Quality Assurance and Performance Improvement

Click Mouse to Advance arrows

Design/Scope

Leadership

BEYOND QAA

Projects

Analysis/Action

Data/Monitoring

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

QAPI Quality Assurance & Performance Improvement

Nursing Home QAPI

"Transforming the lives of nursing home residents through continuous attention to quality of care and quality of life"

QAPI

Quality Assurance & Performance Improvement

http://www.youtube.com/watch?v=XjkNNEjO_Ec

QAPI Rolling Rollout

NH QAPI became law

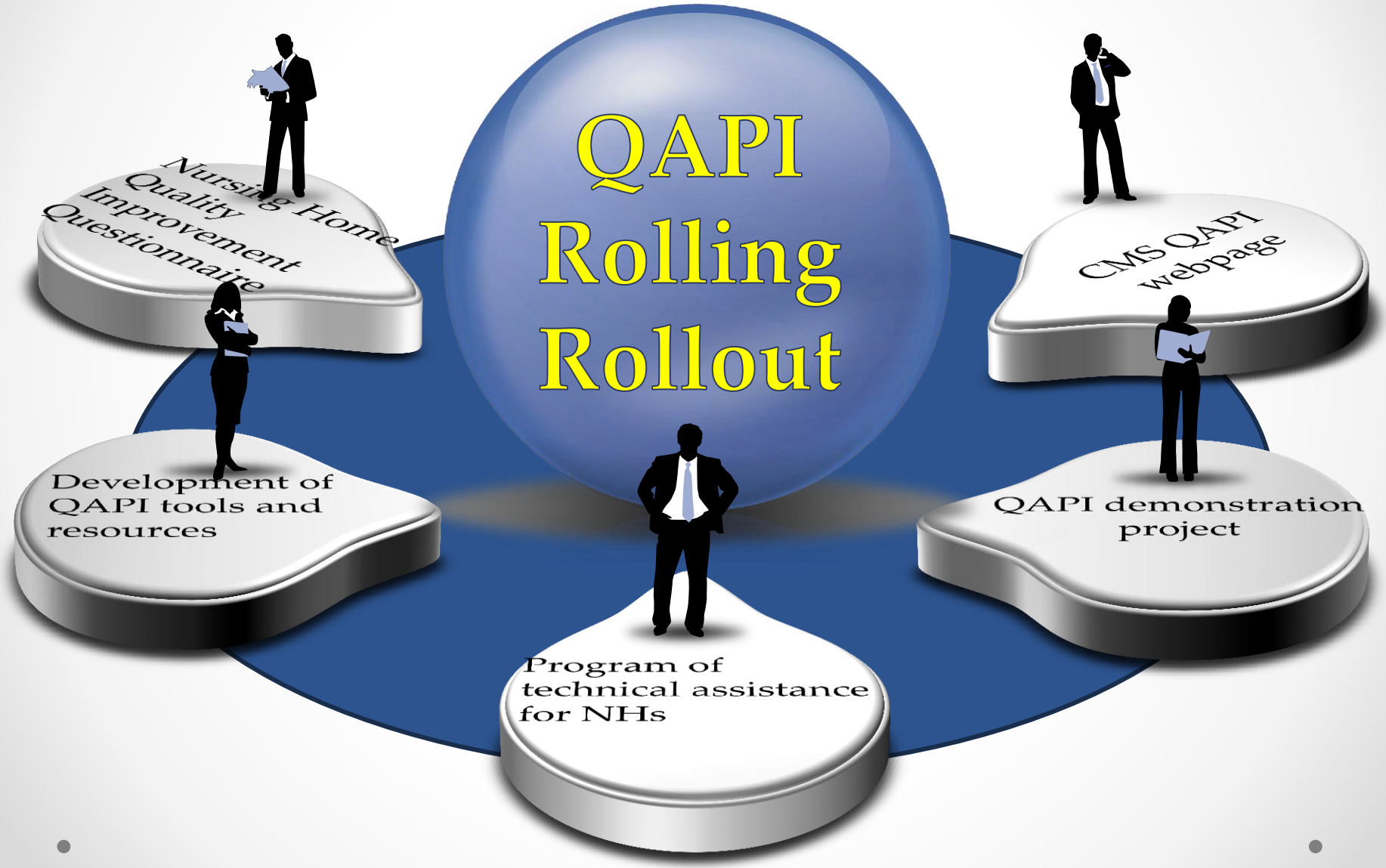
Develop plan to meet requirements

Implement best practices

Section 6102(c) of Affordable Care Act

Coordinated implementation

Coordinate with QAA


QAPI
Rolling
Rollout
Nursing Home Quality Improvement Questionnaire
CMS QAPI webpage
Development of QAPI tools and resources
QAPI demonstration project
Program of technical assistance for NHs

QAPI Demonstration

- 17 nursing homes
- 4 states
- September 2011 – September 2013
- Test training materials, tools & resources for QAPI implementation
- Learning collaborative

QAPI Demo results

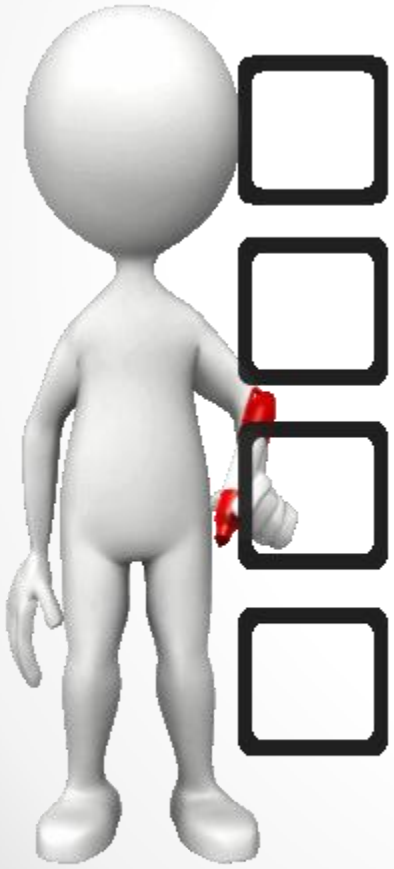
- Sustaining QAPI
- Competing priorities
- Making data meaningful
- Resident and family input
- Determining performance indicators, measures and goals

QAPI Demo results

- Root Cause Analysis (RCA)
- Focusing on systems
- Using tools
- Involving all disciplines/departments
- Working collaboratively

QAPI Rolling Rollout

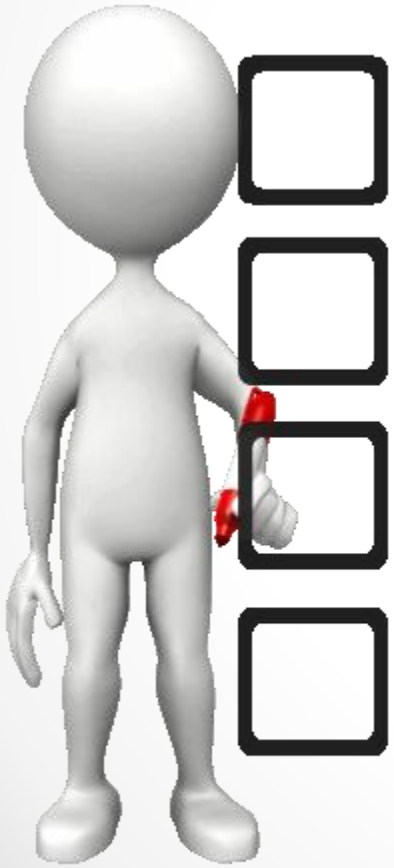
QAPI at a Glance Tools



- QAPI Self Assessment
- QAPI Plan
- Guiding Principles
- Goal Setting

QAPI Rolling Rollout

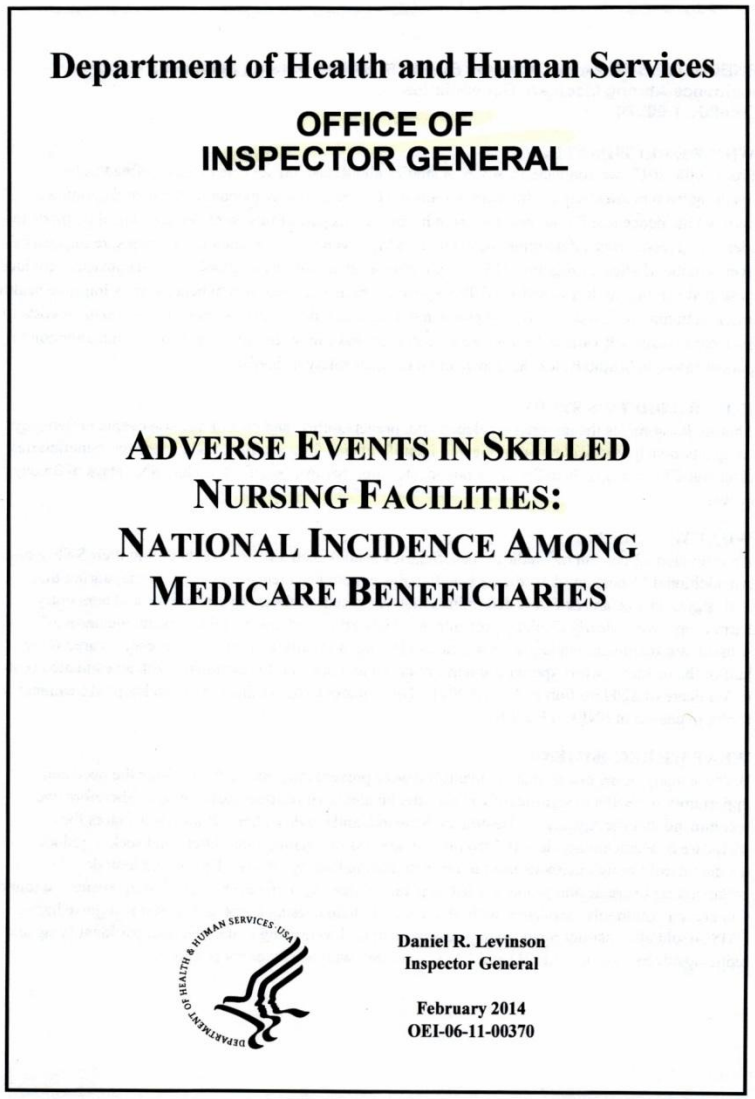
Continuing Efforts



- QAPI Tool Refinement
- QAPI Regulations
- Adverse Events guidance*
- Surveyor training *

* CMS response to OIG Report

OIG Report



Snapshot study of over 600 Medicare beneficiaries,
--average length of stay just over 2 weeks
--Discharged August 2011

http://oig.hhs.gov/oei/reports/oei-06-11-00370.pdf

Temporary Harm Events Identified Among SNF Residents by Category

Types of Temporary Harm Events	Percentage
Events Related to Medication	43%
◎ Hypoglycemic episodes (e.g., low or significant drop in blood glucose)	16%
◎ Fall or other trauma with injury associated with medication	9%
◎ Medication-induced delirium or other change in mental status	7%
◎ Thrush and other nonsurgical infections related to medication	4%
◎ Allergic reactions to medications (e.g., rash, itching)	3%
◎ Other medication events	3%

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◎ Other medication events	3%
Events Related to Resident Care	40%
◎ Pressure ulcers	19%
◎ Fall or other trauma with injury associated with resident care	8%
◎ Skin tear, abrasion, or breakdown	7%
◎ Other resident care events	6%

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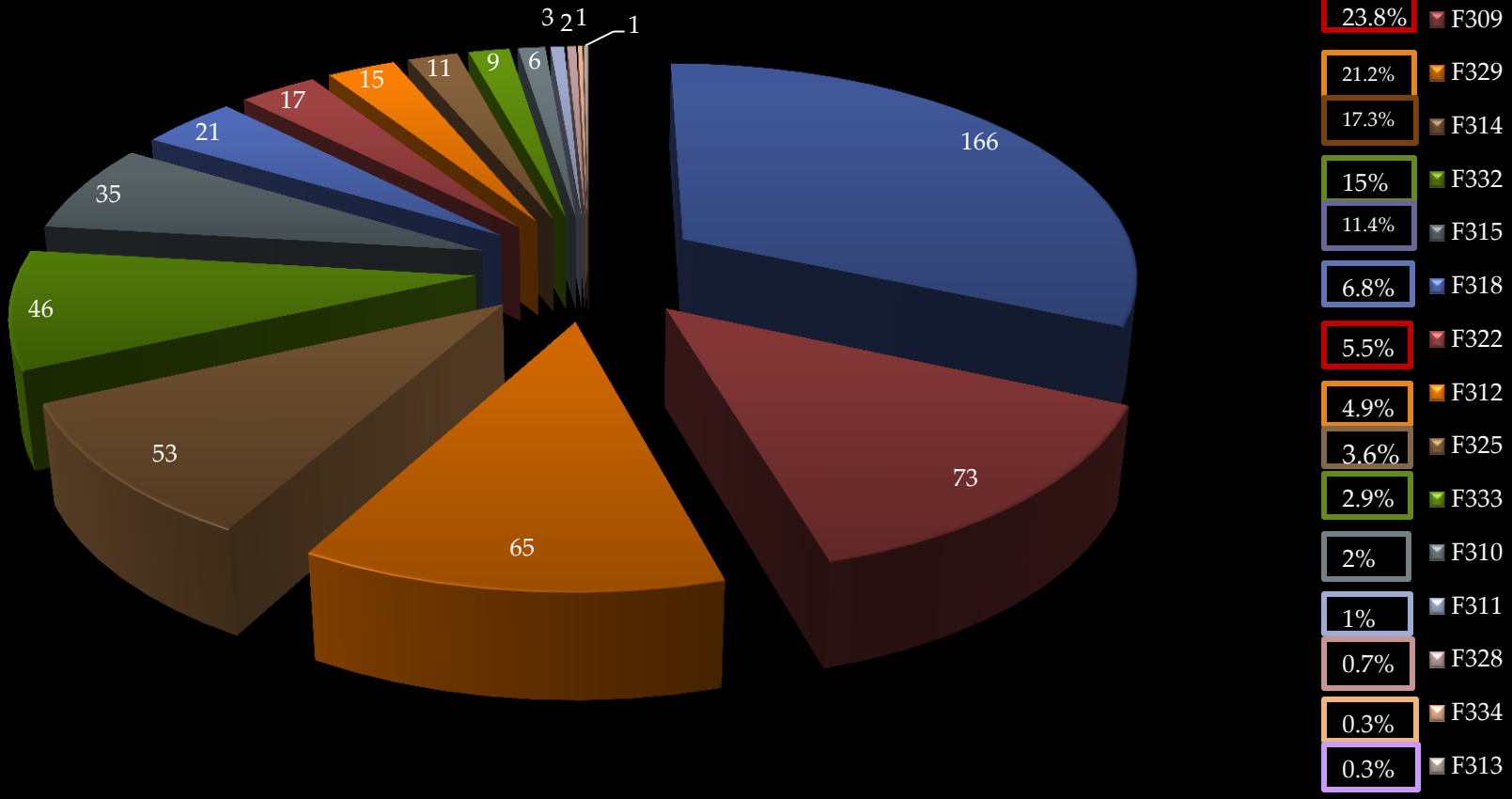
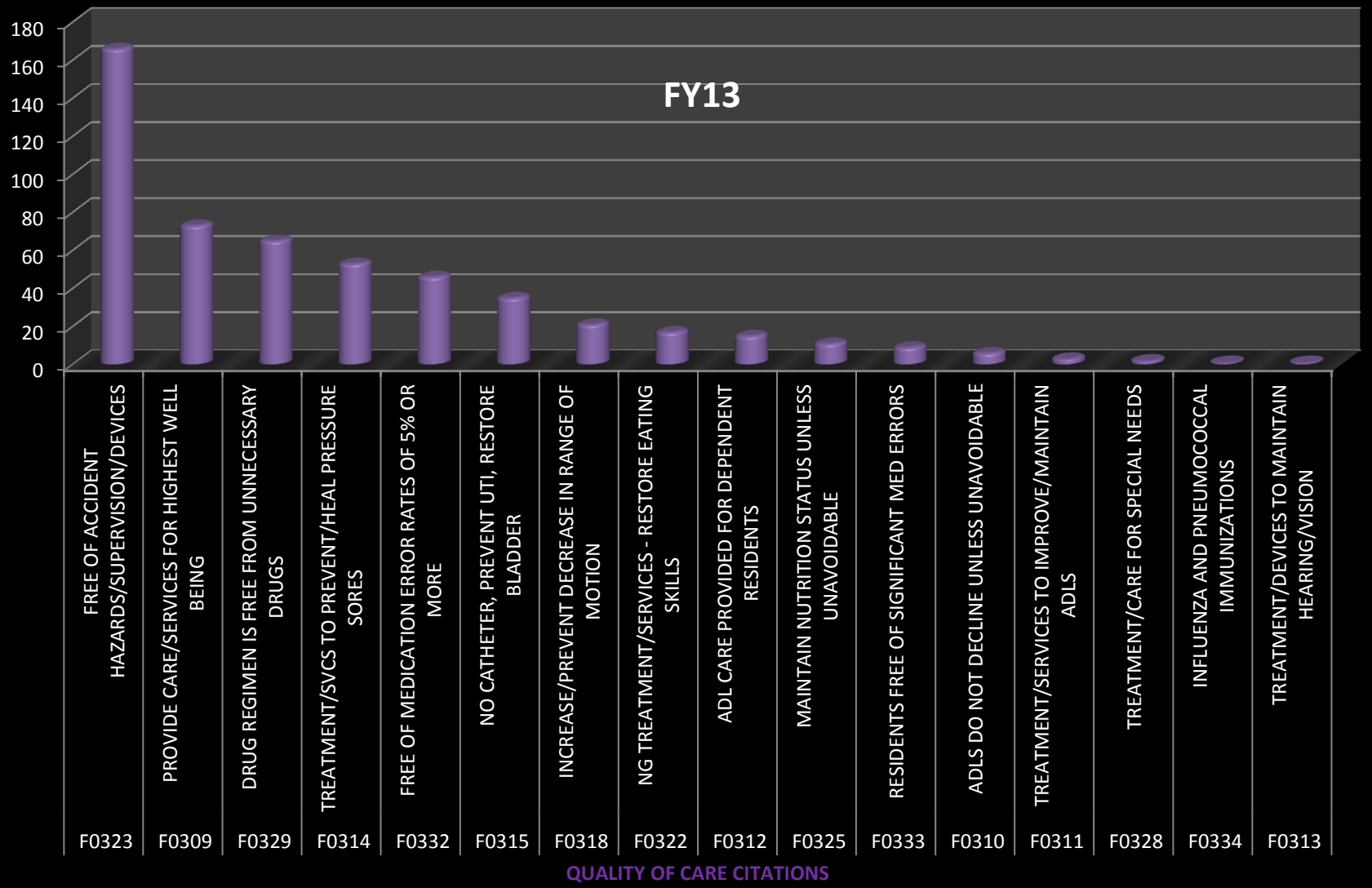
◎ Skin tear, abrasion, or breakdown	7%
◎ Other resident care events	6%
Events Related to Infections	17%
◎ CAUTI	5%
◎ SSI associated with wound care	5%
◎ Other infection events	7%
Total	100%

Adverse and Temporary Harm Events by Preventability Determination

Preventability Assessment	Percentage of Adverse Events	Percentage of Temporary Harm Events
Preventable—Harm could have been avoided through improved assessment or alternative actions	69%	46%
Clearly preventable	18%	6%
Likely preventable	50%	40%
Not preventable—Harm could not have been avoided given the complexity of the resident's condition or care required	29%	47%
Clearly not preventable	11%	12%
Likely not preventable	18%	35%
Unable To Determine Preventability* *We are unable to reliably project the weighted point estimate for temporary harm events classified as "Unable to Determine" because of the small number of sample occurrences.	3%	-

NJ Quality of Care Citations FY 13




FY13
180
160
140
120
100
80
60
40
20
0
FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES
PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING
DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS
TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES
FREE OF MEDICATION ERROR RATES OF 5% OR MORE
NO CATHETER, PREVENT UTI, RESTORE BLADDER
INCREASE/PREVENT DECREASE IN RANGE OF MOTION
NG TREATMENT/SERVICES - RESTORE EATING SKILLS
ADL CARE PROVIDED FOR DEPENDENT RESIDENTS
MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE
RESIDENTS FREE OF SIGNIFICANT MED ERRORS
ADLS DO NOT DECLINE UNLESS UNAVOIDABLE
TREATMENT/SERVICES TO IMPROVE/MAINTAIN ADLS
TREATMENT/CARE FOR SPECIAL NEEDS
INFLUENZA AND PNEUMOCOCCAL IMMUNIZATIONS
TREATMENT/DEVICES TO MAINTAIN HEARING/VISION
F0323
F0309
F0329
F0314
F0332
F0315
F0318
F0322
F0312
F0325
F0333
F0310
F0311
F0328
F0334
F0313
QUALITY OF CARE CITATIONS

AFFORDABLE CARE ACT

- Elder Justice Act

- Sect 6701; S&C 11-30-NH
- Reporting to LE and SA
  - Within 2 hours
    - Suspicion of a crime, resulting in serious bodily injury
  - Otherwise within 24 hours

http://youtu.be/3Tl9CVIIEvU

Useful websites

- QAPI tools http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/qapitools.html
- QAPI at a glance http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-13-05.pdf
- CMS QAPI webpage – http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/NHQAPI.html
- http://www.youtube.com/watch?v=XjkNNEjO_Ec

CMS Region II

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