Quality Assurance Performance Improvement (QAPI) for Nursing Homes

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QAPI Regulatory Development

• Survey & Certification Letter 12-38 released on June 29, 2012
• Introduced new requirements under The Affordable Care Act Sect 6102C
• Required CMS to *establish standards and provide technical assistance to nursing homes on the development of best practices relating to QAPI*
• Nursing homes must submit QAPI plans to CMS during surveys or upon request
Transforming the lives of nursing home residents through continuous attention to quality of care and quality of life

QAPI at a Glance:
QAPI Regulatory Language in the State Operations Manual or SOM (§483.75)

Regulatory language in the State Operations Manual (SOM) on QAPI is divided into four F tags:

• F865 Quality Assurance Performance Improvement
  • Design and Scope,
  • Leadership and Governance
• F866 Program Feedback, Data Systems and Monitoring
  • Performance Improvement Projects or PIPs
• F867 Systematic Analysis and Systemic Action
• F868 Quality Assessment and Assurance or QAA
The QAPI plan must describe the process for identifying and correcting quality deficiencies. Key components of the process include:

- Tracking and measuring performance;
- Establishing goals and thresholds for performance measurement;
- Identifying and prioritizing quality deficiencies;
- Systematically analyzing underlying causes of systemic quality deficiencies;
- Developing and implementing corrective action or performance improvement activities; and
- Monitoring or evaluating the effectiveness of corrective action/performance improvement activities and revising as needed.
According to a 2014 OIG report, preventable adverse events were generally caused by:

- Appropriate treatment provided in a substandard way (56%)
- Resident’s progress not adequately monitored (37%)
- Necessary treatment not provided (25%)
- Inadequate resident assessment and care planning (22%)

In addition, adverse events in nursing homes were found to occur in one out of three Medicare beneficiaries within the first 35 days of SNF admission. Nearly 60% were determined to be potentially avoidable. Adverse events occurred in one or more of these high priority, high risk, problem-prone areas:

- Care: injuries due to inadequate or inappropriate care such as falls
- Medication: adverse drug events or ADEs
- Infection-related events
QAPI Features

- Uses a *systems* approach
- Works to improve quality of health care, resident environment, and to improve work environment for all workers and care partners
- Is data-driven and uses proactive rather than reactive approaches
- Involves staff at all levels to identify opportunities for improvement
- Identifies gaps in center system or processes - develops and implements improvements and corrective action plans and continuously monitors the effectiveness of interventions
QAPI – Five Elements

1. Design & Scope
2. Governance & Leadership
3. Feedback, Data Systems & Monitoring
4. Performance Improvement Projects (PIPs)
5. Systematic Analysis & Systematic Action
QAPI Element 1: Design & Scope
Nursing Homes will develop written QAPI plans following these principles

- Ongoing & Comprehensive
- Full range of services offered
- Involves full range of departments
- Addresses all systems of care & management, including clinical care, quality of life, and resident choice
- Focuses on safety and high-quality clinical Interventions
- Emphasizes autonomy & choice
Element 2: Leadership and Governance

- Governing body/administration - develops leadership roles, appoints one/more individuals accountable for QAPI
- Maintains QAPI priorities and program expectations on quality, rights, choices, respect, balancing culture of safety with culture of resident-centered rights and choice
- Establishes policies for ongoing QAPI programs
- Ensures Adequate Resources for leadership training, center-wide training and technical training
- Ensures that staff members have time to Conduct QAPI program work
- QAPI Leadership works with input from center staff, residents and family members or care partners
Element 3: Feedback, Data Systems and Monitoring

- Feedback systems include input from staff, residents, families, care partners, others as appropriate.
- Center uses performance indicators to monitor care outcomes and processes.
- Center tracks, investigates and monitors adverse events and outcomes of care process.
- Center mandates investigation of adverse events for every occurrence and develops action plans.
Element 4: Performance Improvement Projects or PIPs

- Center conducts PIPs to review and improve care and services in areas identified as needing attention
- PIPs may focus on one area or center-wide
- Information is gathered systematically - to clarify problems or issues and intervene for improvement
- PIP areas are selected by the center based on identified priorities, i.e., important and meaningful for the type and scope of services and the populations served
Centers use an organized, structured and systematic approach to determine when in-depth analysis is needed.

Centers will develop policies & procedures and demonstrate proficiency in root cause analysis.

Root Cause Analysis is a systems approach that comprehensively reviews all involved systems to prevent future events and promote sustained improvement.

Includes a focus on continued learning and continuous improvement.
QAPI – Action Steps

1. Describe Leadership Responsibility & Accountability
2. Develop a Deliberate Approach to Teamwork
3. Take Your Own QAPI “Pulse” with Self-Assessment
4. Identify Your Organization’s Guiding Principles
5. Develop Your QAPI Plan
6. Conduct a QAPI Awareness Campaign
7. Develop a Strategy for Collecting & Using QAPI Data
8. Identify Gaps & Opportunities
9. Prioritize Quality Opportunities & Charter PIPs
10. Plan, Conduct & Document PIPs
11. Get to the “Root” of the Problem
12. Take Systemic Action
QAPI – References and Resources

Useful resources for designing and developing a QAPI Plan:

- https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/qapiresources

QUESTIONS?

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