5D QAPI from an Operational Approach

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Objectives

• Review the post-acute care data agenda.

• Explain QAPI principles

• Describe leadership strategies for positive outcomes.
Post-Acute Care Data
Accountable Care Act (ACA)

- **Link reimbursement to quality** outcomes
- Move from **Fee for Service to Bundled Payment methods**
- **Person Centered Care**
- Consumer **engagement** & **access to data**
ACA Initiatives

- Hospital Readmission Reduction Program
- Fraud and Abuse
- QAPI
- Corporate Compliance
- Bundle Payment Demonstration
- Community Based Services
- Enhancing Patient Safety
ACA Initiatives

- Dementia Initiative
- Unnecessary Medications - Antipsychotic
- National program for background checks
- Person Centered Care
- Equalize certain payments between Inpatient Rehab and SNF
- Health Information Technology
QAPI Development

- POC to be aligned with QAPI approach
- Surveyors, regulatory guidance and QAPI – next steps
- Involve residents and families with QAPI

CMS Mandates

CMP Analytical Tool

- Per day vs. per instance

Abuse and Neglect clarification

Electronic POCs

Medicare Part A Billing
- ¼ of all claims billed in error
- High Therapy RUGs vs Resident characteristics

Medicare Part B Billing
- State Agency Verification of Deficiency Outcomes
  - QOC and Safety
  - Verifying POCs and actual quality outcomes

National Background Checks

Hospitalizations of nursing home residents for manageable & preventable conditions

25% of SNF Med A beneficiaries were hospitalized as a result of condition that could be manageable or preventable in SNF – indicates QOC problems in SNF
ACA Initiatives

- Expand Medicare & Medicaid sharing information between entities – DATA!
- Benchmark data, standards of practice, compliance & set expectations for reimbursement
- Bundle Payment methodology by 2017!
- Medicare Value Based Purchasing
- Performance based pay
- Quality metrics
- “P4P”
NEW - H. R. 4302 (April 1, 2014-Full implementation October 2019)

“Protecting Access to Medicare Act of 2014”

- Delay ICD 10 implementation
- SNF VBP - SNF Readmission Penalties
- Therapy Cap Extension
- Quality Measures for Performance
- SNF Performance Score
- Consumer engagement and public reporting
Value Based Purchasing

Value = \frac{Quality^*}{Payment^†}

* A composite of patient outcomes, safety, and experiences
† The cost to all purchasers of purchasing care

HR 4302 – full implementation 10/2019

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Hospital and physician providers must address how to optimize performance in the current environment while also preparing to “jump” from Curve #1 to Curve #2.

**Curve #1: FEE-FOR-SERVICE**
- All about volume
- Reinforces work in silos
- Little incentive for “real” integration

**Curve #2: VALUE-BASED PAYMENT**
- Achieving “Triple Aim”, as per IHI:
  - Better Care Experience for Individuals
  - Better Health for Populations
  - Lower Per Capita Costs

Natural Trajectory
Steps to Design SNF VBP–CMS

1. Continuous Quality Improvement Framework - QAPI
2. Adoption of Structural measures related to EHR
3. Define SNFVBP Population (Medicare, Medicaid, other)
4. Enhanced Data Infrastructure & Validation Process
5. Performance Scoring and Evaluation Model (specific targets and overall improvement)

a. MDS Measures

b. Survey and Certification

c. Staffing

d. Readmission rates

e. Satisfaction Surveys

f. Five – Star Quality Rating

**SNF Performance Rating and Ranking Model beginning 2015**
Steps to Design SNF VBP

6. Funding Source/Performance Incentive Funds

7. Transparency and Public Reporting

8. Align Medicare Payment System with all other VBP programs

9. Quality, efficiency and consumer satisfaction
The Affordable Care Act (ACA) requires the Secretary of the Department of Health and Human Services (HHS) to establish a *national* strategy that will improve:

- Delivery of health care services
- Patient health outcomes
- Population health
1. Safer Care – Reduce Harm

Reduce **preventable** hospital admissions and readmissions.

Reduce the **incidence** of adverse health care-associated conditions.

Reduce **harm** from inappropriate or unnecessary care.
2. Person & Family Involvement

Improve patient, family, & caregiver experience of care related to quality, safety, & access across settings.

- In partnership with patients, families, and caregivers—and using a shared decision-making process—develop culturally sensitive and understandable care plans.

- Enable patients & their families & caregivers to navigate, coordinate, and manage their care appropriately & effectively.
3. Communicate & Coordinate

Improve the quality of care transitions & communications across care settings.

Improve the quality of life for patients with chronic illness & disability-follow a current care plan that anticipates & addresses pain & symptom management, psychosocial needs, & functional status.

Share accountability & integration of communities health care systems to improve quality of care & reduce health disparities.
4. Make Quality Care Affordable

Ensure affordable and accessible high-quality health care for people, families, employers, and governments.

Support and enable communities to ensure accessible, high-quality care while reducing waste and fraud.
• Reducing costs must be considered hand-in-hand with the aims of better care, healthier people and communities, and affordable care.

• The National Quality Strategy will foster strategies that reduce waste from undue administrative burdens and make health care costs and quality more transparent to consumers and providers, so they can make better choices and decisions.
DATA = QUALITY: TODAY’S HEALTHCARE!
Data and Performance

• Who is measuring your performance?
  – Customers, consumers, the facility
  – State, consumers, press/media

• How are you measuring your performance?
  – Quality Improvement processes
  – Consumer Surveys
  – External Surveys
  – Compliance History
Data = Quality

**Outcome Data & Performance**

- Industry and Regional Trends
- Consumer Satisfaction
- Quality Measures
- MDS 3.0, OASIS C, Quality Initiatives
- Hospital, Nursing Home, Home Care Compare websites
- Regulatory data
- Re admission Rates
- Billing Data
- Audit Data – MAC, RAC, ZPIC, UPIC
Long Stay Measures
One or More Falls with Major Injury
**Self-Report Moderate to Severe Pain**
High-Risk Residents with Pressure Ulcers
Assessed and Appropriately Given the Seasonal Influenza Vaccine
Assessed and Appropriately Given the Pneumococcal Vaccine
Urinary Tract Infection
Lose Control of their Bowels or Bladder
Catheter Inserted and Left in Their Bladder
Physically Restrained
Need for Help with Activities of Daily Living Has Increased
Lose Too Much Weight
Have Depressive Symptoms
**Received An Antipsychotic Medication**
Short Stay Measures

Self-Report Moderate to Severe Pain
Pressure Ulcers that are New or Worsened
Assessed and Appropriately Given the Seasonal Influenza Vaccine
Assessed and Appropriately Given the Pneumococcal Vaccine
Newly Received an Antipsychotic Medication
Leadership Strategies

• Determine Quality Profile: Assess Organization Data

• Review Internal Processes: Optimize Data

• Establish an Information Agenda for Planning

• Plan to handle “bad” or “inaccurate” data – “GIGO”

• Leadership today – Data Driven Decisions!

Your data is key to positive outcomes
Leadership Strategies

Data Driven Decisions

• Understand what the real business question is. (Who, What, Why, When, How)
• Create an analysis plan with hypotheses.
• Collect or review the “right” data
• Gather insights
• Make recommendations
• Take action
Your organization’s performance is being compared, right now, to other facilities across town and across the country.

- Hospital performance data is readily available
- Gathering meaningful data is vital in the era of “pay for performance,” and payers and agencies are calling for more transparency in quality improvement data.
- Need for benchmarking is growing
Process of establishing a standard of excellence

Continuous process measure & compare processes with those of organizations that are leaders in a particular area

Comparing a business function or activity, a product, or an enterprise as a whole with that standard
Internal
Functions within an organization are compared with each other

Competitive
Business in the same market - provide a direct comparison of services

Functional
Performed with organizations with similar function, but in a different business

Generic
Benchmarking metrics classifications:

- Productivity
- Quality
- Time
- Cost-related
Facility

- Strategic Positioning Readiness
- Benchmark Data
- Compare Data

- Nursing Home Compare: [http://medicare.gov/nursinghomecompare](http://medicare.gov/nursinghomecompare)
- Hospital Compare: [http://www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov)
Facility Overall Goals

- Increase communication
- Efficiency and effectiveness
- Collaboration with partners
- Measure performance
- Reduce redundancy
- Determine roles and anticipated processes
- Improve patient outcomes
- QAPI
- Successful Care Transitions
- Consumer Satisfaction
- Achieve Goals and Vision – Sustainability!
Principles of QAPI
QAPI Implementation Steps

1. Establish leadership & Accountability
2. Develop a deliberate approach to teamwork
3. Conduct self assessment using systems thinking
4. Get going on your QAPI plan
5. Conduct a QAPI Awareness Campaign
6. Develop a strategy for collection and using data

-University of MN, Division of Health Policy and Management and Stratis Health
QAPI Implementation Steps

7. Choose Tools to use for QAPI
8. Identify your quality problems
9. Prioritize Problems & Charter PIPs
10. Plan, Conduct, and Document PIPs
11. Build Root Cause Analysis into your QAPI program
12. Take systemic action as needed

-University of MN, Division of Health Policy & Management and Stratis Health
Tips for Measurement

• Plot data over time
• Seek data that is useful
• Identify your sample such as residents with dementia

• Integrate the use of measurement into work practices.

• Ask for feedback from those not on the specific team.
Determining a Benchmark

Plan

• Define a subject of review and choose an issue that is critical for your organization.

• Identify the current best practices.

• Collect information from your current records retrospectively for a 6-9 month period.

• Analyze the data collected from your facility and compare to other state or national facility’s
Determining a Benchmark

Two key questions

- What is your current measure?
- What would you like to accomplish?

Example: We currently have 65% of our population using bed alarms as a method to prevent falls.

Benchmark: The utilization of bed alarms will be reduced 10% within the next six months.
OLD QA & NEW QAPI

AIM, POINT OF VIEW--
• Old QA: Retrospective — looking backward, PROBLEM TO SOLUTION
• **New QAPI**: Proactive, Preventative — looking forward

SCOPE—
• Old QA: Silo approach, department oriented
• **New QAPI**: Facility wide, cooperation, support

METHOD—
• Old QA: Audits to inspect if standards are met
• **New QAPI**: Systematic data-driven to identify PI
OLD QA & NEW QAPI

FOCUS—

• Old QA: Mistakes, Finding outliers; solving problems

• **New QAPI**: Improving processes & systems, Considering balance between quality of life & quality of care outcomes

EMPLOYEE/LEADERSHIP—

• Old QA: Quality assurance coordinators & assigned QA team; Very little direct involvement of senior leaders

• **New QAPI**: Expectation of all staff (Front Line Staff) involved in PI, some as PI leaders, Residents as Performance leaders
A fluid CHANGE process supporting

- New Regulations & updates in *Standards of Practice*
- Culture of the facility
- Ongoing learning to meet individualized quality & safe care for residents
- Continuously determining the best possible means of providing quality
Quality Assessment & Performance Improvement is a data driven & pro-active approach to quality improvement

Designed to involve all members of an organization to continuously identify opportunities for improvement & address gaps in systems
QAPI aims to help nursing home residents realize their own goals for care and how they live their lives, including these areas:

• health and safety
• quality of life
• exercise of choice
• effective transitions

http://cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/qapitools.html
Step By Step Implementation
The survey will help you find your strengths and what you have to work on to feel confident in your QAPI program.

We are going to discuss the survey found at this link in the next slides:

• To make this an accurate analysis of your current Quality Assurance Program, review each item with input from the entire QAPI team and organizational leadership.

• Results of the assessment will direct you to areas you need to work on in order to establish QAPI in your organization.
Address areas on the self-survey...

• You need to have specific evidence of where you are in the process in order move forward

• Let’s look at the key points from the self-survey as a guide to prepare our plan...
Do we use QAPI as a method for approaching decision making and problem solving & not as a separate program?

- Not started
- Just starting
- On our way
- Almost there
- Doing great
Do all service lines & departments use data to: make decisions, drive improvements, & use measurement to determine if improvement efforts are successful?

- Not started
- Just starting
- On our way
- Almost there
- Doing great
Documented Commitment

We have a written QAPI plan that contains the steps we take to identify, implement & sustain continuous improvements in all departments, not just for compliance, but to meet our high quality service objectives

- Not started
- Just starting
- On our way
- Almost there
- Doing great
The top of the organization is informed of what is being learned from the data, & they provide input on what initiatives should be considered, & they provide resources to support QAPI.

- Not started
- Just starting
- On our way
- Almost there
- Doing great
Leadership supports staff participation in all stages of problem solving, providing time & materials.

• Assure that full support is observable & positively viewed by your staff-Talk it up & follow up with actions!

• Integrate the process with other efforts & find ways to make the most of times the team gets together.

• Interview & ask how you can better help them participate!
Use These Categories

Rate how closely each statement fits your organization

- Not started
- Just starting
- On our way
- Almost there
- Doing great
There is a process for covering caregivers who are asked to spend time on improvement teams.

- Not started
- Just starting
- On our way
- Almost there
- Doing great
New caregivers describe their role in identifying opportunities for improvement; new caregivers expect that they will be active participants on improvement teams.

- Not started
- Just starting
- On our way
- Almost there
- Doing great
We make a small change & measure the effect of that change, pilot testing & measuring with one nurse, one resident, on one day, or one unit, and then expanding the testing based on the results.

- Not started
- Just starting
- On our way
- Almost there
- Doing great
We focus on making changes to systems & processes & look for opportunities to change the process in order to minimize the chance of the problem recurring.

- Not started
- Just starting
- On our way
- Almost there
- Doing great
Caregivers are held accountable for their performance, but not punished for errors & do not fear retaliation for reporting quality concerns.

- Not started
- Just starting
- On our way
- Almost there
- Doing great
Facility leadership can clearly describe the current performance improvement initiatives, or projects, and how the work is guided by caregivers involved in the topic as well as input from residents and families.

- Not started
- Just starting
- On our way
- Almost there
- Doing great
We have identified all data that reflects measures of clinical care & use input from caregivers, residents, families, & stakeholders.

- Not started
- Just starting
- On our way
- Almost there
- Doing great
We set goals for desired performance, & thresholds for minimum performance.

- Not started
- Just starting
- On our way
- Almost there
- Doing great
Our PIPs or initiatives are selected based on facility performance as compared to national benchmarks, identified best practice, or applicable clinical guidelines.

- Not started
- Just starting
- On our way
- Almost there
- Doing great
We provide opportunities for training & education on data collection & measurement methodology to caregivers involved in QAPI.

- Not started
- Just starting
- On our way
- Almost there
- Doing great
We systematically & objectively prioritize problems posing high risk to residents or caregivers, or otherwise impacts & safety and quality of life, based on input from multiple disciplines, residents & families.

• Not started
• Just starting
• On our way
• Almost there
• Doing great
We have a process in place to charter a project, describing the scope & objectives so the team a clear understanding of what they are being asked to accomplish.

- Not started
- Just starting
- On our way
- Almost there
- Doing great
We document highlights, progress, & lessons learned using templates that are filed electronically in a standardized fashion for future reference.

- Not started
- Just starting
- On our way
- Almost there
- Doing great
When making a change, we measure whether the change has actually occurred & also whether it has had the desired impact on the residents.

- Not started
- Just starting
- On our way
- Almost there
- Doing great
We use a structured process for identifying underlying causes of problems, such as Root Cause Analysis

- Not started
- Just starting
- On our way
- Almost there
- Doing great
We focus on the process and look for what allowed the error to occur in order to prevent the same situation from happening with another caregiver and another resident.

- **Not started**
- **Just starting**
- **On our way**
- **Almost there**
- **Doing great**
We consistently link corrective actions with the system & process breakdown, rather than having our default action focus on training education, or asking caregivers to be more careful, or to remember a step.

- Not started
- Just starting
- On our way
- Almost there
- Doing great
If a policy or procedure was not followed due to distraction or lack of caregivers, the corrective action focuses on eliminating distraction or making changes to staffing levels.

- Not started
- Just starting
- On our way
- Almost there
- Doing great
Process & outcome measures are in place to determine if change is happening as expected & the desired impact to resident care. Example: Fall prevention includes a measure looking at whether the change is carried out & a measure looking at the impact on fall rate.

- Not started
- Just starting
- On our way
- Almost there
- Doing great
We measure whether the change has been sustained, including a plan to measure both whether the change is in place, and having the desired impact (this is commonly done at 6 or 12 months).

- Not started
- Just starting
- On our way
- Almost there
- Doing great
You need to be able to show evidence of each principle you say is in place.

Interview residents, family and staff to assure their participation and support of QAPI

PIP’s must be carried out by all members impacted by the process!
Residents, Family & Staff provide feedback regarding problem identification, intervention development, & goal setting.

- Get signatures on postings, meeting minutes & plans indicating participation
- Include QAPI in admission process (packet), staff explain and discuss with residents and families.
- Include QAPI in orientation & other in-services, give opportunities for all to participate.
Test processes & changes on a small sample to work out the barriers & unforeseen issues before full roll out.

• Take suggestions supported by data (QM’s, QI’s, etc.)

• Solicit enthusiastic staff, ask for volunteers (one unit, one hallway, etc.)

• Use PDSA cycle to test, work out the bugs (retest till a smooth process is found, keep measuring results)
On-going coaching & mentoring should accompany training to assure success.

- Lead by example, train department heads & supervisors to actively incorporate new information & changes into daily routine.

- Be a cheerleader & maintain positive support (expect the same from the team).

- Be patient & consistent, ask how you can help.
Monitor progress, maintain electronic records of projects.

• Showcase successes.

• Stay organized, current & connected to the data.

• Be able to pull out & review, revisit.
Establish QAPI as THE process for monitoring quality.

- Include QAPI discussions at every meeting, add agenda items to all routine meetings.

- Be sure staff are fluent in answering questions about QAPI and any PIPs in the facility.

- Remember, surveyors will be using the same process to review regulatory compliance!
Uses data to identify your quality issues, & set priorities for action

Builds on resident’s own goals for health, quality of life and daily activities

Brings the resident and family voices into the decision making process
Implement QAPI to develop an effective way of planning, working, & problem-solving together

- Not only about meeting the minimum standards, but about *continually aiming higher*

- Not just about compliance, *about inventing better ways of providing care & service*

**HOW CAN YOU DEMONSTRATE THIS MISSION?**
Teach ALL staff members the mission philosophy & process of QAPI

We can’t do it without them!