

FHCA 2019 Annual Conference & Trade Show

CE Session #57 – QAPI, Facility Assessment and National Quality Award Program: Three for One

Thursday, August 8 – 9:00 to 11:00 a.m.
Celebration 7-8 – Operations/Quality Improvement

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

- Identify the connection between center assessment, QAPI, and National Quality Award application
- Discuss effective strategies for center assessment and QAPI to achieve quality improvement now and in the future
- Identify key elements of performance excellence framework

Seminar Description:

Providers are pressured to meet all the requirements and quality standards such as QAPI, Facility Assessment and the National Quality Award Program. These three vital components of quality improvement are deeply intertwined with each other. Doing one right drives the facility operations to conduct the other two right. This session provides the direct connection of Facility Assessment, QAPI and National Quality Award application and demonstrates how providers can successfully address and meet all three in one successful performance excellence framework.

Presenter Bio(s):

Danny Davis is a Nursing Home Administrator working with Health Services Advisory Group (HSAG) as a Quality Improvement Specialist. Part of HSAG's Care Coordination Team, Danny visits with skilled nursing facilities and Corporations to provide resources and support focused on reducing rehospitalizations from the post-acute setting.

Koko Okano is the Quality Improvement and Research Analyst with Florida Health Care Association. Koko is a Master Examiner and Team Leader for the AHCA National Quality Award Program and serves on the Board of Overseers of the program. Koko serves as an advanced examiner for the Governor's Sterling Award and on the board of examiners for the National Baldrige Program.

Nina Willingham is a skilled nursing center administrator who loves creating new programs and services to benefit the lives of her stakeholders. Her career focus on quality initiatives and leadership development have led her center to achieve multiple national and state awards, including the American Health Care Association's Bronze, Silver and Gold National Quality Awards. Her center was the first center in Florida to have earned the Gold National Quality Award and one of only 28 nationwide. Additional awards include the JCAHO Ernest A. Codman Award for Performance Improvement, Nursing Homes Magazine Optima Award for excellence in resident focused care and a Five Star Rating from Centers for Medicaid and Medicare Services consistently since 2010. Nina has been recognized as Florida Health Care Association Administrator of the Year, received the FHCA Walter M. Jonson Circle of Excellence award, and received both President's Award and Chairman's Award, the highest honor an associate can receive from Life Care Centers of America. Nina is a Past President of both Florida Health Care Association and FHCA Quality Foundation. She served as a Master Examiner for the AHCA/NCAL Quality Award program and is a member of the program's Board of Overseers. Nina is published in Spectrum Magazine, Joint Commission Journal on Quality and Patient Safety, Nursing Homes Magazine and Healthy Skin Magazine. She is a state and national speaker on end-of-life issues, quality improvement, program development, culture change and the American Health Care Association national quality award program. Nina received a Bachelor of Science Degree in Sociology from Western Kentucky University in Bowling Green, Kentucky. She has been the Senior Executive Director at Life Care Center of Sarasota since 2001.

Performance Excellence Framework

QAPI, Facility Assessment, and National Quality Award Program – Three Requirements in One Framework

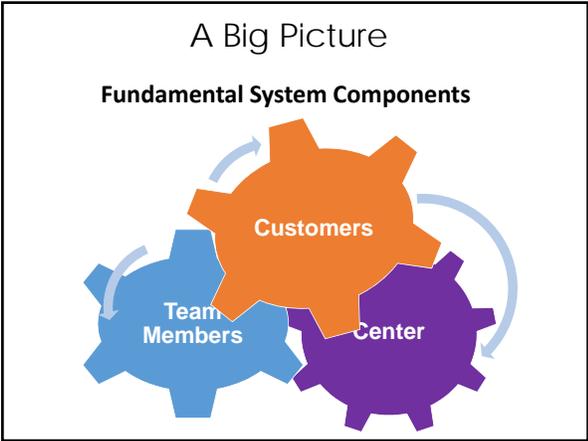
performance

Danny Davis, HSAG
 Kelly Smith, PhD, Opis Management
 Nina Willingham, LCC of Sarasota
 Facilitator: Koko Okano, FHCA

A Big Picture

Quality Efforts

| Facility Assessment | QAPI | National Quality Award Program |
|--|--|---|
| <ul style="list-style-type: none"> Customer Profile Services & Care Offered Center Resources Needed | <ul style="list-style-type: none"> Design Scope Feedback, Data Systems, & Monitoring Performance Improvement Projects Systematic, Analysis, & Systemic Action | <ul style="list-style-type: none"> Leadership Strategy Customers Measurement, Analysis & Knowledge Management Workforce Operations Results |



A Big Picture

What are the National Quality Award Program (Baldrige-based) Requirements?

Category 1: Leadership

- 1.1 Senior Leadership (communication, culture, sustainability)
- 1.2 Governance (ethics, accountability, community/societal contribution)

Category 2: Strategic Planning

- 2.1 Strategic Planning Development (planning process, work system, strategic objectives, performance measurement)
- 2.2 Strategic Planning Implementation (action plan deployment, workforce plans, resource allocation, performance measures)

Category 3: Customer Focus

- 3.1 Voice of Customers (listening and communication methods, customer satisfaction, service offerings)
- 3.2 Customer engagement (customer support, complaint management, customer relationship, customer satisfaction and engagement)

A Big Picture

What are the National Quality Award Program (Baldrige-based) Requirements?

Category 4: Measurement, Analysis, and Knowledge Management

- 4.1 Measurement and Analysis (data, measures, performance improvement)
- 4.2 Knowledge Management (organizational knowledge, best practices)

Category 5: Workforce Focus

- 5.1 Workforce Environment (capacity and capability, recruitment and retention, workplace health and security, benefits)
- 5.2 Workforce Engagement (performance development and management, engagement, learning, professional development)

Category 6: Customer Focus

- 6.1 Key Work Processes (Design, management, improvement, supply-chain management)
- 6.2 Operational effectiveness (cost control, information security, operational safety, disaster preparedness and operational continuity)

A Big Picture

Our Customers (Required in Facility Assessment and Quality Award Bronze, Silver and Gold)

- Specific care requirements ([Org Profile, 3.1, 3.2](#))
- Resources required to deliver care ([Org Profile, 2.1, 2.2, 6.1, 6.2](#))
- Clinical outcomes ([4.1, 4.2](#))
- Preference assessment ([3.1, 6.1](#))
- Safety ([5.1, 6.2](#))
- Dignity ([1.1, 1.2, 3.1, 3.2, 6.1](#))
- Overall satisfaction ([3.1, 3.2](#))

A Big Picture

Our Team Members (Required in Facility Assessment and Quality Award Bronze, Silver and Gold)

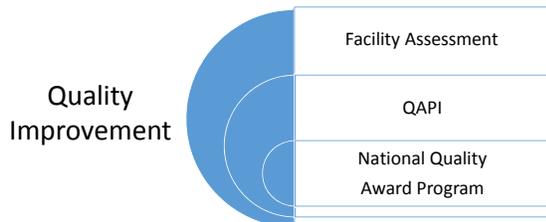
- Hiring/retention (5.1)
- Organization and management of team members (4.2, 5.1, 5.2)
- Capacity and capability to provide care required by customers (3.1, 3.2, 5.1)
 - Training, education, and competencies (4.2, 5.2)
- Performance metrics (4.2, 5.2)
- Engagement (5.2)
- Satisfaction of work environment (5.1, 5.2, 6.2)

A Big Picture

Our Centers (Required in Facility Assessment and Quality Award Bronze, Silver and Gold)

- Assets and resources (Org Profile, 2.2)
- Supplies/Supplier relationships (6.1)
- Safety/Risk assessments (6.2)
- Technology needs (4.1, 4.2)
- Equipment (medical and non-medical) (Org profile, 2.2)

A Big Picture



What is QAPI?

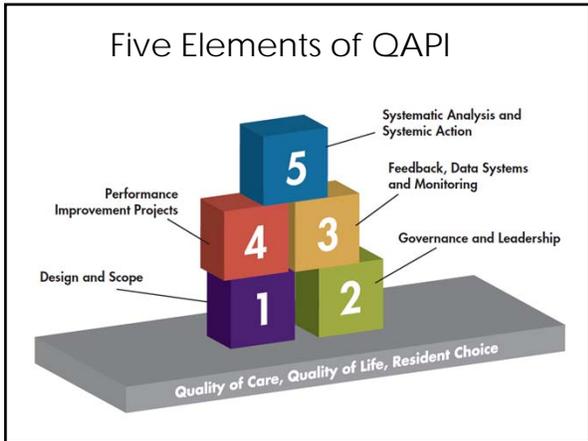
- Quality Assurance and Performance Improvement (QAPI) is a **data-driven and pro-active approach** to quality improvement
- Activities of this comprehensive approach are designed to involve **all members of an organization** to **continuously identify opportunities for improvement** and **address gaps in systems through planned interventions** in order to improve the overall quality of care and services delivered to nursing home residents
- QAPI adds performance improvement (PI) to existing QAA

Importance of QAPI

- To provide better resident- and family-centered care
- Federal regulations require it
- To improve internal and external processes
 - Catch problems before they develop
 - Correct problems once they are identified
- For risk management and to prevent liability
- To provide a better work environment for staff

QAPI Plan

- Maintain documentation and demonstrate evidence of the nursing home's (NHs) QAPI Plan
- Must present, and have available upon request, the NH's ongoing QAPI Plan to the State Agency Surveyor, as well as to a federal surveyor, or CMS at the first annual recertification survey that occurs at least one year after the effective date of these regulations, and at each annual recertification survey





Performance Improvement Process

- Conduct PIPs to improve care or services in areas that are relevant for your residents:
 - Gather information systematically to identify issues and opportunities (4.1)
 - Test and implement changes (2.2)
 - Use data to determine whether goals were accomplished (2.1, 2.2, 4.1, 6.1)

15

Guidelines for PIPs

- Indicate how topics for PIPs will be identified (2.1)
- Describe criteria for prioritizing and selecting PIPs (2.1, 2.2)
- Indicate how and when PIP charters will be developed (2.1, 2.2, 5.1, 5.2)
- Describe the process for reporting the results of PIPs and identify who will receive the information (e.g., quality committee, resident/family council, caregivers), in what format, and how frequently will the information be disseminated (2.1, 2.2, 4.1, 6.1)

Guidelines for PIPs (cont.)

- Describe how to designate PIP teams and establish and describe a process for assembling teams to work on specific PIPs (2.2, 5.1, 6.1)
- Define the characteristics for your PIP team (2.2, 5.1)
- Describe the process for documenting PIPs, including highlights, progress, and lessons learned (2.2, 6.1, organizational learning/cycles of improvement)



Training and Tools Available for Providers

- **QAPI at a Glance**
 - Step-by-Step guide to implementing QAPI, including the steps to write a written QAPI Plan
 - <http://go.cms.gov/Nhqain>
- **Change Package**
 - Menu of strategies, change concepts, and actionable items that will be helpful in finding solutions to challenge ideas
 - <http://go.cms.gov/Nhqain>
- **The HSAG Website**
 - <http://www.hsag.com>
- **Survey and Certification Memo 13-37:**
 - <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions-Items/Survey-and-Cert-Letter-13-37.html>
- **The CMS Website**
 - <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/qapiresources.htm>



19

Journey to Gold

Life Care Center of Sarasota (2013 Gold Recipient)

- Begins with the establishment of our strategic planning process (SPF)
 - What are our key processes and systems?
 - How do they function?
 - How do we evaluate their effectiveness?
 - Who are our key players?
 - Workforce
 - Suppliers
 - Families
 - Contractors
 - Other partners/collaborators
 - What core competencies do we need?



Journey to Gold

Life Care Center of Sarasota (2013 Gold Recipient)

Setting Strategic Objectives:

- What do we want to achieve?
- What do we have to change to make the objectives happen?
- Are they realistic? Do they make sense in our organization?
- How will we track our progress?



Journey to Gold

Life Care Center of Sarasota (2013 Gold Recipient)

Tracking and trending key performance measures

- What key performance measures, do we use to track the achievement and effectiveness of our action plans? (2.2a5)
 - Action plan system reinforces organizational alignment
- For those key performance measures, what are our performance projections for our short and longer-term planning horizons? (2.2a6).
 - Services
 - Projections
 - Key benchmarks
 - Need for action plans
- How do we establish and implement modified action plans if circumstances require a shift in plans and rapid execution of new plans?

Journey to Gold

Life Care Center of Sarasota (2013 Gold Recipient)

- What measures do we look at most often?
 - Labor PPD's, overtime, discretionary overtime, turnover
 - Census
 - Accounts receivable
 - Specific clinical measures – Quality Measures over 70%
 - Infection Control
 - Star rating

Journey to Gold

Life Care Center of Sarasota (2013 Gold Recipient)

Now, let's look at our QAPI meeting

How to set the agenda that is important to our organization

- Keeping meaningful minutes does not have to be time consuming task

Facility Assessment

Requirement: Nursing facilities will conduct, document, and annually review a facility-wide assessment, which includes both their resident population and the resources the facility needs to care for their residents (§483.70(e)).

“Due to the significant variations in the types of LTC facilities, resident populations, and resources among the LTC facility facilities, **we believe that the facilities need the flexibility to determine the best way for each facility to comply with this requirement...**and conduct that assessment, as long as it addresses or includes the factors or items set forth in §483.70(e).” We have not required any specific methodology for facilities to use for the facility assessment.”

Facility Assessment

Suggested Questions to follow by CMS to Develop Assessment Process

- What has changed with our population?
- Do we need to make any changes to staffing?
- How do we know if we have sufficient staffing?
- What training, education competency needs do we have?
- How can we better collaborate with medical practitioners?
- Any infection control issues?
- Any Quality Assessment and Assurance (QAA)/Quality Assurance and Performance Improvement (QAPI) opportunities?
- Does our budget include the resources we need?

Facility Assessment

Developed and improved through SPP (2.1 & 2.2)

- Your leadership and governance (1.1 & 1.2)
- Your customers (3.1 & 3.2)
- Your data and information/knowledge management (4.1 & 4.2)
- Your workforce (volunteers included) (5.1 & 5.2)
- Your key work processes (6.1)
- Your finances (6.2)
- Your safe environment (5.2 & 6.2)
- Your disaster preparedness (6.2)
- Your suppliers/partners/collaborators (6.2)

Maintained and improved through QAPI Process

Facility Assessment

Assessment of Resident Population/Characteristics

- Demographics of your customers – current customers + potential customers from your key community such as age, race, ethnicity, gender, etc. ([organizational profile](#))
- Referral sources as your partners/collaborators for current and potential customer such as diagnosis/acuity levels, levels of required care, dependency, cognitive disabilities, etc. ([organizational profile](#))

Any Gaps? = Performance/Service Improvement

Facility Assessment

Assessment of Health Care Offerings

- Service offerings based on customer needs ([3.1b](#))
 - Leadership communication with customers ([1.1b](#))
 - Voice-of-customers ([3.1a1](#))
 - Customer requirements (organizational profile)
 - Community and market needs ([1.2c](#))
- Service offerings based on market needs ([3.1b](#))
- Determination of key work processes (what to keep in-house and what to outsource) ([2.1a4](#))

Your processes to learn what your customers needs are

Facility Assessment

Assessment of Workforce Capacity and Capability

- Staff capacity (=staffing) in each department, clinical and non-clinical, and for all hours ([5.1a1](#))
- Staff capability (competencies, skill types, certificates, licenses, etc) in each department, clinical and non-clinical, and for all service offerings ([5.1a1](#)) e
- Work accomplishment through workforce organization and management ([5.1a4](#))
- Organizational knowledge building ([4.2b](#)) and workforce learning and development ([5.2c](#))

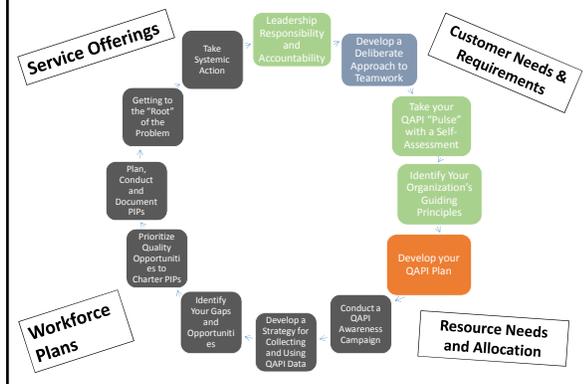
What are your key processes and key performance measures?

Facility Assessment

Assessment of Facility Resources

- Leadership support (1.1)
- Ethics, legal, and regulatory compliance (1.1a2, 1.2b)
- Equipment and physical plant – clinical and non-clinical (organizational profile, 2.2a3)
- Financial resources and budget to support the services (2.1a3, 6.2a1)
- Suppliers and partners – clinical and non-clinical (6.1c)
- Health Information and Technology (4.2a)
- Your quality improvement mechanisms (organizational profile, 4.1b,

Facility Assessment & QAPI



Facility Assessment & QAPI

QAPI Element 1: Design and Scope

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.

- What is the organization's mission and vision?
- What is the organization's values and guiding principles?
- What are the organization's core competencies?
- What are the organization's health care service offerings and are there any gaps?

- Leadership support and involvement to set and deploy mission, vision , and values (1.1a1)
- Strategic consideration of organization's core competencies, strategic advantages and disadvantages to develop objectives and goals (2.1a3)
- Determination of service offerings (3.1b)

Facility Assessment & QAPI

QAPI Element 2: Governance and Leadership

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.

- Leadership involvement
- How is the governing body involved?
- How is the reporting process work?
- Leadership making executive decisions (resource allocation, financial support,

- Responsibility and accountability of leadership and governance (1.2a1)
- Resource allocation and workforce plans to accomplish strategic objectives and action plan goals (2.2a3, 4)
- PIP implementation through team (2.2)

Facility Assessment & QAPI

QAPI Element 3: Feedback, Data Systems and Monitoring

The facility puts in place systems to monitor care and services, drawing data from multiple sources. .

- Determining data sources (regulatory bodies, customers, workforce, vendors, private orgs, etc)
- Selecting relevant data and information
- Ensuring data availability and quality
- Obtaining relevant comparative data
- Tracking, benchmarking, goal setting, trending, etc.

- Selection of key performance measures (2.2a5)
- Tracking of data and information (4.1a1)
- Comparative data (4.1a2)
- Performance analysis and improvement (4.1b, c)
- Quality and availability of organizational data (4.2a)
- Collecting and analyzing relevant organizational data (2.1a3)

Facility Assessment & QAPI

QAPI Element 4: Performance Improvement Projects (PIPs)

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.

- Member selection based on workforce capability/competency
- Establishing timeline and goals
- Ensuring resources and financial support
- Selecting measurement tools
- Monitoring and reporting
- Implementation process (performance improvement model)

- Selection of key performance measures (2.2a5)
- Tracking of data and information (4.1a1)
- Financial and other resource allocation (2.2a3)
- Key strategic objectives and timetable for achieving them (2.1b1)
- Key workforce plans for short and long term objectives and goals (2.1a4)

Facility Assessment & QAPI

QAPI 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.

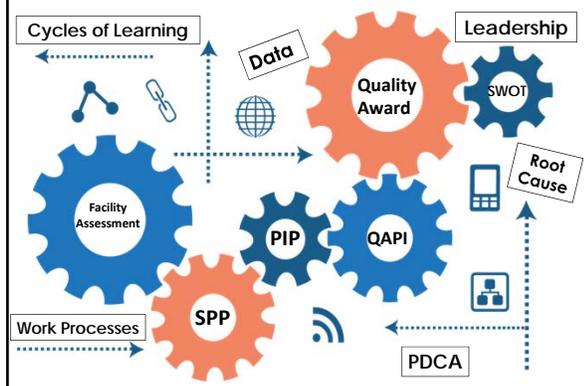
- Data-driven, fact-based decisions
- Root cause analysis
- Performance gaps and opportunities for improvement
- Continuous improvement vs innovation

- Voice of customers, workforce feedback/input (3.1, 5.2)
- SPP consideration for innovation (2.1a)
- Collecting and analyzing relevant organizational data (2.1a3)
- Quality improvement process for key work processes (6.1)
- Service and process improvement (6.1a4)

It Takes Everything x 4 + Inconsistency/Gaps



Integration/Alignment and Minimum Gaps



Life Care Center of Sarasota

Quality Assurance / Performance Improvement Meeting Agenda

Review Month – June 2019

Meeting Date – July 26, 2019

- _____ BIS (Business Intelligence System) Ranking and CMS Ranking
- _____ Pharmacy Recommendation Report to Medical Director
- _____ Antibiotic Stewardship Report
- _____ Infection Control Report
- _____ Medical Director Report
- _____ Key Performance Indicator Review

Risk Management Review:

- _____ Quality Measures Review
- _____ Resident Adverse Incident Report
- _____ Reportable Incidents
- _____ Resident Non-Adverse Incident Report
- _____ Falls PIP
- _____ Workers Compensation/ Associate Accident Reports
- _____ Resident Grievances

Regulatory Review

- _____ Visits by State or other Regulatory Bodies
- _____ Annual Survey Follow-Up

Committee Reports and Performance Improvement Reports

- _____ Preventing and Minimizing Pressure Ulcers
- _____ 30 Day Return to Hospital Review
- _____ Safety Committee Report
- _____ Life Enrichment Report
- _____ Staff Education Report with next month's Education Calendar
- _____ Rehab Report
- _____ DNR Code Status Audit
- _____ Recall Notices – OMNI Pharmacy
- _____ Policy and Procedure Changes _____
- _____ Customer Service Scores _____

Quarterly Reports - quarters ending in March, June, September and December

- _____ Disaster Updates
- _____ Licensed Nursing Verification Report
- _____ Restorative Review
- _____ JCAHO follow-up
- _____ Pharmacy Report

Consultant Reports

- _____ Dietitian
- _____ Business Office
- _____ MDS
- _____ Nursing
- _____ Rehab
- _____ HIM

Working PI Plans / Reports Made / New PI Opportunities Discussed:

- _____ Turnover Statistics
- _____ Nursing weekly statistics
- _____ Work Processes reviewed: _____

Year End Reports:

- _____ Annual Report to Governing Body
- _____ Governing Body Members
- _____ Credentialing Report
- _____ Annual Review of Seven Environment of Care Plans
- _____ Annual Review of QAPI (Quality Assurance / Performance Improvement Plan)
- _____ Annual Review of 2018 Education Program Participation and effectiveness
- _____ Annual Review of Projection for 2019 Education Calendar
- _____ Approval of Comprehensive Emergency Management Program Manual
- _____ Culture Change Assessment
- _____ Abuse and Risk Management Report / Reportable Incidents
- _____ Annual Review of Facility Assessment including Proactive Risk Assessment
- _____ Proactive Security Assessment
- _____ Flu Vaccine Report
- _____ Annual Infection Control and Risk Assessment Report

This report has been generated as part of the facility's quality assessment and assurance process and constitutes confidential quality assurance committee records. Ref 42 CFR 438.75 (o) and Florida SB 1202. Departmental Reports to PI Committee.

Life Care Center of Sarasota

Quality Assurance / Performance Improvement Meeting Minutes

Review Month –

Meeting Date –

| Agenda Item | Summary of Report | PIP Needed | |
|--|-------------------|------------|----|
| | | Yes | No |
| Administrative Reports | | | |
| Key Factors Report | | | |
| BIS/CMS Rankings | | | |
| Pharmacy Recommendation to Medical Director | | | |
| Antibiotic Stewardship Report | | | |
| Infection Control Report | | | |
| Medical Director Report | | | |
| Risk Management Review | | | |
| Quality Measures Review – measures flagged over 75% | | | |
| Adverse Incident Report | | | |
| Non-Adverse Incident Report including Falls | | | |
| Workers Compensation / Associate Accident Report | | | |
| Resident Grievances | | | |
| Regulatory Review | | | |
| Survey Follow-up | | | |
| Visits by State or Other Regulatory Bodies | | | |
| Committee Reports and Performance Improvement Reports | | | |
| Preventing and Minimizing Pressure Ulcers | | | |
| Returns to the Hospital within 30 days following admission for Medicare patients | | | |
| ER Visits – Medicare patients | | | |
| Safety Committee | | | |
| Life Enrichment Report | | | |
| Staff Education Report | | | |
| Rehab Report | | | |
| DNR Code Status Audit | | | |
| Recall Notices – Omni Pharmacy | | | |
| Policy and Procedure Changes | | | |
| Customer Service Scores | | | |
| Quarterly Reports | | | |
| Disaster Updates | | | |
| Licensed Nurses and CNA Verification Report | | | |
| Restorative Review | | | |
| JCAHO Follow-up | | | |
| Pharmacy Report | | | |
| Consultant Reports | | | |
| Dietitian Consult Report | | | |
| Business Office Consultant Report | | | |
| MDS Consultant Report | | | |
| Nursing Consultant Report | | | |
| Working PI Plans ./ Reports Made / New PI Opportunities Discussed | | | |
| Falls – Multidisciplinary Established November 2018 | | | |
| Flu Vaccine for Employees | | | |
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