QAPI Program – Making it Work for Quality of Care and Quality of Life

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Your Plan is Done – What Now?

- Surveyors will be checking your QAPI plan to see that it covers the elements
  - Design and scope
  - Feedback, data systems, monitoring
  - Systematic analysis and systemic action
  - Program activities (performance improvement projects – PIPS
  - Governance and leadership

You Have Until Nov 2019 to Turn Plan into Program That:

- Is ongoing, comprehensive, addresses full range of services, all systems of care, management practices, includes clinical care, quality of life, resident choice

- Measures indicators of quality and facility goals and reflects your unique complexities and services

+ ## QAPI Program That:

- Obtains and uses input from staff (all depts.), residents/reps. to identify problems

- Prioritizes issues that are high risk, high volume, problem-prone, and

- Adds consideration of opportunities for improvement, especially in quality of life and choice

+ ## Everyone is a Part of QAPI

- Since QAPI is comprehensive, staff in all departments need to know their role and the importance of constantly monitoring performance and working to improve

- Different departments have different roles

- Everyone needs to know what information to share – they all can give input as to problems and solutions

- Housekeeping, maintenance, all clinical departments become part of the team and are taught the QAPI way

+ ## The Inputs Become Data to be Studied

- The term "data" is not scary

- You collect much data already, but you may not call it that – it is just information, usually numeric but not always

- Think of the ways you collect "data" now

- Talk to your neighbor
  - What data do you already collect?
  - Did your QAPI plan add any sources of data?
  - Are you covering choice/quality of life?

+ QAPI Program Uses Incoming Data

- To regularly monitor and determine if there are emerging issues; prioritize issues and potential for improvement even if not a problem

- Recommend actions for improvement – PIPs, also suggest additional data items to collect

- This can only be successful if there is a history of status in each topic as well as a goal for each

+ Analyze That Data!

- Who looks at incoming data? You? A committee? Who makes the goals? Who determines if a topic triggers? Different people for different items? For example:

- A pile of "data" appears on your desk
  - Food waste is 25%
  - Falls – 6 in this month
  - Council – says food is generally cold and bland

- What happens next, who gets what, and do they know what to do with it?
  - What were the numbers last month?
  - What is your home's goal for each?

+ When Something Triggers

- Next step in analysis is figuring out why?
  - For example, pressure ulcers are up. Why? Who finds out why? What are some possibilities? How do you check?
  - For example, residents are newly reporting food is not hot enough. Why? Who finds out? What further information is needed? Who talks to whom?

- Analysis is complete when "why" is answered. Issue has good explanation or something is wrong with home's system and needs a PIP to fix the problem. Does it reach priority status as a PIP or save it for later, or a simple fix in policy that doesn't need a formal PIP
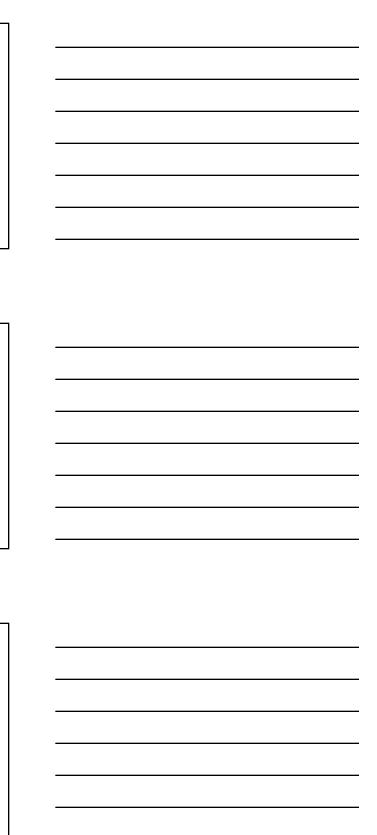
+ Setting Priorities for PIPs

- Who is going to do this? Who decides how many PIPs can be ongoing at same time? Depends on how intensive is the fix and what personnel need to be the fixers (maybe one PIP is in Nursing and one is in Dietary)

- Is the issue serious? Prevalent? Getting worse?

- And, what about wanting to improve quality of life and honoring preferences? Regulation says these need to be covered too

- When do any of these things only impact one resident's care plan and when is it bigger and deserving of a PIP?

+ It Takes Time and often Money to "do" a PIP

- Governing body is responsible for QAPI program, they must ensure it is
  - Ongoing, identifying priority problems
  - Sustained through changes in leadership
  - Adequately resourced, with priorities identified, corrective actions taken
  - Setting clear expectations about safety, quality, rights, choice, and respect

+ CMS Has Developed Tools - Google It

- cms qapi tools

- Click the process tools section and see what is available, print what you want

- Definitely download and print QAPI AT A GLANCE, this is your guide to developing your program. Contains everything from getting and analyzing data, doing PIPs, marketing QAPI to the staff, residents

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From QAPI at a Glance: The Old Way

- **The Issue***:* Your nursing home, Whistling Pines, received deficiencies during their annual survey because residents had unexplained weight loss, and weights and food intake were not accurately and consistently documented.

- **What Whistling Pines did***:* The QA Committee developed a Plan of Correction, which contained the following components: Re-weighing all residents, and updating the weight records for the affected residents; in-servicing the Nursing Department on obtaining and documenting weights and intake. They stated they would conduct 3 monthly audits of weight and intake records, with results reported to the QA committee.

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What Was Missing from the Plan

- Talk to your neighbors

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The QAPI Way

- The QAPI Steering Committee chartered a PIP after analysis found:

- No process existed for identifying and addressing risks for weight loss such as dental condition, diagnosis, or use of appetite suppressing medications;

- No system existed to ensure resident preferences are honored;

- Staff lacked an understanding of how to document food intake percentages; and

- Residents reported the food was not appetizing.

+ What Did the Team Do?

- Developed a protocol for identifying residents at risk for weight loss to be done on admission and with each care plan. This protocol included a review of medications (appetite suppressants), new diagnoses, and resident assessments, including dental issues;

- Developed standing orders for residents identifed as "at risk" for weight loss, including bi-weekly weights, referral to attending physician and dietitian for assessment, and documentation of meal percentages;

+ Continued

- Developed a new program for CNAs to be "Food Plan Leads" for at risk residents. The program included identification of food preferences and accurate documentation of meals - laminated badge cards with pictures of meal percentages were distributed to all CNAs; and

- Revision of the menu to focus on favorite foods, adding finger foods and increasing choices outside of mealtimes.

+ How Did They Know What to Do?

- They used a process called SMART

- **S**pecific – describe your goal as follows:
  - What do we want to accomplish, who will be involved/affected, where will it take place

- **M**easurable – how will you know if the goal is reached?
  - What measure will you use, what is current data for the measure, what number do you want it to change to?
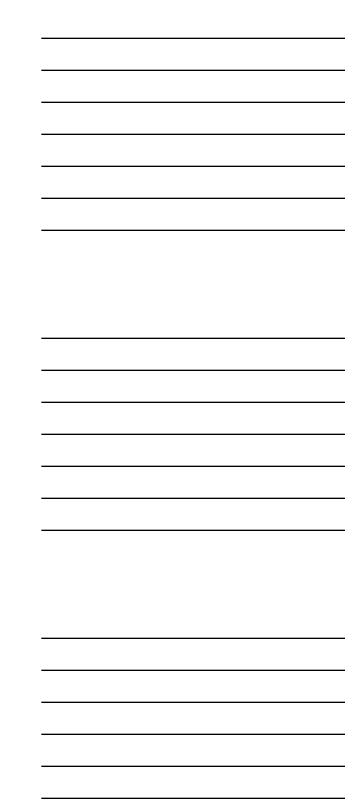
+ SMART (continued)

- **A**ttainable – what did you base it on (best practice, benchmark)? Is the measure too low or so high that it isn't attainable?

- **R**elevant – how will this project address the organization's goals and problems noted?

- **T**imeline – what is the timeline for achieving the goal?

+ QAPI and Culture Change "Fit"

- In the regulatory language for QAPI, CMS has made it clear that quality of life and preferences are important, just like quality of care and preventing adverse events.

- "Program is ongoing, comprehensive, addresses full range of services, all systems of care, management practices, includes clinical care, **quality of life**, **resident choice"**

- This means that a performance improvement project (PIP) can be about honoring residents through culture change practices.

+ Suppose You Want to Implement Sleeping In

- Let's use some of the SMART techniques
  - Talk to your neighbors
    - What do you want to achieve and why do you want to do it? What will this do for the residents?
    - How will it be measurable?

+ What Are Some Other Culture Change Innovations that Can Fit into a PIP?

- Talk with your neighbors – what is a culture change practice that you have implemented or are planning/hoping to implement? (Refer to the Artifacts of Culture Change for some ideas of culture change innovations)

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- COMMENTS?
- QUESTIONS?