

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
 100100 100100 100100 100100 100100

Lake Superior Quality Innovation Network
100100 100100 100100 100100

Leading Effective QAA/QAPI Meetings

Jane Pederson, MD, MS
 Chief Medical Quality Officer
 Stratis Health

May 22, 2018

Objectives

- Describe the components of an effective QAA/QAPI meeting to drive implementation and meet regulation.
- Describe two resources developed to help nursing homes make the most of the QAA/QAPI meetings

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
 100100 100100 100100 100100 100100

Lake Superior Quality Innovation Network
100100 100100 100100 100100

2

Purpose of the QAA/QAPI Meeting Template and Guide

- Help drive QAPI implementation
- Move focus of meetings from Quality Assurance to Performance Improvement
- Provide structure to plan an efficient and effective meeting
- Help meet QAPI regulation

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
 100100 100100 100100 100100 100100

Lake Superior Quality Innovation Network
100100 100100 100100 100100

3

Template and Guide

- Companion Documents
- Template
 - Bridge between meetings
 - Avoid repeating discussions
 - Focuses team on moving forward
- Meeting Agenda Guide
 - Useful for both team leaders and members
 - Guides agenda as well as meeting preparation

QAA/QAPI Meeting Agenda Guide

Quality Improvement Organizations
Sharing Knowledge, Improving Health Care
CENTERS FOR MEDICARE & MEDICAID SERVICES

Lake Superior Quality Innovation Network
MICHIGAN | MINNESOTA | WISCONSIN

QAA/QAPI Meeting Agenda Guide

Date of Meeting
The facility is required to have a QAA committee (do not need to use this name) that meets at least quarterly – and as needed – to coordinate and evaluate activities under the QAPI program. Although meeting quarterly is the requirement, many homes choose to meet monthly or weekly to review and evaluate progress toward quality improvement goals.

Attending
The following members are required to be on the QAA committee:

- Director of Nursing Services
- Medical Director
- Nursing home administrator, owner, board member, or other individual in a leadership role
- Two other staff members
- The infection prevention and control officer (required by November 28, 2019)

Other suggested members of the QAA committee:

- Quality Coordinator
- MDS Nurse
- Consultant Pharmacist
- Infection Preventionist
- Direct Care Staff – nursing assistants, dietary aides, housekeepers, etc.
- Dietary Director
- Housekeeping Director
- Social Services Director
- Environmental Services Director
- Therapy Director
- Human Resources Director
- Board Member
- Activities Director
- Resident Family Representative
- HIT Director
- HIM/business office representative

QAA/QAPI Meeting Agenda Template

Quality Improvement Organizations
Sharing Knowledge, Improving Health Care
CENTERS FOR MEDICARE & MEDICAID SERVICES

Lake Superior Quality Innovation Network
MICHIGAN | MINNESOTA | WISCONSIN

QAA/QAPI Meeting Agenda

<Name of Nursing Home>
<Date of Meeting>

Participants

Name	Title

QAA/QAPI Meeting Agenda Guide

Current Quality Assessment and Assurance Activities

Completing this section will guide your team in implementing QAPI principles as well as help meet the QAPI regulation.

The QAPI regulation states that the QAA committee should coordinate and evaluate activities under the QAPI program, such as:

- Identifying issues with respect to quality assessment and assurance activities
- Developing and implementing appropriate plans of action to correct identified quality deficiencies
- Regularly reviewing and analyzing data collected under the QAPI program and data resulting from drug regimen reviews and acting on available data to make improvements

In addition, the regulation states that the facility's QAPI program must:

- Include clinical care, quality of life, and resident choice
- Include effective systems to obtain and use feedback and input from direct care staff, other staff, residents, and resident representatives
- Include effective systems to identify, collect and use data and information from all departments
- Develop, monitor, and evaluate performance indicators
- Monitor adverse events

QAA/QAPI Meeting Agenda Template

Updates or Outstanding Items From Last Meeting

Item	Current status

Current Quality Assessment and Assurance Activities

Topic	Champion(s)	Measure	Goal	Current status

Discussion:

Actions:

Refer to QAPI Written Plan

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.

Data Sources*	Data collection frequency	Benchmarks to analyze this data source	Who will analyze the data?	Data analysis frequency	Data will be communicated with	Communicate data analysis via	Frequency of communication
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
- Falls
- Family Satisfaction
- Fire safety deficiencies
- Infection Prevention and Control Program
- Info from providers, physicians, contractors, vendors
- Licensed nurse staff hours/resident day
- Medication errors
- Medication room audits
- New Moves (incidents without serious harm)
- Nursing Assistant staff hours/resident day
- Occupancy rates
- Performance indicators
- Resident council minutes
- Resident satisfaction surveys
- Reverse pager sources (ie, Staff attention)
- Staff satisfaction
- Staff turnover
- State survey results
- Staff turnover
- Volunteer hours

Refer to QAPI Written Plan

Example

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

Data Sources	Data collection frequency	Benchmarks to analyze this data source	Who will analyze the data?	Data analysis frequency	Data will be communicated with	Communicate data analysis via	Frequency of communication
Abuse, Neglect, Maltreatment reports	weekly	• applicable clinical guidelines • identified best practices • national data • corporate data • state data • facility identified performance indicators	• HR • leadership team • QAA committee	• weekly • monthly • quarterly • annually	• board members • caregivers • community • Executive leadership • families • residents • staff • visitors	• board meetings • bulletin boards • dashboard • newsletters • posters • QAPI meetings • staff meetings	• weekly • monthly • quarterly • annually
CMS Quality Measures (long stay and short stay)	monthly	state and national data	Leadership team	monthly	Executive leadership, board members, staff	QAA and IT meetings	Monthly and quarterly
Complaints	weekly	Identified best practices, organizational data	Leadership team	weekly	Board members, QAPI committee	meetings	As needed, weekly
Falls	weekly	Organizational data	Leadership team, QAA committee	weekly	Residents, families, staff	Bulletin boards, dashboard, QAA and IT meetings	Monthly
Medication errors	monthly	Organizational data	Leadership team, QAA Committee	Monthly or week if adverse drug event	Board members, staff	Staff meetings, dashboard, QAA Meeting	Monthly or sooner if needed
Rehospitalization Rates	monthly	Organizational, state and national data	Leadership team, QAA	monthly	Board members, Exec. leadership	Staff meetings, dashboard, QAA	Monthly

QAA/QAPI Meeting Agenda Guide

The bulk of your quality meeting (at least 80 percent) should be used to complete the discussion and action items. 20 percent should be used to review data to be collected prior to the meeting. Prior to meeting, the champions assigned staff should complete the table (the measure, goal, and current status) on each section of the agenda. Share the agenda prior to meeting so members can review the data and be prepared for discussion.

Consider the Following Questions to Guide Discussion and Identify Action Steps

Discussion:

- Have we determined the root cause(s) of the problems we are attempting to solve?
- What systemic changes are needed?
- How are we monitoring progress?
- Are we making progress toward our goal?
- Is there a need for additional resources?
- Are there constraints or barriers to our progress? (such as regulations or funding gaps?)

Actions:

- What actions will we take to reach the goal?
- Who is responsible for each action?
- What is the completion date for each action?
- How will we report the outcomes of our QAPI Activities (Communication Plan)?

QAA/QAPI Meeting Agenda Guide

Current Quality Assessment and Assurance Activities - Examples

Topic	Champion(s)	Measure	Goal	Current status
Abuse, Neglect, Maltreatment Reports	Margaret	% of abuse, neglect, maltreatment allegations that are reported to the administrator as soon as the resident is safe	100% of abuse, neglect, maltreatment allegations will be reported to the administrator as soon as the resident is safe	67% (two of three allegations were reported immediately to the administrator)
High risk medication adverse events	Riley	Number of high risk or narrow-therapeutic drug adverse events.	Zero adverse events related to high-risk medications and/or medications with a narrow-therapeutic index	One high-risk medication error resulting in resident harm occurred this month.
Urinary Tract Infections	Kathleen	1. Percentage of long-stay residents with a urinary tract infection 2. The number of urine cultures done per month 3. The number of urine cultures done per month that did not meet criteria	1. At or below the state average of 3.5% 2. N/A 3. Zero urine cultures done that did not meet criteria	1. Have decreased this month from 6.25% to 4.1% 2. Six urine cultures were done this month 3. Two urine cultures were done on residents who did not meet the criteria
Nursing Assistant Turnover	George	The percentage of nursing assistants employed for less than one year	Annualized rate of <= 60% Baseline Jan 1, 2017 - December 31, 2017 was 75%	Nursing assistant annualized turnover rate is currently 71%

QAA/QAPI Meeting Agenda Guide

New Issues/Opportunities That Need to be Addressed

New Issue
Nursing Assistant Turnover

Discussion: George suggested that since the handwashing PIP has come to an end, he would like to see a PIP initiated that addresses nursing assistant turnover. As we discussed earlier, there is much more information that needs to be collected to figure out the root causes of nursing assistant turnover. All agreed that this is a priority issue that needs to be addressed since consistent and qualified staff are essential to improve the quality of life and the quality of resident care. The group discussed who should be included on this PIP team.



Actions: Within the next two weeks, George will convene a meeting of this new PIP team. The team will complete a charter which they will present at our meeting next month.



19

QAA/QAPI Meeting Agenda Template

What have we talked about today that will make the lives of our residents and/or staff better by the next time we meet?



20

QAA/QAPI Meeting Agenda Guide

What have we talked about today that will make the lives of our residents and/or staff better by the next time we meet?

- Eliminating inappropriate urine cultures will ensure that our residents are not being treated with antibiotics for UTIs unnecessarily.
- Improving communication will help prevent residents from being sent to the hospital.
- Residents that have antipsychotic medications reduced or discontinued are at less risk for adverse drug events.
- More of our residents' plans of care will include input from families since we are making it easier for families to attend care conferences.





21

QAA/QAPI Meeting Agenda Template

Review of QAPI Plan

- Date of last review:
- Any changes needed to QAPI Plan?

22

QAA/QAPI Meeting Agenda Guide

Review of QAPI Plan

The QAPI regulation states that all facilities present its QAPI plan to the State Survey Agency of Federal surveyor at each annual recertification survey and upon request during any other survey and to CMS upon request. Making sure that your QAPI written plan is complete and current should be included in your QAPI agenda.




23

Questions?

Michigan:
Kathleen Lavich
 248-465-7399 klavich@mpro.org

Minnesota:
Kristi Wergin
 952-853-8561 kwergin@stratishealth.org

Wisconsin:
Toni Kettner
 608-441-8290 tkettner@metastar.com




 Quality Improvement Organizations
Sharing Knowledge, Improving Health Care
www.cms.gov/qio

Lake Superior Quality Innovation Network
www.lakeqin.org



Follow us online @LakeSuperiorQIN

This material was prepared by Lake Superior Quality Innovation Network, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The materials do not necessarily reflect CMS policy. 11SOW-M/MN/WI-C2-18-103 051818
