QAPI - What Is It All About?

Rebecca McMinn, RN, BSN, MBA
New Century Hospice
CMS Quality Initiatives

- CMS has “encouraged” Healthcare to monitor itself and gather data
- Standard measures of quality care are being identified for all providers
- Required reporting of measures of care to CMS
- Accountability to the public – consumer reporting
- Pay for performance
  * Based on quality measures
  * Bonus payment strategies
Examples of CMS Initiative - Medicare.gov

- Compare Nursing Homes 2002
- Compare Home Health Agencies 2003
- Compare Hospitals 2003
- Compare Dialysis Facilities 2005
- Physician Volunteer Reporting 2006
- Hospice 2013

“If you think your care is better than your competitor’s, then you need to be able to prove it with data.”
What Is QAPI

• Combination of two functions:
  A. Quality Assessment
  B. Performance Review

• Two separate, but very related processes!
Why Do It?

- Federal and State regulations require it.
- To improve internal and external processes:
  - Catch issues before they develop.
  - Correct issues once they are identified.
- For risk management and to prevent liability
- To provide better patient and family care.
- To provide a better work environment for staff.
Who Is Responsible?

1. Governing Body has executive responsibilities
2. Administrator is responsible for supervision of all services.
3. QAPI committee
   - Administrator
   - Supervising Nurse or therapist
   - Individual representing scope of services provided
4. Everyone in the agency
Functions of the QAPI Committee

• Review/update/revise the QAPI plan at least once within a calendar year, or more often if needed.
• Use measures of data in the care planning/coordination of services and events.
• Meet twice a year, or more often if needed.
How to Do QAPI - Step 1

- Start with a **system-wide** agency assessment to include **ALL aspects of your agency**
  - Select areas for improvement based on this assessment
- Program must be ongoing
- Focused on patient outcomes that are measureable
- Must have a written plan of implementation at least once a year or more often.
How to Do QAPI - Step 1

• Use data collection tools:
  • Infection control reports
  • Complaint reports
  • Incident and adverse event reports
  • Satisfaction surveys
  • Chart audits for active, discharged, bereaved
Texas Required QAPI Measures

- Sample of active and closed records
- Negative client care outcomes
- Complaints/incidents of unprofessional conduct by licensed staff and misconduct by unlicensed staff
- Infection control activities/Infection
- Medication administration and errors
- Effectiveness and safety of all services provided, including
  - Competency of clinical staff;
  - Promptness of service delivery;
  - Appropriateness of response to complaints/incidents
- Determination that services have been performed as outlined in the care plan
- Client/family complaints

- Pain
- Nutritional status
- Continence
- Respiratory comfort
- Skin Integrity
- Level of consciousness
- Anxiety
- Depression
- Emotional well-being/satisfaction
- Spiritual well being
- Social well being
- Family knowledge and understanding
- Client/family satisfaction
How to Do QAPI - Step 2

• Set up systems and processes for ongoing monitoring, reporting, and evaluating
• Analyze data - Is there a problem? Could there be a problem?
• Governing body minutes should reflect involvement in data collection decisions
• Benchmark agency specific data against other agencies if possible
How to Do QAPI - Step 3

• Performance Improvement:
  1. Use the data analysis from QA to identify your opportunities for improvement.
  2. Prioritize areas by high risk, high volume, or problem-prone, considering incidence, prevalence, and severity of problems
  3. Analyze causes
  4. Decide on Performance Improvement Projects (PIPs)
  5. Develop your plan for improvement
How to Do QAPI - Step 4

• Evaluation and Education

  • Evaluation
    • Evaluate and monitor for ongoing effectiveness
    • Measure successes, and
    • Track performance to ensure that improvements are sustained

  • Develop educational feedback for staff based on data and results

  • Show Governing Body involvement and oversight in QAPI activities
All Aspects of Your Agency

• Administrative Processes
  • Human Resources
    • Staff, Volunteer, Contract personnel files
    • Employment requirements, i.e.
      • applications,
      • references,
      • criminal history checks, EMR/NAR, and OIG Exclusion
      • job descriptions,
      • license verification
      • practice acts per discipline
All Aspects of your agency

• Administrative conti.
  • Process for monitoring regulatory changes
  • Reporting Abuse, Neglect, and Exploitation
  • Are your contracts compliant with regulations
• Agency statistics
  • Average and Median length of stay
  • NCLOS Rates
  • Level of care usage by days
  • % admits versus non-admits – may need to educate referral sources and/or marketers
All Aspects of your agency

- **Administrative conti.**
  - Billing Processes
    - Accuracy with all requirements:
      - Certification, Physician narrative, F2F, Medicare benefit effective date
      - Days in Accounts Receivable
  - Medical Records
    - Filing timelines
    - Oversight of staff assessment/documentation
    - Accuracy of documents
    - Signatures
      - No stamped
      - Legibility
    - Dating/amending records
    - Process for physician order receipt/signage/timelines
All Aspects of your agency

• Administrative conti.
  • Marketing Practices
  • Process for trending and responding to complaints, adverse events, satisfaction surveys
All Aspects of your agency

• Clinical
  • Admission process
    • Appropriate patients admitted
  • IDT oversight
    • Timelines for comprehensive assessments and IDT/POC
    • Oversight of medications: not utilizing Medicare Part D
    • In a NH – what medications are you paying for?
    • Coordination with NH and other contracted entities

• On call reports
  • Types of after-hour calls received
  • How quickly do staff respond?
  • Are patients being “tucked” in before the weekend?
All Aspects of your agency

- Clinical conti.
  - Individualized POC
    - All IDT members present for collaboration on the POC
    - Services provided follow POC – are frequencies met?
    - Measureable outcomes
  - Assessment of patient and family
    - Nursing needs of patient are met as identified in initial, comprehensive assessments, and updates
    - Comprehensive assessments are completed within 5 days of Medicare election.
    - Update to the comprehensive assessments by all disciplines at least every 15 days
  - Medication Profile updated and accurate. When do the nurses update it? Do they compare your med profile to the facility’?
All Aspects of your agency

- Clinical conti.
  - Oversight of patients on program greater than 6 months
    - Recertification process – Is your F2F completed prior to the physician writing their narrative?
- Infection Control
  - Process for trending infections
- Discharge process
  - 5 day notice
  - Generic notice within 2 days
  - Discharge summary complete
- Supervision of Hospice aides and LVNs
Hospice Quality Reporting Measures

• Required reporting to CMS
  • Data collection on 2 required measures from October 1, 2012 through December 31, 2012
  • Data reporting:
    • Structural Measure data was due January 31, 2013
    • Pain measure data due by April 1, 2013
  • If data is not submitted, impacts agency’s increase in market basket percentage 2 percentage points
1. **Pain Measure**

A. Determine eligibility
   1. Is the patient able to communicate and understand what they are being asked?
   2. Is the patient able to self-report?
   3. Is the patient 18 years of age or older?

B. On admission, ask the initial comfort question: “Are you uncomfortable because of pain?”

C. Contact the patient 48 – 72 hours later to ask the follow-up question: “Was your pain brought to a comfortable level within 48 hours?”

D. Data is collected on all admissions, including re-admits and transfers.
2. Structural Measure

A. Participation in a QAPI program that includes at least 3 indicators related to patient care.

B. CMS has grouped indicators commonly used by hospices into topics under 10 domains:
   1. Patient Safety: infections and falls
   2. Physical Symptom Management
   3. Care Coordination and Transitions
   4. Patient/Family Preferences
   5. Communication and Education
   6. Patient/Family Experience/Ratings of Care and/or Services
   7. Spiritual
   8. Structure and Process of Care: frequencies
   9. Psychosocial
   10. Grief, Bereavement and Emotional Support
Measures Under Consideration

- Family Evaluation of Hospice Care – Ratings and willingness to recommend
- Patients Treated with an Opioid who are given a bowel regimen
- Screening for physician symptom management
- Pain Assessment
- Dyspnea Interventions and Treatment
- Dyspnea Screening
- Patient/Family Treatment Preferences and goals
- Percentage of hospice patients with documentation in record of discussion of spiritual/religious concerns or declination of discussion