Healthcare

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QAPI and Assisted Living: A Guide to Planning and Implementation

When the Patient Protection and Affordable Care Act became law in 2010, one of its major goals was to enhance the quality of life for residents of aging services settings. To this end, it expanded federal regulation of organizational quality assurance and performance improvement (QAPI) processes in skilled nursing facilities.

Currently, the QAPI mandate does not extend to assisted living (AL). However, in recent years, a growing number of AL settings have launched their own QAPI initiatives, due largely to rising acuity levels. According to one study, the number of residents with high-level care needs in AL facilities has increased 18 percent in recent years. At this point, half of all AL residents now report three or more chronic conditions, while 42 percent have a diagnosis of Alzheimer's disease or some other form of dementia.

As resident care needs intensify, all AL settings should consider embracing QAPI principles, which are designed to strengthen and systematize the quality improvement process. This edition of *AlertBulletin*® offers suggestions on developing and implementing an effective QAPI program, including critical first steps, useful administrative tools, common problems, and general strategies designed to increase staff buy-in and make QAPI an integral part of the organizational mission.

Getting Started

Begin by establishing a QAPI steering committee, consisting of the medical director, senior administrator, nursing director, front-line staff, physical therapists and social workers, as well as other influential clinicians who are committed to change. Residents and family members may also be invited to join the committee once they have made clear that they share the team's goals and have signed a privacy/confidentiality agreement. Inclusion of residents/families helps reinforce the QAPI principles of transparency and teamwork.

Once the steering committee is appointed, the next step is to train staff members in QAPI methodology. The certification program sponsored by the American Health Care Association and the National Center for Assisted Living is designed to ensure that staff possess the knowledge and skills necessary to formulate useful, achievable goals and to effectively apply QAPI tools and techniques within a real-life clinical setting. (The Quick Links listing on page 4 offers additional QAPI educational and implementation resources issued by the Centers for Medicare & Medicaid Services (CMS).)

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Basic Tools and Methods

The basic element of the QAPI process are performance improvement projects (PIPs), which involve compiling information, analyzing and clarifying problems, considering possible solutions and instituting appropriate interventions.

For a QAPI plan to succeed, its purpose and goals first must be articulated via a clear and detailed PIP charter, which sets forth the project's aims, methods, scope and duration, as well as the specific responsibilities of team members. Goals should adhere to the SMART formula (i.e., **S**pecific, **M**easurable, **A**chievable, **R**ealistic and **T**imely) and should have a precise time frame. Thus, rather than simply committing the organization to "reducing falls," a PIP charter should read more like this: "By June 30th, reduce the incidence of falls among residents 65 years and older by at least 10 percent." (A helpful goal-setting worksheet, based upon the SMART formula, is available from the CMS.)

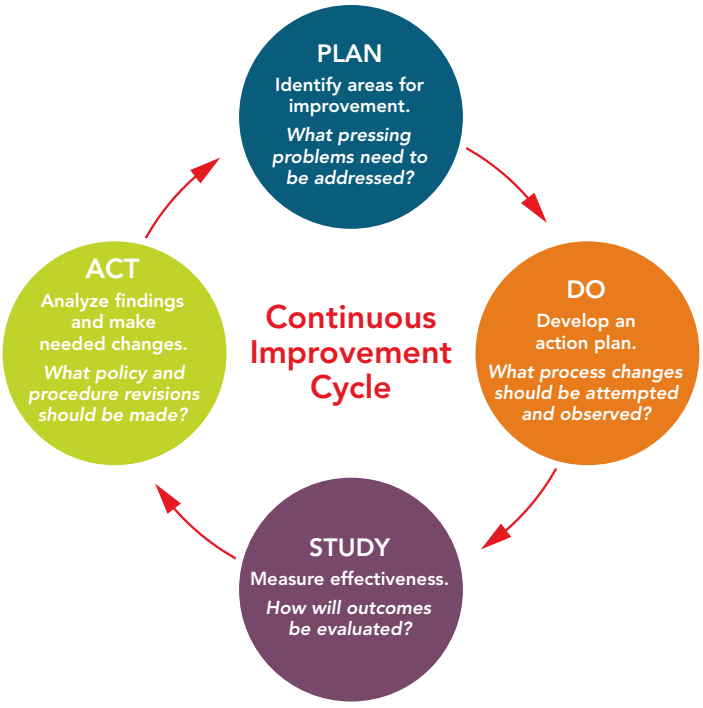
One proven means of enhancing the efficiency and consistency of PIPs is to adopt the Plan-Do-Study-Act (PDSA) technique for problem-solving and documentation. (See the diagram below for a description of how this continuous improvement cycle works.) The PDSA method provides a straightforward, iterative approach to enhancing clinical care and outcomes in AL settings, especially in the liability-prone areas of medication management, falls and pressure injury mitigation, care transitions, staffing practices and emergency preparedness.

The how-to guide on the next page offers a closer look at the PDSA method in action.

Care Goals for High-acuity Residents

As acuity levels rise in assisted living settings, so does the potential for misunderstanding, conflict and litigation. By articulating clear, specific care-planning goals – such as those listed below, among others – administrators may better manage resident and family expectations and forge stronger, trust-based relationships.

- **Schedule regular checkups,** including vision and hearing assessments.
- **Provide ongoing monitoring** of cognitive and behavioral status.
- **Continually evaluate resident capabilities** and address noted deficiencies with respect to activities of daily living.
- **Implement indicated clinical and environmental safeguards** to prevent or mitigate falls, pressure injuries, wandering and other adverse events.
- **Involve family members in the service-planning process** and keep them informed if any changes are required vis-à-vis level of care.
- **Incorporate social and health-related activities in the service plan,** noting whether they are monitored by staff.
- **Review care plans on a quarterly basis** (or more frequently if required by state regulations) and update them if necessary to reflect changes in physical, cognitive and/or psychosocial conditions.



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A Guide to the Plan-Do-Study-Act Cycle

The PDSA cycle should be conducted within a formal patient safety evaluation (PSE) system, which is an internal mechanism designed to review and analyze adverse events. The federal Patient Safety and Quality Improvement Act (PSQIA) protects from disclosure resident safety work product, which is generally defined as data, reports, records, memoranda, analyses, and written or oral statements, when reported to a Patient Safety Organization (PSO) via an aging services facility's PSE system. For a sample flowchart designed to help organizations establish a PSO, share information and maximize available protections, see "Working With a PSO: One Approach" from the Agency for Healthcare Research and Quality.

PLAN

Review records, such as ...

- Survey and inspection findings.
- Error and grievance reports.
- Care plans.
- Resident safety committee minutes.
- Resident council comments.
- Family meeting notes.
- Resident/staff suggestion box submissions.

Identify key quality metrics, such as ...

- Hospital transfers.
- Falls.
- Incidence of pressure injuries.
- Infection rates.
- Weight loss.

Collect and analyze data, such as ...

- Root cause analysis findings.
- Audits of resident healthcare information records.
- Interviews with staff, residents and family members.

Ask questions, such as ...

- Why did an incident happen?
- What can be done to prevent recurrence?
- How can outcomes be improved?

DO

Develop a performance improvement plan (PIP), which involves ...

- Creating or revising policies.
- Implementing new or revised procedures.
- Training staff on proposed changes.

Create a PIP team, which involves ...

- Designating a facilitator.
- Stating clear and measurable goals.
- Assigning staff responsibilities.
- Committing to an implementation schedule with precise time frames.

Implement the action plan, which involves ...

- Reviewing budgetary, technical and staffing requirements.
- Monitoring compliance with approved process changes.
- Documenting outcomes resulting from the process changes.
- Noting any problems and unexpected occurrences.

STUDY

Assign responsibility for PIP-related data collection, which involves ...

- Drafting a schedule for data collection.
- Noting who is responsible for reviewing data.
- Working from one collective team document to avoid confusion.

Measure the PIP's effectiveness, which involves ...

- Documenting relevant outcomes, e.g., changes in quarterly fall rate.
- Comparing results to PIP team predictions.

Analyze and report PIP results, which involves ...

- Determining contributing factors, e.g., human error, inadequate training, communication breakdowns.
- Identifying ongoing challenges and unintended consequences.
- Documenting PIP outcomes and communicating findings to the QAPI steering committee.

ACT

Implement, refine and augment PIP findings, which involves ...

- Identifying whether the proposed change worked.
- Deciding whether to *adopt* the change in its current state, *adapt* the initial change through modification and retesting, or *abandon* the proposal.
- Conducting ongoing clinical rounds to identify what changes have been most effective.
- Discussing outcomes data with staff, including compliance levels.
- Drafting corrective action plans, focusing on such substantive issues as streamlining work flow, revamping documentation and communication processes, enhancing environmental safety measures, and redesigning IT platforms and tools.

Common QAPI Missteps

- **Proposed changes are unrealistic,** as they do not reflect staff competencies and available resources.
- **Staff members lack training in systems thinking,** the basis of quality improvement planning.
- **Data management systems are not up to the task** of tracking process changes and outcomes.
- **The QAPI program lacks effective two-way communication mechanisms,** such as family councils and routine care-planning sessions.
- **Caregiver and family input is not solicited,** and therefore cannot be incorporated into PIPs.
- **Findings are not translated into meaningful action plans,** due to a lack of facility accountability.

Strategies for Success

Launch an awareness campaign. A combination of onsite training sessions, in-person Q&As, flyers and electronic messages can help jump-start a QAPI program and increase organizational buy-in. From the outset, explain to staff, residents and family members that the QAPI mission is about enhancing systems, rather than placing blame upon individuals.

Select PIP teams carefully. Teams should include staff members from different shifts and departments. By diversifying team membership, facilities can broaden the QAPI program's base and better convey to stakeholders its nature and purpose.

Emphasize the role of residents and families. Open, two-way communication is essential to success. By encouraging residents and their relatives to participate in QAPI activities, administrators can establish an important conduit for quality- and safety-related information, while obtaining vital feedback about program goals and outcomes. (As noted on page 1, ensure that residents and family members are in accord with QAPI program and PIP team goals before including them on teams.)

Make full use of available data. PI strategies should draw upon multiple data sources, including satisfaction surveys, family council minutes, departmental performance indicators, adverse event reports and past survey findings. For best results, assign clinicians and residents/families with firsthand knowledge of the specific system, process or protocol to review relevant data. These individuals are more likely to uncover systemic barriers to achieving QAPI goals, such as distrust of leadership, staff shortages, miscommunication, "blame games" and ineffective reporting practices.

Build upon existing resident care goals. Rather than starting from scratch, consider aligning PIPs with existing QA goals and focusing initial improvement efforts on a limited number of familiar issues, such as falls mitigation, behavior modification and responding to family/resident grievances. (See "Care Goals for High-acuity Residents" on page 2.)

Utilize root cause analysis (RCA). In order to make long-term, substantive improvements in resident safety and overall quality, leadership should implement a system to determine root causes of errors and near-misses. CMS offers a guide to RCA aimed at administrators and QAPI participants that is designed specifically to support PIP projects.

Although QAPI may not be a legal requirement for AL settings, it is a proven means of enhancing risk management capabilities and fostering a more quality-focused, resident-centered organization. Together with the linked resources, the strategies suggested here may help leaders and staff members craft a QAPI program that serves to enhance safety, reduce liability exposure, and keep the organization on the path toward better care and long-term success.

Quick Links to CMS Resources

- PDSA Cycle Template.
- "QAPI at a Glance: A Step by Step Guide to Implementing Quality Assurance and Performance Improvement (QAPI) in Your Nursing Home."
- QAPI Process Tool Framework.

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