

Quality Assurance and Performance Improvement (QAPI) | Making it Work

Captain Hyosim Seon-Spada, DNP
USPHS, Survey, Long-term Care Branch Manager
Survey and Operations Group, CCSQ, CMS

Jennifer Wieckowski, MSG
Senior Executive Director,
Health Services Advisory Group (HSAG)

Wednesday, May 3, 2023





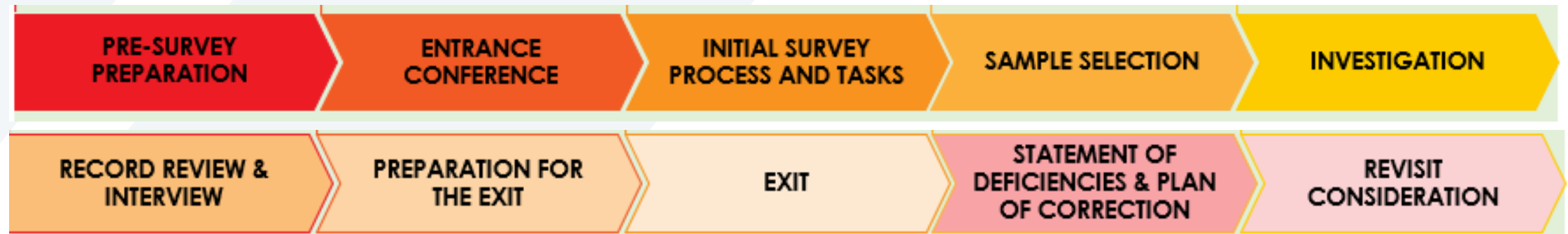
AGENDA

- Describe expectations of the Medicare & Medicaid-certified healthcare facilities to have a QAPI program to enhance its patients' and residents' health and safety.
- Discuss examples of deficient practices from inspection results.
- Describe the 5 QAPI elements.
- Demonstrate how to charter a Performance Improvement Project (PIP).
- Describe systematic approaches for conducting a Root Cause Analysis (RCA).

CMS Survey Process

Acute & Continuing Care/Long Term Care

- **Acute & Continuing Care (ACC)**
 - Complaint, Validation, and Look-Behind Survey
- **Long Term Care (LTC)**
 - Complaint, Annual, or Standard Survey



Nursing Home Scope/Severity & Mandatory Enforcement Criteria

Level 4 Immediate jeopardy to resident health or safety CMPs Required!	J POC Category 3 Required Cat. 1 & 2 Optional	K POC Category 3 Required Cat. 1 & 2 Optional	L POC Category 3 Required Cat. 1 & 2 Optional
Level 3 Actual harm that is not immediate	G POC Category 2 Required Cat. 1 Optional	H POC Category 2 Required Cat. 1 Optional	I POC Category 2 Required Cat. 1 & Temporary Management Optional
Level 2 No actual harm with potential for more than minimal harm that is not immediate jeopardy	D POC Category 1 Required* Cat. 2 Optional	E POC Category 1 Required* Cat. 2 Optional	F POC Category 2 Required* Cat. 1 Optional
Level 1 No actual harm with potential for minimal harm	A No POC No Remedies Not on 2567	B POC No Remedies	C POC No Remedies
	Isolated	Pattern	Widespread

*Required only when imposing remedy/remedies instead of or in addition to termination

■ Substantial Compliance

■ SQC – Any deficiency in § 483.13, § 483.15, or § 483.25 that constitutes: immediate jeopardy; pattern or widespread actual harm that is not immediate jeopardy; or no actual harm with widespread potential for more than minimal harm that is not immediate jeopardy



42 CFR § 483.75 QAPI F-Tags

- **F865 QAPI Plan and Program; Good Faith Attempt**
 - Concerns related to whether a facility has implemented and maintains a comprehensive QAPI program and plan, disclosure of records and governance and leadership.
- **F867 QAPI/QAA Data Collection, Monitoring, Analysis, & Improvement Activities**
 - Concerns related to how the facility obtains feedback, collects data, monitors adverse events, identifies areas for improvement, prioritizes improvement activities, implements corrective and preventive actions, and conducts PIPs.
- **F868 QAA Committee**
 - Concerns related to the composition of the QAA committee, frequency of meetings, and reporting to the governing body.



QAPI Citation History

Year Type: Year: Quarter:

2019

Citation Frequency Report

National Tag #	Tag Description	# Citations	% Providers Cited	% Surveys Cited
Totals represent the # of providers and surveys that meet the selection criteria specified above.		Active Providers=15673		Total Number of Surveys=1035
F0867	QAPI/QAA Improvement Activities	644	3.6%	62.2%
F0868	QAA Committee	249	1.5%	24.1%
F0865	QAPI Prgm/Plan, Disclosure/Good Faith Attmpt	195	1.1%	18.8%

Year Type: Year: Quarter:

2022

Citation Frequency Report

National Tag #	Tag Description	# Citations	% Providers Cited	% Surveys Cited
Totals represent the # of providers and surveys that meet the selection criteria specified above.		Active Providers=15280		Total Number of Surveys=847
F0867	QAPI/QAA Improvement Activities	513	2.8%	60.6%
F0868	QAA Committee	291	1.7%	34.4%
F0865	QAPI Prgm/Plan, Disclosure/Good Faith Attmpt	141	0.8%	16.6%



Example Level 4 Deficiency (J, K, L)

Level 4, Immediate Jeopardy to resident health or safety include, but are not limited to:

1. Evidence showing one or more residents received third degree burns from hot water temperatures in the month prior to the survey.
 - *QAPI review showed the facility failed to use (e.g., review or analyze) the data they collected for routine monitoring of hot water temperatures throughout the facility. The failure of the facility to use the data it collected, resulted in lack of action to correct the systemic, high-risk issue, which created a situation where some residents were likely to experience serious injury, harm, impairment, or death.*
2. Evidence showing the facility failed to monitor their system for communicating each residents' code status. This resulted in staff having inaccurate and inconsistent information to use in emergency situations. QAPI review showed the QAA committee was not aware of this high-risk, systemic issue, and was not monitoring facility practices related to accurate and consistent communication of residents' advance directives and code status.



Example Level 4 Deficiency (J, K, L)

Case Review of F0867

- A complaint health survey: F0867 (QAPI/QAA Improvement Activities), “K” pattern
- Seven of twelve sampled residents with several incident reports on abusive behaviors, including sexually inappropriate behaviors of the resident to resident interaction from the known sexual offender
 - Failed to identify and address QOC concerns for residents who demonstrated sexually inappropriate and physical behaviors, which put them at risk for abuse by other residents.
 - Failed to identify residents who were at risk for being abused, failed to recognize, report, and investigate signs of and allegations of abuse.
 - Failed to address quality of care concerns related to physician notification in the presence of a significant status change.
 - Failed to address or put a self-identified PIP in place for the repeated QOC concerns.



QOC=Quality of Care

Example Level 3 Deficiency (G, H, I)

Examples of Level 3, actual harm that is not immediate jeopardy include, but are not limited to:

- Evidence showing the facility had repeat deficiencies for the past two surveys related to their failure to ensure residents' post discharge needs were care planned and met upon discharge.
- During the current survey it was determined that a resident was discharged with no education about how to manage his new onset diabetes, resulting in his rehospitalization.
- The QAPI review showed the QAA committee was not aware of the issue, and was not monitoring practices around discharge.



Example Level 3 Deficiency (G, H, I) Case Review of F0867

- Recertification survey, F867 at “F” level scope and severity with initial survey and “I” harm level at revisit survey
- Repeatedly failed to develop and implement an effective QAPI program following their initial recertification survey in May, resulting in the determination of IJ during their follow-up survey.
 - Did not implement an effective QAPI plan to address insufficient staffing levels.
 - Did not perform staff training.
- Repeated QOC concerns and recited
 - Notification of changes (injury/decline/room, etc.)
 - Sufficient nursing staff
 - Residents are free of significant med error
 - Administration



Example Level 2 Deficiency (D, E, F)

An example of Level 2

- **No actual harm with potential for more than minimal harm that is not immediate jeopardy includes, but is not limited to:**
 - Facility failed to correct and monitor a quality deficiency identified on the previous survey, involving inaccurate weight measurement.
 - This issue has the potential to cause more than minimal harm.



Example Level 2 Deficiency (D, E, F)

Case Review of F0867

Recertification health survey in 2022 with 40+ citations, F867, "F" (wide spread)

- Failed to have an effective QAPI program with a systematic analysis and action plan to rectify identified issues and failed to meet quarterly as required.
- Findings are:
 - Did not follow the QAPI plan, the QAA committee consisted of the administrator, director of nursing, medical director, pharmacy consultant, laboratory, X-Ray consultants, and missing interdisciplinary team members.
 - No QAPI or PIP documentation.
 - No formal QAPI committee meetings.
 - Quarterly meetings minutes were signed off via fax without a meeting.
 - No data collection, analysis, and data reviews for the resident care issues according to QAPI plan.
 - No systematic reviews of injury reviews, reporting, PIP for resident services, no meetings with key personnel to avoid medication errors, fall prevention, injury prevention, infection control, drug regimen reviews, competency of staffing, etc.



Example Level 1 Deficiency (A, B, C)

An example of Level 1

- **No actual harm with potential for minimal harm includes, but is not limited to:**
 - Facility failed to ensure that monitoring occurred as planned for an identified quality deficiency.
 - On interview it was determined that the facility's corrective action involved monitoring monthly for three months to ensure the issue was corrected, however, documentation showed that for the second month, there was no evidence that monitoring had occurred.



Enforcement Letter: COVID-19 Focused Infection Control Survey with Deficiencies

Quality Improvement Organization (QIO) Resources

The QIO Program is committed to supporting healthcare facilities in the fight to prevent and treat COVID-19 as it spreads throughout the United States.

- QIO resources regarding COVID-19 and infection control strategies can be found at the QIO program website:
<https://qioprogram.org/covid-19>
- QIOs per state can be found at:
 - Locate Your QIO: <https://qioprogram.org/locate-your-qio>





Jennifer Wieckowski, MSG
Senior Executive Director, HSAG

QAPI Requirement

F865 §483.75(a)

- Each LTC facility must develop, implement, and maintain an effective, comprehensive, data-driven QAPI program that focuses on indicators of the outcomes of care and quality of life.



Centers for Medicare & Medicaid Services (CMS). QAPI Description and Background. December 1, 2021.
Available at: www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/qapidefinition.html

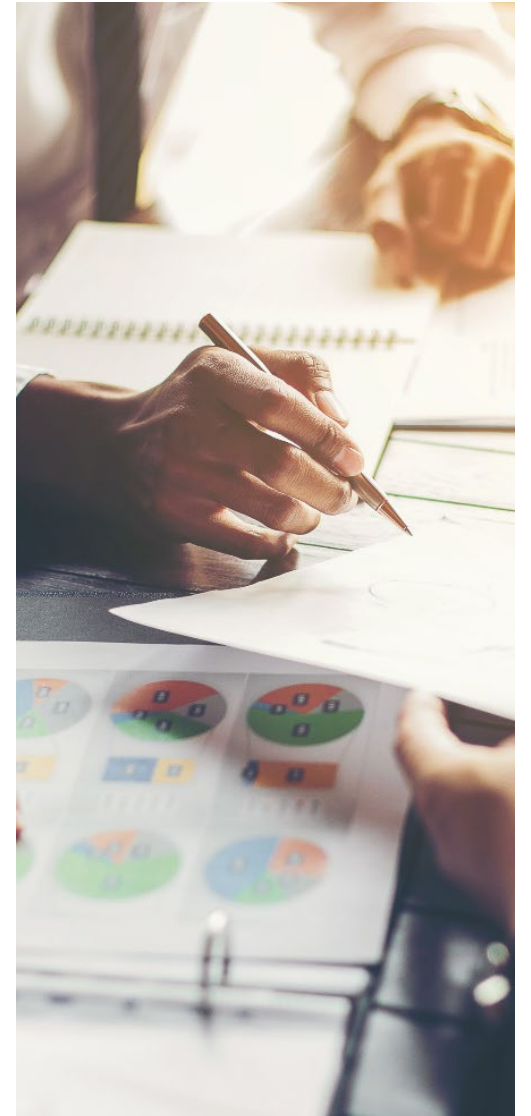
The Five Elements of QAPI



Element 1: Design and Scope

NHs must have a written QAPI plan in place adhering to these principles:

- Be ongoing and comprehensive—dealing with the full range of services offered, including all departments
- Address all systems of care and management practices:
 - Clinical care
 - Quality of life
 - Resident choices
- Aim for safety and high quality with all clinical interventions
- Use the best evidence to define and measure goals



Element 2: Governance and Leadership

The governing body and/or administration of the NH must develop a culture with these principles:

- Involve leadership in seeking input from staff, residents, and their families.
- Engage frontline staff members who are providing direct care to ensure they are comfortable reporting quality problems.
- Assure adequate resources exist to conduct QAPI efforts.
- Ensure policies are developed to sustain QAPI despite turnover.



Leadership Rounding

- What things are **going well**?
- What is **frustrating** you?
- What barriers/issues do you see as **threatening**?
- What additional **resources/tools/equipment** are needed?
- Are there any colleagues who deserve special **recognition**?
- Are there any colleagues who need **coaching/training**?
- What **feedback** have you heard from residents and families?



Element 3: Feedback, Data Systems, and Monitoring

“Without data, you’re just another person with an opinion.”

- W. Edwards Deming

- Data reviewed from multiple sources
- Performance indicators used to monitor processes and outcomes
- Benchmarks and/or targets established and tracked



Element 4: PIPs

- PIPs are concentrated efforts to improve problems that have been identified as opportunities for improvement (OFI).
- **CMS Requirement:** F867 §483.75(e)(3)—The number and frequency of improvement projects conducted by the facility must reflect the scope and complexity of the facility’s services and available resources.
- Not all improvement activities need to be PIPs.
- PIPs involve:
 - Focusing on a particular problem.
 - Gathering information to clarify the problem.
 - Identifying new interventions to address the problem.



Element 5: Systematic Analysis and Systemic Action

- Use a systematic approach to determine when in-depth analysis is needed to fully understand the problem and its causes.
- Facilities must develop policies and procedures and demonstrate proficiency in the use of an RCA.
 - The 5 Whys:
 - “Why is that” or “What caused this problem?”
 - Root cause vs. contributing factor
 - 5 is not a magic number!
 - Fishbone Diagram:
 - Problem = head of fish
 - Brainstorming by categories (i.e., resident, staff, policies, equipment)
 - Contributing Causes = smaller “bones” under cause categories



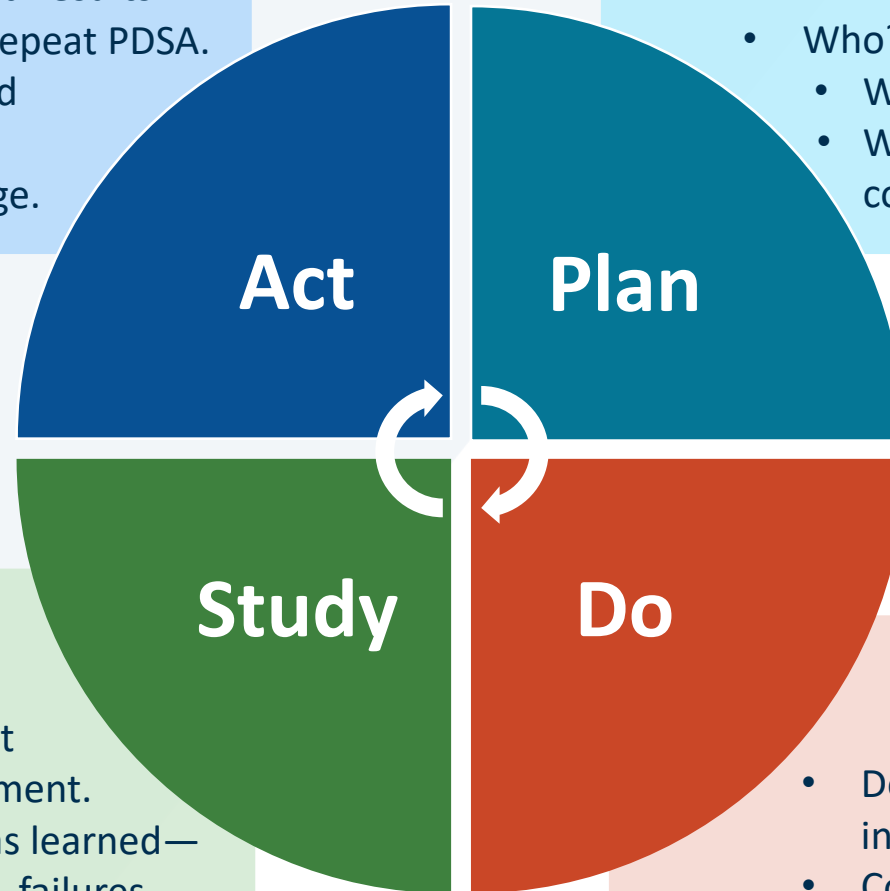
QAPI Tool: PDSA Cycle

ACT on the findings and results.

- Modify the plan and repeat PDSA.
- Stop the approach and try again.
- Spread the new change.

PLAN a small test of change.

- Who? What? Where? When?
 - What will be tested?
 - What data need to be collected?



STUDY and analyze the data/results.

- Determine if the test resulted in improvement.
- Summarize what was learned—surprises, successes, failures.

DO carry out your plan on a small scale.

- Document observations, including problems.
- Collect data.

HSAG QAPI Tools

QAPI Facility Self-Assessment

QAPI Overview & Reference Guides

QAPI Tools

Performance Improvement Project (PIP) Tools

Root Cause Analysis (RCA) Tools

- Guidance for Performing RCAs with PIPs
- RCA and PIP Development
- How to Use the Fishbone Tool for RCA
- 5 Whys Worksheet
- Guidance for Performing Failure Mode and Effects Analysis with PIPs
- Brainstorming, Affinity Grouping, and Multi-Voting Tool
- Flowchart Guide

1. Rediscovering Quality: Assessments & Root Cause Analysis



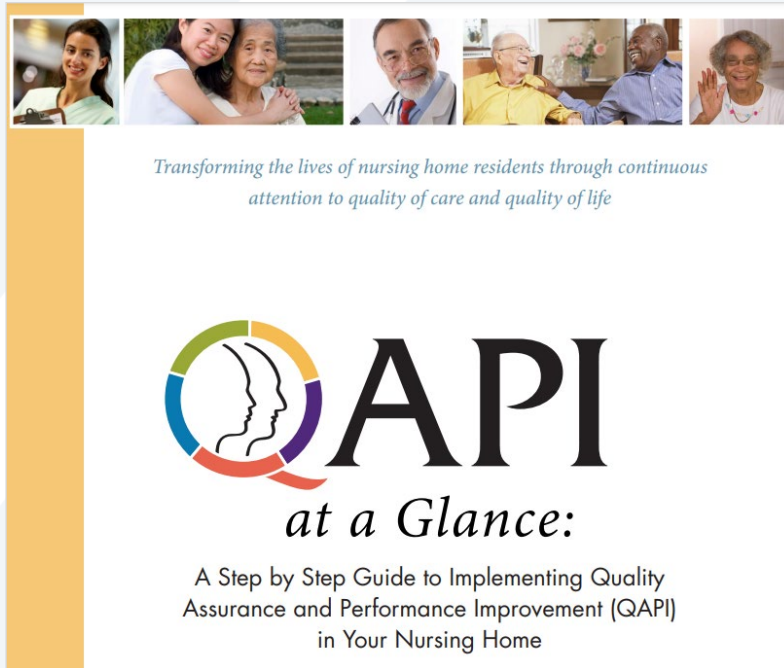
2. Rediscovering Quality: Prioritizing Interventions



3. Rediscovering Quality: SMART Goals



CMS QAPI Tools



QAPI at a Glance:

www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/Downloads/QAPIAtaGlance.pdf

QAPI Tools & Resources

[Tools](#)

[Resources](#)

[Adverse Events in Nursing Homes](#)

[Consumer Engagement](#)

Newsbrief

[Volume 1 \(PDF\)](#)

[Volume 2 \(PDF\)](#)

Learn More

[QAPI Description and Background](#)

CMS QAPI Website:

www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/NHQAPI

References

1. CMS.gov Hospitals: <https://www.cms.gov/Medicare/Provider-Enrollment-and-certification/CertificationandCompliance/Hospitals>
2. CMS.gov Nursing Homes: [Nursing Homes | CMS](#)
3. CMS QAPI Website: www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/NHQAPI
4. Locate Your QIO: <https://qioprogram.org/locate-your-qio>
5. State Operations Manual (SOM) Appendix A- Survey Protocol, Regulations, and Interpretive Guidelines for Hospitals: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap_a_hospitals.pdf
6. SOM Appendix PP- Guidance to Surveyors for LTC Facilities: [SOM - Appendix PP \(cms.gov\)](#). February 3, 2023 Update.
7. QAPI at a Glance: www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/Downloads/QAPIAtaGlance.pdf



Thank you!

Hyosim Seon-Spada | Hyosim.seon-spada@cms.hhs.gov
Jennifer Wieckowski | jwieckowski@hsag.com



This material was prepared by Health Services Advisory Group (HSAG), a Quality Innovation Network-Quality Improvement Organization (QIN-QIO) under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. Publication No. QN-12SOW-XC-03172023-01

