

Guide to Developing a Written QAPI Plan NNHQCC Learning Session #3

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Disclosures, Evaluation, and Certificates

- Commercial Support or Sponsorship – None
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- Evaluation link:
<https://www.surveymoz.com/s3/2963617/LSQIN-QAPI-Webinar-8-10-16>
- If questions contact continuing-ed@metastar.com. Thank you!



Objectives

- Identify the purpose of developing a QAPI Plan
- Identify how to use the Lake Superior QIN QAPI Plan Guide to develop an organization specific QAPI Plan
- Outline next steps in the development of a QAPI Plan

Be a Continuous Learning Organization

- Make systems thinking the norm
- Track your progress
- Plan and implement tests of change

Change Package

<https://www.lsqin.org/wp-content/uploads/2015/03/NH-ChangePackage-032615-Final-508.pdf>



Why Develop a Written QAPI Plan?

What Is the Purpose of a Written QAPI Plan?

- To guide your organization in developing an effective, comprehensive, data-driven Quality Assurance and Performance Improvement (QAPI) culture that improves resident outcomes and quality of life

QAPI Proposed Rule

- Each LTC facility must maintain documentation and demonstrate evidence of a QAPI program
- QAPI plan will be made available to the state agency, federal surveyor, or CMS upon request

QAPI Written Plan: How-to Guide

What's In the Guide?

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Appendix: Writing Your Plan

Appendix: Template, Sections, and Blank Tables

1. Write the Purpose of Your Organization's QAPI Plan.
2. List of Services You Provide to Residents.
3. Describe How Your QAPI Plan Will Address Key Issues.
4. Current Quality Assurance Activities.
5. Best Available Evidence.
6. Responsibility and Accountability.
7. Describe how QAPI will be adequately sourced.
8. Determine the plan for mandatory QAPI staff training and orientation.
9. Framework for QAPI.
10. Determine how the QAPI activities will be reported to the governing body.
11. Describe how a Non-Punitive Culture for staff will be implemented.
12. Identify Data Sources to Analyze Performance (*see blank table on page 21*).
13. Identify Data Sources to Identify Risk (*see blank table on page 22*).
14. Identify Data Sources to Collect Feedback/Input (*see blank table on 23*).
15. Describe how your organization will conduct Performance Improvement Projects
16. Describe how potential topics for PIPs will be identified.
17. Describe criteria for prioritizing and selecting PIPs.
18. Describe how and when PIP charters will be developed.
19. Describe how to designate PIP teams.
20. Describe how the designated team will conduct the PIP.
21. Describe your process for documenting PIPs.
22. Describe your systematic approach and tools.
23. Describe your approach to preventing future events and promoting sustained improvement.
24. Describe your approach to ensuring that planned changes/interventions are implemented and effective.

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Purpose of Your Organization's QAPI Plan

- Write the Purpose

Scope

- List services you provide
- Address key issues
- Current quality improvement activities
- Use of best available evidence

Guidelines for Governance and Leadership

- Responsibility and Accountability
- Adequate resources
- QAPI staff training and orientation
- Framework for QAPI
- Reporting to governing body
- Implementation of a non-punitive culture

Feedback, Data Systems, and Monitoring

- Data sources to analyze performance
- Data sources to identify risk
- Data sources to collect feedback/input

Feedback, Data Systems, and Monitoring

Example: Data Sources to Analyze Performance

| Data Sources | Data collection frequency | | Benchmarks used when analyzing this data source | Who will analyze the data? | Data analysis frequency | Data will be communicated with | Communicate data analysis via | Frequency of communication |
|---|--|--|---|---|--|---|---|--|
| | Suggestions | | | | | | | |
| | <ul style="list-style-type: none"> weekly monthly quarterly annually | | <ul style="list-style-type: none"> applicable clinical guidelines identified best practices national data organizational (chain) data state data | <ul style="list-style-type: none"> HR leadership team QAPI committee | <ul style="list-style-type: none"> weekly monthly quarterly annually | <ul style="list-style-type: none"> board members caregivers community Exec. leadership families QAPI leadership residents staff volunteers | <ul style="list-style-type: none"> board meetings bulletin boards dashboard newsletters posters QAPI meetings staff meetings | <ul style="list-style-type: none"> weekly monthly quarterly annually |
| CMS Quality Measures (long-stay and short-stay) | monthly | | state and national data | Leadership team | monthly | Executive leadership, QAPI leadership, staff | Meetings, QAPI IDT meetings | Monthly and quarterly |
| Falls | weekly | | Organizational data | Leadership team, QAPI committee | weekly | Residents, families, staff, QAPI leadership | Bulletin boards, dashboard, QAPI IDT meetings | Monthly |
| Medication errors | monthly | | Organizational data | DON, Leadership team, QAPI Committee | Monthly or asap if adverse drug event | Board members, QAPI leadership, staff | Staff meetings, dashboard, QAPI Meeting | Monthly or sooner if needed |

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Feedback, Data Systems, and Monitoring

Example: Data Sources to Identify Risk

| Data Sources | Data collection frequency | | Benchmarks used when analyzing this data source | Who will analyze the data? | Data analysis frequency | Data will be communicated with | Communicate data analysis via | Frequency of communication |
|--------------------------------------|--|--|---|---|--|---|--|--|
| | Suggestions | | | | | | | |
| | <ul style="list-style-type: none"> weekly monthly quarterly annually | | <ul style="list-style-type: none"> applicable clinical guidelines identified best practices national data organizational (chain) data state data | <ul style="list-style-type: none"> HR Leadership Team QAPI committee | <ul style="list-style-type: none"> weekly monthly quarterly annually | <ul style="list-style-type: none"> board members caregivers community executive leadership families QAPI committee residents volunteers | <ul style="list-style-type: none"> board meetings bulletin boards dashboards newsletters posters QAPI interdisciplinary meetings staff meetings | <ul style="list-style-type: none"> weekly monthly quarterly annually |
| Abuse, Neglect, Maltreatment reports | weekly | | Identified best practices | Leadership team | weekly | Board members, QAPI committee, state reporting agency, | Reporting requirements, meetings | As needed, weekly |
| Complaints | weekly | | Identified best practices, organizational data | Leadership team | weekly | Board members, QAPI committee | meetings | As needed, weekly |
| Family Council minutes | monthly | | Organizational data | Leadership team, QAPI committee | monthly | QAPI committee, residents families, board members | meetings | monthly |

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Feedback, Data Systems, and Monitoring

Example: Data Sources to Collect Feedback/Input

| Data Sources | Data collection frequency | | Benchmarks used when analyzing this data source | Who will analyze the data? | Data analysis frequency | Data will be communicated with | Communicate data analysis via | Frequency of communication |
|----------------------|--|--|---|---|--|---|--|--|
| | Suggestions | | | | | | | |
| | <ul style="list-style-type: none"> • weekly • monthly • quarterly • annually | | <ul style="list-style-type: none"> • applicable clinical guidelines • identified best practices • national data • organizational (chain) data • state data | <ul style="list-style-type: none"> • HR • Leadership Team • QAPI committee | <ul style="list-style-type: none"> • weekly • monthly • quarterly • annually | <ul style="list-style-type: none"> • board members • caregivers • community • executive leadership • families • QAPI committee • residents • volunteers | <ul style="list-style-type: none"> • board meetings • bulletin boards • dashboards • newsletters • posters • QAPI interdisciplinary meetings • staff meetings | <ul style="list-style-type: none"> • weekly • monthly • quarterly • annually |
| Family council | monthly | | Organizational data | Leadership team, QAPI committee | monthly | QAPI committee, staff, residents, families | Newsletters, meetings | monthly |
| Resident council | monthly | | Organizational data | Leadership team, QAPI committee | monthly | Residents, families, staff, QAPI committee, exec. leadership | Newsletters, meetings | monthly |
| Satisfaction Surveys | annually | | Organizational data, national data | Leadership team, QAPI committee | annually | Board members, staff, residents, families, QAPI committee | Meetings, newsletters, board meetings | annually |

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Performance Improvement Projects (PIPs)

- Conducting PIPs
- Identifying potential PIPs
- Prioritizing and selecting PIPs
- PIP charters
- PIP teams
- Conducting the PIP
- Documentation and communication

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Systematic Analysis and Systemic Action

- Systematic approach and tools
- Preventing future events and promoting sustained improvement
- Ensure planned changes are implemented and effective

Next Steps

Next Steps

Sharing Calls

- August 31, 2016: 2-3 ET/1-2 CT
- September 8, 2016: 12-1 ET/11-12 CT

Call-in information:

1-866-939-8416

Code: 6038072

Today's evaluation link:

<https://www.surveymoz.com/s3/2963617/LSQIN-QAPI-Webinar-8-10-16>

Questions?

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For information on how to join the NNHQCC go to:

<https://www.lsqin.org/initiatives/nursing-home-quality/join/>



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