

Creating Your Roadmap for 2024 QAPI Success: Laying Your Foundation



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Lynn has more than 30 years of experience with regulatory agencies for community mental health centers and nursing homes and is a nationally recognized QI leader in long-term care, behavioral health and hospice and palliative care settings. Under her leadership, behavioral health and end-of-life care practice innovations generated through frontline staff quality improvement processes have been recognized as national best practices.

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Amy is a licensed nursing home administrator with over 20 years of leadership and long-term care management experience. In addition to her work as a vice president of long-term care and facility administrator, she has served on the boards of the Genesee Health Facilities Association (as treasurer and education committee member) and the Genesee Health Facilities Foundation. She serves as a New York State Department of Health Informal Dispute Resolution (IDR) panel member and has been an adjunct clinical instructor of dental hygiene at Monroe Community College. Amy has a master's degree in health promotion and a bachelor's degree in health sciences.



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The IPRO QIN-QIO

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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

IPRO:

New York, New Jersey, and Ohio

Healthcentric Advisors:

Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont

Qlarant:

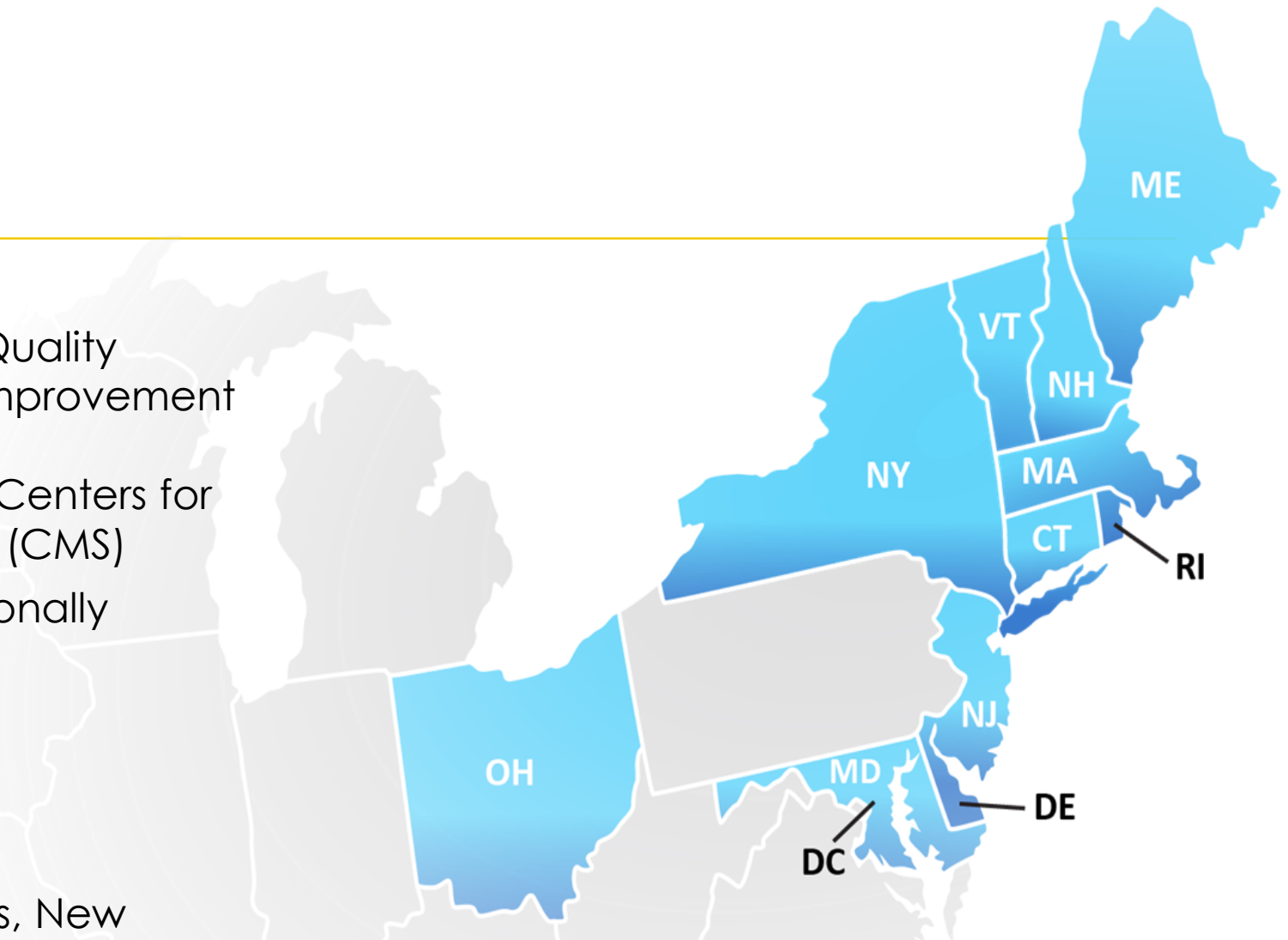
Maryland, Delaware, and the District of Columbia

Working to ensure high-quality, safe healthcare for
20% of the nation's Medicare FFS beneficiaries



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



OPIOID UTILIZATION AND MISUSE

- Promote opioid best practices
- Reduce opioid adverse drug events in all settings



PATIENT SAFETY

- Reduce hospitalizations due to c. diff
- Reduce adverse drug events
- Reduce facility acquired infections



CHRONIC DISEASE SELF- MANAGEMENT

- 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



CARE COORDINATION

- Convene community coalitions
- Reduce avoidable readmissions, admissions to hospitals and preventable emergency department visits
- Identify and promote optimal care for super utilizers



COVID-19

- 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



IMMUNIZATION

- Increase influenza, pneumococcal, and COVID-19 vaccination rates



TRAINING

- Encourage completion of infection control and prevention trainings by front line clinical and management staff

Learning Objectives

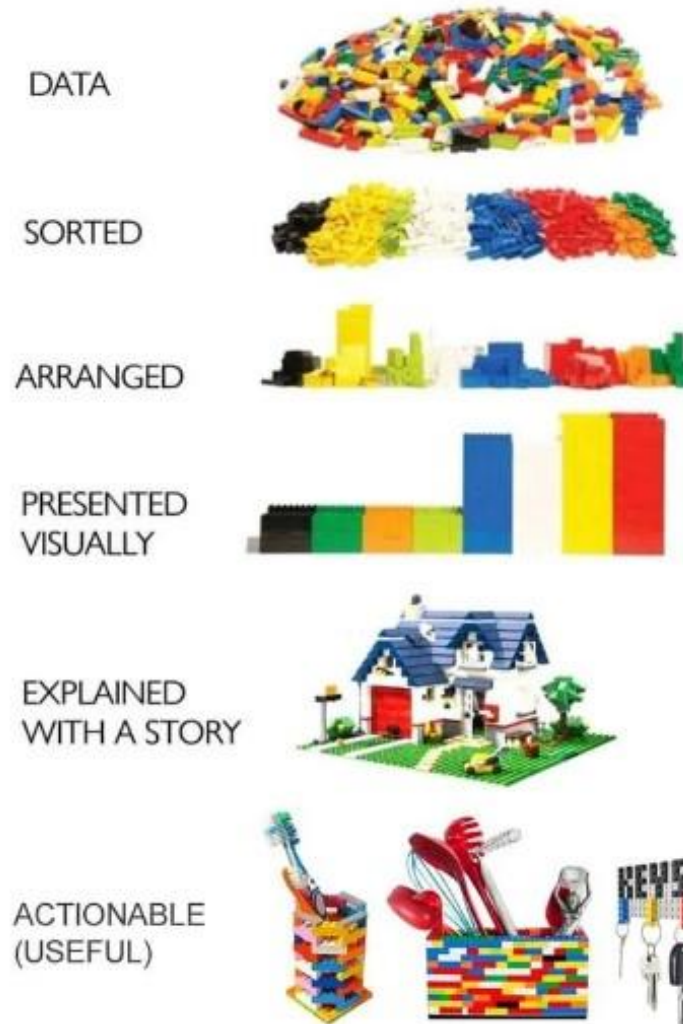
- ✓ Assess current state of QAPI and identify priorities for 2024
- ✓ Identify key structural elements for effective meetings
- ✓ Learn how to utilize a QAPI calendar as a roadmap for monitoring data and identifying quality initiatives

Today's Agenda

- ✓ Survey Says Current state of QAPI
- ✓ Reflection of QAPI in the past 12 months
- ✓ Meetings
- ✓ Structuring your QAPI Program
- ✓ Self Assessment
- ✓ Use Tomorrow
- ✓ Resources

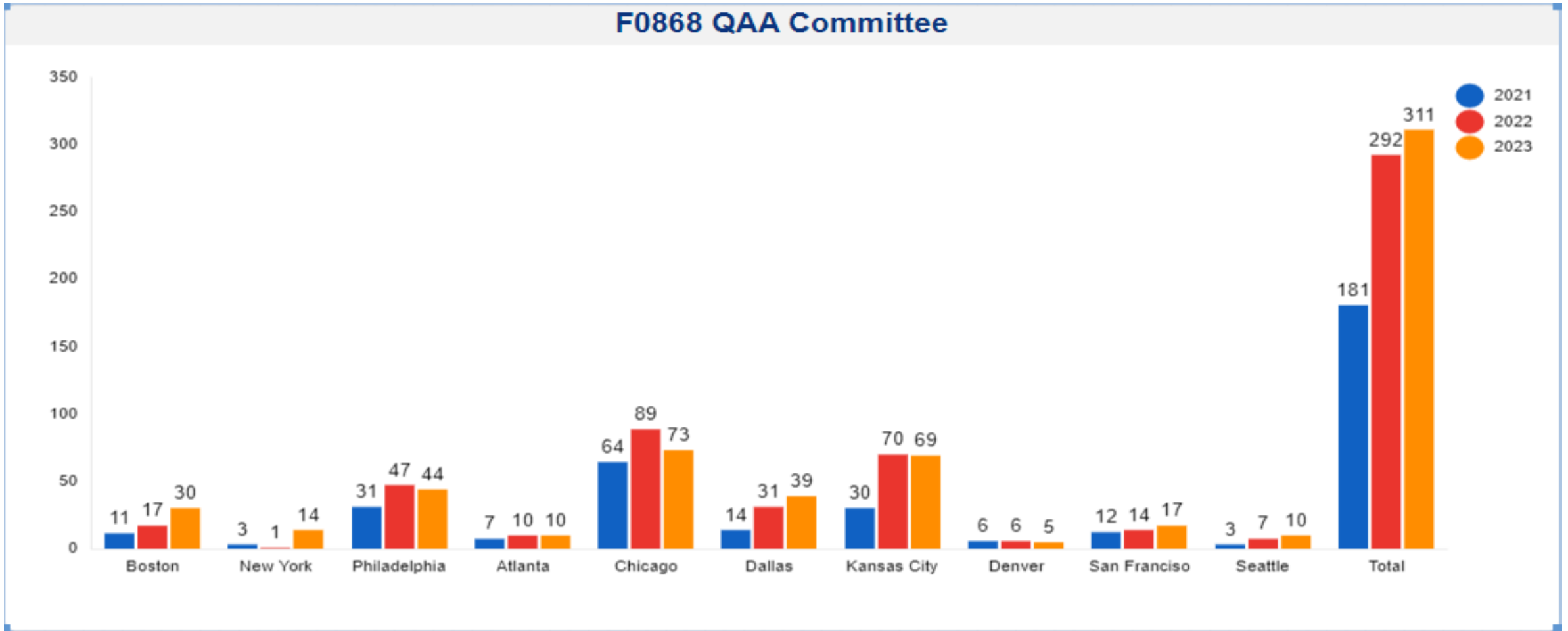
“Data are just summaries of thousands of stories –
tell a few of those stories to help make the data meaningful.”

- Chip and Dan Heath



- Data are simply facts or figures.
- Information is data in context.

F0868 Quality Assessment and Assurance (QAA) Committee Citation Trend by Region 2021 – 2023

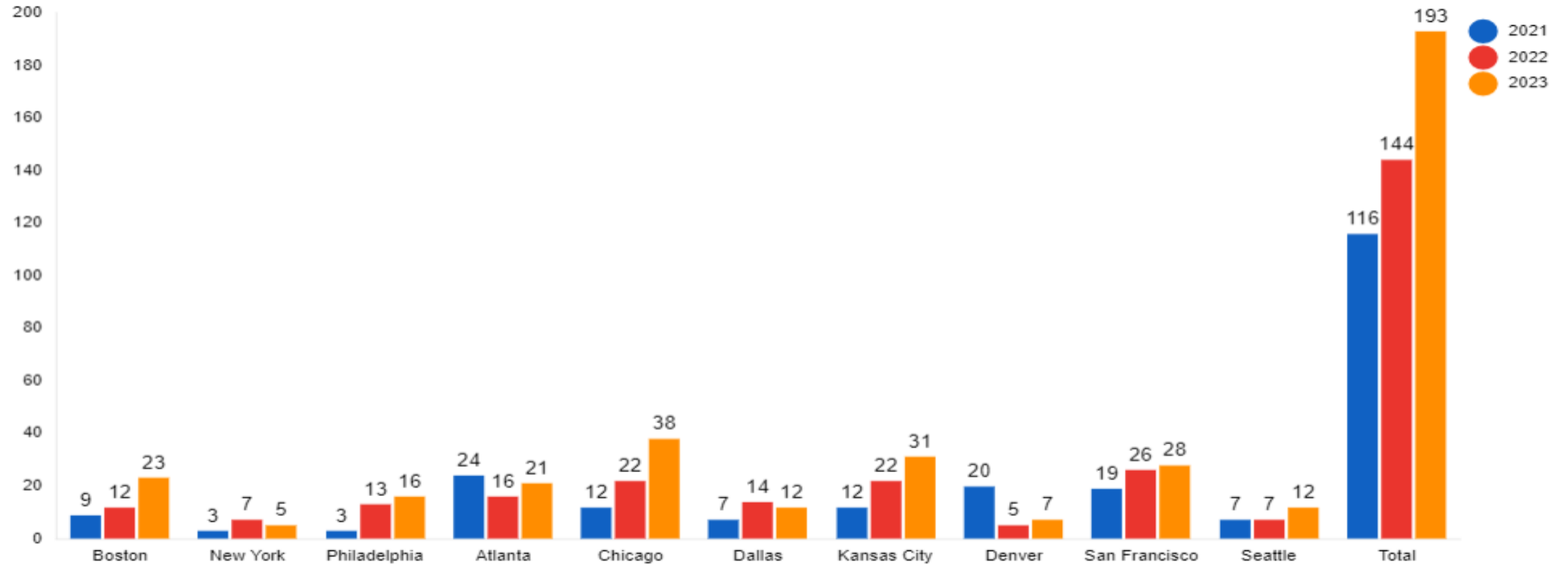


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F0865 QAPI Program/Plan/Disclosure/Good Faith Attempt Citation Trend by Region 2021 – 2023

F0865 QAPI Prgm/Plan, Disclosure/Good Faith Attmpt

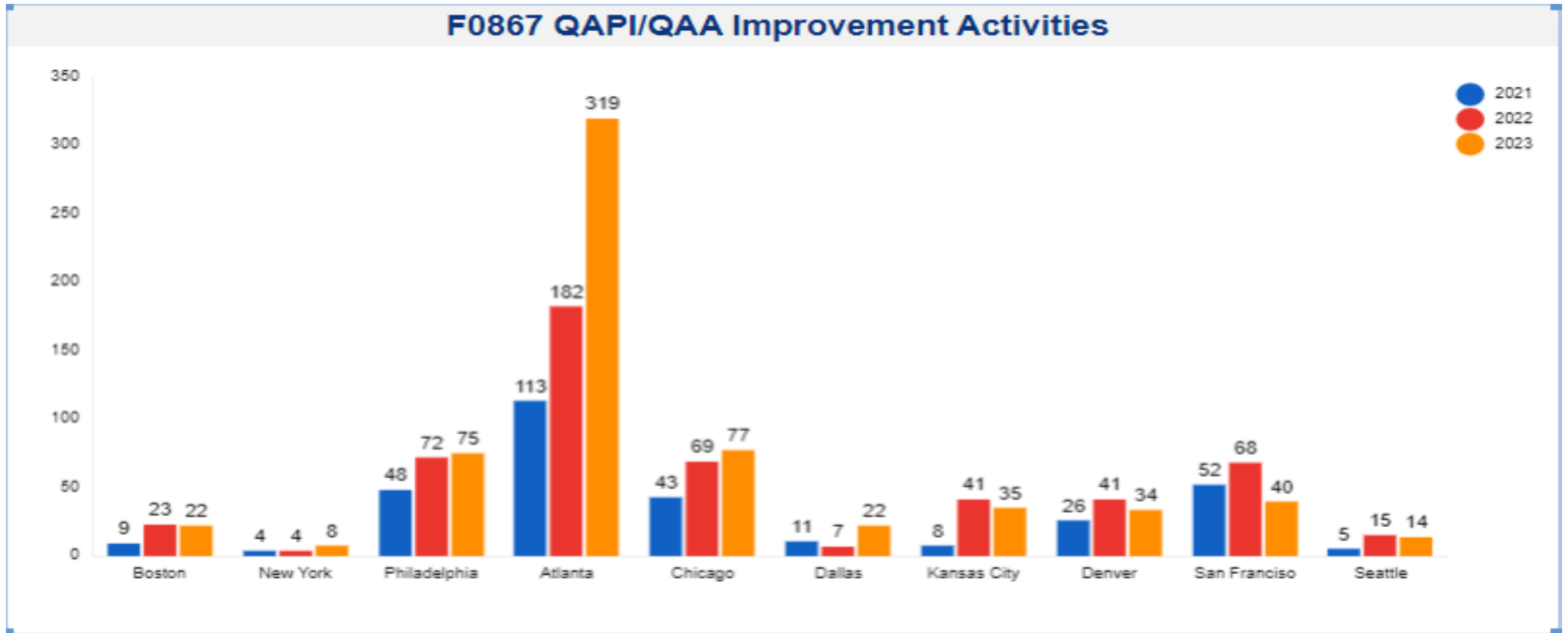


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F0867: QAPI/QAA Improvement Activities

Citation Trend by Region 2021 – 2023



Trends in QI Survey Citations

“Based on record review and interviews, the facility's Quality Assurance and Performance Improvement Activities (QAPI/QAA) failed to demonstrate effective plan of actions were implemented to correct identified quality deficiencies in the problem area, as evidenced by repeated deficient practice during consecutive annual surveys”

“During the interview the NHA acknowledged the survey identified concerns on the same areas they were cited last survey two years ago. The NHA stated they discontinued the plan of correction they had in place, but now that the survey identified some of the same problems, they will have to reopen the PIPs, set a threshold, and extend the period of re-evaluation until they are in compliance”

In an interview on 11/09/22 at 5:58 PM, the Administrator was asked about the facility's Quality Assurance and Performance Improvement (QAPI) program and was asked for the facility's current performance improvement plans (PIPs). He stated he could not find them. He added that he would contact the Director of Nursing (DON) to see whether she had them in her office. Shortly thereafter, the DON entered the Administrator's office and began reading the PIPs she was holding. She confirmed that the PIPs she was reading were initiated during this survey through the problems identified. When asked for the PIPs that the facility was working on prior to the survey, the DON stated she did not know of any. She left the Administrator's office.

Activities on interview were primarily ongoing audits, PIPs a unit manager was working on were not discussed in QI committee, Administrator could not identify any current PIPs.

Quarter 1 2024 – Make Time to Reflect

Consider: Financial, Staffing, Star rating, Clinical Outcomes, Satisfaction

- What has gone well?
- What surprised you?
- What are you wondering about?
- Do more of in 2024?
- Do less of in 2024?
- Change in 2024?

Begin/Review most recent Annual Evaluation of QAPI program

Questions for your QAPI Committee &/or Rounding

- How well have we lived our mission in 2023? How do you know?
- Who has your organization served well this year? How do you know?
- Who has your organization not served well this year? How do you know?
- Where do we go from here? Prioritize



Expanding QAPI Skills



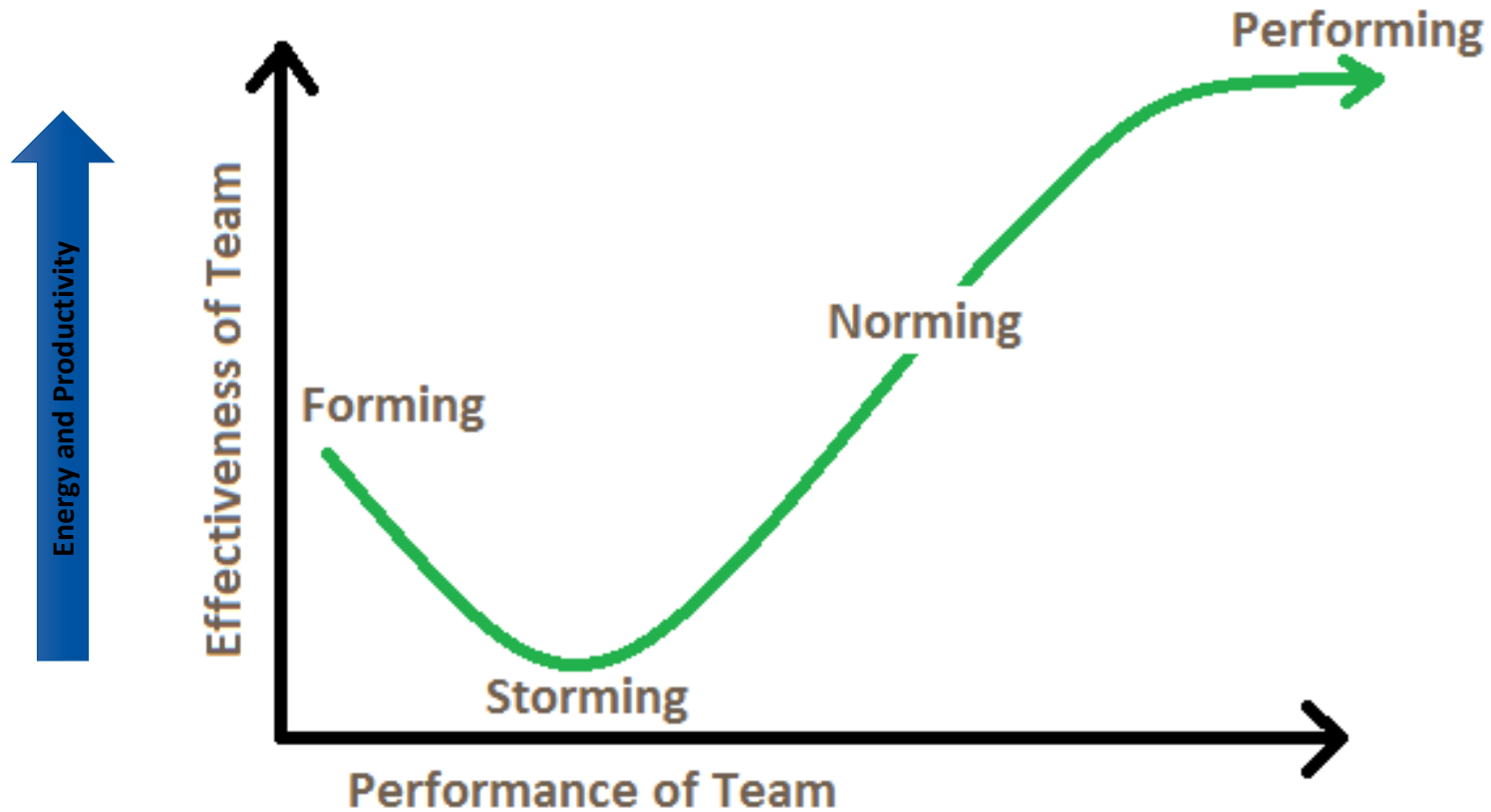
Source: [stagesofcompetence.pdf \(mccc.edu\)](https://mccc.edu/stagesofcompetence.pdf)

What Goes Wrong In Meetings?



Stages of Team Growth

Tuckman's Team & Group Development Model



Source: [Building and Leading Teams - PMC \(nih.gov\)](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2728932/)



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Effective Meeting Strategies

5 Phases

- Planning
- Starting
- Conducting
- Closing
- Follow-up

4 Tools to Improve

- Warm-up/Icebreaker
- Agenda
- Ground Rules
- Meeting Evaluation

4 Roles

- Facilitator
- Chairperson
- Timekeeper
- Scribe

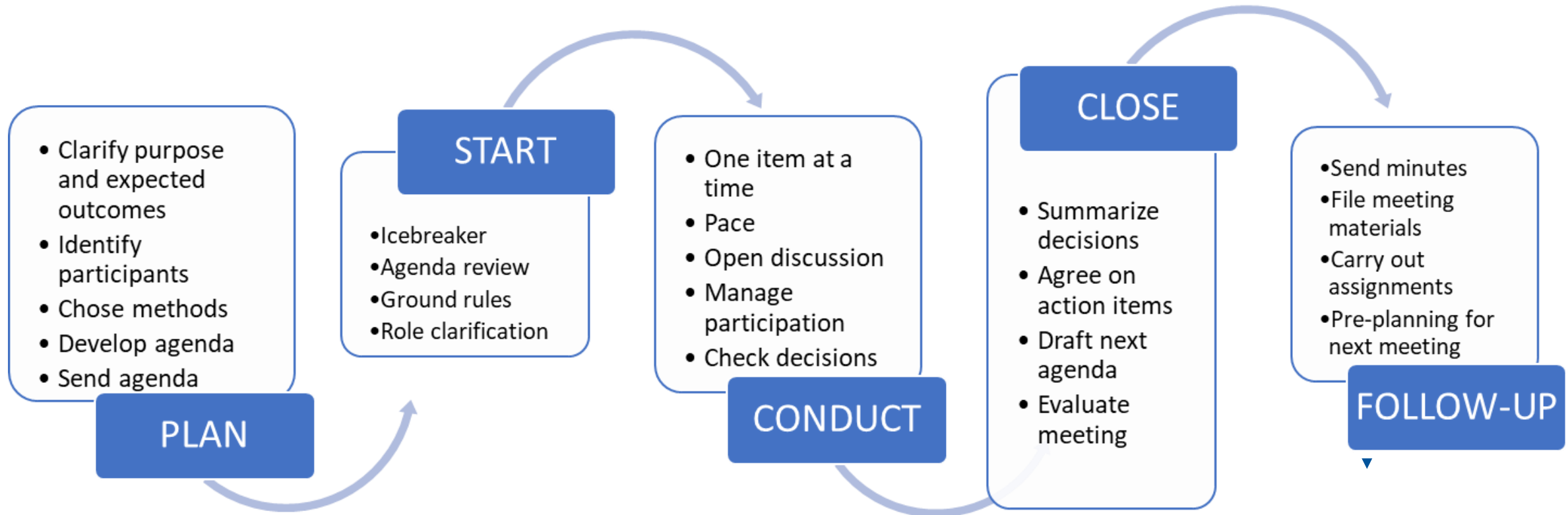
5 Stages of Team Growth

- Forming
- Storming
- Norming
- Performing
- Adjourning

6 Group techniques

- Brainstorming
- Nominal Group Technique
- Multi-Voting
- Rank Ordering
- Structured Discussion
- Affinity Diagram

Meeting Phases



Meeting Agendas

Key elements

- Purpose of the meeting, date, time & specific location of meeting
- Outcome for each item on the agenda (e.g., decision, informational, follow-up)
- People (who is attending, what are roles, who is responsible for reporting, who will complete follow-up/task and BY WHEN)
- Process to get to outcome (e.g., brainstorming, multi-voting)
- Roles
 - Facilitator
 - Scribe
 - Time-keeper

Roles

Chairperson

Plans and organizes the meeting

- Plans the meeting (e.g., agenda)
- Prepares the meeting room
- Runs the overall meeting
- Defines and delegates the tasks
- Appoints workgroups
- Knows when it is time to summarize
- Analyzes evaluation of the meeting

Facilitator

Makes the process easier

- Directs traffic
- Establishes an appropriate pace
- Opens discussions
- Maintains the focus of discussions
- Manages participation
- Checks decisions
- Closes discussion

Attendees

Participate fully

- Be prepared
- Complete assignments
- Arrive on time
- Participate in discussion

Timekeeper

Helps keep the group keep track of time

- Keeps accurate track of time
- Gives a warning when the time allocated for a topic is almost up, so the group can decide whether to move toward closure on the topic, or to continue the discussion and change the remainder of the agenda
- Signals when time is up

Scribe

Posts key ideas so everyone can see them as discussion unfolds

- Writes large enough for all to see
- Checks to see if ideas have been caught accurately
- Summarizes decisions in full sentences
- Gets input from the group on wording

QAPI Committee Members

Required Members

- DON
- Medical director &/or designees (not DON)
- At least 3 other members of facility staff, at least one of whom must be:
 - the administrator, owner or board member or other individual in leadership role
- Infection preventionist

Others

- Other department heads (e.g., dietary, housekeeping, social services, environmental services, therapy, HR, Activities, IT)
- MDS coordinator
- Direct care staff
- Resident/family representative

How have you filled all your seats?

Resources

[gapifivelements.pdf \(cms.gov\)](#)

[SOM - Appendix PP \(cms.gov\)](#)



QAPI Structure

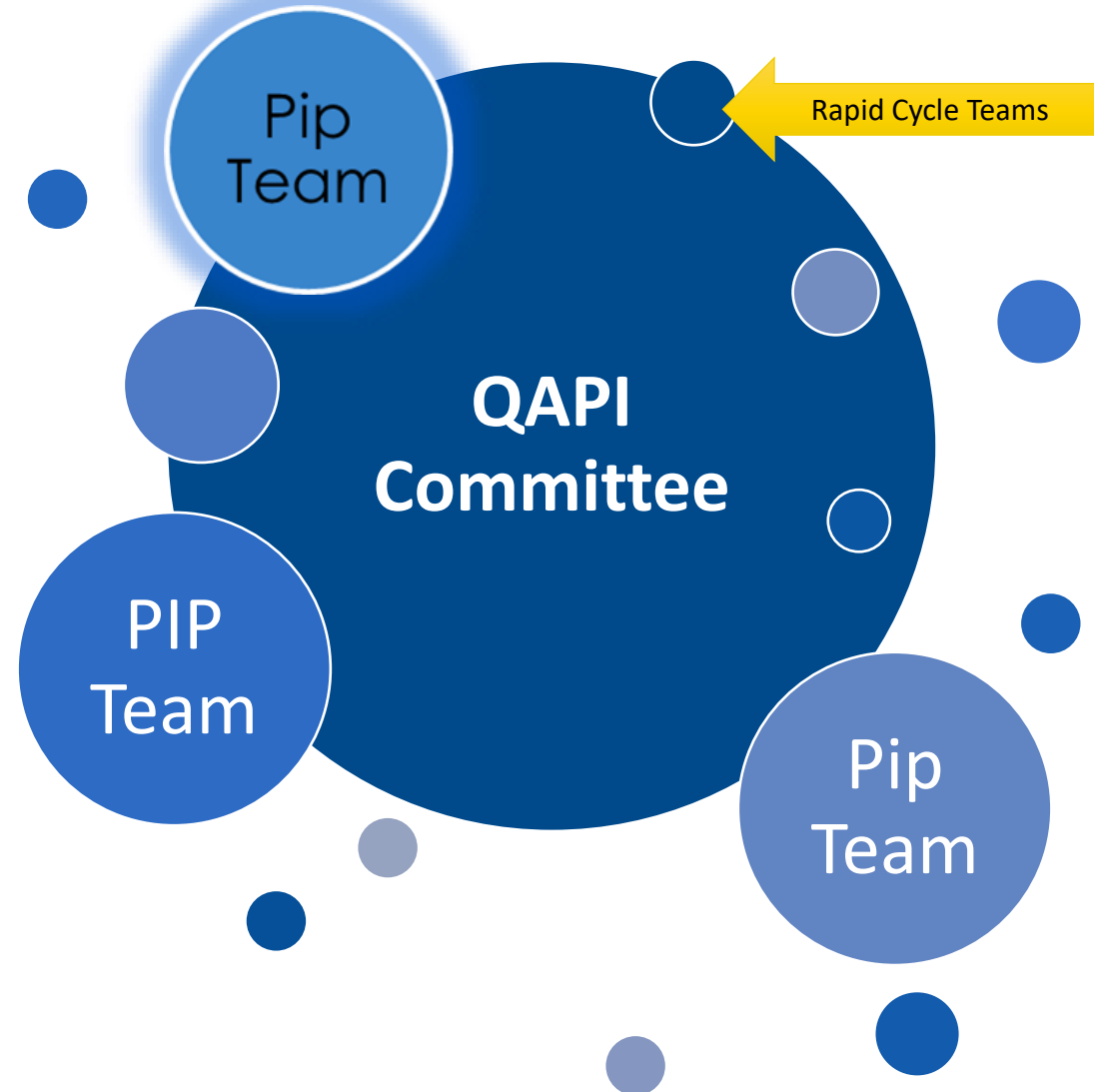
FACILITY: _____

Year: _____

Self-Assessment Agenda Schedule

Facility Specific Agenda Items	Responsibility	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Employee <u>Accident Investigation</u> Report	Safety Committee	X	X	X	X	X	X	X	X	X	X	X	X
Safety Program Goals - Performance	Safety Committee	X	X	X	X	X	X	X	X	X	X	X	X
Review of External Safety Inspections – Boilers, Fire Safety, Safety & Loss Control	Safety Committee	X			X			X			X		
Preventative Maintenance Testing (generators, emergency lighting, fire alarm, sprinkler, etc.)	Safety Committee		X			X			X			X	
Fire Drill/Disaster Drill reports	Safety Committee	X	X	X	X	X	X	X	X	X	X	X	X
PPE Assessments (all departments)	Infection Control Committee	X			X			X			X		
Review of Elopement Protocol	Administration		X			X			X			X	
Annual Review- Infection Control Program (ICAR)	Infection Control Committee	X											
Annual Review – Hazard Communication Program (revise chemical inventory)	Safety Committee		X										
Annual Review – Lockout Tagout Program				X									
Annual Review- Disaster Preparedness	Administration												X

QAPI Committee



Foundation

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, comprehensive, and data-driven** approach to maintaining and improving safety and quality in nursing homes while involving all nursing home caregivers in practical and creative problem solving.

QA is the specification of standards for quality of service and outcomes, and a process throughout the organization for assuring that care is maintained at acceptable levels in relation to those standards. QA is on-going, 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.

PI (also called Quality Improvement - QI) is the continuous study and improvement of processes with the intent to better 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.**

As a result, QAPI amounts to much more than a provision in Federal statute or regulation; it represents an ongoing, organized method of doing business to achieve optimum results, involving all levels of an organization.

Source: [QAPI Description and Background | CMS](#)



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Opportunities to Improve Quality

According to [W. Edwards Deming](#), the father of modern quality theory and the science of process management, higher quality outcomes eliminate waste, and value is the best quality result at the lowest necessary cost.

Three Classes of Outcomes Drive Quality

1. A physical outcome: the product or service.
2. A service outcomes: the interaction between the producer of a product or service and its consumer (in the care delivery experience, patient satisfaction).
3. A cost outcome: the resources used to operate the process.

Five Healthcare QI Opportunities

1. Massive **variation** in clinical practices (making it impossible that all patients receive good care).
2. High rates of **inappropriate care** (where the risk of harm inherent in the treatment outweighs potential benefit).
3. Unacceptable rates of **preventable** care-associated patient injury and death.
4. A striking inability to “do what we know works” (crime of **omission**).
5. Huge amounts of **waste**, leading to spiraling prices that limit access to care.

Source: [Healthcare Quality Improvement as a Business Strategy \(healthcatalyst.com\)](http://healthcatalyst.com)



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Use Tomorrow

- **Reflect** on your QAPI successes and gaps in 2023.
 - Bright Spots
 - Strengths
 - Opportunities
- **Envision** where you would like to be in 12 months.
- **QAPI Mini Self-Assessment**



References

Regulatory

QAPI Description and Background: CMS

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/qapidefinition>

QAPI Five Elements

[qapifiveelements.pdf \(cms.gov\)](#)

State Operations Manual Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 211, 02-03-23)

<https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf>

Effective Meetings

The Team Handbook

<https://goalqpc.com/wp-content/uploads/2022/05/Team-Handbook-Flipbook.pdf>

The 5 Stages of Team Development (focus on role of leader) 5:58 minutes

<https://www.youtube.com/watch?v=-RwkZxGPQb8>

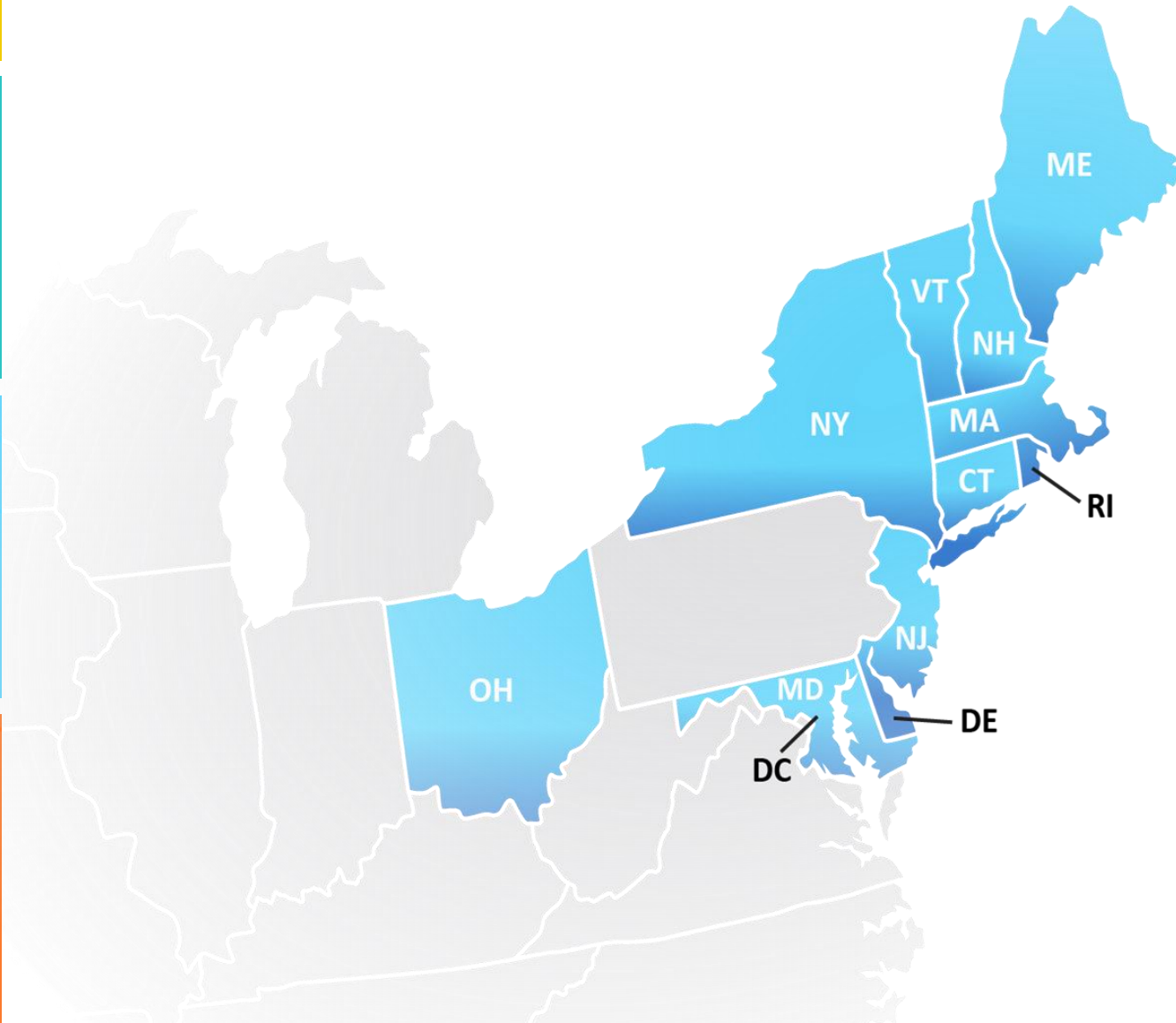
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Better healthcare, realized



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Working to ensure high-quality, safe, and effective health care.

As the **IPRO QIN-QIO**, we bring together communities of healthcare providers across the care continuum, stakeholders, and patients in data-driven initiatives to achieve national health quality goals.

As the **IPRO HQIC**, we provide targeted quality improvement assistance to small, rural, critical access hospitals, and additional hospitals requiring technical assistance.

[View Events](#) [View our Blog](#)

Highlighted Blog Posts

We've added new COVID-19 resources [Read More](#)

Free Training: Nursing Home COVID-19 Preparedness [Read More](#)



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