Affordable Care Act 2010,
Section 6102

Quality Assurance Performance Improvement

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Objectives

- Identify the basic components of Quality Assurance & Performance Improvement (QAPI) as a result of Health Care Reform.
- Understand the 5 core elements of QAPI and how they apply to long term care.
- Define the difference between traditional QA and A and QAPI.
- Understand the changes needed to implement QAPI in long term care.

TAKE CHARGE

- Sense of Urgency
  - QAPI may be the last opportunity for the professional to take charge of quality!!
    - Achieve alignment with cross-sector quality measures
    - Demonstrate quality outcomes and good business practice in the "ACCOUNTABLE CARE MARKETPLACE"

EMPHASIS ON QUALITY ASSURANCE & PERFORMANCE IMPROVEMENT

- Affordable Care Act calls for transparency and accountability
- ACA-Section 6102
  - Full-implementation/effective-functioning QAPI programs
  - Compliance and ethics programs
- Unique characteristic of Section 6102:
  - Mandates technical assistance and best practices BEFORE promulgating regulations and survey procedures and tools.
- CMS early work with Abt Associates and Colorado Foundation for Medical Care (QIO)—Current work UMN & Stratis Health(MN QIO)
- Technical Expert Panel Convened

Initial comments from CMS

- Move from episodic QA/QI to continuous quality improvement.
- Assess possibility of standardization across provider settings
- CMS notes that the Nursing Facility setting has challenges
- CMS also notes characteristics that provide advantages
- Particularly interested in handling of adverse events.
- Strengthen current programs
- Goal develop a model program

Quality Assurance Performance Improvement

- Quality Assurance & Performance Improvement
  - Act states that the Secretary must establish & implement program by December 31, 2011
  - SNFs must submit a plan to the Secretary on how the standard will be met and how best practices will be implemented within one year following promulgation of the regulation.
  - Plan must include coordination with QA&A activities.

CMS Survey & Certification Letter April 8, 2011

- **Affordable Care Act**: CMS is to establish QAPI standards & provide technical assistance to nursing homes on the development of best practices in order to meet such standards.
- **QAPI Prototype**: Will be tested in a small nursing home demonstration project conducted by an independent contractor in the summer of 2011.
- **New QAPI Regulation:** In addition to the existing QAA regulation at 42 CFR, Part 483.75(o), CMS will promulgate a new QAPI regulation.

Changing Expectation

Quality Assurance Performance Improvement

- Ownership & Ongoing Engagement of Leadership.
- Excellence & Sustained Compliance.
- Prioritization of Improvement Activities.
  - High risk, high volume, problem prone area.
  - Affect health outcomes, quality of life, satisfaction.
  - Includes clinical and non-clinical process/outcome
  - Ongoing improvements, new programs.

QA vs QC vs QI/PI

Quality Assurance

- *Establish Quality Standards*
- Systematically evaluate quality using metrics

Q

- Control level of quality as go along—inspection
- If find a problem/trend, may do improvement project.

Quality Improvement/Performance Improvement

- Systematically improve processes/improve organization effectiveness & efficiency
- Includes improvement methodology—Plan, Do, Study, Act

Business Management System

QAPI = QMS
(QUALITY MANAGEMENT SYSTEM)
AKA
BMS
(BUSINESS MANAGEMENT SYSTEM)

THREE PERSPECTIVES OF A QAPI MODEL PROGRAM

1. Ensuring the foundation
2. Creating improvement
3. Sustaining the gains

Ensuring the Foundation

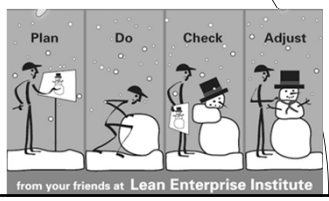
Unity of purpose
a. Mission, Vision, and Values

Fair, just, and accountable organizational culture
a. Involvement of all staff

Creating Improvement

Process and systems orientation

a. Data-driven decision-making
b. Continual improvement



Sustain the gains

Customer-focused

Education and training

a. Communication
b. Quality Control
c. Process Management

Affordable Care Act: 5 Core Elements of QAPI

- Design and Scope
- Governance and Leadership
- Feedback, Data Systems, and Monitoring
- Program Performance Improvement Projects (PIPs)
- Systematic analysis and systemic action

5 Core Elements

- **(1) Design and Scope**
  - Ongoing and comprehensive
  - Addresses full range of services offered by your facility
  - Addresses clinical care, quality of life, resident choice, care transition
  - Aims for safety and high quality with focus on resident choice
  - Utilizes the best available evidence to define and measure goals

5 Core Elements

- **(2) Governance and Leadership**
  - Governing body/Administration
    - Develops a program that involves leadership with input from staff, residents, and families
    - Assures adequate resources to conduct work
    - Designates one or more person to be accountable for QAPI, developing leadership, and training
    - Establish policy and procedure to sustain QAPI (in the event of turnover,…)

5 Core Elements

- **(3) Feedback, data systems, and monitoring**
  - Implement systems to monitor care and services
  - Utilizes data from multiple sources
  - Includes input from staff, residents, families and other appropriate stakeholders.
  - Utilizes performance indicators for monitoring outcomes
  - Evaluates indicators against benchmarks and/or established thresholds/targets
  - Tracks, investigates, monitors adverse event and action plans

5 Core Elements

- **(4) Program Performance Improvement Projects (PIPs)**
  - Conducts PIPs to evaluate and improve care or service areas identified as opportunities for improvement (OFIs)
  - Includes gathering information systematically to clarify OFI and intervene for improvement
  - Specific and unique to each facility

5 Core Elements

- **(5) Systematic analysis and systematic action**
  - Implements systematic approach to detailed analysis to fully understand the problem/OFI, the root cause, and implications of change
  - Develops policies and procedures and demonstrates proficiency in root cause analysis
  - Systematic actions to evaluate all systems involved for prevention of recurrence and sustainability of improvement
  - Focuses on continual learning and continuous improvement

Getting Started

- **Begin with the Basics:**
  - Compliance with F520:
    - Interdisciplinary Team members:
      - Administrator, DON, Medical Director
      - Must always include, involve and engage Certified Nursing Assistant (CNAs)
    - Medical Director Participation
    - Self identification
  - QAPI is not designed to displace current regulation

Getting Started

- Evaluate current QAA program, be honest!
  - Does it meet current requirement and guidelines?
  - Is it how you manage your facility/organization of just something you do monthly/quarterly
  - How knowledgeable is all staff?
- Use readiness tool to assess your organization. (CMS is developing tool to be used in demonstration)

Getting Started Readiness

- **Design & Scope**
  - Determine key functions and responsibilities of each department
  - Establish a mission, vision, core values and tie to program & organizational performance
    - Vision: What the organization aspires to do
    - Mission: What is your purpose
    - Values: What is most important to your organization
  - Develop a written plan or policies and procedures to guide the organization
  - Determine scope that meets all services/activities of the organization.

Getting Started Readiness

- **Governance and Leadership**
  - Owner/Board of Directors understands and affirms their role for support & oversight
  - Facility leadership understands & is knowledgeable regarding QAPI activities
    - Training is developed and provided to all staff
  - Establish formal accountability for QAPI (e.g., administrator, CEO)
  - Revise job descriptions to include QAPI responsibilities and accountabilities, including ethical behavior
  - Resources are allocated and documentation process for performance improvement projects is established.

Getting Started Readiness

- **Feedback, data systems, and monitoring**
  - Establish tool (dashboard/scorecard) which can be populated with key metrics to monitor the program
  - Identify sources of scheduled (e.g., quality indicators/monthly) and unscheduled data(e.g., survey, **adverse events**, unsafe conditions, customer feedback)
  - QAPI plan specifies collection, monitoring and review of data
- Data for Quality Assurance & Performance Improvement are included.

Getting Started Readiness

- **Performance Improvement Projects**
  - Areas for new PIPs are identified following systematic review of data and other assessment tools
  - Systematically prioritize PIPs based on what has the most significant impact

Getting Started Readiness

- **Systematic analysis and systematic action**
  - Establish formal process for Root Cause Analysis
  - Share QAPI results with stakeholders
  - Systematic review of policy and procedures to include improvements

Potential QAPI Model

- Align with the 5 core elements.
  - Consider how the Core elements align with your organizational key performance areas/categories/pillars.
- Consistent Model – Facility, Region, Division, Corporate
- Business Management System:
  - Consider how the 5 Core elements are integrated in Baldrige criteria – Baldrige as a Business Model

BALDRIGE CATEGORIES

1. **Leadership**
2. **Strategic Planning**
3. **Customer Focus**
4. **MAK**
5. **Workforce Focus**
6. **Operations Focus**
7. **Results**

Potential QAPI Model

- Consider how your organization's strategic plan fits with QAPI (Business Management System)
  - Develop & implement long and short term objectives: SWOT, internal and external analysis
  - Alignment with the 5 core elements and your organizational key areas:
    - Typically focused on care, customer service, business practice, physical plant, staff

Potential QAPI model

- A potential QAPI model for your facility, region, or division could include:
  - Metrics in each of the key areas important to your organization and the 5 core elements
  - Metrics aligned with Baldrige as a Business model to include clinical and non-clinical outcomes
  - Metrics that support your vision, mission, and values.

Potential QAPI model

- A potential QAPI model for your facility, region, or division could include:
  - Standardized process improvement tools: 5 whys, Fishbone, SMART goals, PDSA, DMAIC (Define, Measure, Analyze, Improve, Control), ADDIE (Analysis, Design, Development, Implement, Evaluation), Kaizen event (rapid change event)
  - Alignment from facility, to region, to division, to field support (corporate)

Summary

- QAPI:
  - 5 Core Elements
  - Clinical and non-clinical components included in the model:Business Management System
  - Systematic continuous improvement

Summary

- Think Excellence: **Baldridge as a Business Model** meets QAPI requirements
  - Clinical and non-clinical components included in the model
  - Systematic continuous improvement (PDSA, DMAIC, Fishbone,….)
- Use the AHCA quality award program as a resource

Summary

- Things may still change,….
  - Secretary will provide a report to Congress on the QAPI project/demonstration, at the end of the year.
  - The demonstration results will inform the development of the model. Regulation likely, 2012.
  - TEP members will have continued involvement in the on-going review and development.
  - CMS wants this to be a partnership that achieves the best results for residents/patients, families and the profession.
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Resources

- Affordable Care Act 2010, Section 6102(c)
- AANAC LTC Leader, June 21, 2011: QAPI gets top billing at June ODF", www.AAANAC.org
- CMS Skilled Nursing Facility Open Door Forum, June 16, 2011

Closing Comments

- *"Change. A bend in the road is not the end of the road... unless you fail to make the turn."* Author Unknown