

Mastering QAPI Excellence
A Step-by-Step Guide to Building and Sustaining a Robust Quality Assurance and Performance Improvement Program



KAHCF/KCAL 2024 Quality Summit

Katie Pass, BS, OTA
Kentucky State Quality Manager



1

Alliant Health Solutions: What is a QIO?

QIOs are Medicare's "boots on the ground" in the effort to improve health care quality.

Learn more here:
<https://qioprogram.org>
<https://www.chqa.org/qios/>



2

Making Health Care Better Together



Alliant Health Solutions, through the support of a team of quality advisors, provides support to health care organizations across seven states as a part of the QIO (Quality Improvement Organization) contracted scope of work with CMS.

About Alliant Health Solutions



3

Nursing Home and Partnership for Community Health: CMS 12th SOW GOALS

 <p>OPICOID UTILIZATION AND MISUSE</p> <ul style="list-style-type: none"> Promote opioid best practices Reduce adverse drug events Reduce opioid adverse drug events in all settings 	 <p>PATIENT SAFETY</p> <ul style="list-style-type: none"> Reduce hospitalizations due to c. diff Reduce adverse drug events Reduce facility acquired infections 	 <p>CHRONIC DISEASE SELF-MANAGEMENT</p> <ul style="list-style-type: none"> Increase instances of adequately diagnosed and controlled hypertension Increase use of cardiac rehabilitation programs Reduce instances of uncontrolled diabetes Identify patients at high-risk for kidney disease and improve outcomes 	 <p>CARE COORDINATION</p> <ul style="list-style-type: none"> Convene community coalitions Reduce avoidable readmissions Reduce admissions to hospitals and preventable emergency department visits Identify and promote optimal care for super utilizers 	 <p>COVID-19</p> <ul style="list-style-type: none"> Support nursing homes by establishing a safe visitor policy and cohort plan Provide virtual events to support infection control and prevention Support nursing homes and community coalitions with emergency preparedness plans 	 <p>IMMUNIZATION</p> <ul style="list-style-type: none"> Increase influenza, pneumococcal and COVID-19 vaccination rates 	 <p>TRAINING</p> <ul style="list-style-type: none"> Encourage completion of infection control and prevention trainings by front line clinical and management staff
---	--	--	--	--	--	---

ALLIANT HEALTH SOLUTIONS

4

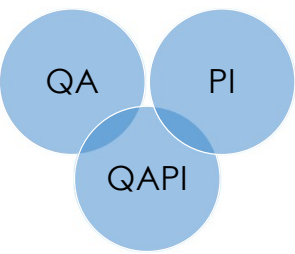
Learning Objectives

- Describe the elements of a strong QAPI program and how to conduct an effective Root Cause Analysis (RCA).
- Explain how to interpret data for a performance improvement project using public reported data and internally developed tracking measures.
- Recognize how to improve resident outcomes by utilizing QIO tools, resources and technical assistance.

ALLIANT HEALTH SOLUTIONS

5

What is QAPI?



QAPI is a quality management system that:

- Engages everyone in the facility to continuously identify problems and opportunities for improvement.
- Develops interventions that address the underlying system, not the symptom.
- Continuously monitors performance.

ALLIANT HEALTH SOLUTIONS

6

Why is QAPI Important?

- Establishes competencies that equip staff to solve quality problems and prevent their recurrence.
- Competencies that allow you to seize opportunities and achieve new goals.
- Fulfillment of providers of care, as they become active partners in quality improvement.
- **Better care and quality of life for your residents.**



7

What does a good quality program NOT do?



Ignore the problem.



8

Elements of a Strong Quality Program

Actively recognizes opportunities for improvement
 – No rose-colored glasses allowed

Good monitoring system that reviews all aspects of care

- Incident reports
- Resident/Family feedback
- Quality Monitoring
- Track and trending of reports
 - Pharmacy
 - Infection Control



Continuously compare to cutting edge best practices

9

Action Steps for QAPI

STEP 1: Leadership, Responsibility & Accountability

STEP 2: Develop a Deliberate Approach to Teamwork

STEP 3: Take your QAPI "Pulse" with a Self-Assessment

ALLIANT HEALTH SERVICES

10

Leadership, Responsibility & Accountability

- Consider using a steering committee, which is a team that will provide QAPI leadership.
- Provide resources for QAPI, including equipment and training.
- Establish a climate of open communication and respect.
- Understand your home's current culture and how it will promote performance improvement.

[QAPI Leadership Rounding Tool \(allianthealth.org\)](#)

ALLIANT HEALTH SERVICES

11

Develop a Deliberate Approach to Teamwork

- Assess the "effectiveness" of teamwork in your organization.
- Use Performance Improvement Project (PIP) teams to address QAPI goals.
- Determine how direct care staff and residents and families can be involved in PIPs.
- Identify any communication structures that need to be implemented or enhanced.

[ESRD-QAPI-Patient-Invitation-Final-508.pdf](#)

ALLIANT HEALTH SERVICES

12

Take Your QAPI "Pulse" with a Self-Assessment


Reflect on your QAPI successes and gaps so far.

- Bright Spots
- Strengths
- Opportunities

Envision where you would like to be in 12 months.

Use Tomorrow share this mini self assessment tool with members of your QAPI Committee, to reflect on aspects of your QAPI structure, the way you use data and conduct performance improvement projects.


[QAPI Mini Self Assessment](#)



13

Don't Confuse With Your Annual Facility Assessment

<p>What kind of residents do you have?</p> <ul style="list-style-type: none"> • Very complex illnesses • What about dementia? • Do our residents require a ventilator? 	<p>Make sure the staff has the right skills to provide care</p> <ul style="list-style-type: none"> • Education and training • That includes dementia management and resident abuse 	<p>Does the physical environment and services match resident needs?</p> <ul style="list-style-type: none"> • Consider ethnic, cultural, or religious factors • Health information technology
--	---	---



14

Action Steps for QAPI

STEP 4: Identify Your Organization's Guiding Principles

↓

STEP 5: Develop Your QAPI Plan

↓

STEP 6: Conduct a QAPI Awareness Campaign

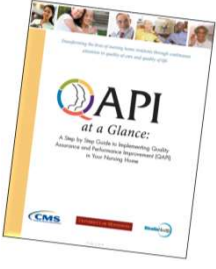


15

Identify Your Organization's Guiding Principles & Develop Your QAPI Plan

- Locate, review or develop for your organization:
 - Mission statement
 - Vision statement
 - QAPI purpose statement
- Establish guiding principles and scope for QAPI.
- Have team review to ensure best practices are used in your QAPI Plan.
- Update your QAPI document at least yearly.

QAPI at a Glance is available online:
<http://cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/Downloads/QAPIatAGlance.pdf>




16

Conduct a QAPI Awareness Campaign

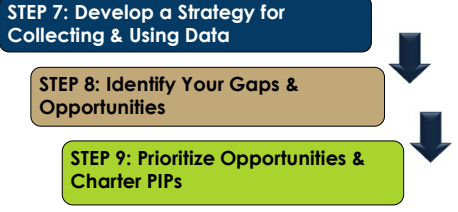
- Inform everyone about QAPI (staff, residents, families, consultants, ancillary service providers, etc.).
- Provide training and education on QAPI.
- Develop a strategy for communication with all caregivers, residents and families.

Be creative! Set up a friendly competition among departments or units. Have prizes available or use peer evaluation to engage staff in keeping each other accountable.



17

Action Steps for QAPI



STEP 7: Develop a Strategy for Collecting & Using Data

STEP 8: Identify Your Gaps & Opportunities

STEP 9: Prioritize Opportunities & Charter PIPs

18

Solving the Puzzle of Data

Data comes from an almost limitless number of sources. The key is knowing what data is valuable to you in each situation and understanding how to use the data to set, reach and maintain your goals.

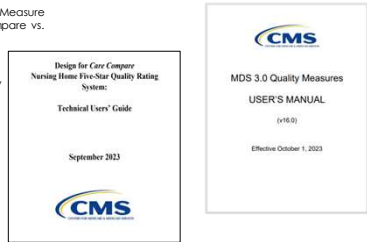
- Determine what data to monitor routinely.
- Set targets for performance in the areas you are monitoring.
- Identify benchmarks for performance.
- Develop a data collection plan, including who will collect the data, who will review it, the frequency of collection and reporting, etc.
- Learn what your data is telling you.



19

Quality Measure User's Manual

- Ensure the QAPI Team is aware of Quality Measure Descriptions: The label on CMS Care Compare vs. Label on the MDS Quality Measure
- How you answer on the MDS 3.0 Resident Assessment Instrument defines your quality measures



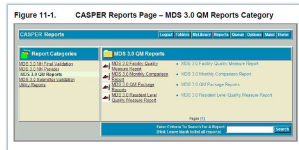
<https://www.cms.gov/medicare/quality/alliatives/patient-assessment-instruments/nursinghomequalityrate/m30almmanual.html>



20

Casper MDS 3.0 NH QM Reports

- Review at least monthly in quality meetings
 - QAPI meetings
 - Performance Improvement Projects
 - Improve your Five Star rating
- What does the data tell you?
 - Are you above or below state and national averages?
 - Which quality measure is an outlier?
 - Compared to last month, are there any suspicious trends?
 - Which resident is triggering for a quality measure?



https://aho.cms.gov/download/guides/casper/casper_sec11_mdh_provdr.pdf



21

My Quality Measure is High, Now What?

- To really analyze your quality measure percentage, at a minimum you need:
 - Facility Quality Measure Report
 - Tells you the percentage
 - Resident Level Quality Measure Report
 - Tells you which resident is in a quality measure numerator
 - For targeted residents' analysis:
 - Diagnosis list
 - Physician orders
 - Medication list

CLIPPY Report
WES 1.3 Resident Level Quality Measure Report

Pay Attention to the GMI Count



22

Putting the Pieces Together: QAPI Opportunities

- Review information to determine if gaps or patterns exist in your systems of care, or if opportunities exist to make improvements.
- Discuss any emerging themes with residents and caregivers.
- Notice what things your organization is doing well in this identified area.
- Set priorities for improvement.



23

Charter and Select a Team Facilitator and Team Members

- Prioritize opportunities for more intensive improvement work.
- Consider which problems will become the focus.
- Charter PIP teams by selecting a leader and defining the mission.
- The PIP team should develop a timeline and indicate budget needs.
- The PIP team should use the Goal Setting Worksheet to establish appropriate goals.

<https://quality.allianthealth.org/help-center/updates/2020/2020-QAPI-Performance-Improvement-Planning-Worksheet-SGA.pdf>

[QAPI Performance Improvement Planning Worksheet | allianthealth.org](https://quality.allianthealth.org/help-center/updates/2020/2020-QAPI-Performance-Improvement-Planning-Worksheet-SGA.pdf)



24

Action Steps for QAPI


STEP 10: Plan, Conduct and Document PIPs

↓

STEP 11: Get to the "Root" of the Problem

↓

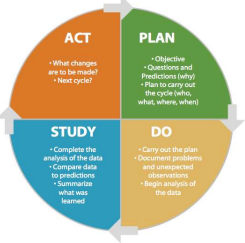
STEP 12: Take Systemic Action




25

Plan, Conduct and Document PIPs

- Determine what information is needed for the PIP.
- Determine a timeline and communicate it to the Steering Committee.
- Identify and request any needed supplies or equipment.
- Select or create measurement tools.
- Prepare and present results.
- Use a problem-solving model (e.g., PDSA).
- Report results to the Steering Committee.







https://qauih.allianthealth.org/wp-content/uploads/2022/09/QIN-QIC-PDSA-QA-Template-FINAL_508.pdf

26

Get to the "Root" of the Problem

- It is a structured method of analysis and is designed to get to the underlying cause of a problem.
- The RCA process leads to digging deeper and looking for the reasons behind the reasons.
- It focuses primarily on systems and processes, not individual performance.
- Ensure that the PSDA cycles address the root cause(s).
- Be careful not to jump to the solution too soon!

27

When to use Root Cause Analysis

Type of Situation	Example(s)
An adverse or sentinel event is an unexpected occurrence involving serious injury or death of an individual	A COVID-19 outbreak or an individual falls which results in a serious head injury requiring hospitalization
Near miss, unacceptable risk or chronic failure	The wrong medication dose is found in the medication cart
Recurring complaints	A family member complains that it took 30 minutes for his mother's call light to be answered. Another family member reports that staff didn't appear for 15 minutes after turning on the call light
Repeating event	75% of all falls occur between 6 and 8 PM
Any time a performance gap is identified	A plan of care was not followed or DPOC (Directed Plan of Correction) and/or any type of infection outbreak

ALLIANT HEALTH SOLUTIONS

28

RCA Tools: Which should I use?

- Become a detective.
- Brainstorm with your team!
- Now is the time for the "5 Why's!"
- Keep asking why to every answer, placing you deeper into the issue.
- Interview everyone involved.
- Get chronological of the events that occurred.
- *Alternate to the "5 Why's." is the Fishbone Diagram!

ALLIANT HEALTH SOLUTIONS

29

Corrective actions that change the system and prevent the errors to occur again are the strongest!

Weak

- Double checks
- Warning and labels
- New procedure, memo, or policy
- Additional study/analysis
- Education and training of staff

Intermediate

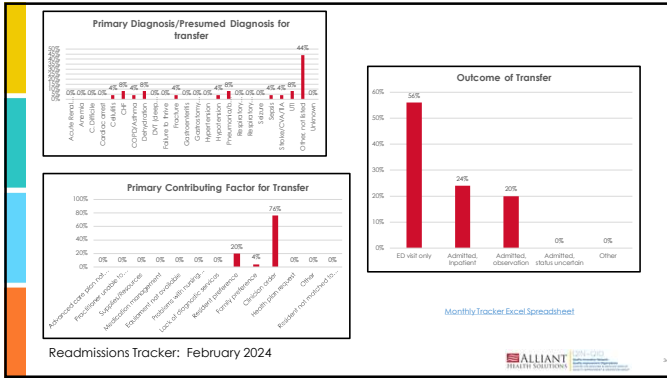
- Increase staffing/decrease workload
- Eliminate/reduce distractions
- Checklist
- Eliminate look alike and sound alike terms
- "Read back" to ensure clear communication
- Enhanced documentation /communication

Strong

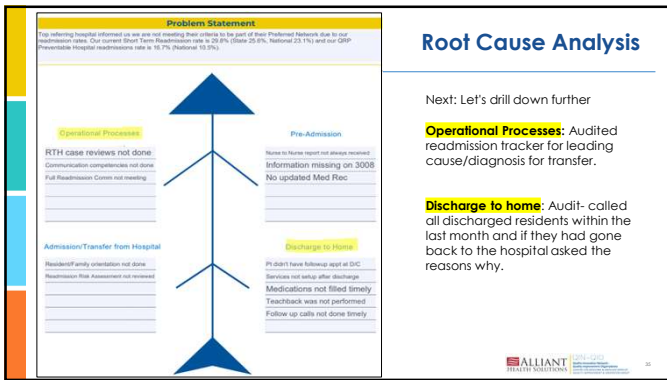
- Physical changes
- Usability testing of devices
- Engineering controls into the system
- Simplify process and remove unnecessary steps
- Standardize equipment or process
- Competencies of staff, teach-back scenarios

ALLIANT HEALTH SOLUTIONS

30



34



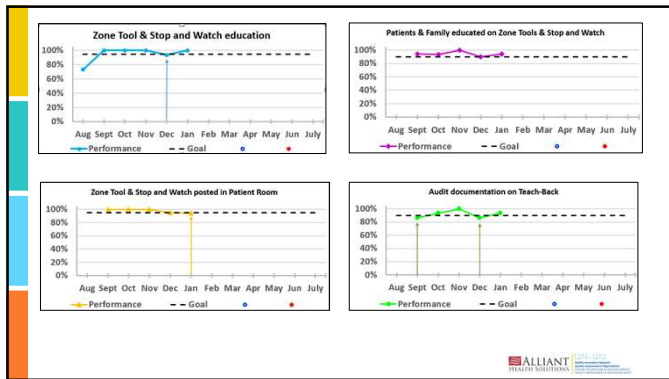
35

Operational Processes

What is the main reason for residents being readmitted to the hospital?

Problem Statement	One sentence description of event or problem
Why? →	Residents are readmitting due to clinical complications
Why? →	Their infections/condition worsened
Why? →	Delay in response of worsening condition
Why? →	Staff did not communicate worsening signs & symptoms
Why? →	Staff did not understand what signs & symptoms to report and the importance of the timing

36



40

Discharge to Home

Why are discharged patients returning to hospital within 30 days of discharge?

Problem Statement	One sentence description of event or problem
Why? →	Patient's went to ED due to decline in self care
Why? →	Patient's didn't understand or remember the "red flags" to their condition after discharge
Why? →	Patient's didn't have the documentation or reminders available
Why? →	Patient's didn't receive the information at discharge
Why? →	Teach Back wasn't done and distribution of this information is not part of the current discharge process

41

Teach Back wasn't done, and distribution of this information is not part of the current discharge process

SMART Goals

- S Specific**
 - What do you want to accomplish?
 - Who will be involved?
 - Where will it take place?
- M Measurable**
 - What is the measure you will use?
 - What is the current data for that measure?
 - What do you want to decrease/increase that number to?
- A Attainable**
 - Did you base the measure or figure you want to attain on a particular best practice/average score/benchmark?
- R Relevant**
 - How does the goal address the problem?
- T Time-Bound**
 - What is the target date for achieving this goal?

By the end of Q3 2024, at least 90% of staff will be observed with a standardized audit tool applying teach-back methodology when providing chronic care and discharge education.

By the end of Q3 2024, at least 90% of staff will be observed with a standardized audit tool applying teach-back methodology when providing chronic care and discharge education.

By the end of Q3 2024, at least 90% of staff will be observed with a standardized audit tool applying teach-back methodology when providing chronic care and discharge education.

By the end of Q3 2024, at least 90% of staff will be observed with a standardized audit tool applying teach-back methodology when providing chronic care and discharge education.

42

Questions?




49

References


- <https://quality.allianthealth.org>
- <https://comagine.org>
- <https://www.telligenqconnect.com/>
- <https://www.hsag.com/>
- <https://www.hqin.org/resources>

A Complete Guide to Implementing QAPI in Nursing Homes: GoAdults
Quality Improvement & Data Resources - Great Plains QIN




50


Making Health Care Better Together




Leighann Sauls, Program Director
Georgia, Kentucky, North Carolina and Tennessee
Leighann.Sauls@Allianthealth.org




Katie Pass, State Quality Manager
Kentucky
KatiePass@Allianthealth.org



Melissa Hampton, Quality Advisor
Kentucky, Georgia, Tennessee
Melissa.Hampton@Allianthealth.org

We are NOT regulatory.



51

ALLIANT HEALTH SOLUTIONS QIN-QIO
 Quality Innovation Network
 Quality Improvement Organization
 Center for Medicare & Medicaid Services
 Quality Improvement & Incentive Program

Making Health Care Better Together

ALABAMA • FLORIDA • GEORGIA • KENTUCKY • LOUISIANA • NORTH CAROLINA • TENNESSEE

@AlliantQIO Alliant Health Solutions
 @AlliantQIO AlliantQIO

The material was prepared by Alliant Health Solutions, a Quality Innovation Network - Quality Improvement Organization (QIN - QIO) and Hospital Quality Improvement Center by CMS under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). None expressed in this material do not necessarily reflect the views of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. Publication No. 1525W-001-QIN-QIO-10-16-181-04/13/24
