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QAPI Updates, Audits and Infection Control

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QAPI - Data Driven Audits and Outcomes

1. What are the new requirements for Quality Assurance (QA) and Performance Improvement (PI) and QAPI education?
2. What is a best practice for QAPI-infection control reporting?
3. How to determine what data should be reviewed?
4. Now that you have the data, what do you do with it?

Objectives

- Understand new requirements of revised State Operations Manual (SOM) published in October of 2022.
- Be able to state an understanding of what infection preventionist should be reporting on at scheduled QAPI meetings.
- Recognize data that should or could be used to drive QAPI processes.

F 865: QAPI

“Each 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.”- (SOM update Issued Oct. 21, 2022)

Demonstration of compliance includes but is not limited to:

- Evidence of systems and reports demonstrating identification, reporting, investigation, analysis and prevention of adverse events.
- **Data collection and analysis at regular intervals.**
- Documentation demonstrating development, implementation and evaluation of corrective actions or performance improvement activities.

F 865: Compliance Defined

To establish that the facility's Quality Assessment and Assurance (QAA) committee has made a good faith attempt to correct an **identified quality deficiency**, a facility must do more than just subjectively assert it has made a good faith attempt; rather, the **facility's actions, taken as a whole, must evidence a good faith attempt to identify and correct quality deficiencies.**

F 944: Quality Improvement - Education Requirements

A facility must include as part of its QAPI program mandatory training that outlines and informs staff of the elements and goals of the facility's QAPI program.

Staff definition: Includes contractual/volunteer relationships for both direct and indirect functions.

What must be included: What is QAPI; what the current projects and goals of program are specific to facility?

Infection Prevention: Report Out to QAPI Meeting

1. Most organizations have a structured report that is submitted to QAPI for review/inclusion.
2. This report generally includes tracking data: mapping, line listing of infections that were discovered in the building for the past time period (usually a monthly report out).
3. Antibiotic (ABT) usage and whether the ABT met criteria for use. If not- the audit includes written summary and recap of the providers justification of use. (McGeer Criteria)
4. Immunizations: COVID-19 vaccines, flu shots, pneumonia vaccines given. Tuberculosis (TB) test administered.

Report of Infection Preventionist to QAPI committee

- Not just resident data on infections and ABT use.
- Staff infection data should be collected.
- Staff education on infection prevention should be included.
- Any upcoming/new or changed policies should be read/reviewed.
- Dietary and environmental services (EVS) play a role in the reporting of infection prevention to QAPI.

Change Your View, Change Your Team's Perception

- Think of yourselves as a team of explorers.
- Think of your building as an undocumented island-what do you discover on the island?
- What should you write about first? What is the priority? What do you see?



Investigation: Where Do We Start?

What is a “quality deficiency”?

- A. Anything outside of acceptable parameters of outcomes.
- B. Anything that could be considered actual harm/risk/near miss.
- C. A one-time occurrence that results in a negative outcome.

Scenario: Immunization Acceptance by Residents and/or Responsible Parties

Shady Pines nursing reported only 41% of the residents have received a COVID-19 booster in their recent QAPI report to the QAA committee.

Polling questions:

1. Is this percentage outside of the parameters of current standards for vaccination outcomes? Yes or No
2. Is there anything further needed for this report to meet the standards of QAPI process? Yes or No

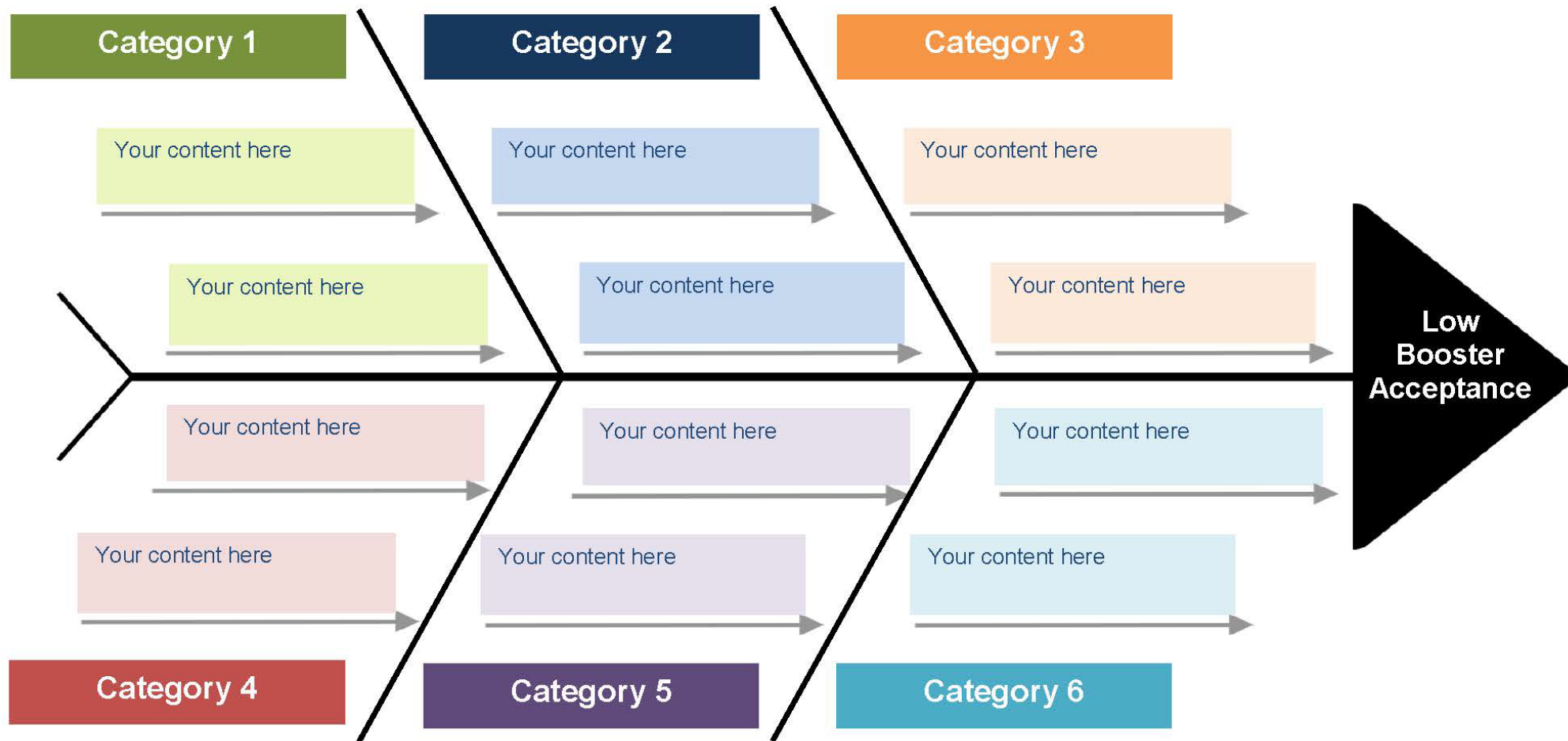
QAPI: Do Not Stop at the Data

Suzy, the infection preventionist at Shady Pines knows there is more to the story of why only 41% of all eligible residents are boosted. What do you think she needs to look at to get the full picture of WHY the number is below acceptable standards?

1. Where to start? Fishbone, Scatter Chart, Whiteboard, Five Whys
 - A. Fishbone - captures many ideas of root cause, can use to develop Five Whys.
 - B. Scatter - chart/white board, useful for large group quick capture of thoughts.
 - C. Inquiry - involve diverse thoughts, levels in organization.
2. What to do with the data collected: Determine pattern, scope and grid it out.
3. Create a quality project-interdisciplinary, measurable, goals using the Plan-Do-Study-Act (PDSA) cycle.

Whiteboard Example: Chat out your thoughts on cause(s) of low up to date vaccinations:

Discussion from chat:



Create Meaningful Change

“You seldom improve quality by cutting costs, but you can often cut costs by improving quality”

- Karl Albrecht. (American futurist/thought leader).

Questions?

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Resources:

- The Centers for Disease Control and Prevention(CDC), [Infection Prevention Training](#)
- The W. Edwards Deming Institute, [PDSA Cycle](#)
- Cambridge University Press, [Surveillance Definitions of Infections in Long-Term Care Facilities: Revisiting the McGeer Criteria](#)

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