QAPI Regulations and Action Planning

QAPI Goals/Purpose

The Home Health Agency must develop and implement, evaluate and maintain, an effective, ongoing, data driven, QAPI (Quality Assurance/Performance Improvement) program that ensures quality, person centered care, utilizing a multidisciplinary approach. The HHA's governing body must ensure that the program:

- Reflects the services provided under contract or arrangement
- Focuses on indicators related to improved outcomes, including the use of emergent care services, hospital admissions and re-admissions
- Takes into account the complexity of its organization and services; involves all HHA services (including those services actions that address the HHA's performance across the spectrum of care
- Includes the prevention and reduction of medical errors.
- The HHA must maintain documentary evidence of its QAPI program and be able to demonstrate its operation to CMS.

QAPI Goals/Purpose - Action Planning Suggestions

- Senior management and agency board understand and accept accountability for implementing regulations and creating a viable QAPI program that is capable of improving outcomes and service
- Appoint a QAPI accountable staff member
- Identify all agency services and processes that must be monitored
- Ensure monitoring includes hospital admissions, readmissions and emergent care
- Identify patient safety and compliance risk areas and ensure monitoring and improvement activities
- Pick some agency specific processes that need improvement
- Measures must reflect the care of the specific services provided and the specific population of patients served by the agency. Cannot use a "cookie cutter" QAPI plan
- Document QAPI program structure, activities, data, results

Standard: Executive Responsibility

The HHA's governing body is responsible for ensuring the following:

1) That an ongoing program for quality improvement and patient safety is defined, implemented, and maintained

2) That the HHA-wide quality assessment and performance improvement efforts address priorities for improved quality of care and patient safety

3) Improvement actions are evaluated for effectiveness

4) That clear expectations for patient safety are established, implemented, and maintained

5) That any findings of fraud or waste are appropriately addressed

Executive Responsibility - Action Planning Suggestions

- Agency management and board is accountable for all agency quality outcomes and issues.
- Senior managers demonstrate that quality is a priority for the agency and for them. This may mean adding quality to the financial and strategic focus and activities of senior management. One way to know if this is happening is to determine where senior managers spend their time. If their only focus is financial and operational, and does not include quality, they are not meeting the standards.

- Agency senior management and board members take ultimate responsibility for the design, development, implementation and success of the QAPI program, although the details can be delegated to QAPI staff.

- Agency management and board should develop and communicate expectations for a culture of patient safety and quality. This may involve modifying the agency mission, vision statement, policies, procedures, agency communications and manager and staff job descriptions.

- Agency management and board take responsibility for patient safety. They review adverse event reports and ensure that problems have been resolved. Senior managers get involved in the investigation and resolution of serious adverse events.

- Agency management and board must be accountable for regulatory compliance and addressing fraud and abuse. This includes having a system to audit for compliance problems and self-reporting of problems that are identified. Agency management is accountable for identifying any employee illegal activity.

- Agency management and board cannot delegate accountability for quality. While the agency may use consultants to help design and maintain the QAPI program, they must ensure that quality issues are investigated and that improvement actually occurs.

Standard - Program Scope

- The program must at least be capable of showing measurable improvement in indicators for which there is evidence that improvement in those indicators will improve health outcomes, patient safety, and quality of care.

- The HHA must measure, analyze, and track quality indicators, including adverse patient events, and other aspects of performance that enable the HHA to assess processes of care, HHA services, and operations

- The indicators utilized in the HHA QAPI program are selected by the agency and are based upon identified adverse or negative patient outcomes or agency processes that the HHA wishes to monitor and measure. Each indicator must be measurable through data in order to evaluate any HHA change in procedure, policy or intervention. The HHA QAPI program includes procedures for and frequency of measurement and analysis of indicators.

- The HHA must maintain an agency wide surveillance, investigation, control and Investigation of infectious and communicable diseases as an integral part of the QAPI program.

Program Scope - Action Plan Suggestions

The agency must choose quality indicator measurements that measure meaningful improvements in:

- **Patient outcomes** - CMS Home Care Compare and CAPHS scores are the most basic of home care outcome measures and should always be included in a key indicator system. The agency should pay special attention to admissions, ER visits and readmissions.

- **Patient safety** - Patient safety measures are addressed through the agency's adverse event tracking, reporting and root cause analysis procedures. Be sure to monitor low volume, but possibly high risk programs that involve high tech care. CMS emphasizes the need to monitor and improve patient safety in the standards so be sure to have a strong program in place.

- **Quality of care** - Quality of care measures are those identified in the QA plan to monitor the achievement of agency defined quality standards for each service.

- **Infection control program measures -** Audits of standard and transmission precaution adherence, reported incidence of infections, blood borne pathogen exposures

Input into measures should be solicited from staff, patients, professional advisory committee, board members and referral sources.

Standard - Program Data

The program must utilize quality indicator data, including measures derived from OASIS, where applicable, and other relevant data, in the design of its program. The HHA must use the data collected to:

- Monitor the effectiveness and safety of services and quality of care; and
- Identify opportunities for improvement.

The frequency and detail of the data collection must be approved by the HHA's governing body.

The governing body ensures that the HHA systematically collects data to measure various aspects of quality of care; the frequency of data collection; how the data will be collected and analyzed; the HHA uses the data that is collected to assess quality and stimulate performance improvement.

Program Data - Action Plan Suggestions

- The agency must develop a meaningful system of data collection, reporting, analysis and action planning based on data collected. Senior management must ensure that the proper software, tools and analysis capabilities are available to the program.

- The agency governing body (senior management and board) must approve a plan for data collection, reporting and action that should become part of the QAPI program plan.

  Typically this would involve developing:

  - A key indicator reporting system
  - Measure data definitions and methods for collecting data
  - Standard report formats (not rows and columns of data, but more graphs, charts and visuals to facilitate analysis)
  - Regularly scheduled QAPI committee meetings to review and analyze data
  - Action plans for each measure that requires improvement.

- An example would be a monthly meeting of the QAPI committee to review HH Compare data, adverse events, quality assurance study data, chart review results and a review or admissions and readmissions.

- There should be a written, quantified target improvement goals and an improvement action plan for each indicator where performance has dropped, is well below performance standards or is below state or national benchmarks

- Large scale improvement opportunities should be delegated to a Process Improvement Team

- Senior management and the board should review key indicator data regularly, ask questions and suggest additional analysis or more data collection until the quality problem is fully understood

Standard - Program Activities

The HHA's performance improvement activities must:

- Focus on high risk, high volume, or problem-prone areas
- Consider incidence, prevalence, and severity of problems in those areas
- Lead to an immediate correction of any identified problem that directly or potentially threaten the health and safety of patients
- Performance improvement activities must track adverse patient events, analyze their causes, and implement preventive actions
- The HHA must take actions aimed at performance improvement
- After implementing those actions, the HHA must measure its success and track performance to ensure that improvements are sustained**.**

High risk areas may include global concerns such as a type of service such as pediatrics, geographic concerns such as the safety of a neighborhood served or specific patient care services such as administration of intravenous medications or tracheostomy care. All factors would be associated with significant risk to the health or safety of patients.

High Volume areas refers to care or service areas that are frequently provided by the HHA to a large patient population, thus possibly increasing the scope of the problem (e.g. laboratory testing, physical therapy, infusion therapy, diabetes management).

Problem-prone areas refer to the potential for negative outcomes that are associated with a diagnosis or condition for a particular patient group or a particular component of the HHA operation.

Adverse patient events are those patient events which are negative and unexpected; impact the patient's HHA plan of care; and have the potential to cause a decline in the patient condition.

Program Activities - Action Planning Suggestions

- The program activities section addresses CMS's strong focus on quality improvement for patient safety. This section again emphasizes that the agency must have a monitoring and early warning system for any care gaps that result in potential or actual patient harm.

- The agency adverse event reporting, tracking and fast track root cause analysis should address these patient safety issues. Falls, medical errors, medication errors, infections and other adverse events must be monitored and the agency must undertake improvement activities to reduce their incidence. The agency should show evidence that the incidence and prevalence of adverse events is continuously decreasing.

- The agency should deploy a SWAT team of investigators for any "never events" such as a patient death or for serious incidents of patient harm, and a defined root cause analysis process and corrective action plan. Senior management must be part of the adverse event analysis and decision making.

Program activities – continued

- The agency's regular quality assurance auditing process can be used to monitor the services identified in the program design. If problems are found, and the QA sample was small, it may be necessary to broad the scope of focused data collection (stratification) and analysis.
- The program should monitor outcomes for high risk/high volume diagnoses like CHF, COPD or joint replacements.
- The QAPI Committee should be vigilant about agency systems issues which may impact patient safety and outcomes such as: poor continuity of care in which multiple nurses visit a single patient, or a systemic failure to notify the physician when the patient's condition changes, due to the nurse's lack of critical thinking.
- The QAPI committee must broaden its understanding of improvement methods beyond staff reeducation. These methods may include: large scale employee performance improvement(with better expectation setting, coaching, feedback, etc.), implementing evidence based best practices, involving employees in work redesign, work simplification and automation
- For each indicator below benchmarks or standards, the QAPI committee must set an improvement goal and create an action plan. The committee must follow up to determine whether improvement has occurred at future meetings.

Standard: Performance Improvement Projects

Beginning January 13, 2018, HHAs must conduct performance improvement projects.

1) The number and scope of distinct improvement projects conducted annually must reflect the scope, complexity, and past performance of the HHA's services and operations.

2) The HHA must document the quality improvement projects undertaken, the reasons for conducting these projects, and the measurable progress achieved on these projects.

The HHA should have one performance improvement project either in development, on-going or completed each calendar year.

The HHA decides, based on the QAPI program activities and data, what projects are indicated and the priority of the projects.

Performance Improvement Projects - Action Planning Suggestions

The agency must undertake formal process improvement projects.

- These projects should be reserved for large, systemic problems which have a significant impact on agency quality of care.
- There must be a guidance team to insure project success.
- Senior management must decide who will provide guidance to PIP teams. This guidance might logically come from the QAPI committee with senior management input.
- Often, there is also a senior management team sponsor or champion who advocates for the team and helps it overcome obstacles.
- Members of the guidance team must have an understanding of the improvement process, team group dynamics, process improvement pitfalls and effective improvement methods.

These projects must:

- Conduct an effective preliminary investigation
- Use a formal process improvement methodology
- Be led by a trained facilitator and leader
- Consist of interdisciplinary team members
- Have a team charter and specific improvement goals
- Have sufficient time, authority and resources to achieve improvement
- Follow the improvement process and test solutions before implementing
- Receive guidance from the QAPI committee
- Document the reason for the project, the data collected, team activities and team results
- Include a method for transferring accountability to operations and appointing a process owner