should be aware of (e.g., harm or IJ, pattern or widespread issues, or concerns identified by two or more surveyors)

Phase III QAPI

Coordination with QAPI:

1. Reporting to the Governing Body
2. Freedom from abuse, neglect, & exploitation
3. Person-centered care planning
4. Trauma informed care
5. Infection Preventionist

Phase III (non-QAPI) Changes:

6. Dietitians
7. Director of food & nutrition services
8. Compliance & Ethics program
9. Call system from each resident's bedside
10. Training requirements

Phase III QAPI

§483.70 Administration

- (d)(3) Governing body responsibility of QAPI program

§483.12 Freedom from abuse, neglect, and exploitation

- (b)(4) Coordination with QAPI Plan

QAPI is involved in review of allegations/incidences of abuse, neglect and exploitation

Phase III QAPI

- 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

Phase III QAPI

QA + PI = QAPI

- QAPI is the merger of two complementary approaches to quality management, Quality Assurance (QA) and Performance Improvement (PI)
- QAPI is not entirely new. It uses the existing QA & A, or Quality Assessment and Assurance regulation and guidance as a foundation.

Phase III QAPI

- **Features of QAPI**
 - Use data to not only identify your quality problems, but to also identify other opportunities for improvement
 - Set priorities for action
 - Building on residents' own goals for health, quality of life and daily activities
 - Bringing meaningful resident and family voices into setting goals and evaluating progress

Phase III QAPI

- Features of QAPI (Continued)
 - Staff are invested in a shared QAPI mission
 - Developing Performance Improvement Project (PIP) teams with specific “charters”
 - Performing a Root Cause Analysis to get to the heart of the reason for a problem
 - Undertaking systemic change to eliminate problems at the source
 - Feedback and monitoring systems to sustain continuous improvement

Phase III QAPI

- **Dr. William Edwards Deming**
 - Born October 14, 1900
 - **American engineer, statistician**, professor, author, lecturer, and management consultant
 - Developed the **sampling techniques** still used by the U.S. Department of the Census and the Bureau of Labor Statistics.
 - Developed **The Shewhart Cycle** which evolved into PDSA (**Plan-Do-Study-Act**)

Phase III QAPI

- Dr. Deming's famous **14 Points**, originally presented in **Out of the Crisis**, serve as management guidelines. The points cultivate a fertile soil in which a more efficient workplace, **higher profits**, and **increased productivity** may **grow**.
 1. Create and communicate to all employees a statement of the aims and purposes of the company.
 2. Adapt to the new philosophy of the day; industries and economics are always changing.
 3. Build quality into a product throughout production.
 4. End the practice of awarding business on the basis of price tag alone; instead, try a long-term relationship based on established loyalty and trust.
 5. Work to constantly improve quality and productivity.
 6. Institute on-the-job training.

Phase III QAPI

7. Teach and institute leadership to improve all job functions.
8. Drive out fear; create trust.
9. Strive to reduce intradepartmental conflicts.
10. Eliminate exhortations for the work force; instead, focus on the system and morale.
11. (a) Eliminate work standard quotas for production. Substitute leadership methods for improvement.
(b) Eliminate MBO. Avoid numerical goals. Alternatively, learn the capabilities of processes, and how to improve them.
12. Remove barriers that rob people of pride of workmanship
13. Educate with self-improvement programs.
14. Include everyone in the company to accomplish the transformation.

Phase III QAPI

“We Already Do That...”

Rather than simply addressing a symptom, QAPI focuses the efforts of the team to **determine and address root cause** of problems or potential problems and, in doing so, **ensure lasting success.**



Phase III QAPI

- **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
 - Residents' perspective is key
 - Use a problem-solving model, like FOCUS PDSA

Phase III QAPI

Plan, Conduct, and Document PIPs FOCUS PDSA

Find an area that needs improvement

Organize a team to work on the improvement project

Clarify current understanding of the process

Understand causes of variation in the process

Select a process for improvement

Phase III QAPI

- FOCUS PDSA
 - Find a problem that need improvement
 - Start small versus a global problem
 - Prioritize based on high volume, cost, most problem prone
 - Select an area that can be easily measured
 - Organize the right team
 - Select individuals most familiar with the process
 - Team should be interdisciplinary to include nurses, physician, direct care staff, administrators, resident, pharmacy, therapy, activities, social service

Phase III QAPI

- Clarify current knowledge of how the process works
 - Gain a full understanding by asking probing questions:
 - How does the process work?
 - Who touches the process?
 - What is the actual flow of the process?
 - Is there needless complexity and /or redundancy in the process?
 - What are the gaps (if any) in the process?

Phase III QAPI

- Understand causes of variation in the process
 - What are the major causes of variation or poor quality?
 - Can you measure key elements of the process?
 - What, who, when, where, and how will the data be collected?
 - What causes of variation can be changed to improve the process?
 - Collect data on the current process to best understand how the process works

Phase III QAPI

- Select Improvement opportunities
 - Most processes will have multiple improvement opportunities
 - Selection the option with the best likelihood of success and that is most feasible

Phase III QAPI

- **FOCUS PDSA**
 - **Plan:** Define what the expected result or outcome of the improvement will be. Specifically how will be improvement be measured, and plans for any changes that might be implemented.
 - **Do:** The plan is carried out, including the measures that are selected
 - **Document any problems, unexpected outcomes or barriers to improvement identified**

Phase III QAPI

- **Study:** The team summarizes what was learned. Compare the data to the measures to the baseline measures.
 - Are the results as expected?
 - How did they differ from the expected outcome?
- If the change was not successful, or desired results were not achieved, skip the Act and start the cycle over by going back to the Plan to identify new ideas for problem solving
- **Act:** Implement the change fully. Document and communicate the change. Design measures to monitor, sustain and build on the improvement

Phase III QAPI

- The Goal of “What We Do”
 - 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

Phase III QAPI

- What needs to be in place now?
- A QAA committee which –
 - Is composed of:
 - Director of Nurses;
 - Medical Director (or designee); and
 - 3 other staff, one of which must be Administrator, owner, board member or other individual in leadership role
 - Infection Control & Prevention Officer - effective 11/28/19
- Meets at least quarterly and as needed to:
 - Identify which QAA activities are necessary, and
 - Develop & implement appropriate plans of action to correct identified quality deficiencies

Phase III QAPI

- Will CMS provide a template for the QAPI Plan?
 - QAPI Written Plan How-to Guide, developed by Lake Superior Quality Innovation Network for participants in the National Nursing Home Quality Care Collaborative
 - Visit the Nursing Home QAPI Website for additional tools and resources

QAPI What Needs to Be in Place Now

- What needs to be in place now?
- A QAA committee which –
 - Is composed of:
 - Director of Nurses;
 - Medical Director (or designee); and
 - 3 other staff, one of which must be Administrator, owner, board member or other individual in leadership role
 - Infection Control & Prevention Officer - **effective 11/28/19**
- Meets at least quarterly and as needed to:
 - Identify which QAA activities are necessary, and
 - Develop & implement appropriate plans of action to correct identified quality deficiencies

QAPI Changes in Effect 11.28.17

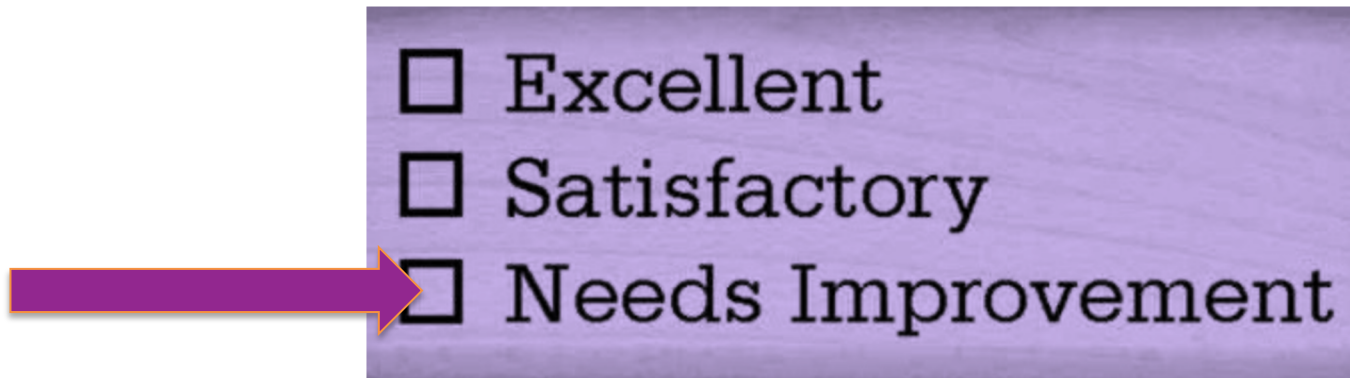
- What changes went into effect on November 28, 2017?
 - **Present QAPI plan to state or federal surveyors**
 - A QAPI Plan describes the process for conducting QAPI/QAA activities such as identifying and correcting quality deficiencies and opportunities for improvement
 - The QAPI plan should be tailored to reflect the specific units, programs, departments, and unique population each facility services

Long Term Care Survey Guidance to Surveyors

- Guidance to Surveyors for your Long Term Care Survey
- Long Term Care Survey Process (LTCSP) Procedure Guide August 5, 2018
- Step 22: Complete QAA/QAPI
 - This facility task should take place at the end of the survey; however, with enough time to investigate and follow-on potential concerns
 - Prior to interviewing the facility staff about the QAA program, review the Facility Rates for MDS Indicators, prior survey history, FRIs, and complaints to remind yourself of present concerns and repeat deficiencies
 - Review the QAPI plan
 - During team meetings, ensure you have a list of concerns the facility should be aware of (e.g., harm or IJ, pattern or widespread issues, or concerns identified by two or more surveyors)

Long-Term Care Survey

Nationwide Progress Report F867 QAPI/QAA



- F867 QAPI/QAA Improvement Activities

Top 10 F-Tags Cited Nationwide During FY 2018 Standard and Complaint Surveys as of 7.2.18 with an F Level or Above

1. F812 Food Procurement, Store, Prepare/Serve Sanitary
2. F689* Free of Accident Hazards/Supervision/Devices
3. F880 Infection Prevention and Control
4. F686* Treatment/Services to Prevent/Heal Pressure Ulcer
5. F600* Free from Abuse and Neglect
6. F684* Quality of Care
7. F725 Sufficient Nursing Staff
8. F835 Administration
9. **F867 QAPI/QAA Improvement Activities**
10. F921 Safe/Functional/Sanitary/Comfortable Environment

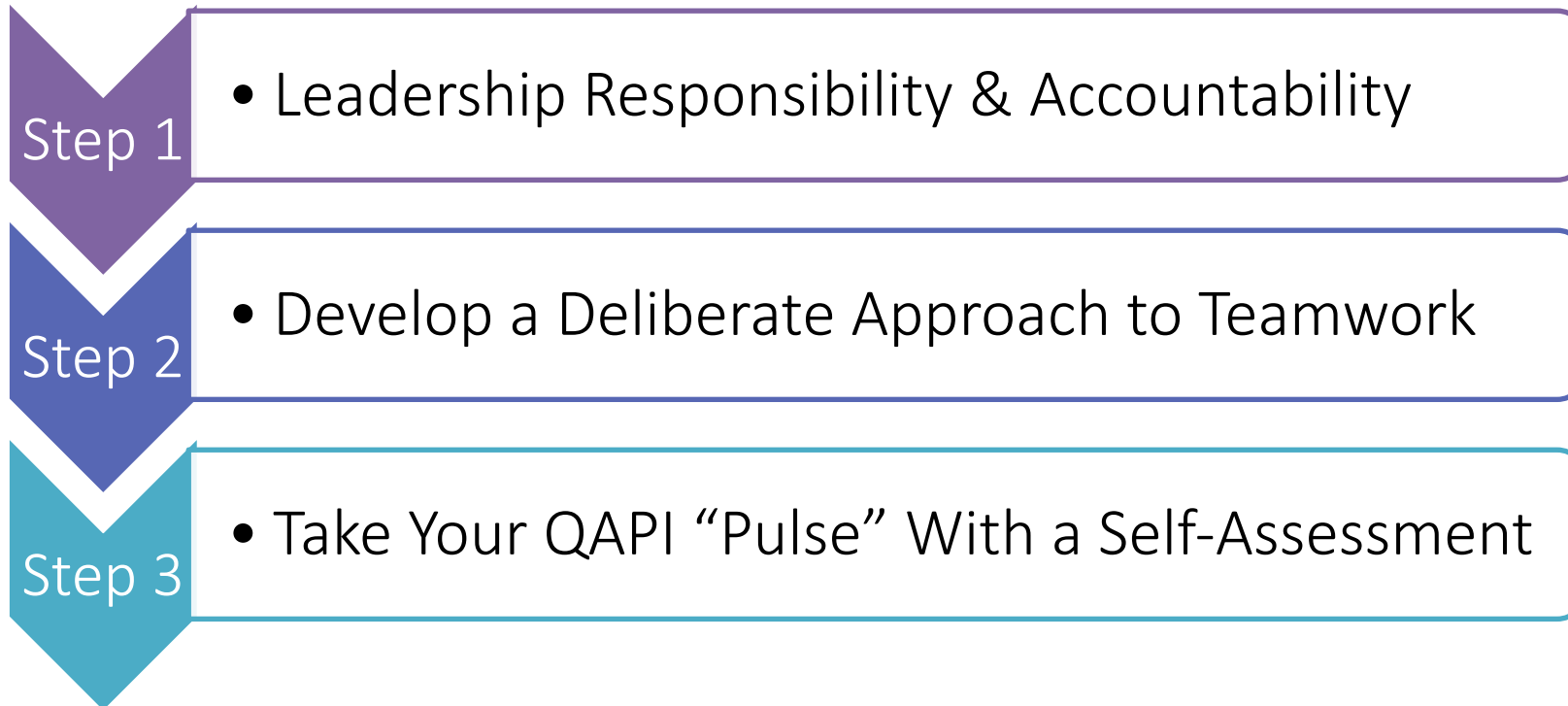
12 Action Steps to QAPI

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**



QAPI 12 Action Steps



QAPI 12 Action Steps

Step 4

- Identify Your Organization's Guiding Principles

Step 5

- Develop Your QAPI Plan

Step 6

- Conduct a QAPI Awareness Campaign

QAPI 12 Action Steps

Step 7

- Develop a Strategy for Collecting and Using QAPI Data

Step 8

- Identify Your Gaps and Opportunities

Step 9

- Prioritize Quality Opportunities and Charter Performance Improvement Plan (PIP's)

QAPI 12 Action Steps

Step 10

- Plan, Conduct and Document PIP's

Step 11

- Getting to the “Root” of the Problem

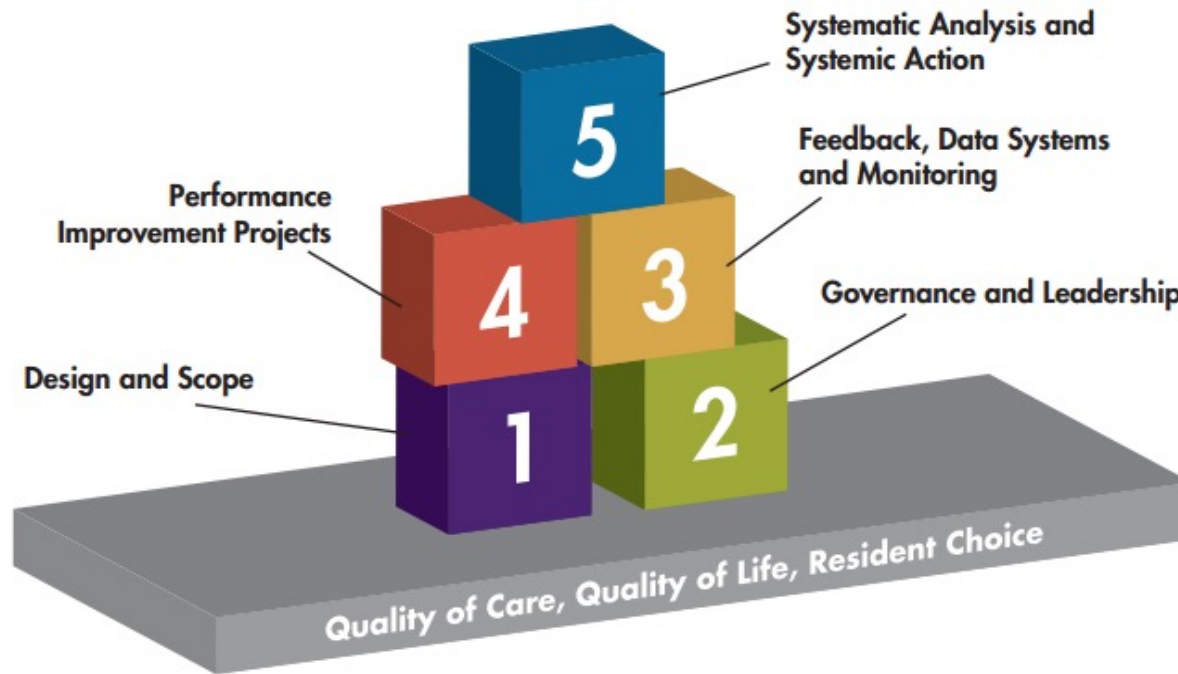
Step 12

- Take Systemic Action!!

QAPI

The Five Elements

CMS' QAPI: The Five Elements



QAPI Program Five Elements

Element 1: Governance and Leadership

Quality Assessment and Assurance Committee:

- Required per provision- 42 CFR, Part 483.75(o)
- Specifies composition of Committee (DON, MD and 3 facility staff members – adds infection control chairman in Phase 3)
- Committee must meet quarterly
- Committee's MAIN objectives:
 - Remove barriers that prevent subcommittee's from reaching QAPI Work Plan initiative targets and lead the development of annual QAPI based on areas that present the most risk to the residents and facility!

QAA Committee Development

- Change Team Leader
- Committee members **must** approve QAPI (Quorum)
- Facility-specific Policy required that describes how the QAPI program works
- Meeting minutes, Sign-In sheet and binder creation and maintenance for Survey readiness
- Regulators will be allowed to look at all QAPI Program materials including committee approved, written work plan, working papers and data tracking tools

QAPI Five Elements

Element 2: Feedback, Data Systems, and Monitoring

- Identify areas to monitor based on your facility assessment and specific service areas
- Utilize available performance measures to monitor clinical outcomes
- Develop systems to monitor care utilizing multiple data sources
- Implement systems to obtain feedback from resident, family, staff, physicians and other identified stakeholders
- Identification and monitoring of adverse events

Data Sources

- Data Integrity is a **must!**
- Data needs to be valid, reliable, reproducible, and measurable
- What are the current mechanisms for data collection?
 - Record reviews/audits
 - Direct observations/competencies
- Sources – Internal versus External

Data Sources

Sample Internal Data Sources:

- Wound reports
- Weight variance reports
- 24 hour reports
- Incident reports
- Medication Administration Audit
- Consultant pharmacy reports
- Infection surveillance reports
- Resident Grievances
- Family, patient satisfaction surveys

Sample External Data Sources:

- Nursing Home compare:
 - QMs and Five-Star rating
- CASPER reports
- PEPPER reports
- Health Inspection survey results (2567)
- Advancing Excellence
- Abaqis
- My Innerview
- Press Ganey

Data Monitoring

- Who is responsible for the collection?
 - Identify gatekeeper of data
- How will the data be measured?
 - Set a **target** and determine an **acceptable threshold** for the data
- How often will data be collected?
 - Initially to establish **baseline** and at least quarterly to **measure progress** toward target and whether maintaining acceptable threshold
- What corrective action will be taken when data falls below acceptable threshold?

QAPI Five Elements

Element 3: QAPI Work Plan

- The written, QAA Committee (Governing Body) approved, QAPI Work Plan is the core of the QAPI process
- A concrete QAPI Work Plan describes the areas of focus/risk that the QAA committee agrees require a long-term solution to improve overall quality of care
- Remains in place for at least one year – nothing added, nothing removed* (see next slide)
- HHI Ten Elements for a thorough QAPI

Annual QAPI Plan

- The QAPI steering committee submits its annual plan for the coming year to the CEO and governing board for review, modifications and approval by January 15th
- The final approved plan becomes the basis by which the committee will direct its efforts over the coming year
- *The plan may be modified during the year, with CEO/Governing Board approval, based on circumstances

QAPI Work Plan Domains

- Domain: A specified sphere of activity or knowledge
- Work Plan initiatives are selected to reflect a global approach to quality improvement
- HHI (CMS) Suggested Domains:
 - Clinical Care (Safety)
 - Resident Choice (Rights)
 - Quality of Life and Care Transitions (Quality)
 - Utilization of Services (Choice)
 - Non-Clinical Areas (Respect/Satisfaction)

Initiative Suggestions

| Domain | Initiative |
|-----------------------------|--|
| Clinical Care | <ul style="list-style-type: none"> • Pressure Injury Prevention • Fall Prevention: Reduce Falls with Major Injury • Appropriate Use of Antipsychotic Medication - gradual dose reduction documentation by physicians • Appropriate Monitoring of Anticoagulation Status • Medical Record/EMR will provide an accurate and up to date comprehensive diagnosis list • Adverse Event Identification and Reporting • Medication Variance Reporting Compliance |
| Residents' Choice (Dignity) | <ul style="list-style-type: none"> • Incontinence Reduction • Meaningful Choices - dining, activities, scheduling of care • Participation in Care plan • Pain Management • Call bell response time |

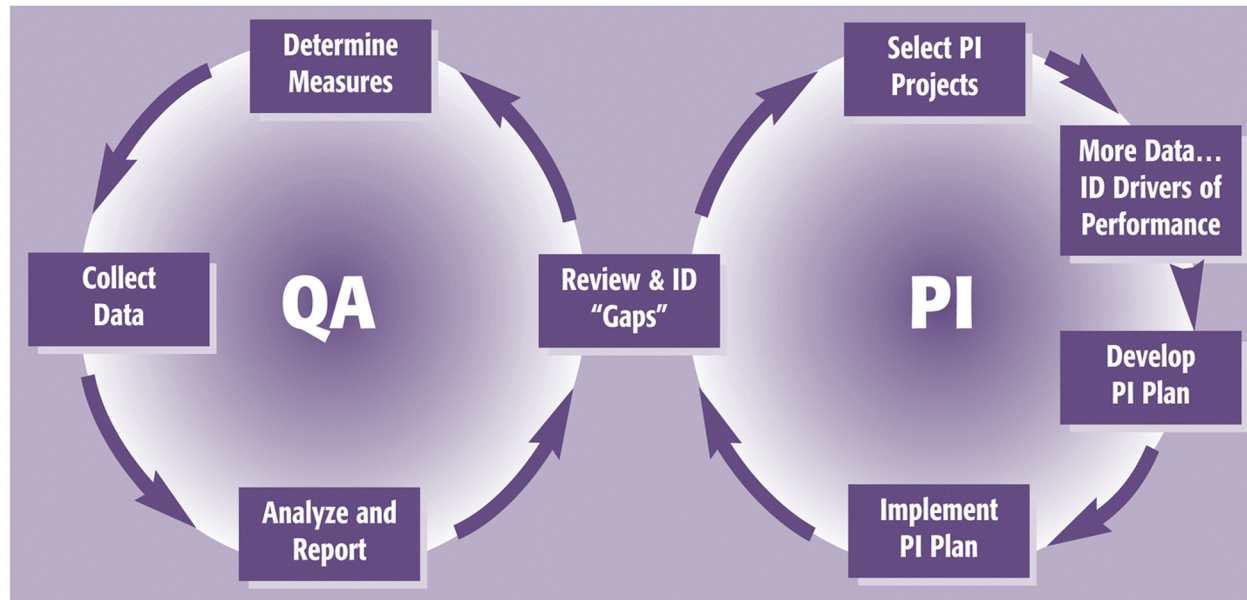
Initiative Suggestions

| Domain | Initiative |
|--------------------------------------|--|
| Quality of Life and Care Transitions | <ul style="list-style-type: none"> • Unintended Weight Loss • Safely Reduce Hospital Readmissions within 30 days (AHCA/NCAL recommends a rate of 10% by 03/2018) • Hand Hygiene - infection prevention • Resident Satisfaction • Family Satisfaction • Employee Satisfaction • Employee perceptions of whether necessary information is communicated during hand-offs • Medical Record Documentation Compliance • Gradual Dose Reductions - Antipsychotic medications |
| Utilization of Services | <ul style="list-style-type: none"> • Polypharmacy: Reduce Resident Medication Utilization including antipsychotics, antibiotics, hypnotics and opioids in general |

Initiative Suggestions

| Domain | Initiative |
|------------------------------------|---|
| Utilization of Services (cont.) | <ul style="list-style-type: none">• Antibiotic Utilization• Emergency room visits• Reduce Worker's Compensation Utilization• Reduce the utilization of overtime in CNA staffing patterns (Improve CNA regular staffing)• UB-04 coding compliance• Significant Change Identification and Completion |
| Non-Clinical Areas | <ul style="list-style-type: none">• Policy and Procedure Maintenance• Employee Retention and Staffing: Open Clinical Positions• Property Loss Reduction• Housekeeping service |

QAPI



QAPI Work Plan Scorecard Example Slide for QA Meeting

| Domain | Measure | Baseline | Target | 1 st Q 2016 |
|--------------------------------------|--|----------|----------------------------------|------------------------|
| Quality of Life and Care Transitions | Unintended Weight Loss | 12.2% | 7.4% (2016 National average) | 12.2% |
| | Hospital Readmission within 30 days | 11.0% | 13.0% or less | TBD |
| Utilization of Services | Unnecessary Medications (Antianxiety, hypnotics) | 22.8% | 16.4% | TBD |

The Goal of “What We Do”

- 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

Enjoy the Journey!

“Don’t judge each day by the harvest you reap, but by the seeds you plant”

-Robert Louis Stevenson



Final Thoughts....

- The future of healthcare is all about **partnerships** – solidify relationships
- Be aware of and **transparent** about your quality outcomes, benchmark and continuously “move the needle”
- Be willing to provide **all levels of care** and market your strengths

Key References

- CMS Final Rule Requirements of Participation for Long-Term Care Facilities
- Federal Register: Medicare and Medicaid Programs; Reform of Requirements for Long-Term Care Facilities: <https://www.federalregister.gov/documents/2016/10/04/2016-23503/medicare-and-medicaid-programs-reform-of-requirements-for-long-term-care-facilities>
- State Operations Manual Appendix P - Survey Protocol for Long Term Care Facilities - Part I (Rev. 156) https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_p_ltcf.pdf
- Slavitt, A (Sept. 2016) Commitment to Person-Centered Care for Long-Term Care Facility Residents
- <https://blog.cms.gov/2016/09/28/commitment-to-person-centered-care-for-long-term-care-facility-residents/>
- <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/FAQ-Round-Four-Definitions.pdf>
- <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes.html>

Key References

- Long Term Care Past Present Future, Daniel Swagerty, MD, MPH, CMD, AMDA Foundation Chair - www.vamda.org/Swaggerty%20AMDA%20Future.pptx
- Grabowski, D., and O'Malley, J. (2007). The Costs and Potential Savings Associated with nursing facility Hospitalizations. Health Affairs. 2007; 26 (6): 1753 – 1761.
- Joshi, Dr. P.H., Maulik, May 4, 2011. Healthcare Transformation: What Will it Take? Health Research & Educational Trust & American Hospital Association.
- Hospitals and Care Systems of the Future. American Hospital Association Committee on Performance Improvement Report, September 2011.
- Post-Acute Care Integration – Today and In the Future. DHG Healthcare, Center For Industry Transformation. July 2014.
- Current Trends in System Delivery Reform. James Michel. American Health Care Association. October 2014.
- Michelli, Joseph (2008) The New Gold Standard: 5 Leadership Principles for Creating a Legendary Customer Experience Courtesy of the Ritz-Carlton Hotel Company, McGraw-Hill, New York, NY

Key References

- The final rule displayed on July 31, 2017, at the Federal Register’s Public Inspection Desk and will be available under “Special Filings,” at <http://www.federalregister.gov/inspection.aspx>
- SNF PPS: [http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/index.html](http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPayment/SNFPPS/index.html)
- SNF QRP: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/Proposed-Specifications-for-SNF-QRP-Quality-Measures-and-Standardized-Data-Elements-Effective-10-1-18.pdf>
- SNF VBP: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/Other-VBPs/SNF-VBP.html>

Questions

Thank You!



Kris B Harmony

Knowledge | Inspiration | Motivation



Connect With Kris

kmastrangelo@harmony-healthcare.com

617.595.6032



@KrisMastrangelo



@KrisBharmony



@KrisBharmony



@Krismastrangelo



Connect With HHI Follow Our Weekly Blog

<https://www.harmony-healthcare.com/blog>



harmonyhealthcareinternational



harmonyhealthcareinternational



harmonyhealthcareinternational



@harmonyhlthcare





Our Process

- Prescribed **medical record review process** that encompasses HHI's core business
- HHI Specialists provide expertise through teaching and training and an extensive chart audit process in order to ensure:
 - MDS Accuracy
 - MDS Supporting Documentation
 - Billing Accuracy
 - Nursing Documentation
 - Therapy Documentation
 - Clinically Appropriate Care



HHI Services and Plans



Gold C.A.R.E.S.
2 Year Service Plan

Platinum C.A.R.E.S.
3 Year Service Plan

List of HHI Services

PDPM Training and Audits | Medicare | Compliance | Rehab Program Development | Seminars | MMQ Audits | Mock RAC Audits | Rehab Certification | Mock Health Inspection Survey | MDS Competency | Talent Management | Denials Management | Compliance Certification | Clinically Appropriate Stay | QAPI | QIS | Medicare Part B Program | MDSC Mentor Program | Case Mix Consulting | Professional Development | Leadership Trainings | Regulatory and Survey Assistance | Five Star | PBJ | Quality Measures | Analysis | Staff Training | Infection Control and More!

Silver C.A.R.E.S.
1 Year Service Plan

A La C.A.R.E.S.
Customized Service Plan





Our Senior HHI Specialists

- Founded in 2001
- Privately owned and operated
- Ranked among Inc. Magazine's top 5,000 fastest growing private companies in America three years in a row
- Active monthly contracts in 24 states
- Over 1,000 Skilled Nursing Facilities serviced
- Over 3,000 Clinicians Certified on the MDS



<https://www.harmony-healthcare.com/harmonyhelp>



Live Support Available
8:00 a.m. – 5:00 p.m. EST

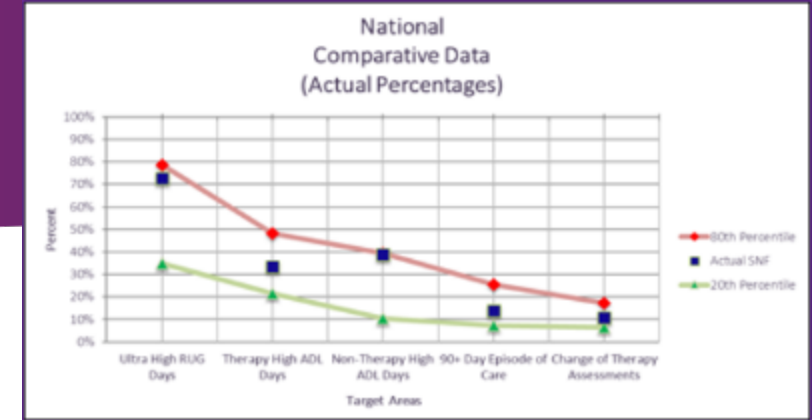
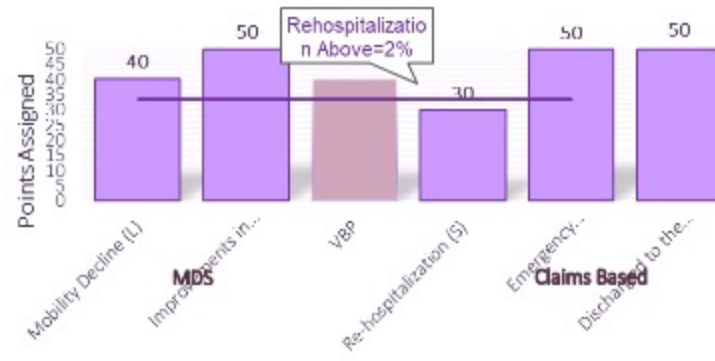
HarmonyHelp

With **HarmonyHelp**, Harmony Healthcare International (HHI) provides an invaluable resource for the entire interdisciplinary team. Imagine having questions answered by a HHI Specialist within minutes of the inquiry. Fill out the form on the right to learn more about HarmonyHelp and our various Service Plans.

The Knowledge Center is loaded with information that will assist with your daily responsibilities at your facility. This self-help site is broken up into 5 Sections:

Manuals | Tools | C.A.R.E.S. Community | Hot Topics | FAQ (Frequently Asked Questions)

| Month | Nov 16 | Dec 16 | Jan 17 | Feb 17 | Mar 17 | Apr 17 |
|----------------------------|--------------|--------------|--------------|--------------|--------------|--------------|
| Total Part A Revenue | \$189,711.70 | \$202,597.35 | \$228,482.48 | \$176,144.00 | \$192,332.99 | \$148,861.18 |
| Rehab Revenue | \$181,514.58 | \$201,631.41 | \$227,975.42 | \$175,546.71 | \$190,248.65 | \$146,559.14 |
| Therapy Portion | \$80,465.58 | \$83,667.77 | \$100,444.39 | \$79,055.93 | \$86,172.60 | \$67,534.29 |
| % Therapy Portion | 42.4% | 41.3% | 44.0% | 44.9% | 44.8% | 45.4% |
| % Therapy of Total Revenue | 95.7% | 99.5% | 99.8% | 99.7% | 98.9% | 98.5% |
| % Therapy RUG Days (P) | 93.9% | 99.4% | 99.6% | 99.5% | 98.6% | 97.5% |
| Part A Rate | \$442.22 | \$434.76 | \$464.40 | \$465.99 | \$453.62 | \$462.30 |
| % of Max Rate | 61.9% | 60.9% | 65.0% | 65.3% | 63.5% | 64.8% |
| ADC | 14.30 | 15.03 | 15.87 | 13.50 | 13.68 | 10.73 |



Complimentary HHI Offerings

- PDPM Revenue and Risk Analysis
- Medicare Part A Revenue and Risk Analysis
- Five-Star Quality Measure Points Analysis
- PEPPER Analysis

Harmony Healthcare International (HHI)

C.A.R.E.S.TM

HHI C.A.R.E.S. About Care

Compliance | Analysis | Audit | Regulatory | Rehabilitation
Reimbursement | Education | Efficiency | Survey

Copyright © 2021 All Rights Reserved



HHI C.A.R.E.S. About Care

harmony21 is the nation's leading interdisciplinary
long-term post-acute care symposium

HARMONY

October 21st and 22nd, 2021

Encore[®]

BOSTON HARBOR

Host

Harmony
Healthcare
INTERNATIONAL



 harmony21

Platinum
Sponsor

HOPFORCE



Savannah James
Co-Founder & CEO
978.998.1335
savannah.lee@hopforce.com



Gold
Sponsor

Trinity *Rehab*

 *Moving Forward*

Tom Mack
Director of Business Development
860.614.2626
Tom.Mack@TrinityRehabServices.com



Gold
Sponsor

Maun-Lemke

Changing the Results of Healthcare

Clint Maun

Maun-Lemke Speaking & Consulting, LLC

402.391.5540

maunlemke.com



Silver
Sponsor



PHARMSCRIPT

Jamie Billings
Field Marketing Specialist
717.645.1172
jbillings@pharmscript.com



Silver
Sponsor



ACHCA

American College of
Health Care Administrators

Bill McGinley
President
800.561.3148
CEO@achca.org



Silver
Sponsor



Joseph Smith
CEO
800.847.0745
jsmith@O2safe.com



Bronze
Sponsor



IX-VII-MMXVI

Camargo Chauffeur, LLC.

Marcos Camargo

Owner

781.799.5488

camargo.chauffeurservicellc@gmail.com



Bronze Sponsor



Joe Lino
Owner
913.207.5146
linoselux@yahoo.com



Bronze
Sponsor

LTC Matters, LLC

Stephanie Tymula
Managing Partner
978.770.7105
stephanie@ltc-matters.org



Harmony Healthcare International (HHI)

C.A.R.E.S.TM

HHI C.A.R.E.S. About Care

**Compliance | Analysis | Audit | Regulatory | Rehabilitation
Reimbursement | Education | Efficiency | Survey**

Copyright © 2021 All Rights Reserved