

A Person-Centered Approach to QAPI

More Than Meets The Eye



CASPER Report Page 1 of 1

MDS 3.0 Facility Characteristics Report

Report Period: 07/01/18 - 09/30/18
 Comparison Group: 03/01/18 - 06/31/18
 Run Date: 11/15/18
 Report Version Number: 1.00

	Facility		Comparison Group		
	Num	Denom	Observed Percent	State Average	National Average
Gender					
Male	49	104	47.1%	38.3%	38.9%
Female	55	104	52.9%	61.7%	61.1%
Age					
<25 years old	0	104	0.0%	0.4%	0.4%
25-54 years old	2	104	1.9%	4.9%	5.5%
55-64 years old	12	104	11.5%	18.9%	11.2%
65-74 years old	34	104	33.1%	18.7%	20.2%
75-84 years old	35	104	33.7%	26.7%	27.9%
85+ years old	31	104	29.8%	38.4%	34.8%
Diagnostic Characteristics					
Psychiatric diagnosis	80	103	77.7%	66.4%	56.1%
Intellectual or Developmental Disability	2	47	4.3%	1.4%	1.4%
Trauma	11	104	10.6%	6.9%	6.8%
Prognosis					
Life expectancy of less than 6 months	8	104	7.7%	5.3%	5.9%
Discharge Plan					
Not already occurring	98	104	94.2%	54.5%	58.9%
Already occurring	6	104	5.8%	45.5%	41.1%
Referral					
Not needed	100	104	96.2%	85.2%	89.8%
Is or may be needed but not yet made	2	104	1.9%	3.9%	3.0%
Has been made	2	104	1.9%	10.9%	7.2%



The thing about the facility characteristics is that it provides you with information about the population that you serve. With the new regulations regarding the facility assessment, each facility should be individualizing their approach to care, and the services they provide, based on the population that they serve. With that being said, the best way to get an understanding is to go through, and highlight some of the areas where your facility stands out.

I do want to point out that this information changes as your census does; so to coincide with the facility assessment's requirements of being updated annually, I would recommend keeping tabs on how your facility may be shifting in population

Doing: Finding Root Cause

Learning Circles



- There are no wrong answers
- Solicit participation from everyone if possible. Everyone offers a unique perspective

Learning Circles provide a structured way of conversation that ensures everyone is part of the sharing. The goal is to devise solutions or develop ideas through mutual respect and understanding, incorporating the nursing home's diverse groups. The circles should include direct care givers, management, staff from various departments, and if possible, residents and families. In a learning circle, everyone has the opportunity to speak once without interruption before anyone speaks again. In the first round of speaking people share their own perspectives and ideas rather than commenting on what they've heard from others. After everyone has had an opportunity to speak once and have their own ideas heard, then everyone in the group is free to explore and discuss what they have heard from each other.

When doing a learning circle you need a note taker. You need to tell the learning circle group that they need to hone in on the problem statement. For example, rather than resident yells all day, ask "why" questions to get to "resident starts yelling with morning care and keeps it up all day."

Follow these steps for learning circle success:

Offer a question to the group such as "We are using a high level of antipsychotic drugs in our facility. These drugs are not good for most residents and are contributing

to falls and other challenges. Mr. Smith is due for a new GDR attempt. What would we need to put in place, if we were to begin reducing his antipsychotic medications, to prevent and or mitigate his negative behaviors?”

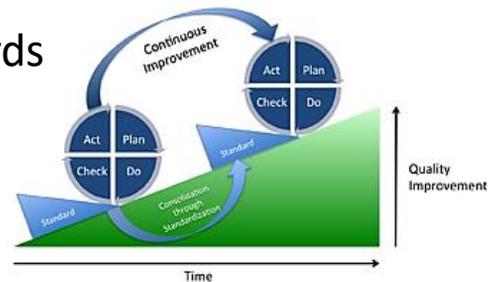
- Invite anyone who feels so moved to be the one to start the conversation by sharing his or her own thoughts for approximately two minutes. No interruptions.
- Have the person to the right or left take their turn next, sharing their own perspectives and ideas in approximately two minutes. No interruptions
- Follow around the circle with each person speaking in turn, about his or her own perspectives and ideas, for about two minutes.
- If anyone wants to pass, they can.
- After the group has gone full circle, go back to anyone who passed and ask if they would like to speak.

Then open the conversation up for anyone to add to what they have said, ask each other questions, comment on what they have heard, and generally engage in discussion.

Fix the Immediate Issues



- Not every issues requires a PIP
- Immediately fix known hazards
- Immediately respond and address complaints



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- First thing you do: Fix any immediate issues
- Like a fall caused by water or debris on the floor.
- Clean-up the floor and the hazard is gone!

Doing: Develop a Quality Master Plan – 10 Questions



1. Who is the committee responsible for QAPI?
2. How will your facility record QAPI activities?
3. Do you have a Vision & Mission Statement?
4. What are your quality improvement goals?
5. How are you measuring outcomes?
6. What is the completion date of each goal?
7. What is the target for each area measured?
8. How will you communicate your QAPI plan to employees?
9. How often will staff training be conducted?
10. How will you discuss QAPI with residents & Family?

New England Nursing Home Quality Care Collaborative
10 Questions to Help Frame Your Facility's QAPI Program and Charter

The New England Nursing Home Quality Care Collaborative (QAPI) program and Charter are designed to help nursing homes improve the quality of care and safety for their residents and staff. This form is designed to help you develop a QAPI program and Charter for your facility.

Facility Name: State:

1. Who is the person/committee responsible for QAPI?
2. How will your facility record each activity and document success and failure?
3. Does your facility have a vision and mission statement? If so, please attach a copy of your facility's vision and mission statement.
4. What are your facility quality improvement goals?
5. How are you measuring the outcomes for each goal?
6. What is the completion date for each goal?
7. What is the target for each area being monitored?

Quality Improvement
NEW ENGLAND

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With our QAPI Packet, we have formulated 10 questions to map out your QAPI Master Plan – This is to set the framework for your facility's QAPI program, and how your facility is approaching QAPI

Go over step by step

Doing - PIP Project Outline 10 Questions



- What is the name of your PIP?
- Who will participate?
- Any supply/equipment needs?
- What is the PIP meeting schedule?
- What data sources to monitor project?
- Who is project data reviewer?
- Who will prepare/present project results?
- What protocol/procedure will you use?
- What problem solving model will you use?
- What root cause analysis process is used?

New England Nursing Home Quality Care Collaborative
Performance Improvement Project (PIP) Outline

Facility Name: Home:

1. Name your PIP

2. List those who will participate

3. Identify any supply/equipment needs for your project

4. Identify the meeting schedule & information source

5. Identify data sources to monitor project trends

6. Name project data reviewer and how often review is done

7. Name person who will prepare/present project results

8. Establish a protocol/procedure that addresses your problem

9. Identify the problem solving model that will be used (PDCA, Six Sigma, etc.)

10. Identify root cause analysis process used (Ishikawa, 5M, 5W, 2H, 1C, 1R, etc.)

Please send the completed questionnaire to your NE NHQCC team lead

Quality Improvement Support Center
NEW ENGLAND NURSING HOME QUALITY CARE COLLABORATIVE

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We also have developed a framework of questions related to Performance Improvement Projects. *Go over list*

Sharing: Your Efforts & Successes



IMPROVEMENT PROJECT	GOAL	PROCESS	PROGRESS	PIP TEAM	DATA	RESULTS
PERSONAL ALARM FREQUENCY	REDUCE BY 50% MONTHLY ALARMS BY 10/15/14 NO FALLS IN SERVICE BY 10/15/14	1. IDENTIFY ALL FALLS 2. IDENTIFY ALL FALLS 3. IDENTIFY ALL FALLS	1. IDENTIFY ALL FALLS 2. IDENTIFY ALL FALLS 3. IDENTIFY ALL FALLS	1. IDENTIFY ALL FALLS 2. IDENTIFY ALL FALLS 3. IDENTIFY ALL FALLS	1. IDENTIFY ALL FALLS 2. IDENTIFY ALL FALLS 3. IDENTIFY ALL FALLS	1. IDENTIFY ALL FALLS 2. IDENTIFY ALL FALLS 3. IDENTIFY ALL FALLS
REDUCTION OF OUT OF CHARACTER RESPONSES IN RESIDENTS' ROOMS BY 10/15/14	TO BE 100% COMPLIANT BY 10/15/14	1. IDENTIFY ALL FALLS 2. IDENTIFY ALL FALLS 3. IDENTIFY ALL FALLS	1. IDENTIFY ALL FALLS 2. IDENTIFY ALL FALLS 3. IDENTIFY ALL FALLS	1. IDENTIFY ALL FALLS 2. IDENTIFY ALL FALLS 3. IDENTIFY ALL FALLS	1. IDENTIFY ALL FALLS 2. IDENTIFY ALL FALLS 3. IDENTIFY ALL FALLS	1. IDENTIFY ALL FALLS 2. IDENTIFY ALL FALLS 3. IDENTIFY ALL FALLS
IMPROVE EMERGENCY RESPONSE TIMES	TO BE 100% COMPLIANT BY 10/15/14	1. IDENTIFY ALL FALLS 2. IDENTIFY ALL FALLS 3. IDENTIFY ALL FALLS	1. IDENTIFY ALL FALLS 2. IDENTIFY ALL FALLS 3. IDENTIFY ALL FALLS	1. IDENTIFY ALL FALLS 2. IDENTIFY ALL FALLS 3. IDENTIFY ALL FALLS	1. IDENTIFY ALL FALLS 2. IDENTIFY ALL FALLS 3. IDENTIFY ALL FALLS	1. IDENTIFY ALL FALLS 2. IDENTIFY ALL FALLS 3. IDENTIFY ALL FALLS
IMPROVE RESPONSE TIME OF ADMISSION REFERRALS	RESPOND WITHIN 1 HOUR OF PATIENT'S REQUEST FOR ADMISSION REFERRAL	1. IDENTIFY ALL FALLS 2. IDENTIFY ALL FALLS 3. IDENTIFY ALL FALLS	1. IDENTIFY ALL FALLS 2. IDENTIFY ALL FALLS 3. IDENTIFY ALL FALLS	1. IDENTIFY ALL FALLS 2. IDENTIFY ALL FALLS 3. IDENTIFY ALL FALLS	1. IDENTIFY ALL FALLS 2. IDENTIFY ALL FALLS 3. IDENTIFY ALL FALLS	1. IDENTIFY ALL FALLS 2. IDENTIFY ALL FALLS 3. IDENTIFY ALL FALLS

Courtesy Iowa Health Care Association

As you know, part of the QAPI regulation requires the facility to communicate QAPI efforts with staff, family, and residents. This can be achieved in multiple ways; newsletters, care plan meetings, resident councils, staff meetings. Additionally, you can also add something similar to your facility as seen here, in which a facility has posted a QAPI board in a public area, so that all staff, visitors, and residents are able to review. We really love this example, and want to share this -- this photo is courtesy of the Iowa Healthcare Association.

Common QAPI Issues & Mistakes



- Too Many PIPs
- No Written Plan
- No One Is Accountable
- Not Engaging Staff
- Not Knowing Your Processes
- Not Knowing How To Defend The Care You Provide

Not Making Quality Assurance & Performance Improvement Fun!

- These are common issue we see as we visit homes to look at their quality efforts.
- Offer examples of making QAPI fun – ex. Alzheimer’s Fair, Orderly addressing problematic behavior (Hair rollers)
- Everyday Process Improvement Engagement Program: *Promises small monetary rewards (25\$ gas card) to those whose suggestions for paring away day-to-day wastes or process improvements are implemented.*