



Civil Money Penalty Reinvestment Network

Elevate Care

Thanks for joining us!

Please sign-in using the chat box:

Example:

Luvetta Abdullah, OK, CMP@health.ok.gov



Our Purpose

A national network to share experiences, challenges, and successes with the reinvestment of CMP funds to improve care in nursing homes.



Today's Agenda

- Polling Question
- Quality Assurance Performance Improvement (QA-PI)
- Questions
- Wrap-up

Materials are online at

CMP.health.ok.gov

Navigate on the left panel to “National CMP Reinvestment Network”

Also available on tn.gov/health

Search for “Civil Monetary Penalty” and select Nursing Home Civil Monetary Penalty (CMP) Quality Improvement Program. Select “National CMP Reinvestment Network”



Polling Question

Do we want to use this networking platform to give potential CMP contractors an opportunity to discuss their Long-Care Services?



Presentation

QA-PI

Quality Assurance Performance Improvement

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Quality Assurance and Data Systems (QADS) Director
Quality Improvement and Evaluation Services (QIES)



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Quality Improvement Director, OFMQ



CMP Managers & Guests



Today's Learning Objectives

- QAPI History-“How It All Began.”
- Overview of QA & PI- “They Are Not The Same.”
- What is Quality Improvement (QI) and Does it Equal Performance Improvement (PI)?
- What are the 5 Elements of QAPI?
- What are QAPI regulations? - “What’s In Place and What’s Now Required?”



QAPI History and “How It All Began.”

- QAPI Plans were created out of the Affordable Care Act of 2010.
- Build Care Systems Based on the QAPI Philosophy
 - ✓ Systematic
 - ✓ Comprehensive
 - ✓ Data-driven Approach



History
may lead
to new
insights!!!



They Are Not The Same...

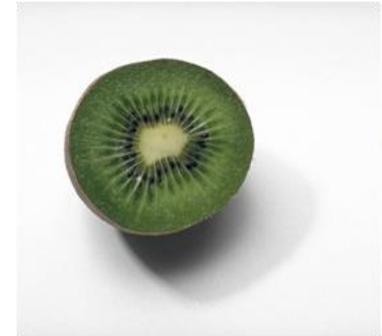
Quality Assurance



Performance Improvement/ QI



Evaluation / Monitoring



QAPI



Quality Assurance

Reactive

Works on problems after they occur

Regulatory usually by State or Federal Law

Led by management

Periodic look-back

Responds to a mandate or crisis or fixed schedule

Meets a standard (Pass/Fail)

Performance Improvement (QI)

Proactive

Works on processes

Seeks to improve (culture shift)

Led by staff

Continuous

Proactively selects a process to improve

Exceeds Expectations



1947 Plymouth brochure via Gerard Wilson (at allpar.com)



Quality Assurance

Performance Improvement (QI)

QAPI= QA+PI (QI)

Measuring compliance with standards

Continuously improving process to meet standards

Motivation

Inspection

Prevention

Means

Required, Reactive

Chosen, Proactive

Attitude

Outliers: "bad apples" Individuals

Process or Systems

Focus

Medical Provider

Resident Care

Scope

Few

ALL

Responsibility



What is Quality Improvement?



- ❖ Quality Improvement in Public Health is the use of a deliberate and defined improvement process, such as Plan-Do-Study-Act, which is focused on activities that are responsive to community needs and improving population health.”
- ❖ “It refers to a **continuous and ongoing effort to achieve measurable improvements** in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community.”

“This definition was developed by the Accreditation Coalition Workgroup (Les Beitsch, Ron Bialek, Abby Cofsky, Liza Corso, Jack Moran, William Riley, and Pamela Russo) and approved by the Accreditation Coalition in June 2009.”



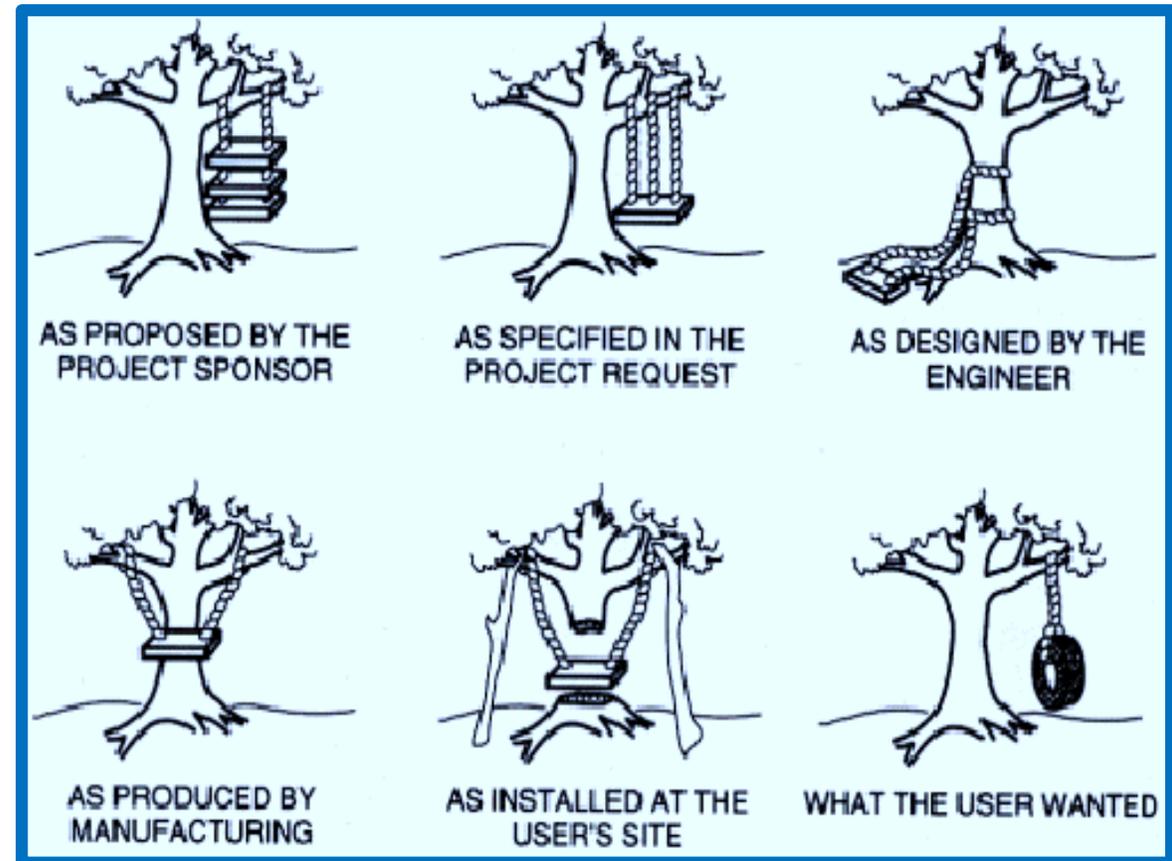
The Five Elements of QAPI

- [Element 1](#): Design and Scope
- [Element 2](#): Governance and Leadership
- [Element 3](#): Feedback, Data Systems and Monitoring
- [Element 4](#): Performance Improvement Projects (PIPs)
- [Element 5](#): Systematic Analysis and Systemic Action



The Five Elements of QAPI

- Element 1: Design and Scope
 - Ongoing & Comprehensive
 - Should Address All Systems Of Care & Management
 - Include Clinical Care, Quality Of Life, & Resident Choice
 - Aim For Safety & High Quality
 - Emphasize Autonomy & Resident Choice



The Five Elements of QAPI

- Element 2: Governance and Leadership



- Develop A Culture That Involves Leadership Seeking Input From Facility Staff, Residents, And Their Families and/or Representatives.
- Provide Adequate Resources To Conduct QAPI Efforts.
- Have One Or More Persons Designated To Be Accountable For QAPI.
- Developing Leadership And Facility-wide QAPI Training.
- Ensure Staff Time, Equipment, And Technical Training Is Provided.
- Foster A Culture Where QAPI Is A Priority.
- Ensure Policies Are Developed To Sustain New Process And Procedure.



The Five Elements of QAPI

- Element 3: Feedback, Data Systems and Monitoring



- Monitor care and services, drawing data from multiple sources.
- Develop feedback systems actively and incorporate input from staff, residents, families, and others as appropriate.
- Monitor adverse events and have an investigative process in place every time they occur, and implement action plans to prevent recurrences.



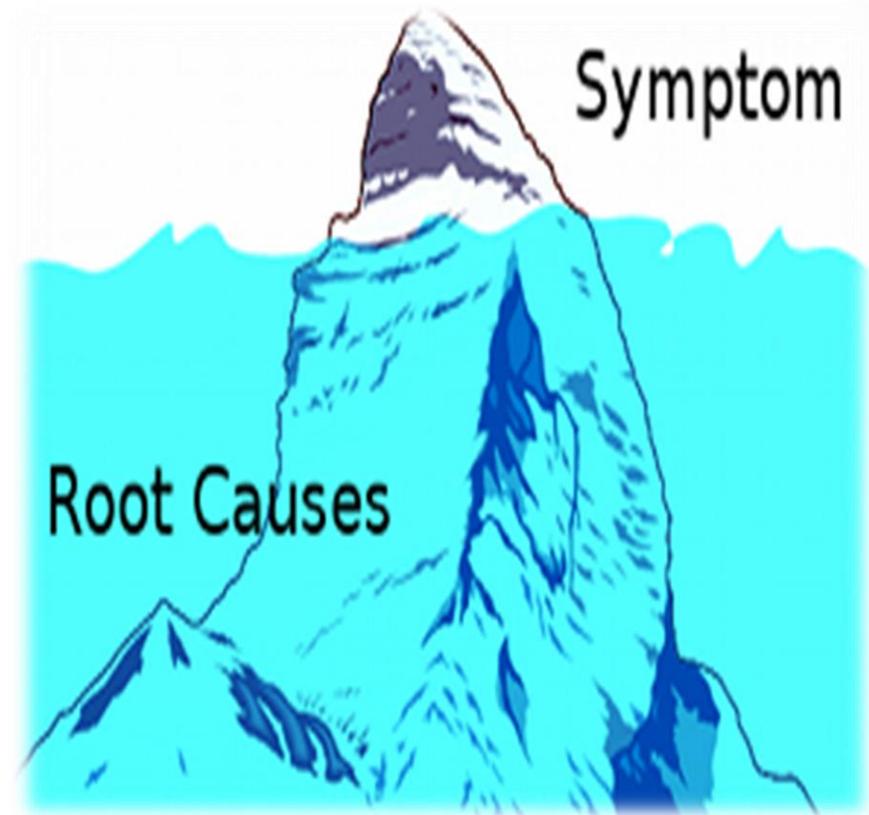
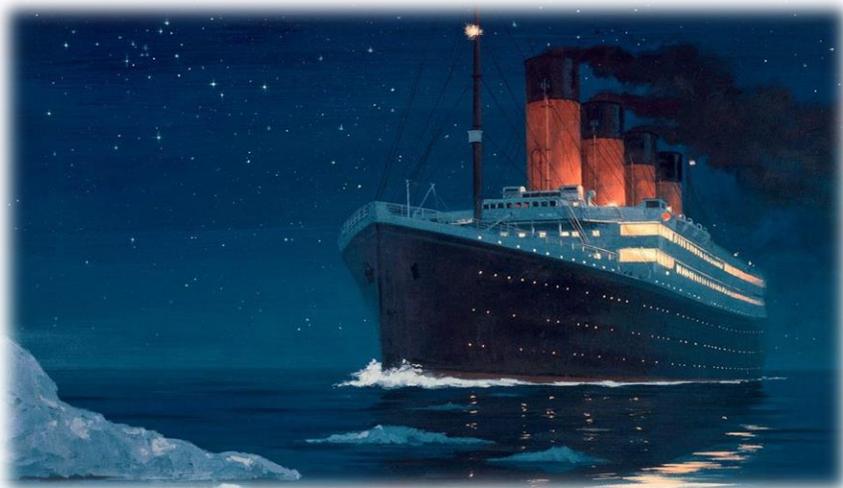
The Five Elements of QAPI

- Element 4: Performance Improvement Projects (PIPs)
 - Concentrates Effort On A Particular Problem
 - Examines /Improves Care Or Services In Need Of Attention



The Five Elements of QAPI

- Element 5: Systematic Analysis and Systemic Action
 - Use A Systematic Approach
 - Develop Policies And Procedures
 - Demonstrate Proficiency In Root Cause Analysis



WHY QAPI?



Results
of Investment
in Public
Health



Foundation
of Quality
Resident Care



Getting
Better
all the
Time



Long Term Care Implementation Dates

Implementation Date	Type of Change	Details of Change
Phase 1: November 28, 2016 (Implemented)	Nursing Home Requirements for Participation	New Regulatory Language was uploaded to the Automated Survey Processing Environment (ASPEN) under current F Tags
Phase 2: November 28, 2017	F Tag numbering Interpretive Guidance (IG) Implement new survey process	New F Tags Updated IG Begin surveying with the new survey process
Phase 3: November 28, 2019	Requirements that need more time to implement	Requirements that need more time to implement



QAPI Regulations

- F865 – QAPI Program/Plan, Disclosure/Good Faith Attempt
- F866 – QAPI/QAA Data Collection and Monitoring
- F867 – QAPI Improvement Activities
- F868 – QAA Committee

Related Regulations:

- F607 – Develop/Implement Abuse/Neglect, etc. Policies
- F837 – Governing Body
- F944 – QAPI Training



F837 – Governing Body



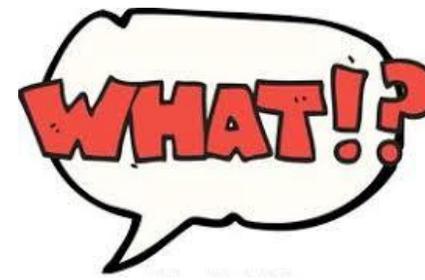
§483.70(d)(1) The facility must have a governing body, or designated persons functioning as a governing body, that is legally responsible for establishing and implementing policies regarding the management and operation of the facility; and

§483.70(d)(2) The governing body appoints the administrator who is—
(i) Licensed by the State, where licensing is required;
(ii) Responsible for management of the facility; and
(iii) Reports to and is accountable to the governing body.

§483.70(d)(3) The governing body is responsible and accountable for the QAPI program, in accordance with §483.75(f). [Implemented beginning November 28, 2019 (Phase 3).]



F866 - QAPI/QAA Data Collection and Monitoring



**§483.75(c) Program feedback, data systems and monitoring.
(§483.75(c) will be implemented during Phase 3)**

A facility must establish and implement written policies and procedures for feedback, data collections systems, and monitoring, including adverse event monitoring. The policies and procedures must include, at a minimum, the following:

Facility maintenance of effective systems to:

(c)(1) obtain and use of feedback and input from direct care staff, other staff, residents, and resident representatives

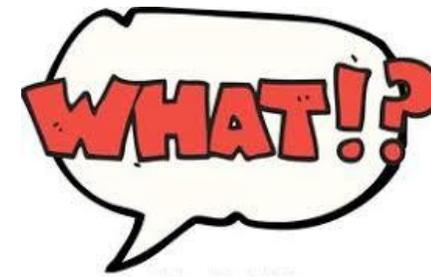
(c)(2) identify, collect, and use data and information from all departments

c)(3) Facility development, monitoring, and evaluation of performance indicators, including the methodology and frequency for such development, monitoring, and evaluation.

c)(4) Facility adverse event monitoring, including the methods by which the facility will systematically identify, report, track, investigate, analyze and use data and information relating to adverse events in the facility, including how the facility will use the data to develop activities to prevent adverse events



F867 – QAPI Improvement Activities



DEFINITIONS §483.75(g)(2)(ii)

“Plan Do Study Act (PDSA) Cycle”: An iterative four-step improvement method used to quickly test change in a process, resulting in continuous improvement. Also known as a Deming cycle, rapid-cycle improvement, or Plan Do Check Act (PDCA) cycle.

GUIDANCE §483.75(g)(2)(ii)

There are many different methodologies available to facilities for developing corrective action. CMS has not prescribed a particular method that must be used.



F868 – QAA Committee



§483.75(g) Quality assessment and assurance.

§483.75(g)(1) A facility must maintain a quality assessment and assurance committee consisting at a minimum of:

- (i) The director of nursing services;**
- (ii) The Medical Director or his/her designee;**
- (iii) At least three other members of the facility's staff, at least one of who must be the administrator, owner, a board member or other individual in a leadership role; and**
- (iv) The infection preventionist.**

[483.75(g)(1)(iv) Implemented beginning November 28, 2019(Phase 3)]



F944 – Training Requirements

§483.95(d) Quality assurance and performance improvement.

A facility must include as part of its QAPI program mandatory training that outlines and informs staff of the elements and goals of the facility's QAPI program as set forth at § 483.75.

[§483.95(d) will be implemented beginning November 28, 2019 (Phase 3)]



Nursing Home QAPI- What's in it for You?



https://youtu.be/XjkNNEjO_Ec



Thank You for Your Time!



OKLAHOMA STATE DEPARTMENT OF HEALTH



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OFMQ's Long-Term Care CMP Project

April 2017 – March 2020



TRANSFORMING LONG-TERM CARE

A Project By OFMQ

Transforming Long-term Care (TLC) Project

Objectives:

- Describe how to assist NHs with QAPI implementation
- Discuss methods for providing project feedback
- Review techniques for monitoring project success

Transforming Long-term Care (TLC) Project

OFMQ Project Goals:

- Recruit & Support 70 NHs throughout a 36-month contract
- Assist NHs to:
 - Improve MDS 3.0 Quality Measures from baseline
 - Select and Track Process Measures for improvement
 - Implement a fully-functioning Quality Assurance / Performance Improvement (QAPI) programs

Making It Happen

- Start with a team of qualified Quality Improvement Specialists (QIS)
- Consistent Assignments –QIS works with the same group of NHs
 - Recruit a team at the NH (most will also be on the QAPI Committee)
 - Start where they are
 - Divide or share QI project responsibilities
 - Remind them of successes and what they are doing right



What is Technical Assistance?

- Review data together
- May need to teach them how to read the reports
- Identify priorities, let them choose
- Set goals and start small
- Run small PDSA cycles
- Encourage and remind them to continuously communicate with one another
- Refer to local resources when needed
 - QIES helpdesk, Survey Team, University Partners, County Health Depts.

Making QI Fun



Making QI Fun



Making a Difference

How do we know we are making a difference?

- By tracking and sharing the data!
 - Provider Feedback Reports
 - QAPI Implementation Scale
 - TLC Project Dashboard



DATA



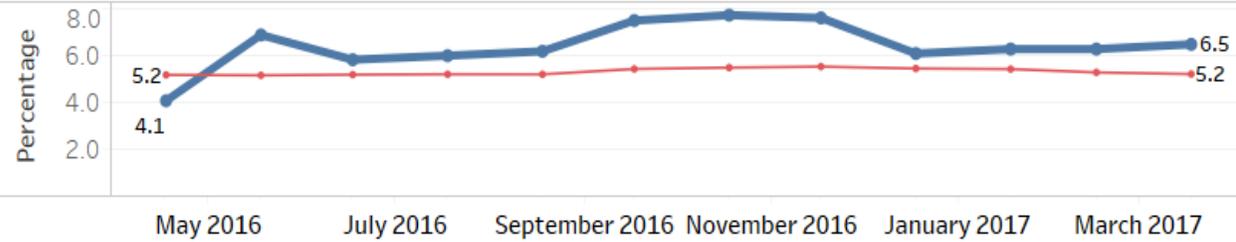
KNOWLEDGE



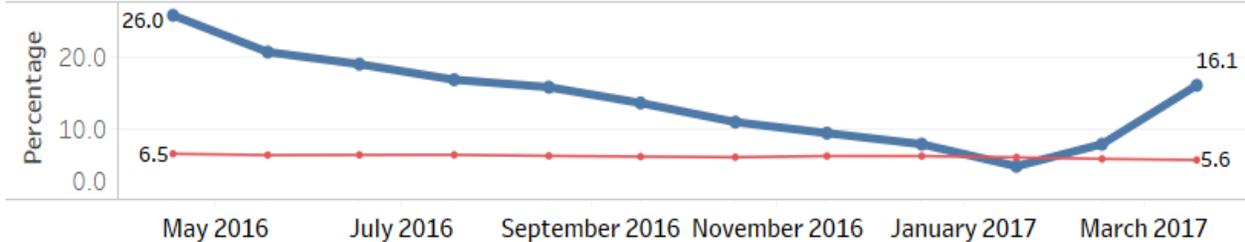
ACTION

MDS 3.0 Quality Measure Trended Data for <Insert Home Name>

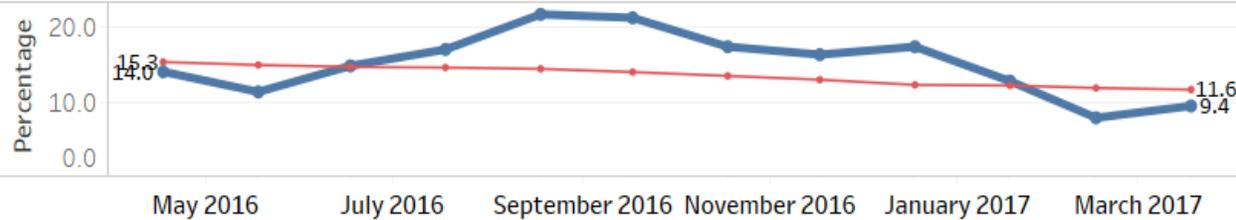
Falls w/Maj Injury (L)



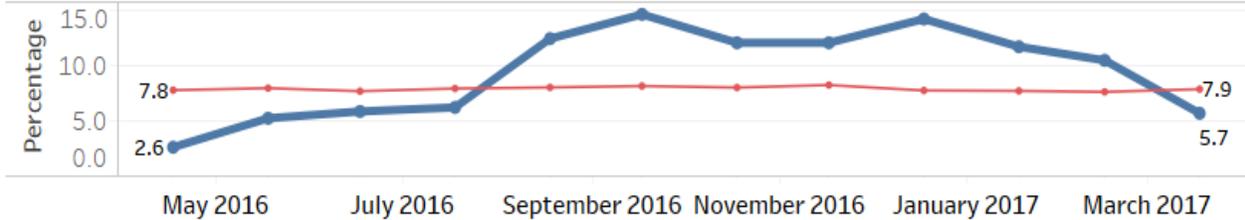
UTI (L)



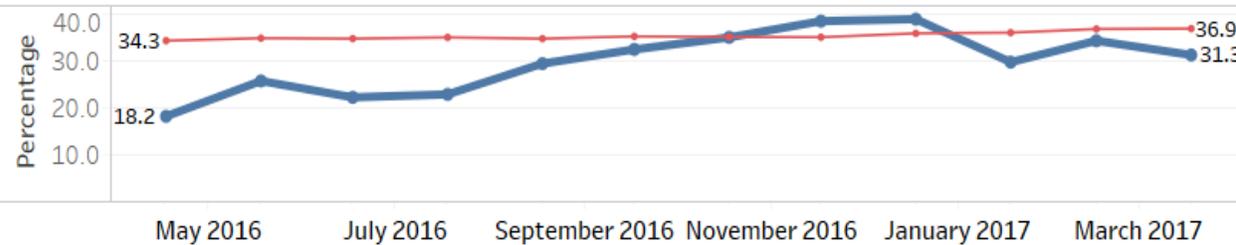
SR Mod/Severe Pain (L)



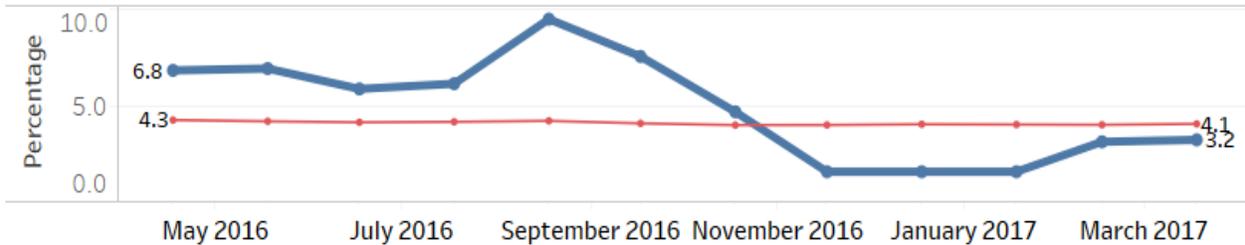
Hi-risk Pres Ulcer (L)



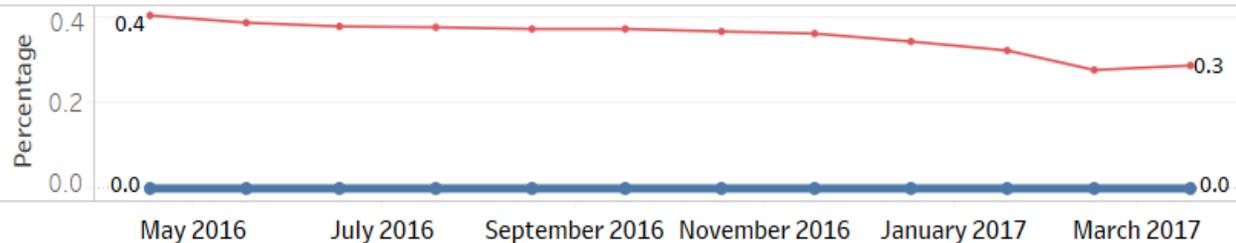
Lo-Risk Lose Bowels/Bladder Con (L)



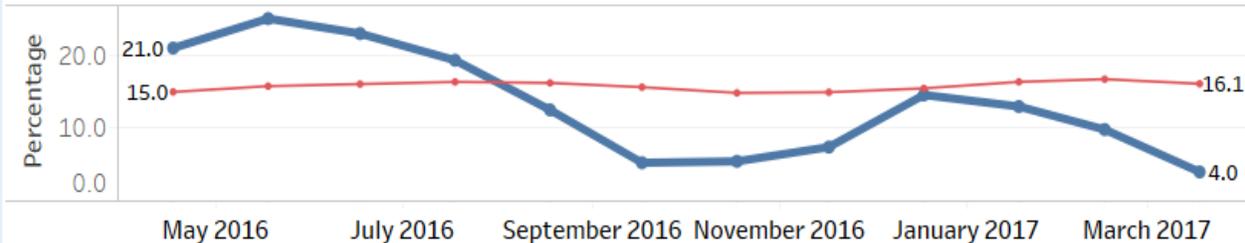
Cath Insert/Left Bladder (L)



Physical restraints (L)



Increased ADL Help (L)



QAPI Implementation Scale

Nursing Home: _____

QIS: _____

Date: _____

Level 1	Level 2	Level 3	Level 4	Level 5
<p>Must meet <u>at least 1</u> of the following 2 criteria:</p> <p><input type="checkbox"/> Conducts QAA meetings as required by State/Federal regulations</p> <p style="text-align: center;">AND/OR</p> <p><input type="checkbox"/> Has received the basic QAPI introduction by the OFMQ NH team</p>	<p>Must meet <u>at least 3</u> of the following 6 criteria:</p> <p><input type="checkbox"/> Identified QAPI Team Members</p> <p><input type="checkbox"/> Use data for QI projects</p> <p><input type="checkbox"/> Completed the QAPI Program (Vision, Mission, and Purpose Statements)</p> <p><input type="checkbox"/> PIP team in place and working on a PIP Project</p> <p><input type="checkbox"/> Has identified two (2) Quality Measures and one (1) Performance Measure for improvement</p> <p><input type="checkbox"/> Has completed the QAPI Self-Assessment Tool</p>	<p>Must meet <u>at least 5</u> of the following 6 criteria:</p> <p><input type="checkbox"/> Identified QAPI Team Members</p> <p><input type="checkbox"/> Uses data for QI projects</p> <p><input type="checkbox"/> Completed the QAPI Program (Vision, Mission, and Purpose Statements)</p> <p><input type="checkbox"/> PIP team in place and working on a PIP Project</p> <p><input type="checkbox"/> Has identified two (2) Quality Measures and one (1) Performance Measure for improvement</p> <p><input type="checkbox"/> Has completed the QAPI Self-Assessment Tool</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Meets at least 3 of the 6 criteria listed above</p> <p style="text-align: center;">AND</p> <p><input type="checkbox"/> Has <u>started</u> developing a QAPI Plan (i.e. governance & leadership, goals, scope)</p>	<p>Must meet <u>all 6</u> of the following criteria:</p> <p><input type="checkbox"/> Identified QAPI Team Members</p> <p><input type="checkbox"/> Uses data for QI projects</p> <p><input type="checkbox"/> Completed the QAPI Program (Vision, Mission, and Purpose Statements)</p> <p><input type="checkbox"/> PIP team in place and working on a PIP Project</p> <p><input type="checkbox"/> Has identified two (2) Quality Measures and one (1) Performance Measure for improvement</p> <p><input type="checkbox"/> Has completed the QAPI Self-Assessment Tool</p> <p style="text-align: center;">AND</p> <p><input type="checkbox"/> Uses an approved PIP documentation form <i>(OFMQ or other)</i></p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Has <u>started</u> developing a QAPI Plan (i.e. governance & leadership, goals, scope)</p>	<p>Must meet <u>all 6</u> of the Level 4 criteria:</p> <p style="text-align: center;">AND</p> <p><input type="checkbox"/> Has a full QAPI Committee formed</p> <p><input type="checkbox"/> QAPI Committee meets quarterly (including the Medical Director)</p> <p><input type="checkbox"/> Uses an approved QAPI Committee Meeting form to record attendance and take meeting minutes</p> <p><input type="checkbox"/> PIP Team is formed and meets monthly</p> <p><input type="checkbox"/> Uses an approved PIP documentation form <i>(OFMQ or other)</i></p> <p><input type="checkbox"/> Has some version of a QAPI Plan AND QAPI Program developed.</p> <p style="text-align: right;"><i>(Even if one or both need revision or updating)</i></p>



Funding was made possible by Civil Monetary Revolving Fund (§63-1-107.4), grant number is 3409021528.

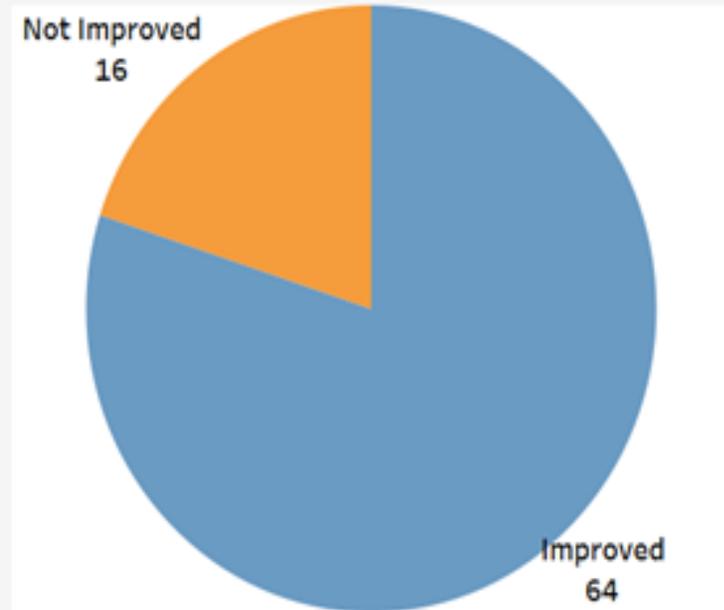
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TLC Project Level Dashboard

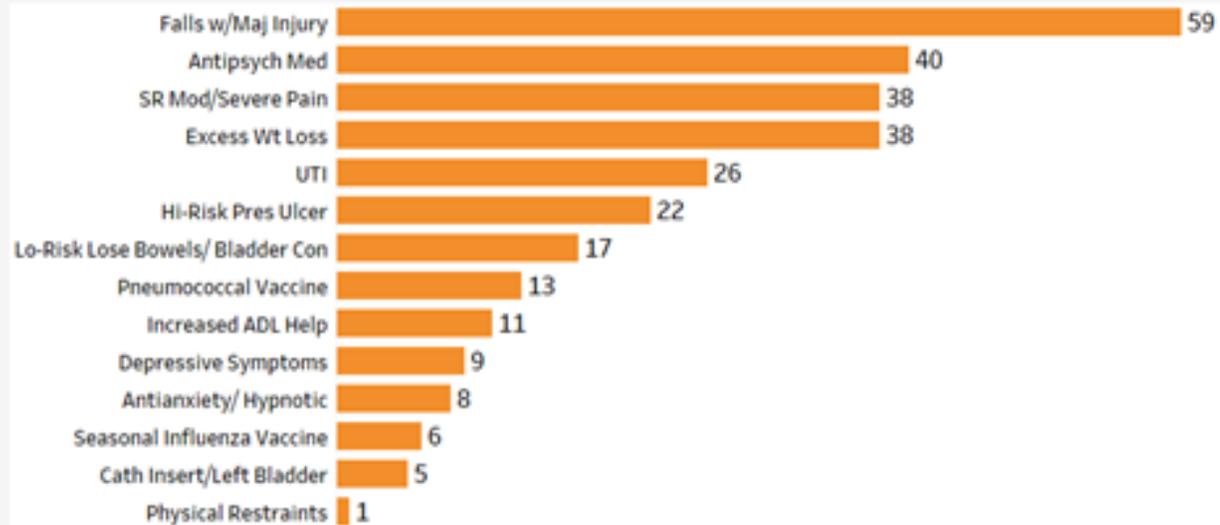
Data Through: July 2019

Current Performance

Total Homes	Base Composite	Current	Absolute	Relative	National	State
80	10.31	8.02	2.29	22.20	7.30	7.70



Quality Measures Selected by Homes



Process Measures

Staff Retention/Turnover/Stability	57
Staff Satisfaction/Recognition	16
Peer Mentoring	7
Communication	4
Person Centered Activities	3
Res/Fam Satisfaction	2
Recruitment	3
Other	5
No PM Selected	7



Success Stories

Collect and Share Success Stories

- AP med reduction (58.8% RIR)
 - Provided staff training to demonstrate the impact of their actions and approaches on residents
 - Changed their language – stopped saying resident **behaviors**, began saying resident **reactions**
- Unintended Weight Loss (100% RIR)
 - Added Physician and Dietary Manager to the PIP team
 - Began offering small, frequent meals throughout the day
- Overall Composite Score (70.4% RIR)
 - Strong multi-disciplinary QAPI team
 - Worked on multiple PIP projects: AP meds, Immunizations, Weight Loss

Thank You!



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Questions ?

The phones are unmuted for questions.



Save the Date

Future webinars:

Wednesday, March 18, 2020

Wednesday, June 17, 2020

Wednesday, September 16, 2020

Wednesday, December 16, 2020

Time: 2:00 PM Central Standard Time (CST)



Wrap-Up

Materials will be available online at CMP.health.ok.gov within 48 hours. Send additional questions to:

CMP.health@tn.gov/health

CMP@health.ok.gov

Thanks for joining us and we appreciated your participation and feedback!

