

# **FHCA 2019 Annual Conference & Trade Show**

## **CE Session #4 – Build Your QAA and QAPI Program**

Monday, August 5 – 8:00 to 9:30 a.m.

Celebration 7-8 – Operations/Quality Improvement

### **Upon completion of this presentation, the learner will be able to:**

- Define state and federal quality requirements
- Integrate requirements into systematic quality programs
- Discuss self evaluation of internal programs for quality enhancement via gap analysis

### **Seminar Description:**

This session will support the attendees' understanding of key elements related to QAA and QAPI with a focus on the difference and the interdependence between the two. This session will focus on development of separate, yet aligned, QAA and QAPI with incorporated examples and take home tools. Attendees will leave this session prepared to revisit their quality system using a gap analysis model to build an enhanced program.

### **Presenter Bio(s):**

**Robin Bleier**, RN, LHRM, CLC is President of RB Health Partners, Inc., a clinical, risk, Medicare and operations consultancy firm. A featured state and national presenter, Robin is a special topics advisor to the FHCA Quality Cabinet, immediate past Chair of the FHCA Emergency Preparedness Committee, immediate past chair of the FHC PAC, past executive board member of FADONA, a vested long term care advocate through her volunteerism and affiliation with numerous state and national professional committees. Robin's firm, RB Health Partners, Inc. provides consulting services to the FHCA Quality Affairs Department.

## Build your QAA and QAPI Strategies

Robin A. Bleier

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## Objectives

Build Your QAA and QAPI Program  
Monday, August 5 - 8:00 to 9:30 a.m.

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## Build Your QAA & QAPI Program

This session will support the attendees understanding of key elements related to QAA and QAPI with a focus on the difference and the interdependence between the two. Attendees will leave this session prepared to take a new look at their quality system using a gap analysis model to build an enhanced program.

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## What is QAPI

QAPI stands for quality assurance performance improvement. The Centers for Medicare & Medicaid Services (CMS) description includes:

- Systematic
- Comprehensive
- Data-driven
- Proactive

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## QAPI Includes

QAPI involves the knowledge of:

- History
- Culture
- Team Members
- resident Population
- Organizational Systems

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## What is QAPI

QAPI is the merger of two commentary approaches to quality, Quality Assurance (QA) and Performance Improvement (PI). The CMS adds that both QA and PI involve seeking and using information; however, there are difference in how this is accomplished.

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## Our Purpose of QAPI

Our purpose for QAPI is to enable the organization to take a more proactive approach to continually improving the way we care for and engage with our residents, caregivers, and other partners so that we may realize our vision to provide an environment where people are valued and allowed to flourish.

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## To Accomplish this...

To do this all employees will participate in ongoing quality assurance and performance improvement efforts which supports our mission by promoting individual growth and dignity, enhancing the quality of life and meeting the human and spiritual needs of our residents, staff and community.

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## Your Vision

The Vision of The Facility is:  
A vision statement is a formal statement that expresses the aspirations and goals of a company or organization.

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## Your Mission

The Mission of The Facility is:

A mission statement is a statement of the purpose of an organization; its reason for existing; a written declaration of core purpose and focus that normally remains unchanged over time. Properly crafted a mission statements will:

filter to separate what is important from what is not, state which markets will be served and how, and communicate a sense of intended direction to the entire organization.

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## Your Principals

The Principals of the organization are:

This is very individual per organization. It may be a list of specifically determined planned actions about how the organization treats people, interacts with the community, etc.

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## Guiding Principles (QAPI)

QAPI holds a prominent in management functions, with the same importance as monitoring reimbursement.

QAPI is used to make decisions and guide our day-to-day operations.

QAPI outcomes are the quality of care and the quality of life of our residents.

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## Guiding Principles

- ❑ QAPI includes all employees, all departments, and all services provided.
- ❑ QAPI focuses on systems rather than individuals with an emphasis on identifying system gaps, rather than blaming individuals.
- ❑ The Facility sets goals for performance improvement and measures progress toward those goals.

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## Guiding Principles

- ❑ The Facility makes decisions based on data, which includes the input and experience of caregivers, residents, families, health care professionals, and others.
- ❑ The Facility supports performance improvement by encouraging our employees to support each other as well as be accountable for their own professional performance and practice.
- ❑ The Facility has a culture that encourages, rather than punishes, employees who identify errors and capture guiding principles for the organization.

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## QAPI is Data Driven

QAPI is a data driven, proactive approach to improving the quality of life, care, and services in nursing homes. The activities of QAPI involve members at all levels of the organization to:

- Identify opportunities for improvement,
- Address gaps in systems or processes,
- Develop and implement an improvement or corrective plan, and
- Implement continuous monitoring effectiveness of interventions.

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### QA v. PI

Quality Assurance or QA is a process of meeting quality standards and assuring that care reaches an acceptable level. Nursing homes typically set QA thresholds to comply with regulations. They may also create standards that go beyond regulations. QA is a reactive, retrospective effort to examine why a facility failed to meet certain standards. QA activities do improve quality, but efforts frequently end once the standard is met.

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### QA v. PI

Performance Improvement or PI (sometimes referred to as quality improvement) is a pro-active and continuous study of processes with the intent to prevent or decrease the likelihood of problems by identifying areas of opportunity and testing new approaches to fix underlying causes of persistent/systematic problems. PI in nursing homes aims to improve processes involved in health care delivery and resident quality of life. PI can make good quality even better.

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### Five Elements

1. Design and Scope
2. Governance and Leadership
3. Feedback, Data Systems and Monitoring
4. Performance Improvement Projects (PIPs)
5. Systematic Analysis and Systematic Action

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## Design and Scope

Our QAPI is integrated into all care and services with a focus on:

- Clinical Care
- Quality of Life
- Resident Choice
- Balance between safety and choice
- Evidenced Based Best Practices

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## Design and Scope

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 QAPI program should address all systems of care and management practices, and should always include clinical care, quality of life, and resident choice.

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## Design and Scope

QAPI aims for safety and high quality with all clinical interventions while emphasizing autonomy and choice in daily life for residents (or the residents agent). Last it utilizes the best available evidence to define and measure goals.

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## Governance and Leadership

QAPI is integrated into responsibilities and accountabilities:

- Our top-level management.
- Our designated QAPI leader.
- Use of reputable Consultant services.

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## Governance and Leadership

The governing body should foster a culture where QAPI is a priority by ensuring policies are developed to sustain QAPI despite changes in personnel and turnover.

The governing body and or administration of the nursing home develops a culture that involves leadership seeking input from facility staff, residents, and their families and or representatives.

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## Assurances

The governing body assures adequate resources exist to conduct QAPI efforts. 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.

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## Governance and Leadership

Their responsibilities include setting expectations around:

- > safety,
- > quality,
- > Individual rights (residents/staff/others),
- > choices, and
- > respect.

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## Governance and Leadership

This is done by balancing safety with resident-centered rights and choices. The governing body ensures staff accountability, while creating an atmosphere where staff is comfortable identifying and reporting quality problems as well as opportunities for improvement.

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## Feedback, Data Systems, & Monitoring

Our QAPI plan uses a systematic process to deliver, monitor, and evaluate care and services using multiple sources to draw our data. This will be completed by:

- > Input from residents/Families
- > Input from Employees/Physicians/Contractors
- > Outside agencies such as Agency for Health Care Administration (AHCA), Department of Health (DOH), Emergency Management (EM), etc.
- > Use of effective communication and feedback.

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## Feedback, Data Systems, & Monitoring

The facility puts systems in place 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.

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## Feedback, Data Systems, & Monitoring

QAPI also includes tracking, investigating, and monitoring Adverse Event that must be investigated every time they occur, and action plans implemented to prevent recurrences.

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## Performance Improvement Projects

Our Performance Improvement Projects (PIPs) are directed to improve care and services and will do so by:

- Selection of PIPs based on facility thresholds
- PIP will be reported during monthly Risk Management Quality Assurance scheduled and or Ad-hoc meetings

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## PIPs

- Consumer and Employee Satisfaction, formal and informal methods
- PIP Charters will be developed from data obtained on a focus area with a designated PIP team based on the topic being explored

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## Performance Improvement Projects

A Performance Improvement Project (PIP) 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. The facility conducts PIPs to examine and improve care or services in areas that the facility deems as needing attention. Areas that need attention will vary depending on the type of facility and the unique scope of services they provide.

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## 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 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.

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## Systematic Analysis and Systemic Action

Facilities are encouraged to develop policies and procedures and demonstrate proficiency in the use of root cause analysis (RCA).

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.

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## The Nature of our Work...

By the nature of our work, we can not remove all of the risks, but we can effectively reduce them by following reasonable programs, processes, & systems.



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## What is RCA?

Root cause analysis (RCA) is a method of problem solving that works to identify the root causes or faults or problems.

A root cause is a reason or foundation that once removed from the problem fault sequence, prevents the final undesirable event from recurring.

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## What is a Causal Factor

A causal factor is a factor that affects an event's outcome but is not a root cause. Though removing a causal factor can benefit an outcome, it does not prevent its recurrence for certain.

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## More on RCA

RCA practice solves problems by attempting to identify and correct the root causes of events, as opposed to simply addressing their symptoms. Focusing correction on root causes has the goal of preventing problem recurrence.

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## Root Cause Failure Analysis

RCFA (Root Cause Failure Analysis) recognizes that complete prevention of recurrence by one corrective action is not always possible.

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## RCA Processes

Root cause analysis is not a single, sharply defined methodology; there are many different tools, processes, and philosophies for performing RCA.

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## RCA Processes (continued)

However, several very-broadly defined approaches or "schools" can be identified by their basic approach or field of origin: safety-based, production-based, process-based, failure-based, and systems-based.

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## RCA is Systematic

To be effective, root cause analysis must be performed systematically, usually as part of an investigation, with conclusions and root causes that are identified backed up by documented evidence.

*A team effort is beneficial*

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## RCA Considerations

There may be more than one root cause for an event or a problem, the difficult part is demonstrating the persistence and sustaining the effort required to determine them.

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## Identifying Solutions

The purpose of identifying all solutions to a problem is to prevent recurrence at lowest cost in the simplest way. If there are alternatives that are equally effective, then the simplest or lowest cost approach is preferred.

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## More on Considerations

Root causes identified depend on the way in which the problem or event is defined. Effective problem statements and event descriptions (as failures, for example) are helpful, or even required.

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## Sequence of Events is Key

To be effective, the analysis should establish the **sequence of events** or **timeline** to understand the relationships between contributory (causal) factors, root cause(s) and the defined problem or event to prevent in the future.

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## Contributory v. Root Cause

### Contributory

A Contributory Factor is one that indicates that there was impact but not causation of an event.

### Root Cause

The Root Cause or Causes is the reason(s) that after analysis was the primary contributing factor to the event. It was the causation.

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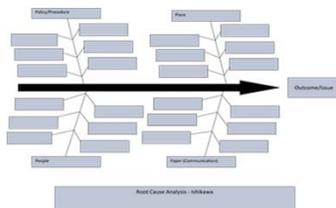
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## Root Cause Analysis - Ishikawa



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## What are the 4 P's

The 4 P's include:

1. Policy and Procedure
2. Place
3. People
4. Paper (communication)

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## What are the 5 W's

Understanding the 5 W's:

- > who,
- > what,
- > where,
- > when, and
- > why (or consider adding why not)

(Note: the Federal ANEMMI reporting process uses the 5 W's)

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## QAPI Takes a Daily Effort

*...WE are not perfect but we can look daily, to identify and manage situations or if we don't they will manage us...*



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## Q & A

Questions???



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## Thank you for your participation



You may also contact Robin A. Bleier with regards to this or other services at [robin@rpbhealthpartners.com](mailto:robin@rpbhealthpartners.com) or call us at 727.786.3032. Click [HERE](#) for more info about this Presenter

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