National Partnership to Improve Dementia Care in Nursing Homes & Quality Assurance and Performance Improvement (QAPI)

March 21, 2017
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Agenda

Federal Civil Money Penalty (CMP) Grant: “Creating a Culture of Person-Directed Dementia Care”
Chris Perna & Laura Beck, The Eden Alternative

QAPI Written Plan: How-To-Guide
Jane Pederson & Kristi Wergin, Stratis Health

National Partnership & QAPI Updates
Michele Laughman, CMS
Debbie Lyons, CMS
Welcome
Federal CMP Grant: “Creating a Culture of Person-Directed Dementia Care”

Chris Perna, President & CEO
Laura Beck, Learning & Development Guide
The Eden Alternative
How it Began

• Submitted an application for federal CMP grant opportunity in 2014

• Grant awarded in May 2015

• Inspired by the National Partnership to Improve Dementia Care in Nursing Homes
Goals for the Project

To Help Participants:

• Identify limitations of current approaches to care for those living with dementia

• Support the reduction of antipsychotic medication use

• Reframe “problem behaviors” as unmet needs

• Learn how to enhance well-being for all residents
Goals for the Project cont.

- Collaborate creatively with family members as partners in care
- Apply skills learned to everyday situations of need through creative solutions that empower individuals to live full and positive lives
- Act as change agents back in their organizations by sharing and demonstrating the best practices learned through their training experience
Creating a Culture of Person-Directed Dementia Care: Project Scope

• Grand total of 567 participants

• Participants came from 5 states
  – Georgia
  – South Carolina
  – Kansas
  – Illinois
  – Texas

• Participants chose from two different educational tracks
Creating a Culture of Person-Directed Dementia Care: Educational Tracks

Track One (Deeper Dive):
- Dementia Beyond Drugs: 2-day training
  (2 people/nursing home)
- Care Partner Workshop: 8-week online training
  (Same 2 people + family member)

Track Two:
- Dementia Beyond Drugs
  (2 people/nursing home)
Identifying/Addressing Unmet Needs

“Dementia is a shift in the way a person experiences the world around her/him.”

~ Dr. Al Power

Be good detectives. Reach beyond the symptom to discover what someone is trying to communicate.

• Medical audits
• Environmental audits
• Experiential audits
The Eden Alternative Domains of Well-Being™

• Identity
• Connectedness
• Security
• Autonomy
• Meaning
• Growth
• Joy
Addressing The Three Plagues

• Loneliness, helplessness, and boredom are plagues of the human spirit

• Before medication, ask “Is it about the plagues?”

• The antidotes to the three plagues are:
  – Companionship (close and continuing)
  – Opportunity to give, as well as receive
  – Spontaneity and variety
Care Partnership

• Recognizes everyone in the caring relationship as partners in care, not as caregivers/care receivers
• Focuses on interdependence and reciprocity
• Builds on strengths, not deficits, to support well-being
• Acknowledges and leverages contributions of all
• Deepens capacity for knowing each individual well
Three Kinds of Transformation

• Personal
  – Both intra-personal (how we see people living with dementia) and inter-personal (how we interact with and support them)

• Organizational
  – How decisions are made that affect the residents; fostering empowerment; how communication occurs and conflict is resolved; creation of care partnerships, job descriptions, and performance measures, etc.

• Physical
  – Living environments that support the values of home and the domains of well-being
Results: Change in Perceptions

• Participants experienced a 17% average shift toward person-directed perceptions of dementia care, from pre-test to immediate post-test.

• Pre-test to follow-up (4 months later), improvement remained above the projected outcome; Participants experienced an 11% average shift toward person-directed perceptions of dementia care.

• We projected a shift toward person-directed perceptions of 5-10%.
Results: Increased Engagement

Steps taken to put ideas into action:

• **88%** of Track 1 participants said they are “definitely” using what they learned from Dementia Beyond Drugs training, based on follow-up surveys (4 months later)

• For Care Partner Workshop content, **77%** of Track 1 participants indicated that they are “definitely” using what they learned from the training, based on follow-up surveys (2 months later)
Results: The Bigger Picture

• There was an **overall 5.83% decrease** in the use of antipsychotic medications in participating states, during the grant period.

• A state-by-state review showed that each state, except South Carolina, also experienced **at least a 5% decrease** in the use of antipsychotic medications.

• We projected **at least a 5% decrease** for participating states.
Results: The Bigger Picture cont.

- Participating nursing homes experienced larger absolute and relative percent reductions in the use of antipsychotic medications than non-participants, during the grant period.

- Confirmed our assertion that education is a vital tool for effecting change.
“Learning about person-directed dementia care, along with the care partner team approach, provided me a whole new perspective on the care my mother receives. Observing the care partners at The Retreat and joining those staff members in the Care Partner Workshop helped me understand the day-to-day, as well as the long-term challenges and successes of care.”

Lynne Jordan, Family Member
The Retreat, 898 College St, Monticello, Georgia
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Guide to Developing a Written QAPI Plan

Jane Pederson, MD, MS, Chief Medical Officer
Kristi Wergin, RN, BSN, CPHQ, Program Manager
Stratis Health
Objectives

- Identify the purpose of developing a QAPI Plan
- Identify how to use the Lake Superior QIN QAPI Written Plan Guide to develop an organization-specific QAPI Plan
- Outline next steps in the development of a QAPI Plan
What Is the Purpose of a Written QAPI Plan?

- To guide your organization in developing an effective, comprehensive, data-driven QAPI culture that improves resident outcomes and quality of life
Reform of Requirements for Long-Term Care Facilities

• Beginning in November 2017 - Nursing homes must have a QAPI plan available to present to the State Survey agency or a Federal surveyor.

• Beginning in November 2019 - Facilities must document and demonstrate evidence of an ongoing QAPI program.
What is in the Guide?

QAPI Written Plan How-To Guide

Created by Lake Superior Quality Innovation Network
For Participants
In the National Nursing Home Quality Care Collaborative

November 2016

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Example

Our organization’s written QAPI plan provides guidance for our overall quality improvement program. Quality assurance performance improvement principles will drive the decision making within our organization. Decisions will be made to promote excellence in quality of care, quality of life, resident choice, person directed care, and resident transitions. Focus areas will include all systems that affect resident and family satisfaction, quality of care and services provided, and all areas that affect the quality of life for persons living and working in our organization.

The administrator will assure that the QAPI plan is reviewed minimally on an annual basis by the QAA committee. Revisions will be made to the plan ongoing, as the need arises, to reflect current practices within our organization. These revisions will be made by the QAA committee.

Revisions to the QAPI plan will be communicated as they occur to board members, residents, families, and staff through meetings and newsletters.
Scope

• List services you provide
• Address key issues
• Current quality improvement activities
• Use of best available evidence
Example of Scope

Example

QAPI activities will be integrated across all the care and service areas of our organization. Each area should have a representative on the QAA committee. If a representative is not available, the area should still be addressed through committee discussions. Our service areas will work together whenever possible to integrate care and services across our continuum of care to better meet the needs of the residents living in our community. Our QAPI activities will cross service areas and departments and we will work together to assure we address all concerns and strive to continuously improve the provided services. On an annual basis, and as needed, a Facility Assessment will be conducted to include an overview of the services and care areas that are provided. Any new service areas or changes in population or service areas identified during the Facility Assessment will be included in our QAPI plan.

Our service areas include:
- Dementia Care
- Hospice
- Long Term Care
- Palliative Care
- Post acute Care
- Rehabilitation services
- Transitional Care
Guidelines for Governance and Leadership

- Responsibility and Accountability
- Adequate resources
- QAPI staff training and orientation
- Framework for QAPI
- Reporting to governing body
- Implementation of a non-punitive culture

Example

The administrator has responsibility and is accountable to the board of directors and our corporation for ensuring that QAPI is implemented throughout our organization. QAPI activities and discussion will be a standing item on our board of director meeting agendas. The administrator will attend all board of director meetings, report on and solicit input on all QAPI activities on a regular basis. The administrator is responsible for assuring that all QAPI activities and required documentation is provided to our corporation.
Feedback, Data Systems, and Monitoring

- Data sources to analyze performance
- Data sources to identify risk
- Data sources to collect feedback/input
Feedback, Data Systems, and Monitoring

12. Identify Data Sources to Analyze Performance, Identify Areas of Risk and Solicit Feedback/Input

Organizations must effectively identify, collect, and use data and information from all departments and the facility assessment. Identify data sources, the frequency of data collection/analysis, targets/benchmarks you will use and establish a plan to communicate data analysis. Choose data sources your organization will use to develop and monitor performance indicators that will track your ongoing performance.

<table>
<thead>
<tr>
<th>Data Sources*</th>
<th>Data collection frequency</th>
<th>Benchmarks to analyze this data source</th>
<th>Who will analyze the data?</th>
<th>Data analysis frequency</th>
<th>Data will be communicated with</th>
<th>Communicate data analysis via</th>
<th>Frequency of communication</th>
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<td>weekly</td>
<td>applicable clinical guidelines</td>
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<td>caregivers</td>
<td>bulletin boards</td>
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<td>quarterly</td>
<td>national data</td>
<td>QAPI committee</td>
<td>quarterly</td>
<td>community</td>
<td>dashboards</td>
<td>quarterly</td>
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<td>corporate data</td>
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<td>leadership</td>
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<td>indicators/goals/thresholds/targets</td>
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<td>residents</td>
<td>meetings</td>
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<td></td>
<td>volunteers</td>
<td>staff meetings</td>
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</tbody>
</table>

Choose a data source

Choose a data source

Suggested Data Sources:
- Advanced care planning audits
- CMS Quality Measures (long-stay, short-stay)
- Case Mix
- CASPER report
- Community activities
- Consistent assignment
- Discharged resident surveys
- Drug regimen review summery
- Falls
- Family Satisfaction
- Fire safety deficiencies
- Infection Prevention and Control Program
- Info from providers, physicians, contractors, vendors
- Licensed nurse staff hours/resident day
- Medication administration audits
- Medication errors
- Medication room audits
- Near Misses (incidents w/out serious harm)
- Nursing Assistant staff hours/resident day
- Occupancy rates
- Performance Indicators
- Rehospitalization rates

—Feedback, Data Systems, and Monitoring—
## Example

### Data Sources to Analyze Performance, Identify Areas of Risk, and Solicit Feedback/Input

<table>
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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Abuse, Neglect, Maltreatment reports</td>
<td>weekly</td>
<td>Identified best practices</td>
<td>Leadership team</td>
<td>weekly</td>
<td>Board members, QAPI committee, state reporting agency, QAA and IDT meetings</td>
<td>Reporting requirements, meetings, QAA and IDT meetings</td>
<td>As needed, weekly</td>
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<tr>
<td>CMS Quality Measures (long-stay and short-stay)</td>
<td>monthly</td>
<td>state and national data</td>
<td>Leadership team</td>
<td>monthly</td>
<td>Executive leadership, board members, staff</td>
<td>QAA and IDT meetings</td>
<td>Monthly and quarterly</td>
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<td>Complaints</td>
<td>weekly</td>
<td>Identified best practices, organizational date</td>
<td>Leadership team</td>
<td>weekly</td>
<td>Board members, QAPI committee</td>
<td>meetings</td>
<td>As needed, weekly</td>
</tr>
</tbody>
</table>

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**MLN Connects**

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Performance Improvement Projects (PIPs)

- Conducting PIPs
- Identifying potential PIPs
- Prioritizing and selecting PIPs
- PIP charters
- PIP teams
- Conducting the PIP
- Documentation and communication

Example:

Our organization will conduct Performance Improvement Projects that are designed to take a systematic approach to revise and improve care or services in areas that we identify as needing attention. We will conduct PIPS that will lead to changes and guide corrective actions in our systems, which cross multiple departments, and have impact on the quality of life and quality of care for residents living in our community. We will conduct PIPs that will improve care and service delivery, increase efficiencies, lead to improved staff and resident outcomes, and lead to greater staff, resident, and family satisfaction. An important aspect of our PIPs is a plan to determine the effectiveness of our performance improvement activities and whether the improvement is sustained.
Systematic Analysis and Systemic Action

• Systematic approach and tools
• Preventing future events and promoting sustained improvement
• Ensure planned changes are implemented and effective

Example

To prevent future events and promote sustained improvement our organization develops actions to address the identified root cause and/or contributing factors of an issue/event that will affect change at the systems level. We use Plan-Do-Study-Act cycles to test actions and recognize and address “unintended” consequences of planned changes.
Resources


• PIP Inventory: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/PIPInventorydebedits.pdf
Appendix: Writing Your Plan

Appendix: Template Sections, and Blank Table

1. Write the Purpose of Your Organization’s QAPI Plan.
2. List of Services You Provide to Residents.
3. Describe How Your QAPI Plan Will Address Key Issues.
5. Use of Best Available Evidence.
6. Responsibility and Accountability.
7. Describe how QAPI will be adequately sourced.
8. Determine the plan for mandatory QAPI staff training and orientation.
9. Framework for QAPI.
10. Determine how the QAPI activities will be reported to the governing body.
11. Describe how a fair and just culture for staff will be implemented.
12. Identify Data Sources to Analyze Performance, Identify Risk and Collect Feedback/Input (see blank table on page 21)
13. Describe how your organization will conduct Performance Improvement Projects (PIPs)
14. Describe how potential topics for PIPs will be identified.
15. Describe criteria for prioritizing and selecting PIPs.
16. Describe how and when PIP charters will be developed.
17. Describe how to designate PIP teams.
18. Describe how the designated team will conduct the PIP.
19. Describe your process for documenting and communicating performance improvement projects and trends in performance measures.
20. Describe your systematic approach to quality improvement.
21. Describe your approach to preventing future events and promoting sustained improvement.
22. Describe your approach to ensure planned changes/interventions are implemented and effective.
# Appendix: Data Sources Chart

<table>
<thead>
<tr>
<th>Data Sources</th>
<th>Data collection frequency</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Suggestions</td>
<td>weekly, monthly, quarterly, annually</td>
<td>• applicable clinical guidelines • identified best practices • national data • organizational (chain) data • state data</td>
<td>HR, Leadership Team, QAA committee</td>
<td>weekly, monthly, quarterly, annually</td>
<td>board members, caregivers, community, executive leadership, families, residents, volunteers</td>
<td>• board meetings • bulletin boards • dashboards • newsletters • posters, interdisciplinary meetings • staff meetings</td>
<td>weekly, monthly, quarterly, annually</td>
</tr>
</tbody>
</table>

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—Appendix — Page 21

MLN Connects®
QAPI Written Plan: How-To Guide

Guide can be found here:
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National Partnership & QAPI Updates

Michele Laughman
Debbie Lyons
Centers for Medicare & Medicaid Services
Question & Answer Session
Acronyms in this Presentation

• CMP – Civil Money Penalty
• CMS – Centers for Medicare & Medicaid Services
• PIP – Performance Improvement Project
• QA – Quality Assurance
• QAPI – Quality Assurance and Performance Improvement
Evaluate Your Experience

• Please help us continue to improve the MLN Connects® National Provider Call Program by providing your feedback about today’s call.

• To complete the evaluation, visit http://npc.blhtech.com and select the title for today’s call.
Thank You

• For more information about the MLN Connects® National Provider Call Program, visit https://www.cms.gov/Outreach-and-Education/Outreach/NPC/National-Provider-Calls-and-Events.html

• For more information about the Medicare Learning Network®, visit https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo/Index.html

• For more information about the National Partnership to Improve Dementia Care in Nursing Homes, please visit http://www.cms.gov/Medicare/Provider-Enrollment-andCertification/SurveyCertificationGenInfo/National-Partnership-toImprove-Dementia-Care-in-Nursing-Homes.html or send inquiries to dnh_behavioralhealth@cms.hhs.gov

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