Quality Assurance Performance Improvement in Assisted Living

*Take Action - Improve Care*

HealthCap Risk Management Services

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LEARNER OBJECTIVES

• Define Quality Assurance Performance Improvement
• Report on the 5 Elements of QAPI
• Define Root Cause Analysis
• Organize a QAPI Committee
• Develop a Performance Improvement Project
QAPI IN ASSISTED LIVING

• Quality Assurance in Assisted Living varies by state
• QA is required by some levels of assisted living and in some states
• Some states and licensing jurisdictions (or non-licensed assisted living) have NO requirements
• Follow your State (or Federal) requirements
  – Form AND Function makes QAPI “real”
• LEGAL COUNSEL review & assistance
CMS (Centers for Medicare & Medicaid Services) has spent a lot of time developing tools for SNFs

• Take what you need from these validated and reliable tools

• No need to reinvent the wheel
B E F O R E Y O U E M B A R K

Your path may not be linear...
CREATE YOUR QAPI PROGRAM

- “Dream” projects
- Resident and family satisfaction and feedback
- QA checklists for departments
- QAPI collaborated departmental reviews (i.e. having other departments audit)
DECIDE HOW MUCH QA?

- Who
- What
- Where
- When
- WHY?
CREATE YOUR QAPI PROGRAM

• “Dream” projects
• Resident and family satisfaction and feedback
• QA checklists for departments
• QAPI collaborated departmental reviews (i.e. having other departments audit)
ORGANIZE A QAPI COMMITTEE

• Educate stakeholders
• Recruit a group of “champions”
• Meet regularly
• Focus on OUTCOMES not PROCESS
HOW TO USE THE QA COMMITTEE

• Planning meetings
• Policies & Procedures
• Calendar of areas for review
• “Wish list” for improvements
ORGANIZE THE QAPI COMMITTEE

• Start small
• Set tangible, realistic goals
• Set benchmarks
• Establish methods for approach and deployment
• Establish an evaluation process
DEFINING QAPI

Quality Assurance (QA) and Performance Improvement (PI) are complementary approaches.
DEFINING QAPI

• **QA** is a process of meeting quality standards and assuring that care reaches an acceptable level

• Quality Assurance thresholds are often set to comply with regulations and standards of practice
DEFINING QAPI

• **PI** is a pro-active and continuous study of processes with the intent to prevent or decrease the likelihood of problems

• PI identifies areas of opportunity and tests new approaches to fix underlying causes of persistent/systemic problems
## DEFINING QAPI

<table>
<thead>
<tr>
<th>MOTIVATION</th>
<th>Quality Assurance</th>
<th>Performance Improvement</th>
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<tbody>
<tr>
<td></td>
<td>Measures compliance with the standards (regulations)</td>
<td>Continuously improving to meet standards (as defined by regulations, MISSION, VISION &amp; Values)</td>
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<thead>
<tr>
<th>MEANS</th>
<th>Inspect, review, “monitor”</th>
<th>Prevention, planning</th>
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<tr>
<th>FOCUS</th>
<th>Outliers, “bad apples”, individuals, regulations/rules</th>
<th>Processes, systems (how we get there &amp; keep it going)</th>
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<table>
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<tr>
<th>SCOPE</th>
<th>Silo model/individual providers</th>
<th>Systems for care delivery and quality of care</th>
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<tr>
<th>RESPONSIBILITY</th>
<th>QA committee (few)</th>
<th>All hands on deck – stakeholder involvement</th>
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QA VERSUS QAPI – WHAT DIFFERENCES?

Maybe nothing; it depends on your philosophy and actions
QA VERSUS QAPI – WHAT DIFFERENCES?

- QA is a reactive process
- QAPI is intended to be proactive
QA VERSUS QAPI – WHAT DIFFERENCES?

QAPI expects teams to work on PIPs (performance improvement plans)
DEFINING QAPI

• QA + PI = QAPI

• A data-driven, proactive approach to improving the quality of life, care, and services.
Activities of QAPI involve members at all levels of the organization.
QAPI BUILDS ON QAA

- Committee structure
- Review complaints and concerns
- Conduct audits
- QAPI exceeds narrow QAA
DEVELOPING PURPOSE
GUIDING PRINCIPLES AND SCOPE FOR QAPI

- CMS rolled out QAPI tools
- They are available at: http://go.cms.gov/Nhqapi
- Great resources at the website!
DEVELOPING PURPOSE
GUIDING PRINCIPLES AND SCOPE FOR QAPI

1. Locate or develop organization’s vision statement.
2. Locate or develop organization’s mission statement.
3. Develop a purpose statement for QAPI.
4. Establish guiding principles.
5. Define the scope of QAPI in your organization.
6. Assemble the document.

The 5 elements are your strategic framework for developing, implementing and sustaining QAPI.
The 5 elements are your strategic framework for developing, implementing, and sustaining QAPI.
A QAPI program should be ongoing and comprehensive, dealing with the full range of services offered by the facility and departments.
ELEMENT 2: GOVERNANCE AND LEADERSHIP

• The leadership team develops and leads a QAPI program

• The governing body assures the QAPI program is adequately resourced to conduct its work including:
  
  – Designating one or more persons to be accountable for the QAPI program;
  
  – Developing leadership and facility-wide training;
  
  – Ensuring staff time, equipment, and technical training as needed.

• The governing body ensures accountability
ELEMENT 2:
GOVERNANCE AND LEADERSHIP

• The governing body is responsible for establishing policies to sustain the QAPI program.
• Setting priorities for the QAPI program and building on the principles.
• Also responsible for setting expectations.
ELEMENT 3: FEEDBACK, DATA SYSTEMS AND MONITORING

• Systems to monitor care and services, drawing data from multiple sources.
• Feedback systems incorporate input from all levels.
• Performance Indicators to monitor care processes and outcomes, and review and/or established targets.
• Tracking, Investigating, and monitoring Unusual Occurrences and action plans implemented to reduce likelihood of recurrences.
ELEMENT 4: PERFORMANCE IMPROVEMENT PROJECTS (PIPS)

• Performance Improvement Projects (PIPs) examine and improve care or services.
• PIPs are selected in areas important and meaningful.
• PIPs will vary depending on type of facility and scope of services.
ELEMENT 5: SYSTEMATIC ANALYSIS AND SYSTEMATIC ACTION

• In-depth analysis as needed to understand the.

• Develop policies and procedures and use Root Cause Analysis.

• Comprehensive Systemic Actions to prevent future events and promote sustained improvement.

• This element includes a focus on continual learning and continuous improvement.
STEP 1: Leadership Responsibility and Accountability

- Creating a culture to support QAPI efforts begins with leadership.
- Support from the top is essential, and that support should foster the active participation of every caregiver.
- The administrator and senior leaders must create an environment that promotes QAPI and involves all caregivers.
ACTIONS STEPS TO BUILD QAPI

STEP 2: Develop a Deliberate Approach to Teamwork

Teamwork is a core component of QAPI and too often it is taken for granted.
STEP 3: Take your QAPI “Pulse” with a Self-Assessment
To establish QAPI, it is helpful to conduct a self-assessment in your organization.

(Self-Assessment Tool included at CMS.gov website or Appendix A of QAPI at a Glance)
STEP 4: Identify Your Organization’s Guiding Principles

Lay a foundation about what principles will guide decision making and help set priorities.
STEP 5: Develop Your QAPI Plan

• Your plan will assist in achieving what you have identified as the purpose, guiding principles and scope for QAPI.

• This is a living document that you may revisit as your facility evolves.
STEP 6: Conduct a QAPI Awareness Campaign
Let everyone know about your QAPI plan often and in multiple ways.
ACTIONS STEPS TO BUILD QAPI

STEP 7: Develop a Strategy for Collecting and Using QAPI Data (set targets & benchmarks)
Your team will decide what data to monitor routinely.
STEP 8: Identify Your Gaps and Opportunities

• This step involves reviewing your sources of information to determine if gaps or patterns exist in your systems of care that could result in quality problems.

• Are there opportunities to make improvements?
STEP 8: Identify Your Gaps and Opportunities

During this step, you may decide to spend more time discussing the quality themes you have identified with residents and caregivers.
STEP 9: Prioritize Quality Opportunities and Charter PIPs

Prioritizing opportunities for improvement is a key step in the process of translating data into action.
STEP 10: Plan, Conduct and Document PIPs

- Careful planning of PIPs includes identifying areas to work on through your comprehensive data review which are meaningful and important to your residents.

- It is important to focus your PIPs by defining the scope so they do not become overwhelming.
STEP 11: Getting to the “Root” of the Problem

A major challenge in process improvement is getting to the heart of the problem or opportunity.

There is danger in starting with a solution without thoroughly exploring the problem. Multiple factors may have contributed, and/or the problem may be a symptom of a larger issue. What seems like a simple issue may involve a number of departments.
STEP 12: Take Systemic Action

The goal is to make changes that will result in lasting improvement.
ACTIONS STEPS TO BUILD QAPI

STEP 12: Take Systemic Action

To be effective, interventions/corrective actions target elimination of root causes, provide long term solutions and have greater positive vs. negative impact. Interventions must be achievable, objective and measurable.

Pilot Test:

Think about testing or “piloting” changes in one area of your facility before launching throughout. Some changes have unintended consequences.
## STEP 12: TAKE SYSTEMIC ACTION - EXAMPLES

<table>
<thead>
<tr>
<th>WEAK</th>
<th>INTERMEDIATE</th>
<th>STRONG</th>
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<tbody>
<tr>
<td>Double checks</td>
<td>Decrease workload</td>
<td>Physical changes</td>
</tr>
<tr>
<td>Warnings / labels</td>
<td>Software enhance</td>
<td>Forcing functions or constraints</td>
</tr>
<tr>
<td>New policies / procedures / memorandum</td>
<td>Eliminate/reduce distraction</td>
<td>Simplifying</td>
</tr>
<tr>
<td>Training/education</td>
<td>Checklists/cognitive aids/triggers/prompts</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Build in redundancy</td>
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Prevent future problems by developing and testing strong actions.
QAPI PRINCIPLES SUMMARIZED

- Starts at the top and includes the top management
- Involve care partners
- Continuously communicates QAPI throughout the organization
- Resident oriented perspectives
- Creates a record of QAPI activities
- Sets priorities
- Celebrates success!
Performance Improvement Projects = PIPs
PERFORMANCE IMPROVEMENT PROJECTS = PIPs

• How will you decide on PIPs?
• Generally the RESIDENT’S NEEDS ARE HIGHEST PRIORITY.
ABCs OF PIPs

• CMS uses a lot of fancy words
• They say you should “draft a charter”
• This is a fancy way of saying “write a description of what you hope to accomplish”
ABCs OF PIPs

Designate a CHAMPION or sponsor for each PIP
What are you trying to accomplish?
ABCs OF PIPs

What changes can we make that will result in improvement?
ABCs OF PIPs – TIPS FOR SETTING AIMS

1. State the aim clearly
2. Include numerical goals that require fundamental change to the system
3. Set goals
4. Avoid aim drift
5. Be prepared to refocus the aim
How will you know that change is an improvement?
# ABCs OF PIPs - MEASUREMENTS

<table>
<thead>
<tr>
<th>Purpose</th>
<th>To bring new knowledge into daily practice</th>
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<tbody>
<tr>
<td>Tests/PDSA cycles</td>
<td>Many sequential, observable tests/PDSA cycles</td>
</tr>
<tr>
<td>Biases</td>
<td>Stabilize biases from test to test/PDSA cycles</td>
</tr>
<tr>
<td>Data</td>
<td>Gather “just enough” data to learn and complete another cycle</td>
</tr>
<tr>
<td>Duration</td>
<td>“Small tests of significant changes” accelerates the rate of improvement</td>
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MEASURING PIPs

• How does the system impact the residents?
• Are you getting the results you wanted?
We Know About PIPs
How Do We START?
Different ways to develop and lay out plans for improvement; only a couple are discussed
PLAN, DO, STUDY, ACT (PDSA)

Use the Plan-Do-Study-Act (PDSA) Worksheet to help your team document a test of change.
**Aim:** (overall goal you wish to achieve)

*Every goal will require multiple smaller tests of change*

<table>
<thead>
<tr>
<th>Describe your first (or next) test of change:</th>
<th>Person responsible</th>
<th>When to be done</th>
<th>Where to be done</th>
</tr>
</thead>
</table>

**Plan**

<table>
<thead>
<tr>
<th>List the tasks needed to set up this test of change</th>
<th>Person responsible</th>
<th>When to be done</th>
<th>Where to be done</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Predict what will happen when the test is carried out</th>
<th>Measures to determine if prediction succeeds</th>
</tr>
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**Do**

Describe what actually happened when you ran the test

**Study**

Describe the measured results and how they compared to the predictions

**Act**

Describe what modifications to the plan will be made for the next cycle from what you learned
During this stage, the change is tested, followed by data collection and preliminary data analysis.
PDSA CHECKLISTS - STUDY

How do the actual results compare to the predictions?
If the change was successful and will be expanded to other parts of the facility, how will we spread the change?
Goal setting is important for any measurement related to performance improvement.
SMART FORMULA – GOAL SETTING WORKSHEET

- SPECIFIC
- MEASURABLE
- ATTAINABLE
- RELEVANT
- TIME-BOUND
Root Cause Analysis
ROOT CAUSE ANALYSIS
GETTING TO THE ROOT OF THE PROBLEM

It’s tempting to try to come up with a solution before we really understand what is causing the problem.
Example:

Lost personal laundry is a common problem
Another common concern in homes is “hoarding” of linens.
ROOT CAUSE ANALYSIS
WAYS TO GET THERE - LEAVE YOUR BOXES BEHIND

Think outside the box

*It is extremely important, when doing this exercise, not to cut off the flow of ideas from participants*
Flow Chart
Almost any service is the result of a series of tasks performed by several different departments.
ROOT CAUSE ANALYSIS
WAYS TO GET THERE

• Root Cause Analysis (RCA) is a method of “drilling deeper” and asking WHY at each level.
• Consider this example:
  – A resident fell while walking. WHY did she fall?
• NOW develop a plan of action.
ROOT CAUSE ANALYSIS
WAYS TO GET THERE

Many ways to conduct Root Cause Analysis
SAMPLE QAPI PROJECT – FALL ANALYSIS

• Analysis reveals a peak in falls between 6:45 pm and 7:30 pm
• The second most common time for falls is 5:30 am – 7:30 am.
• The evening falls are analyzed further and related to bathroom patterns and habits.
• The morning falls and people’s sleeping habits were further analyzed.
• The home reviewed the hours employees worked
  - In activities, dietary, and care assistance
  - Shifted activity programming for more after dinner activity to provide care givers assistance with supervision
  - Dietary began clearing tables 10 minutes later and bringing out dessert to slow down the dining process.

• Residents who woke early were provided newspapers, toast, and coffee in their rooms after being assisted (as needed) to use the bathroom.
QAPI SUMMARY

• QAPI allows you to take more credit and act more creatively
• Don’t get fixated on the small details
• If an intervention doesn’t work (or doesn’t work well enough), try, try again!
FINAL THOUGHTS

• QAPI is a daily process and there should be daily work toward QAPI benchmarks

• QAPI doesn’t end when the meeting ends
Questions or Concerns?
REFERENCE


• Nursing Home QAPI; CMS Webinar 2012


RESOURCES
