Session #R19

Best Practices to Simply Making QAPI Your Foundation to Quality

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Objectives:

• Evaluate the current-state of QAPI regulations and all updates CMS has set forth this year
• Describe and evaluate successful QAPI programs and initiatives that other long-term care providers have implemented through their organization defined by QAPI standards
• Design a mock QAPI Program and Performance Improvement Project (PIP) with participation and involvement by the attendees of this session

What Does QAPI Mean To You?
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What Does QAPI Mean To You?

What does QAPI mean?

Quality Assurance and Performance Improvement...

“Transforming the lives of nursing homes residents with continuous attention to quality of care and quality of life.”

QAPI News Brief, V.1, 2013
QAPI + Culture Change

“Look to your Left, then look to your Right…..”
Lou Gerstner, CEO of IBM – 1990s

The Beginning...
Affordable Care Act [Section 6102(c)]
Compliance *** Ethics *** Enforcement
• CMS Mandate
• Pilot Program
• Prototype
• Technical Assistance
• Regulations

The Beginning...
Affordable Care Act [Section 6102(c)]
• Aligning with Venues of Care
  • Acute: 2003
  • Home Health: 2008
• Transparency
• P4P
The Beginning...
S&C Letter: 13-05-NH

- Released December 14, 2012
- Announced that a core set of introductory materials would be made available on the QAPI website by **February 2013**
- **QAPI at a Glance** guide
- Instructs the Secretary to ensure that technical assistance for QAPI is available prior to new regulations

CMS Demonstration

- University of Minnesota / Statis Health / CMS
- Common Framework = Five Elements
- Two (2) Year Demonstration [August 2013]
- 17 LTC Communities
  - California (4)
  - Florida (4)
  - Massachusetts (4)
  - Minnesota (5)

QAPI Demonstration Findings

**SNF Challenges**

- Converting DATA into Information
- Eliminating Bias
- **Structuring a PIP**
- **Root-Cause Application**
- Coordination across Disciplines
The QAPI Timeline

The (PI) Difference

The Five (5) Elements
Tools Offered

- **QAPI Self-Assessment Tool**
  - Before and After ‘Assessment’
  - **BE HONEST**
  - Involve QAPI Team/Leadership
- 24 Questions

How Well Do You Know You?!?

12 Action Steps to QAPI

Which of these are key opportunities or potential targets in long-term care?
Step 1
Leadership and Accountability

- The Right Leadership for Right Purpose
- Understand ‘todays’ culture vs. ‘potential’
- Be OPEN and HONEST

Step 2
Develop Approach to Teamwork

- Revisit each persons role in QAPI
- Identify gaps in Teamwork – remove the ‘T’
  - Who’s on ‘team’ today vs. ‘future’ opportunities
  - What resources are needed for ‘Team’ to ‘Work’
Step 3  
Self-Assessment

- Have You?!  
  - Do it...do it, again...  
- Have Others?!  
- Don’t be afraid

Step 4  
Identify Guiding Principles

- Document ‘who’ you are  
  - Mission and Vision  
- Assess and Discuss  
- Document, and then some!

Step 5  
Develop Your QAPI Plan

- Provide timeline for writing your plan  
  - Establish milestones for review  
- QAPI Plan ~ Living & Breathing Care Plan  
- The Details  
Step 6
Conduct Awareness Campaign

• Communicate!
  • Internal (and External)
  • Culture Change-Agent
  • Anticipate Barriers

Step 7
Data Collection and Use Strategy

• Get the Facts!
• What’s your plan? Who?
• Assess ‘Today’ vs. ‘Potential’ Data-Sources
• Ask for More

Step 8
Identify Gaps and Opportunities

• Objective Review
• Prioritize Good vs. Bad
• Identify ‘Themes’
• Begin to Communicate
Step 9
Prioritize and Charter PIPs

• Align PIPs with organization’s Guiding Principles
• Establish PIPs and Goals
• Approve and Communicate the PIPs mission
• SMART Goals!

Step 10
Plan, Conduct, Document PIPs

• Traceable (consistent workflow)
  • Use a model for problem-solving
• Use Data and Tools
• Team Effort

Step 11
Root Cause Analysis (RCA)

• Assess Scenario(s)
• Ask Questions (Five Whys)
• Avoid ‘Blame-Game’ as the Root-Cause
• Be Critical
Step 12
Take Systemic Action

- Avoid Weak Interventions
- Education, Policies, etc.
- Focus on Strong ‘Changes’
- Conduct Small-Scale Pilots/Tests
- Document!

Your Key Ingredient

‘PIP-RCA’
[pəˈpriːˌkaː]

Ask Why
The Five Whys

**The PIP Plan**

- **SMART Goal**
  - To understand why residents are losing too much weight based on measures provided and to develop a plan to decrease the occurrences and minimize the risks associated
  - Six (6) to eight (8) months
  - One Community (Wing)
  - Communication to Steering Committee Monthly

**Weight Loss PIP**

**Weight Loss PIP**

- **SMART Goal**
  - To understand why residents are losing too much weight based on measures provided and to develop a plan to decrease the occurrences and minimize the risks associated
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Weight Loss PIP

- PIP Team
  - Dietary Services/ Lead CNA
  - MDS Coordinator / DON/ Chef
- Data
  - Public Measures
  - Staff Feedback (Family)
  - Survey Results
  - Care Conferences

Weight Loss Trends - QM

Weight Loss – Five Whys
Residents are found to be refusing snacks during the day and not eating most or all of their main meals offered

- Why?
  - Staff identified residents were not happy with the time of day meals were offered nor were they satisfied with offerings of snacks.
- Why?
  - It was determined that current policy was to offer two kinds of snacks during the day to all residents and there was set schedules for when breakfast/lunch/dinner were served.
Residents are found to be refusing snacks during the day and not eating most or all of their main meals offered

• Why?
  – When policies were established, meal times were set around staff schedules and for consistency, snacks were offered of similar type so that staff and residents could remember what the offerings were

• Why?
  – At the time of the policy, there was little details available to know who might need snacks to supplement limited meal intake

### Weight Loss – Five Whys

### Data – Publicly Reported Measures

### MDS Data – “Clinical Links”

- Links across other care domains
- Leading to Critical Thinking
Point of Care Intelligence

- Meal tolerance < 50%
- Fluid Intake < 1000cc
- 300 Day Weight

Mike Aker – Meal Average <50% Last 24 Hour

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Weight Loss QAPI PIP

The Root Cause Analysis

- Survey conducted by Dietary Services
- Food Quality
- Meal Times
- Resident Choice

Drill-Down to Clinical Findings

- Current Weight Schedule
- Eating/Fluid Programs
- Meal Times
- Choice

Critical Thinking Probes

The Root Cause Analysis

- Who are the residents at-risk / losing weight
- Why are they losing weight
- What trends are observed related to weight loss
- When are weights taken
- How are we monitoring for interventions
Critical Thinking – Clinical Links

• Do these residents receive a weight-monitoring program?
  • If not, why?
• Have we assessed their individual goals and needs after interventions?
  • How often?
  • Have we consulted with the dietician and reviewed real-time data?
  • Are we offering choices?
• Do we collect data across shifts to monitor contributing factors?
  • Daily input of meals consumed?
  • Are we alerting the staff?
  • Consulting the resident?

Weight Loss - Conclusion

• Ongoing PIP
• Sub-PIPs in-process
• Confidence weight loss is declining

Cognition PIP
Trends in Cognition

QAPI PIP
Cognition and Behaviors

The PIP Plan

- SMART Goal
  - To decrease Cognitive Impairment and Resident Behaviors/Depression indicators to 20% or less from 35%
  - Four (4) to six (6) months
  - One Community (Wing)
  - Communication to Steering Committee Bi-Weekly

QAPI PIP
Cognition and Behaviors

- PIP Team
  - Social Services Director / CNA / MDS Coordinator
  - Administrator/ Unit Manager / Maintenance Director

- Data
  - High incidence of cognition decline
  - High observance rates based on Quality Measures
  - Feedback from family and staff
**PIP - Cognition**

**The Root Cause Analysis**

- Interviewed Each Resident
  - Determined quickly correlation between majority residents being long-stay and very few were short-stay
  - High percentage had reduced social interactions/behavior issues/depression (~40%)
  - Many slept during the day (87%)
- Observed Surroundings and Social Interaction
  - Few would take trips outside of SNF

**PIP - Cognition**

**The Root Cause Analysis**

- Assessed MDS Outcomes and Reviewed Nursing Notes
  - CAA review demonstrated several interventions in place already
- Researched studies of cognitive/mood issues in elderly populations
  - Looked for latest evidence based interventions and studies
  - Vitamin D Deficiencies / Drug Interactions / Activity Diversions

**PIP - Cognition**

**The Proposed Action**

- Replaced Traditional Lighting to UV
  - One Community (Wing)
    - Rooms / Bathrooms / Common Areas in Wing
  - 30 to 60 Day Follow-Up
Cognition - Conclusion

- Concluded – 6 Campuses
- Decreases (change) demonstrated
- Kick-Starting other material changes (PIPs)

Sources of Data

Think outside of what you use today

- Quality Measures
- CMS / Public Reporting
- National SNF/NF Trends
- Survey Outcomes
- Observations / Interviews
- National Studies / Publications
Sources of Data
Think outside of what you use today

• Staffing Data
• Intelligence Engines
• Electronic Health Records
• Satisfaction Surveys
• Billing and Operational Reporting
• Outside Vendors

Session Participation – PIP

Questions Remain

• When do we get the final rule?
• What will be the Surveyor focus?
• Will QAPI materials/data/notes be protected?
• How long do we have to implement QAPI standards?
Don’t Forget Your Key Ingredient!

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[pəˈpiriːka]
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