Making Quality Assurance and Performance Improvement (QAPI) Work in Nursing Homes

Lessons from the National QAPI Demonstration Project and Implications for Social Workers

Social Work NH Webinar Series
November 14, 2013, 4:00 to 5:15 PM ET

Webinar Plan

- Overview of QAPI
  - Definition
  - Elements
  - Action Steps
  - Tools and Resources
- QAPI National Demonstration
  - Purpose and Method
  - Finding and Implications
- National Rollout
- Social Work Possibilities
- Challenges
- Dialogue, Discussion, Comments

QA + PI = QAPI

<table>
<thead>
<tr>
<th>Quality Assurance</th>
<th>Performance Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Motivation</td>
<td>Measuring compliance with standards</td>
</tr>
<tr>
<td>Attitude</td>
<td>Required, reactive</td>
</tr>
<tr>
<td>Focus</td>
<td>Outliers, “bad apples”</td>
</tr>
<tr>
<td>Scope</td>
<td>Medical/nursing care</td>
</tr>
<tr>
<td>Responsibility</td>
<td>Few</td>
</tr>
</tbody>
</table>

QAPI Defined

Quality Assurance and Performance Improvement (QAPI) is a data-driven and pro-active approach to quality improvement.

Activities of this comprehensive approach are designed to involve all members of an organization to continuously identify opportunities for improvement, address gaps in systems through planned interventions in order to improve the overall quality of the care and services delivered to nursing home residents.

QAPI History and Mandate

- Mandated for Nursing Homes in ACA 2010
- Statute required that CMS develop TA on best practices to implement QAPI in advance of expected QAPI regulation
- Brings NHs in alignment with other health care sectors already having QAPI requirements
- The NH difference:
  - NH is meant to be a home not just a care site
  - Hands-on inspections in NH
- NH need QAPI plan within a year after rule is promulgated

Rosalie A. Kane, PhD, MSW

Rosalie A. Kane is a professor in the Division of Health Policy and Management, the School of Social Work, the Center on Aging, and the Center for Biomedical Ethics, all at the University of Minnesota. From October 2010 through September 2013, she was the National Director of the QAPI demonstration project. Her research and teaching focuses on health care ethics and bioethics, with particular emphasis on ethical issues in aging and end-of-life care settings, and technical assistance material for Quality Assurance and Performance Improvement (QAPI) in nursing homes, which included conducting and evaluating a 17-facility multi-state QAPI demonstration. Her research career addresses quality of care and quality of life in nursing homes, the evolution and quality of assisted living, care management and care coordination, family caregiving, evaluation of Green House™ and other small-house nursing homes, and ethics policies to balance both access and quality of care. Kane has created evaluation instruments and tools and implemented them in national and state-wide demonstration projects. Co-developer of the website nhQAPIplus, she is an expert on the regulatory policy. Her current studies deal with how physical environments affect consumer outcomes, small-house nursing homes and other culture change in nursing homes, and programs that facilitate return to the community for nursing home residents. She is a past editor-in-chief of both Quality & Safety in Health Care and the Journal of Aging, Nursing, and Ethics. Kane has authored and co-authored numerous books and articles, including several books on ethical issues in long-term care. She holds a PhD in Social Work, from University of Utah, 1979, an MS in Social Work, Simmons College, 1965 and a BA, History/English Language, from University of Toronto, 1962.
Humpty Dumpty sat on a wall.

Humpty Dumpty had a great fall.

All the king's horses and all the king's men, couldn't put Humpty together again.

So Humpty sued the king's men for malpractice.

And sued the wall's engineer for defective design.

And sued the city for negligence.
5 Elements of QAPI

QAPI Element 1
A QAPI program must be ongoing and comprehensive, dealing with the full range of services offered by the facility, including the full range of departments. When fully implemented, the program should address all systems of care and management practices, and should always include clinical care, quality of life, and resident choice. It aims for safety and high quality with all clinical interventions while emphasizing autonomy and choice in daily life for residents (or resident’s agents). It utilizes the best available evidence to define and measure goals. Nursing homes will have in place a written QAPI plan adhering to these principles.

QAPI Element 2
The governing body and/or administration of the nursing home develops and leads a QAPI program that involves leadership working with input from facility staff, as well as from residents and their families and/or representatives. The governing body assures the QAPI program is adequately resourced to conduct its work. This includes designating one or more persons to be accountable for QAPI, developing leadership and facility-wide training on QAPI; and ensuring staff time, equipment, and technical training as needed for QAPI. They are responsible for establishing policies to sustain the QAPI program despite changes in personnel and turnover.

QAPI Element 2, cont’d
The governing body and executive leadership are also responsible for setting priorities for the QAPI program and building on the principles identified in the design and scope. The governing body and executive leadership are also responsible for setting expectations around safety, quality, rights, choice, and respect by balancing both a culture of safety and a culture of resident-centered rights and choice. The governing body ensures that while staff are held accountable, there exists an atmosphere in which staff are encouraged to identify and report quality problems as well as opportunities for improvement.
Element 3: Feedback, Data Systems and Monitoring
The facility puts in place systems to monitor care and services, drawing data from multiple sources. Feedback systems actively incorporate input from staff, residents, families, and others as appropriate. This element includes using Performance Indicators to monitor a wide range of care processes and outcomes, and reviewing findings against benchmarks and/or targets the facility has established for performance. It also includes tracking, investigating, and monitoring Adverse Events that must be investigated every time they occur, and action plans implemented to prevent recurrences.

**Red highlights possibilities and/or challenges for the Social Work-QAPI Connection.**

Element 4: Performance Improvement Projects (PIPs)
The facility conducts Performance Improvement Projects (PIPs) to examine and improve care or services in areas that are identified as needing attention. A PIP project typically is a concentrated effort on a particular problem in one area of the facility or facility wide; it involves gathering information systematically to clarify issues or problems, and intervening for improvements. PIPs are selected in areas important and meaningful for the specific type and scope of services unique to each facility.

**Red highlights possibilities and/or challenges for the Social Work-QAPI Connection.**

Element 5: Systematic Analysis and Systemic Action
The facility uses a systematic approach to determine when in-depth analysis is needed to fully understand the problem, its causes, and implications of a change. The facility uses a thorough and highly organized/structured approach to determine whether and how identified problems may be caused or exacerbated by the way care and services are organized or delivered. Additionally, facilities will be expected to develop policies and procedures and demonstrate proficiency in the use of Root Cause Analysis. Systemic Actions look comprehensively across all involved systems to prevent future events and promote sustained improvement. This element includes a focus on continual learning and continuous improvement.

**Red highlights possibilities and/or challenges for the Social Work-QAPI Connection.**

RCA- Root Cause Analysis

Applying the 5 Elements
- They are in no particular order
- They are mutually re-enforcing
- They are a framework: action plans and skills still needed
Action Steps

- Leadership Responsibility and Accountability
- Develop a Deliberate Approach to Teamwork
- Conduct a QAPI Awareness Campaign
- Take your “QAPI” Pulse with a Self-Assessment
- Identify Your Organization’s Guiding Principles
- Develop Your QAPI Plan
- Develop Strategy for Collecting and Using QAPI Data
- Identify your Gaps and Opportunities
- Prioritize Quality Opportunities and Charter PIPs
- Plan, Conduct and Document PIPs
- Get to the Root of the Problem
- Take Systemic Action

QAPI at a Glance

- Detail & examples in step-by-step guide.
- Can be resource for discussion, self-study & training.
- Contains tools & links.
- Available for download on new CMS website:
  [CMS website link]

Tools for QAPI

- QAPI process tools—any form, template, protocol, checklist that assists with implementation of QAPI
  - Includes dashboards, RCA tools, PDSA cycle
- Topic tools—any measure of process or outcome that could be used to monitor quality improvement or any protocol that is used to implement improved care on a particular topic
  - Examples: INTERACT II; Advancing Excellence Tools; OASIS tool for managing dementia w/o off-label anti-psychotic use
- Tools are essential but QAPI is not about the tools, and many different tools can work for QAPI processes
RCA Tools - 5 WHYS

Getting Better all the Time:
Working Together for Continuous Improvement

A Guide for Nursing Home Staff
Prepared by Cobble Hill Health Center & Isabella Health Care, NYC

QAPI Demo Quick Facts
- 17 volunteer nursing homes in 4 states
- 2 year project: 10/2010 – 9/2013
- Demo homes asked to:
  - Develop QAPI using CMS 5-element framework
  - Receive Technical Assistance (TA)
  - Preview suggested tools, resources & training
  - Participate in a Learning Collaborative
    • 3 in-person meetings + webinars

Variation in Demo Participants
- NH selected to provide variation in:
  - Freestanding status versus members of multi-facility corporations
  - Size
  - Range of prior QAPI experience
  - Five-star ratings
  - Urban/rural
  - Staff turnover
  - Culture change experience.
- States also chosen for variation
  - Structure of industry, labor force, regulatory & reimbursement policy, QIS/non-QIS states for survey process
Demo Purpose

- Learn from demo homes about QAPI implementation experiences
  - Strategies used
  - Pace and sustainability
  - Accomplishments and challenges
- Learn what tools, resources, TA, and learning approaches were helpful and how to improve them.
- Identify case examples and begin to define “best practices”

Results

- Almost all had made progress with QAPI plans
- 16 had one or more PIPs completed or in process.
- 1 home that experienced ownership & leadership changes and quality challenges in first 3 months made little progress in first demo year.

Note: Once in place, QAPI is expected to assist with managing personnel transitions and quality issues, but infrastructure development difficult in the midst of crisis.

Results 2

- QAPI not only issue preoccupying NHs
- ½ NHs had substantial change in leadership over 2 years
- Many had other stress while starting QAPI
  - Audits, surveys
  - New Constructions
  - EHR and other technologies
  - Census issues

Results 3

- Implementing QAPI is complex.
  - Required some shift in thinking for all demo homes
  - QAPI does not just come naturally
  - Use of structured tools to implement helped.
- Learning Collaborative helped.
  - Brought structure, exposure to experts, interactions with peers, and deadlines for presentations.
- Nursing homes varied in initial approach to the task.
  - Some focused on awareness campaigns and self-education
  - Some emphasized PIPs.

Results 4

- Implementation success not predicted by:
  - Five star rating status
  - Degree of culture change & person-centered care
  - Extent of corporate resources for quality
- Culture change gave head start in resident and direct care staff involvement.
  - But data systems often lacking
- Corporations with commitment to CQI or TQM had relevant material.
  - But needed to make it usable at facility level.

Greatest Challenges

- Using data systematically to get a comprehensive overview of performance
  - Turning data into meaningful information
- Building in systematic resident and family input without bias
- Structuring PIPs—failure to use rapid cycle.
- Applying root cause analysis
- Using systems thinking in all quality efforts
- Breaking out of silos of disciplines, departments, & shifts to work system-wide.
Demo Home Perspectives

- QAPI is a practical approach to problem-solving.
- Initially the volume of tools and resources for QAPI was overwhelming.
- QAPI at a Glance earlier can put QAPI in perspective.
- Hope that the survey process will be compatible with the QAPI processes.
  - Joint NH and surveyors training.
- Storyboards good for celebrating success

Use of tools

- Tools liked and used a lot:
  - Outline for Written QAPI Program Plan
  - QAPI Program Assessment & Evaluation Tool
  - Tool to develop QAPI plan
  - Worksheet to Develop a Dashboard
  - Prioritization Worksheet for PIPs
  - Worksheet to Create a PIP Charter
  - PIP Planning & Monitoring Tool
  - Plan-Do-Study-Act (PDSA) Template
  - Fishbone Tool for Root Cause Analysis
  - Five Whys Tool
  - Brainstorming, affinity grouping, and multi-voting tool
- Different strokes for different folks
  - Many other tools or resources “discovered” and used effectively by leaders in one or more demo homes.

National Roll-Out

Supports for QAPI

- Training materials
  - Core QAPI team
  - Front line staff
  - Train the trainer approaches
- QAPI Tools to implement each element
- CMS website launched
- Survey & Certification Memos

It Takes a Village

- Potential partners for roll-out
  - QIOs
  - Advancing Excellence LANES
  - State NH Trade Associations
  - Consumer advocacy groups
- Learning Collaboratives
  - Could be led by any partners & by NH corporations
- Professional associations
- Resources for specific content
  - Training resources

CMS QAPI Website

http://go.cms.gov/Nhqapi
Links to CMS Resources

- CMS QAPI video on Youtube
  http://youtu.be/XjkNNEjO_Ec
- CMS QAPI website
  http://go.cms.gov/Nhqapi

Survey & Certification Memo 13-37-NH, June 7, 2013
Rollout of Quality Assurance and Performance Improvement (QAPI) Materials for Nursing Homes

Implications for Social Work Practitioners and Educators

Natural Affinities
- Emphasis on quality of life
- Emphasis on teamwork
- Hearing the resident voice
- Hearing the family voice
- Opportunities to create projects re QOL, choice, and psychological well-being
  — These can be recognizes as high risk, high volume areas of need

Challenges
- Make QAPI work in post-acute and TCU units
- Make QAPI work in Alzheimer’s units
- Identify or create the necessary measures of process and outcome
- Work from evidence
  — Meaning of evidence in NH context
- Incorporating QAPI into everyday work
- NHs have more to do than QAPI
  — NH SW’s are already busy

Getting Ready
- SW Practice Uneven in NHs
  — QAPI need is to be confident in own profession and able to work across disciplines
- Unfamiliar territory
  — PIPs, PDSA cycle, RCA PIPs
  — PDSA cycle
- Stepping up to leadership roles
- Working across NHs
- Leading Learning Collaboratives
- Role of the organized profession.
Your Turn

Questions, Comments, Ideas?

For more information:
Rosalie Kane
kanex002@umn.edu