

Quality Assurance Performance Improvement

NYS DOH Presentation – September 13, 2023

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- A federally-funded Medicare Quality Innovation Network – Quality Improvement Organization (QIN-QIO) in contract with the Centers for Medicare & Medicaid Services (CMS)
- 12 regional CMS QIN-QIOs nationally

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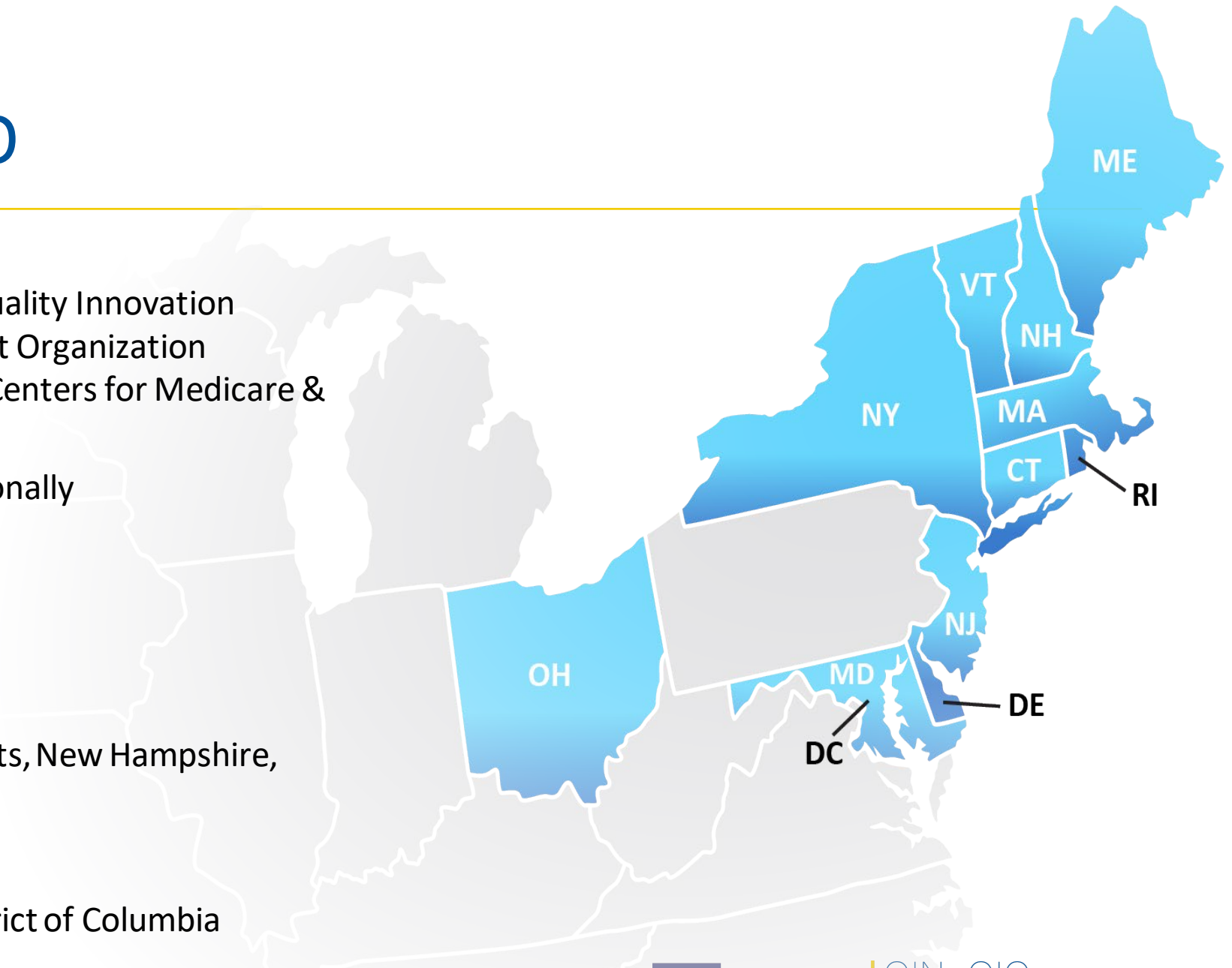
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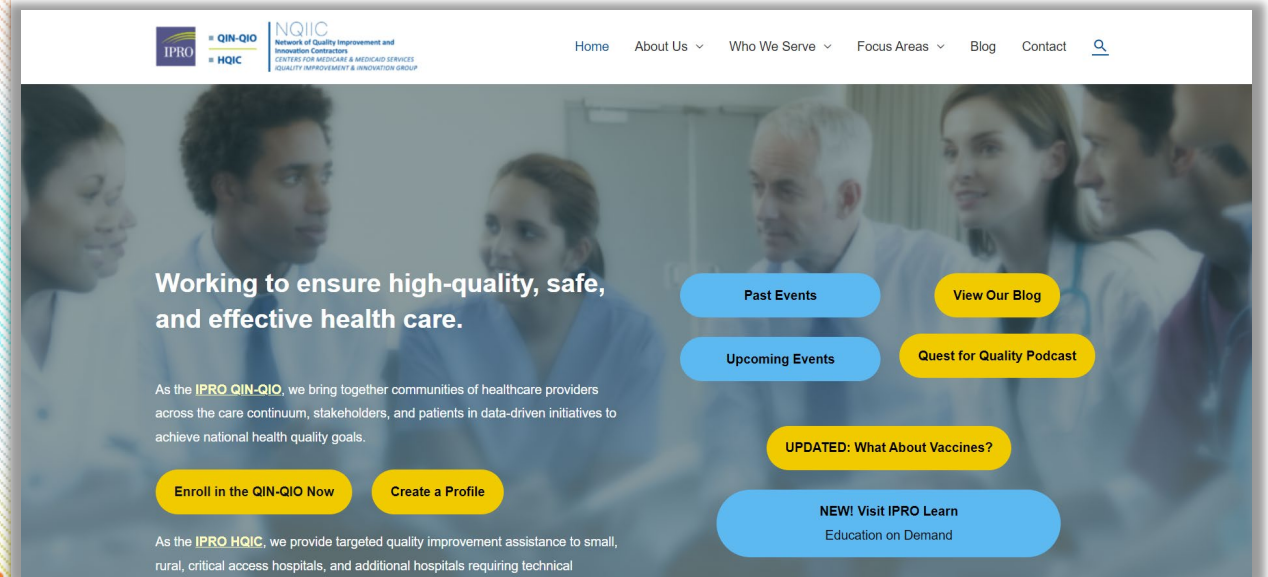
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The screenshot shows the IPRO website homepage. At the top left is the IPRO logo, which includes the text "IPRO", "QIN-QIO", "HQIC", and "NQIC Network of Quality Improvement and Innovation Contractors CENTERS FOR MEDICARE & MEDICAID SERVICES QUALITY IMPROVEMENT & INNOVATION GROUP". To the right of the logo is a navigation menu with links for Home, About Us, Who We Serve, Focus Areas, Blog, and Contact, along with a search icon. The main content area features a background image of healthcare professionals. The primary headline reads "Working to ensure high-quality, safe, and effective health care." Below this, there are two columns of buttons: "Past Events" and "View Our Blog" in the top row; "Upcoming Events" and "Quest for Quality Podcast" in the middle row; "UPDATED: What About Vaccines?" in the bottom row. At the bottom of the main content area, there are two buttons: "Enroll in the QIN-QIO Now" and "Create a Profile". A final button at the very bottom reads "NEW! Visit IPRO Learn Education on Demand".

Quality Improvement

- Simply put... the right thing to do regardless of care setting



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State Operations Manual

State Operations Manual Appendix PP - Guidance to Surveyors for Long Term Care Facilities

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(Rev. 211, 02-03-23)

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Quality Assurance and Performance Improvement (QAPI) is the coordinated application of two mutually-reinforcing aspects of a quality management system:

Quality Assurance (QA) and Performance Improvement (PI)

QAPI takes a systematic, interdisciplinary, comprehensive, and data-driven approach to maintaining and improving safety and quality in nursing homes while involving residents and families in practical and creative problem solving.

Quality Assurance (QA)

- QA is ongoing, both anticipatory and retrospective in its efforts to identify how the organization is performing, including where and why facility performance is at risk or has failed to meet standards.

Performance Improvement (PI) (also called Quality Improvement - QI)

- PI is the continuous study and improvement of processes with the intent to improve services or outcomes, and prevent or decrease the likelihood of problems, by identifying areas of opportunity and testing new approaches to fix underlying causes of persistent/systemic problems or barriers to improvement.
- PI in nursing homes aims to improve processes involved in health care delivery and resident quality of life.
- PI can make good quality even better.

QAPI

The purpose of a QAPI program is to ensure continuous evaluation of facility systems with the objectives of:

- Ensuring care delivery systems function consistently and accurately, and incorporate current and evidence-based practice standards where available;
- Preventing deviation from care processes, to the extent possible;
- Identifying issues and concerns with facility systems, as well as identifying opportunities for improvement; and
- Developing and implementing plans to correct and/or improve identified areas.

Identifying and correcting problems requires the facility to:

- Collect data from various sources related to high risk, high volume, and problem-prone issues such as medical errors and adverse events;
- Analyze the data collected to identify performance indicators signaling deviation from expected performance;
- Study the issue to determine underlying causes and contributing factors;
- Develop and implement corrective actions; and
- Monitor data related to the issue to determine if they are sustaining corrections, or if revisions are necessary.

Feedback

- Feedback is one of many data sources which provide valuable information the facility must incorporate into an effective QAPI program.
- Each facility must establish and implement written policies and procedures for feedback.

Examples of Solicited Feedback...

- Satisfaction surveys and questionnaires
- Routine meetings, e.g., care plan meetings, resident council, safety team, town hall
- Suggestion or comment boxes

Feedback goes both ways...

Effective feedback systems in a QAPI program also include methods for providing feedback to direct care staff, other staff, residents and representatives. This may involve including these individuals in problem solving, various meetings, or providing updates and communicating facility system changes.

5 Elements of QAPI

- Design and Scope
- Governance and Leadership
- Feedback, Data Systems and Monitoring
- Performance Improvement Projects
- Systematic Analysis and Systemic Action

Action Steps to QAPI

- This is a gradual approach to build an effective QAPI Program for your setting.
- Each step builds on other QAPI principles.
- The most important aspect of QAPI is effective implementation.

Leadership Responsibility and Accountability

- The administrator and senior leaders must create an environment that promotes QAPI and involves all caregivers.
- Executive leadership sets the tone and provides resources.
- Establish a climate of open communication and respect.
- Create the expectation that everyone in your nursing home is working on improving care and services.
- Establish an environment where caregivers, residents, and families feel free to speak up to identify areas that need improvement.

Develop a Deliberate Approach to Teamwork

- QAPI relies on teamwork in several ways:
 - Task-oriented teams may be specially formed to look into a particular problem and their work may be limited and focused.
 - PIP teams are formed for longer-term work on an issue.
- Generally, each team should be composed of interdisciplinary members.
- Leadership needs to convey that being on a PIP team is an important part of the job. They must also support this idea through action and resources to enable staff to complete daily assignments, provide clinical care and also participate on QAPI teams.

Take your QAPI Pulse with a Self-Assessment

- It is helpful to conduct a self-assessment in your organization.
- You should periodically evaluate QAPI in your organization – see how far you've come.
- It will assist you in evaluating the extent to which components of QAPI are in place within your organization and identifying areas requiring further development.
- You should complete the tool with input from the entire QAPI team and organizational leadership. This is meant to be an honest reflection of your progress with QAPI.

QAPI Self-Assessment Tool (resource)

- 5-page assessment
- Simplified rating system between “Not Started” to “Doing Great”
- Area for additional “Notes”

QAPI Self-Assessment Tool

Directions: Use this tool as you begin work on QAPI and then for annual or semiannual evaluation of your organization’s progress with QAPI. This tool should be completed with input from the entire QAPI team and organizational leadership. This is meant to be an honest reflection of your progress with QAPI. The results of this assessment will direct you to areas you need to work on in order to establish QAPI in your organization. You may find it helpful to add notes under each item as to why you rated yourself a certain way.

Date of Review: _____ Next review scheduled for: _____

Rate how closely each statement fits your organization	Not started	Just starting	On our way	Almost there	Doing great
Our organization has developed principles guiding how QAPI will be incorporated into our culture and built into how we do our work. For example, we can say that QAPI is a method for approaching decision making and problem solving rather than considered as a separate program. Notes:					
Our organization has identified how all service lines and departments will utilize and be engaged in QAPI to plan and do their work. For example, we can say that all service lines and departments use data to make decisions and drive improvements, and use measurement to determine if improvement efforts were successful. Notes:					
Our organization has developed a written QAPI plan that contains the steps that the organization takes to identify, implement and sustain continuous improvement in all departments, and is revised on an ongoing basis. For example, a written plan that is done purely for					

QAPI SELF-ASSESSMENT TOOL

Identify Your Organization's Guiding Principles

- Establishing a purpose and guiding principles will unify the facility by tying the work being done to a fundamental purpose or philosophy. These principles will help guide your facility in determining programmatic priorities.
- Taking time to articulate the purpose, develop guiding principles, and define the scope will help you to understand how QAPI will be used and integrated into your organization.
- Resource - Guide for Developing Purpose, Guiding Principles, and Scope for QAPI.

Develop Your QAPI Plan

- A written QAPI plan guides the nursing home's quality efforts and serves as the main document to support implementation of QAPI.
- The QAPI plan should be something that is actually used and not viewed as a task that must be completed. You should continually review and refine your QAPI plan.
- Resource - Guide for Developing a QAPI Plan.

Conduct a QAPI Awareness Campaign

- COMMUNICATE WITH ALL CAREGIVERS & STAKEHOLDERS.
- Train through dialogue, examples, and exercises.
- Convey the message that QAPI is about systems of care, management practices, and business practices—systems should support quality and/or acceptable business practices, or they must change. Use examples to get the message across and ask caregivers to think of examples of their own.
- Convey the message that any and every caregiver is expected to raise quality concerns, that it is safe to do so, and that everyone is encouraged to think about systems.

Develop a Strategy for Collecting and Using QAPI Data

- Your team will decide what data to monitor routinely.
- This data will require systematic organization and interpretation in order to achieve meaningful reporting and action.
- Identifying benchmarks for performance is an essential component of using data effectively with QAPI.
- Develop a plan for the data you collect. Determine who reviews certain data, and how often. Be purposeful about who should review certain data, and how often—and about the next steps in interpreting the information.

Identify Your Gaps and Opportunities

- This step involves reviewing your sources of information to determine if gaps or patterns exist in your systems of care that could result in quality problems. Or are there opportunities to make improvements?
- This step should lead to the next steps involving PIPs.
- Take time to notice the things you are doing well—that's important too and deserves recognition.

Prioritize Quality Opportunities and Charter PIPs

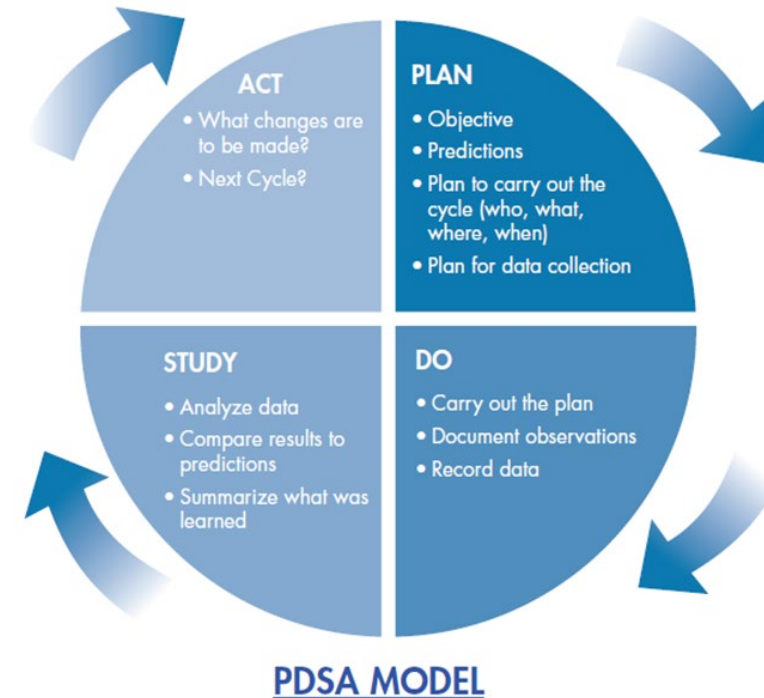
- Prioritizing opportunities for improvement is a key step in the process of translating data into action.
- Problems versus opportunities are a matter of perspective and often require discussion.
- Choose problems or issues that you consider important
- Consider which problems will become the focus for a PIP.
- All identified problems need attention—and usually from more than one person, but they do not all require PIPs.

Prioritize Quality Opportunities and Charter PIPs (continued...)

- A PIP is more than a casual effort - it entails a specific written mission to look into a problem area.
- The PIP team should include people in a position to explore the problem (usually direct caregivers, such as nursing assistants, are needed).
- Being part of a formally chartered PIP team must be interpreted as an important assignment that team members and their supervisors must take seriously.
- Use the Goal Setting Worksheet (resource) to help your PIP team establish appropriate goals for organizational quality measures, informal improvement initiatives, and PIPs.

Plan, Conduct and Document PIPs

- Includes identifying areas to work on through your comprehensive data review
- PLAN-DO-STUDY-ACT (PDSA) CYCLE



Getting to the Root of the Problem

- A major challenge in process improvement is getting to the heart of the problem or opportunity.
- What seems like a simple issue may involve a number of departments.
- Root Cause Analysis is a term used to describe a systematic process for identifying contributing causal factors that underlie variations in performance. This structured method of analysis is designed to get to the underlying cause of a problem... and it takes practice.

Take Systemic Action

- Choosing actions that are tightly linked to the root causes and that lead to a system or process change are considered to have a higher likelihood of being effective.
- The goal is to make changes that will result in lasting improvement.
- Interventions or corrective actions should target the elimination of root causes, offer long term solutions to the problem, and have a greater positive than negative impact on other processes.

QAPI Principles Summarized

- Consider beginning by evaluating or re-evaluating your current program and then conducting a self evaluation using the QAPI Self Assessment Tool.
- QAPI starts at the top... Leadership.
- Involve the people directly working in a process in order to improve that process.
- Communication about QAPI should be continuous throughout the whole organization.

QAPI Principles Summarized (continued...)

- Solicit residents' viewpoints and talk to residents and families about quality as they experience it.
- Everyone should have an opportunity to be involved and participate in setting priorities and PIP teams.
- Create a record of QAPI activities.
- Celebrate and reward successes.

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Questions??



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Thank You

Thank you for your continued partnership and commitment to quality improvement.

