Turbocharge your QAPI: Empower all Nursing Home Staff to be Active in Performance Improvement

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Today’s Objectives

Discuss why Quality Assurance & Performance Improvement (QAPI) programs are essential in today’s nursing homes (NHs).

Demonstrate the effectiveness of Performance Improvement Projects (PIPs).

Illustrate specific action steps that can be taken to implement QAPI.
**Primary Arizona NHQCC* Goals**

| Reduce unnecessary antipsychotic medication use | Implement QAPI | Score 6 percent or lower on the Composite Score |

*NHQCC=Nursing Home Quality Care Collaborative*
Arizona NHQCC Participation

- **Goal:** 75 percent of homes by March 2017
- **Achieved:** February 2016
- **89 percent** of Arizona’s nursing homes have joined the collaborative
- **128** Arizona nursing homes have joined!
Quality Measure
Composite Score
Aim for 6

Let HSAG help you earn a Quality Measure Composite Score of 6 percent or less!
Quality Measure Composite Score Update

• CMS Five-Year Goal: 50 percent of AZNHQCC*
• First Goal: 15 percent by March 2016
• Second Goal: 25 percent by March 2017
• Third Goal: 45 percent by March 2018

Current: 52.8 percent!

*AZNHQCC=Arizona Nursing Home Quality Care Collaborative
Arizona
State Ranking: Percent of RTN with a QM Composite Score <= 6.00 (2015Q2 Through 2016Q3)

Source: National Coordinating Center (NCC) Minimum Data Set (MDS)
Why is QAPI Needed?
Do You Ever Feel Like This?
Diffusion of Innovations

- Diffusion of innovations is “the process by which an innovation is communicated through certain channels over time among the members of a social system.”

Source: [https://cancercontrol.cancer.gov/brp/research/theories_project/theory.pdf](https://cancercontrol.cancer.gov/brp/research/theories_project/theory.pdf)
Diffusion of Innovations: Relative Advantage

• Is the innovation better than what it will replace?
  – QAPI builds upon existing Quality Assurance (QA) structure
  – Allows nursing homes to be more proactive
  – More opportunities to include staff in quality
AZ NHQCC QAPI Success Stories

• One NH reduced antipsychotic medication use from **30 percent to 2.3 percent** in one year by reviewing records, implementing gradual dose reduction, and monitoring behaviors.

• A NH used its Arizona Department of Health Services (ADHS) complaint report to help inform a performance improvement project, which improved customer satisfaction from **75 percent to 91 percent** in three months.
• In Q2 2015, the NH’s composite score was 9.33. The home calculated its unofficial Q4 2016 score, which was 5.69—a **39 percent relative improvement**.

• Of the eight one-star homes in Collaborative I, **seven moved up in star rating**. Two achieved five stars, and four achieved a quality-measure composite score of six percent or lower.
The Five Elements of QAPI
The Five Elements of QAPI

1. Design and Scope
2. Governance and Leadership
3. Feedback, Data, and Monitoring
4. Performance Improvement Projects
5. Systematic Analysis and System Action

Quality of Care, Quality of Life, Resident Choice
Diffusion of Innovations: Compatibility

- Does the innovation fit with its intended audience?

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<th>Quality Assurance</th>
<th>Performance Improvement</th>
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<td>Motivation</td>
<td>Measuring compliance and standards</td>
<td>Continuously improving processes to meet standards</td>
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<td>Means</td>
<td>Inspection</td>
<td>Prevention</td>
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<tr>
<td>Attitude</td>
<td>Required, reactive</td>
<td>Chosen, proactive</td>
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<tr>
<td>Focus</td>
<td>Outliers (bad apples)</td>
<td>Processes or systems</td>
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<tr>
<td>Scope</td>
<td>Medical provider</td>
<td>Resident care</td>
</tr>
<tr>
<td>Responsibility</td>
<td>Few</td>
<td>All</td>
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</table>
Element 1: Design and Scope

Guide for Developing a QAPI Plan

DIRECTIONS:
The QAPI plan will guide your organization’s performance improvement efforts. Prior to developing your plan, complete the Guide to Develop Purpose, Guiding Principles, and Scope for QAPI. Your QAPI plan is intended to assist you in achieving what you have identified as the purpose, guiding principles, and scope for QAPI. Therefore, this information is needed before you begin working on your plan. This is a living document that you will continue to refine and revisit. Use these step-by-step instructions to create your QAPI plan. This plan should reflect input from caregivers representing all roles and disciplines within your organization.

I. QAPI Goals
   - Based on the Guide to Develop Purpose, Guiding Principles, and Scope for QAPI, indicate the QAPI goals that your plan will drive to meet. Goals should be specific, measurable, actionable, relevant, and have a time line for completion. (See Goal Setting Worksheet).

II. Scope
   - Describe how QAPI is integrated into all care and service areas of your organization.
   - Describe how the QAPI plan will address:
     a. Clinical care
     b. Quality of life
     c. Resident choice (i.e., individualized goals for care)
     d. Describe how QAPI will be utilized to identify high-quality care for residents and their families.

III. Guidelines for Governance and Leadership
   - Describe how QAPI is integrated into the responsibilities and accountabilities of top-level management and the Board of Directors (if applicable).
   - Indicate the plan for developing leadership and facility-wide training on QAPI.

Creating a Quality Assurance and Performance Improvement (QAPI) Plan for Your Facility

This document offers a template to assist your facility in creating a QAPI Plan that will guide your organization’s performance improvement efforts.

Use of this tool is not mandated by CMS for regulatory compliance nor does its completion ensure regulatory compliance.
## Element 1: Design and Scope (cont.)

### Phase 2

- Behavioral Health Services*
- Quality Assurance and Performance Improvement* - QAPI Plan
- Infection Control – Facility Assessment and Antibiotic Stewardship **
- Compliance and Ethics*
- Physical Environment- smoking policies *

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**Plan completed by November 28, 2017**

Source: [https://goo.gl/LZWYxp](https://goo.gl/LZWYxp)
Element 2: Governance and Leadership
“Without data, you’re just another person with an opinion.”

—W. Edwards Deming

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<th>Facility Adjusted Percent</th>
<th>Comparison Group State Average</th>
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Element 4: Performance Improvement Projects (PIPs)

• From Final Rule:
  – QAPI program activities would be required to conduct distinct PIPs.
  – Each facility would be required to implement at least one project annually.

Element 5: Systemic Analysis and Action

• From Final Rule
  – 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.

• Is the innovation easy to use?
  – No, but with practice, it gets easier
  – Reduce complexity by identifying what current efforts already fit under QAPI
  – Complete a QAPI Self-Assessment to help
PIP Case-Study Activity
• Can the innovation be tried before making the decision to adopt?
  – Unfortunately no; this is a regulation, but you can identify areas you have already applied QAPI.
  – PIPs can be practiced over and over with staff
  – Small tests of change work best
Case Study: The UTI* Dilemma

• A NH was cited during its survey over HAIs**, specifically for its lack of hand hygiene. As part of its reactive QA approach, it conducted a post-citation analysis, which included improved hand-hygiene training for staff. In addition, the QI team decided to analyze its UTI rate by “pod” to see if the hand-hygiene practices improved rates.

• After one month, UTIs increased from 8.1% (3/37) to 13.5% (5/37). The state average is 2.79%. The ADON decided to PDSA the education training and observed staff hand-washing. After three weeks of observing CNAs and other staff, the ADON concluded that they staff had good technique and were doing a good job.

• At this point, the QI team was at a standstill until a CNA overheard why they were being observed and said, “Is that why you’re doing this?”

*UTI=Urinary Tract Infection
**HAI=Healthcare-Associated Infection
### PERFORMANCE IMPROVEMENT PROJECT (PIP) GUIDE

#### BRAINSTORM:

This section is designed for brainstorming ideas and concepts related to the project.

#### PLAN

<table>
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<th>LIST THE TASKS TO BE DONE</th>
<th>RESPONSIBLE MEMBER</th>
<th>START DATE</th>
<th>ACTUAL COMPLETION DATE</th>
<th>COMMENTS (RESULTS/LESSONS LEARNED)</th>
<th>ADOPT/ADAPT/ABANDON (CHOOSE ONE)</th>
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#### DO

This section is for the execution of the tasks listed in the Plan.

#### STUDY AND ACT

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<th>BASELINE DATE</th>
<th>FIRST MEASUREMENT DATE</th>
<th>SECOND MEASUREMENT DATE</th>
<th>FINAL MEASUREMENT DATE</th>
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This material was prepared by Health Services Advisory Group, the Medicare Quality Improvement Organization for Arizona, California, Florida, Ohio, and the U.S. Virgin Island, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services, from material originally prepared by SOFMC, under contract with CMS. The contents presented do not necessarily reflect CMS policy. Publication No. QN-1150N-C2-02102016-01
• Assume this issue has been chartered by the QAPI Committee
• Set start, review, and completion dates
• Choose PIP squad members; project leader
• Choose key area for improvement
• Set a SMART* goal
  – How will you measure success?

*SMART=Specific, Measurable, Agreed Upon, Realistic, Time-Based
Helping Your Staff Succeed

• “A manager’s job is to provide ‘supportive autonomy’ that’s appropriate to the person’s level of capability.”
  – Linda Hill, the Wallace Brett Donham Professor of Business Administration at the Harvard Business School and co-author of *Being the Boss: The 3 Imperatives for Becoming a Great Leader*

• The key is to be hands-on while giving your people the room they need to succeed on their own.

Helping Your Staff Succeed (cont.)

• Connect employee goals to larger goals
• Make sure goals are attainable, but challenging
• Create a plan for success and monitor progress
• “The research literature also reveals that we experience the strongest positive emotional response when we make progress on our most difficult goals.”

Source: [https://www.psychologytoday.com/blog/dont-delay/200806(goal-progress-and-happiness)](https://www.psychologytoday.com/blog/dont-delay/200806(goal-progress-and-happiness)}
• Identify a root cause, e.g., Five Whys
• List potential barriers to the PIP
• Brainstorm possible solutions
The Monkey Business Illusion
Case-Study Conclusion

• Instantly, the CNA had a possible answer. She said that the type of disposable wipes was recently switched to a new brand, which did not have soap and only used warm water before wiping down any surfaces.

• Further investigation showed that the administrator changed the wipes in order to save money and assumed staff would be put on the wipes during use. However, no one communicated the change to staff, and the soap was not being added.

• With this information known, the wipes were changed back and the problem quickly corrected itself.
• Are the results of the innovations observable and easily measurable?
  – This is a major design element of QAPI
  – “Success begets success” -Anonymous
  – “A single raindrop doesn’t have much effect, but if you have enough raindrops and enough time, you can carve a Grand Canyon.” –Rick Hanson
QAPI Action Steps
Getting Started

• **Step 1**: Leadership Responsibility and Accountability

• **Step 2**: Develop a Deliberate Approach to Teamwork
  – Marshmallow Challenge: [https://goo.gl/qM60s3](https://goo.gl/qM60s3)

• **Step 3**: Take your “QAPI Pulse” with a self-assessment
  – [https://www.surveymonkey.com/r/AZQAPISA](https://www.surveymonkey.com/r/AZQAPISA)
Start your QAPI Plan

• **Step 4:** Identify your organization’s guiding principles
  – Worksheet: [https://goo.gl/7dSlZH](https://goo.gl/7dSlZH)

• **Step 5:** Develop your plan
  – Remember, these are due 11/28/2017!
  – Sample plan: [https://goo.gl/pgtPKy](https://goo.gl/pgtPKy)
Step 6: Develop a QAPI Awareness Campaign

• The Marketing Rule of 7

• What strategies can you use to market QAPI?
  – Posters
  – Newsletters
  – Include in all meeting agendas
  – Include in resident council meetings
  – Include in job descriptions
  – Hold a QAPI Fair
Identify your Improvement Opportunities

• **Step 7**: Develop a strategy for collecting and using QAPI data
  - Quality measure composite score
  - Minimum Data Set (MDS)
  - Nursing Home Compare
  - CASPER* Readmissions reports
  - ADHS complaint reports
  - Resident Council

• **Step 8**: Identify your gaps and opportunities

*CASPER=Certification and Survey Provider Enhanced Reports*
Get Started on a PIP

• **Step 9**: Prioritize opportunities, charter PIPs
  – This should be done at committee
  – Pay attention to CMS focus areas

• **Step 10**: Plan, conduct, and document PIPs
  – Include all relevant staff
  – Practice!
  – Document in binder
  – Celebrate successes
QAPI Tool: PDSA Cycle

What changes are we going to make based on our findings?

What were the results?

What exactly are we going to do?

When and how did we do it?
See the Big Picture

• **Step 11:** Getting to the “root” of the problem
  – Practice “5 Whys” with your staff
  – This can always be done outside of the formal PIP practice
  – Can improve communication and critical thinking

• **Step 12:** Take Systemic Action
  – Can this innovation/improvement be spread to other areas of the nursing home?
  – How will gains be sustained?
The Five Elements of QAPI

1. Design and Scope

2. Governance and Leadership

3. Feedback, Data, and Monitoring

4. Performance Improvement Projects

5. Systematic Analysis and System Action

Quality of Care, Quality of Life, Resident Choice
Key QAPI Resources

• The Requirements of Participation
  – https://goo.gl/ytYS2K

• QAPI At-a-Glance
  – https://goo.gl/ZmxJAJ

• Nursing Home Change Package
  – New QAPI Change Bundle
  – https://goo.gl/9hj0Tf
Action Items

- Review QAPI section of Requirements of Participation.
- Raise awareness and practice QAPI tools with nursing-home staff.
- Review QAPI plan basics with committee members and complete the self-assessment.
Questions?
Thank You!

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