Quality Assurance and Performance Improvement

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In an effort to increase accountability for Nursing Home providers, the Affordable Care Act included a provision requiring facilities to demonstrate an effective, comprehensive, data-driven QAPI program that is focused on systems of care, outcomes, and services for residents and staff.

Let us not forget about CMS’s initiatives; reducing avoidable hospitalizations, reducing the incidence of healthcare associated infections, improving behavioral health and supporting the adoption of health information technology to promote nationwide health information exchange to improve health care.
QAPI (§483.75)

Summary

Implementation Deadlines:

Phase 1—QAA Committee
- All requirements of this section will be implemented in Phase 1 with the exception of the addition of the Infection Preventionist which will be implemented in Phase 3
- Disclosure of information
- Sanctions

- Phase 2—Initial QAPI Plan must be provided to State Agency at annual survey
- Phase 3—Full Implementation of QAPI Program
  - Infection Preventionist implemented

QAPI (§483.75)

Differences

- Previous requirements included maintain a Quality Assessment and Assurance (QAA) Committee
  - Consisting of the director of nursing services, a physician, and at least three other members of the facility staff
  - QAA committee must meet at least quarterly and identify quality deficiencies and then develop and implement plans of action to correct the deficiencies.

- The facility was only required to disclose records of the QAA Committee if the disclosure was related to the compliance of the committee with the regulatory requirements
QAPI (§483.75)

Differences

Quality Assurance and Performance Improvement (QAPI) Program

Each LTC facility, including a facility that is part of a multiunit chain, must develop, implement, and maintain an effective, comprehensive, data-driven QAPI program that focuses on indicators of the outcomes of care and quality of life. The facility must:

1. Maintain documentation and demonstrate evidence of its ongoing QAPI program that meets the requirements of this section;
2. Present its QAPI plan to the State Agency Surveyor at the first annual recertification survey that occurs after the effective date of this regulation;
3. Present its QAPI plan to a State Agency or Federal surveyor at each annual recertification survey and upon request during any other survey and to CMS upon request; and
4. Present documentation and evidence of its ongoing QAPI program’s implementation and the facility’s compliance with requirements to a State Agency, Federal surveyor or CMS upon request.

QAPI (§483.75)

Key Actions

Program Design and Scope

A facility must design its QAPI Program to be ongoing, comprehensive, and to address the full range of care and services provided by the facility. It must:

1. Address all systems of care and management practices;
2. Include clinical care, quality of life, and resident choice;
3. Utilize the best available evidence to define and measure indicators of quality and facility goals that reflect processes of care and facility operations that have been shown to be predictive of desired outcomes for residents of a SNF or NF.
4. Reflect the complexities, unique care, and services that the facility provides.
QAPI (§483.75)  
Key Actions

Program Feedback, Data Systems and Monitoring
A facility must establish and implement written policies and procedures for feedback, data collections systems, and monitoring, including adverse event monitoring. The policies and procedures must include, at a minimum, the following:

1. Facility maintenance of effective systems to obtain and use of feedback and input from direct care/direct access workers, other staff, residents, and resident representatives, including how such information will be used to identify problems that are high risk, high volume, or problem-prone, and opportunities for improvement.

2. Facility maintenance of effective systems to identify, collect, and use data from all departments, including but not limited to the facility assessment and including how such information will be used to develop and monitor performance indicators.

3. Facility development, monitoring, and evaluation of performance indicators, including the methodology and frequency for such development, monitoring, and evaluation.

4. Facility adverse event monitoring, including the methods by which the facility will systematically identify, report, track, investigate, analyze and use data and information relating to adverse events in the facility, including how the facility will use the data to develop activities to prevent adverse events.

Program Systematic Analysis and Systemic Action

• The facility must take actions aimed at performance improvement and, after implementing those actions, measure its success, and track performance to ensure that improvements are realized and sustained.

• The facility will develop and implement policies addressing:
  ◦ How they will use a systematic approach (such as root cause analysis, reverse tracer methodology, or health care failure and effects analysis) to determine underlying causes of problems impacting larger systems;
  ◦ Development of corrective actions that will be designed to effect change at the systems level to prevent quality of care, quality of life, or safety problems; and
  ◦ How the facility will monitor the effectiveness of its performance improvement activities to ensure that improvements are sustained.
QAPI (§483.75)

Key Actions

Program Activities

- The facility must set priorities for its performance improvement activities that focus on high-risk, high-volume, or problem-prone areas; consider the incidence, prevalence, and severity of problems in those areas; and affect health outcomes, resident safety, resident autonomy, resident choice, and quality of care.

- Performance improvement activities must track medical errors and adverse resident events, analyze their causes, and implement preventive actions and mechanisms that include feedback and learning throughout the facility.

- The facility must conduct distinct performance improvement projects. The number and frequency of improvement projects conducted by the facility must reflect the scope and complexity of the facility’s services and available resources, as reflected in the facility assessment. Improvement projects must include at least annually a project that focuses on high risk or problem-prone areas identified through data collection and analysis.

QAPI (§483.75)

Key Actions

Governance and Leadership

The governing body and/or executive leadership (or organized group or individual who assumes full legal authority and responsibility for operation of the facility) is responsible and accountable for ensuring that:

1. An ongoing QAPI program is defined, implemented, and maintained and addresses identified priorities.
2. The QAPI program is sustained during transitions in leadership and staffing;
3. The QAPI program is adequately resourced, including ensuring staff time, equipment, and technical training as needed;
4. The QAPI program identifies and prioritizes problems and opportunities based on performance indicator data, and resident and staff input that reflects organizational processes, functions, and services provided to residents.
5. Corrective actions address gaps in systems, and are evaluated for effectiveness; and
6. Clear expectations are set around safety, quality, rights, choice, and respect.
QAPI (§483.75)
Key Actions

Quality Assessment and Assurance (QAA)
A facility must maintain a quality assessment and assurance committee consisting at a minimum of:
1. The director of nursing services;
2. The Medical Director or his/her designee;
3. At least 3 other members of the facility’s staff, at least one of who must be the administrator, owner, a board member or other individual in a leadership role; and
4. The Infection Control Preventionist.

QAPI (§483.75)
Key Actions

Quality Assessment and Assurance (QAA) continued
The quality assessment and assurance committee reports to the facility’s governing body, or designated person(s) functioning as a governing body regarding its activities, including implementation of the QAPI program. The committee must:
1. Meet at least quarterly and as needed to coordinate and evaluate activities under the QAPI program, such as identifying issues with respect to which quality assessment and assurance activities, including performance improvement projects required under the QAPI program, are necessary; and
2. Develop and implement appropriate plans of action to correct identified quality deficiencies; and
3. Regularly review and analyze data, including data collected under the QAPI program and data resulting from drug regimen reviews, and act on available data to make improvements.
QAPI (§483.75)

Key Actions

Disclosure of Information

• A State or the Secretary may not require disclosure of the records of such committee except in so far as such disclosure is related to the compliance of such committee with the requirements of this section.

• Demonstration of compliance with the requirements of this section may require State or Federal surveyor access to:
  1. Systems and reports demonstrating systematic identification, reporting, investigation, analysis, and prevention of adverse events;
  2. Documentation demonstrating the development, implementation, and evaluation of corrective actions or performance improvement activities; and
  3. Other documentation considered necessary by a State or Federal surveyor in assessing compliance.

Sanctions

Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions.
QAPI (§483.75)
Next Steps

• As a direct result of Section 6102(c) Affordable Care Act, the Final Rule includes specific requirements related to the Quality Assurance and Performance Improvement program.

• Providers will be expected to understand the specific revisions to current policies, and their organization’s roles and responsibilities related to the development, implementation and maintenance of a successful QAPI program across all levels of the organization.

• All facility staff has a key role in the QAPI program and its success.

QAPI (§483.75)
Next Steps

• While QAPI may not be new to many organizations, the new requirements are extensive – requiring program development, significant initial and ongoing training, data management plan, monitoring activities as well as a comprehensive communication plan engaging staff, residents and resident representatives.

• It is important to note that this section will be implemented in three phases per the Implementation Timeframes in the Final Rule.
QAPI (§483.75)  
Next Steps

• Conduct a detailed review of §483.75 requirements with leadership team
• Conduct a comparative analysis – current policies, procedures, and processes to Final Rule requirements.
• Review all current policies and procedures related to QAA.
• Develop a formal QAPI Plan including the necessary requirements and elements.
  o Design and Scope
  o Governance and Leadership
  o Feedback, Data Systems and Monitoring
  o Performance improvement projects
  o Systematic Analysis and Systemic Action

Leadership Role and Responsibility

• Develop a steering committee – provide QAPI leadership
• Engage Governing Body
• Engage Medical Director
• Review and modify vision, mission, values, and purpose statements to convey vision of QAPI
• Provide QAPI resources – including training and equipment as needed
• Include staff from all departments
• Leverage technology to improve interdisciplinary communications
• Evaluate organization readiness and culture for QAPI as well as identify potential barriers
QAPI (§483.75)
Next Steps

Develop a deliberate approach to team work

• Assess the “effectiveness” of teamwork in organization
• Discuss how Performance Improvement Project (PIP) teams will work to address QAPI goals
• Determine how direct care staff and residents and families can be involved in PIPs
• Create a climate of open communication and respect

QAPI (§483.75)
Next Steps

• Conduct facility assessment
• Conduct a QAPI Awareness Campaign – training and education for all staff.
• Discuss engagement of residents and representatives in the process.
• Identify and begin to measure improvement in indicators for which there is evidence for improvement of health outcomes (i.e. reduction of hospitalizations and readmissions, improved safety, and increased quality of care for patients).
QAPI (§483.75) Next Steps

- Develop a system for measuring, analyzing, and tracking quality indicators, including adverse resident events and other performance indicators;
- Determining what data to collect or monitor;
- Determine a plan for data collection (who, what, and how often); review, compare, and interpret data from various sources; and
- Establish benchmarks for comparisons against programs with high performance ratings.

QAPI (§483.75) Next Steps

- Identify gaps and opportunities for improvement, consolidate, and then prioritize.
- Develop charter Performance Improvement Projects.
- Document QAPI projects and progress, including reason for project and measurable progress.
- Per the plan, implement changes or corrective actions that will result in improvement or reduce the chance of the event recurring.
- Develop a formalized communication plan and celebrate success.
§483.75 QAPI

Implementation Deadlines
Specific sections of QAPI
- *(g)(1)* QAA committee established
- *(h)* Disclosure of information
- *(i)* Sanctions
- *(iv)* Addition of the ICPO
  - Phase 1: November 28, 2016

Except for
(a)(2) Initial QAPI Plan must be provided to SA at annual survey
  - Phase 2: November 28, 2017

Full implementation of QAPI Program
  - Phase 3: November 28, 2019