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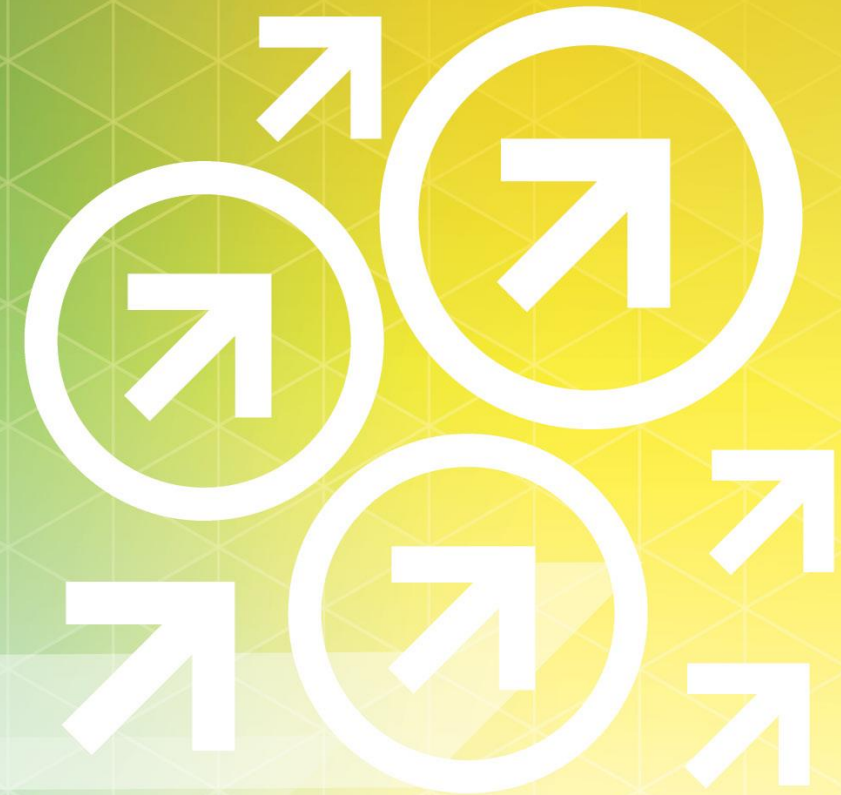
Sustaining Successful Outcomes

From Audits to Action Plans to Performance Improvement!

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The Quality Journey

Today and Future

Background

QA Quality Assessment

Evaluation of a process and/or outcomes of a process to determine if a defined standard of quality is being achieved

QAPI

A systematic, comprehensive, and **data-driven** approach to maintaining and improving safety and quality in nursing homes while involving **all** nursing home caregivers in practical and creative problem solving

QAA Quality Assessment and Assurance

Management process that is ongoing, multi-level, and facility-wide. It encompasses all managerial, administrative, clinical and environmental services, as well as the performance of outside (contracted or arranged) providers and suppliers of care and services

Two Reinforcing Quality Management Principles

QA + PI

*An ongoing, organized method of doing business to
achieve optimum results,
involving all levels of an organization*



The PI in QAPI

- Proactive approach
- Efforts are on-going
- Focus on system changes
- Plan involves input from staff representing all roles & disciplines within the organization
- Meet at more frequent intervals

OLD QA & NEW QAPI

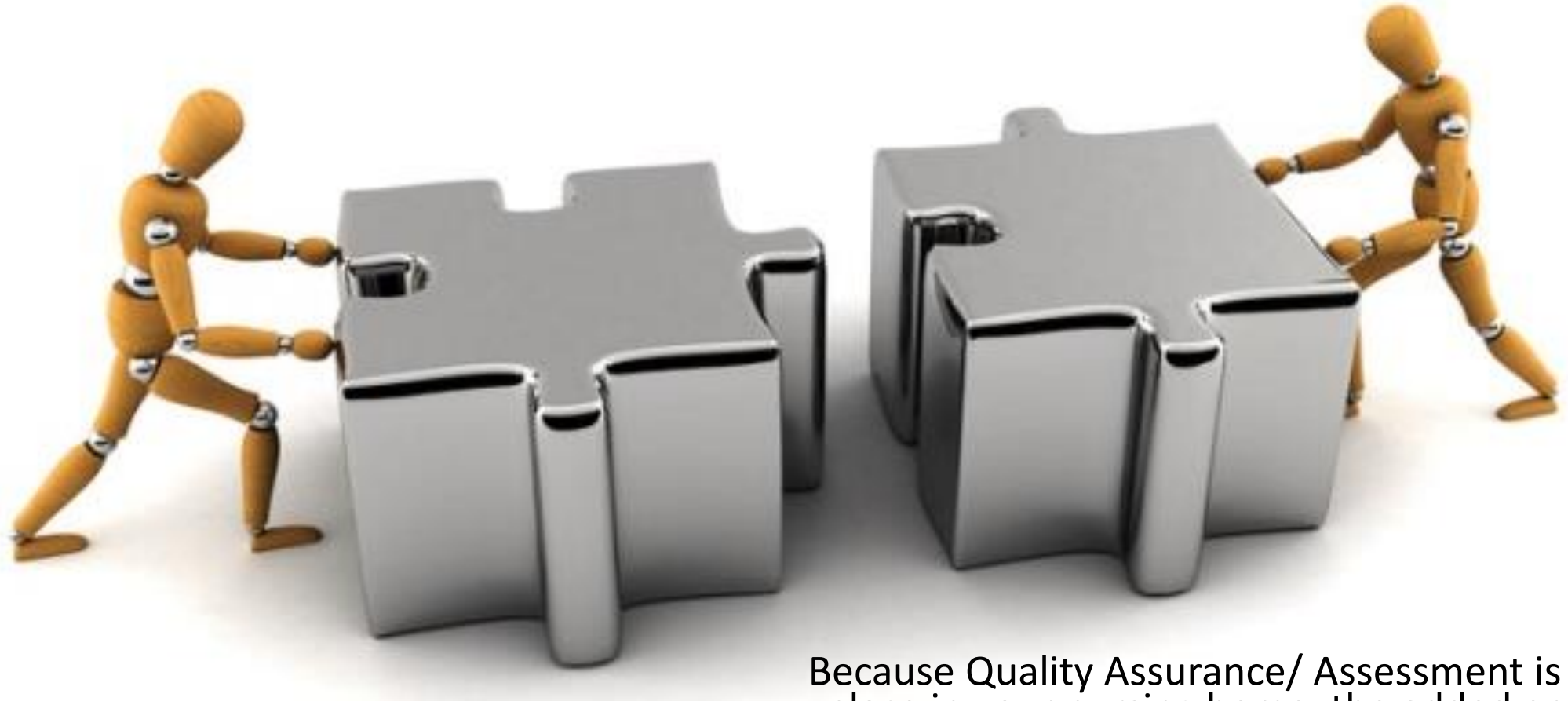
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Key Differences

	QUALITY ASSURANCE	PERFORMANCE IMPROVEMENT
Motivation	Measuring compliance with standards	Continuously improving processes to meet standards
Means	Inspection	Prevention
Attitude	Required, reactive	Chosen, proactive
Focus	Outliers: <i>"bad apples"</i> Individuals	Processes or Systems
Scope	Medical provider	Resident care
Responsibility	Few	All

The chart was adapted from the Health Resources and Services Administration (HRSA)¹



Because Quality Assurance/ Assessment is already in place in your nursing home, the added emphasis is on Performance Improvement

QAPI - Builds the Base

They compliment each other and are both key in successful outcomes



1

Design and Scope

2

Governance and Leadership

3

Feedback, Data Systems & Monitoring

4

Performance Improvement Projects

5

Systematic Analysis & Systemic Action



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Purpose

Data driven proactive approach

Collaboration

Culture of Inclusiveness



Why Now

- Pandemic-COVID-19
- Massachusetts Nursing Facility Infection Control Competency Checklist
- COVID-19 Focus Survey for Nursing Homes
- Quality of Care
- Quality of Life
- Employee and Resident Safety

quality



The QAPI Journey

Let's Begin!



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Are we *AWARE* of
our
VULNERABILITIES?



Infection Prevention and Control Manual Interim Personal Protective Equipment (PPE) Audit- COVID-19 Pandemic

Personal Protective Equipment (PPE) - COVID-19 Audit

PROCEDURE	YES	NO	COMMENTS
All facility staff are wearing face covering (no cloth masks)			
Preparation			
1. Determine and assemble appropriate PPE			
2. Perform Hand Hygiene			
Donning of Personal Protective Equipment			
1. Gown is donned first and tied at waist and neck			
2. Don mask or N95 respirator			
3. Secure nosepiece with both hands			
4. Secure elastic bands or ties securely			
5. Mask or N95 fits snug to face and below chin			
6. Goggles or face shield is donned			
7. Hand Hygiene is performed			
8. Gloves extend to cover wrist of isolation gown			
Removal of Personal Protective Equipment			
Gloves			
1. Grasps outside of glove with opposite gloved hand and peels off			
2. Holds removed glove in gloved hand			
3. Slides fingers of ungloved hand under remaining glove at wrist			
4. Peels glove off over first glove			
5. Discards gloves in waste container			
Gown			
1. Unfasten ties			
2. Pulls away from neck and shoulders, touching inside of gown only			
3. Turn gown inside out			
4. Folds or rolls into a bundle and discards a. Disposable gowns: Discards in waste receptacle			

Infection Prevention and Control Manual Interim Hand Hygiene Audit- COVID-19 Pandemic

Hand Hygiene Audit – COVID-19

PROCEDURE	YES	NO	COMMENTS
Preparation			
1. Alcohol-Based Hand Rub Dispensers are located at facility entrances adequately replenished			
2. Alcohol-Based Hand Rub is accessible in all resident-care areas			
3. Soap dispensers are adequately replenished and available			
4. Disposable hand towels are replenished and available			
Hand Hygiene with alcohol-based hand rub (60-95% ethanol or isopropyl)			
1. Applies adequate product and vigorously rubs hands together, covering all aspects of hands			
Hand Hygiene using soap and water			
1. Wets hand with clean, running water, , rinses soap off hands,			
2. Applies soap and rubs hands together for at least 20 seconds covering all surfaces of hands and fingers			
3. Dries with clean paper towel,			
4. Turns off faucet using disposable towel.			
Additional Observations			
1. Performs hand hygiene with soap and water when hands are visibly soiled			
2. Performs hand hygiene prior to donning gloves and PPE			
3. Performs hand hygiene before performing personal cares			
4. Performs hand hygiene after performing personal cares			
5. Performs hand hygiene after handling soiled items			

Even a Small Crack in Practice Identified....

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START



Have YOU Completed a Self-Assessment?



Directions: Use this tool as you begin work on QAPI and then for annual or semiannual evaluation of your organization’s progress with QAPI. This tool should be completed with input from the entire QAPI team and organizational leadership. This is meant to be an honest reflection of your progress with QAPI. The results of this assessment will direct you to areas you need to work on in order to establish QAPI in your organization. You may find it helpful to add notes under each item as to why you rated yourself a certain way.

Date of Review: _____ Next review scheduled for: _____

Rate how closely each statement fits your organization	Not started	Just starting	On our way	Almost there	Doing great
Our organization has developed principles guiding how QAPI will be incorporated into our culture and built into how we do our work. For example, we can say that QAPI is a method for approaching decision making and problem solving rather than considered as a separate program. Notes:					
Our organization has identified how all service lines and departments will utilize and be engaged in QAPI to plan and do their work. For example, we can say that all service lines and departments use data to make decisions and drive improvements, and use measurement to determine if improvement efforts were successful. Notes:					
Our organization has developed a written QAPI plan that contains the steps that the organization takes to identify, implement and sustain continuous improvements in all departments; and is revised on an ongoing basis. For example, a written plan that is done purely for compliance and not referenced would not meet the intent of a QAPI plan. Notes:					
Our board of directors and trustees (if applicable) are engaged in and supportive of the performance improvement work being done in our organization. For example, it would be evident from meeting minutes of the board or other leadership meetings that they are informed of what is being learned from the data, and they provide input on what initiatives should be considered. Other examples would be having leadership (board or executive leadership) representation on performance improvement projects or teams, and providing resources to support QAPI. Notes:					

QAPI SELF-ASSESSMENT TOOL

<http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/Downloads/QAPISelfAssessment.pdf>

Disclaimer: Use of this tool is not mandated by CMS for regulatory compliance nor does its completion ensure regulatory compliance.

Determining Priorities



- Early problem identification
- Examination of root causes
- Use of data & feedback from multiple sources
- Understanding how systems of care affect quality outcomes





Caregivers are held accountable for their performance, but not punished for errors & do not fear retaliation for reporting quality concerns.



Facility leadership can clearly describe the current performance improvement initiatives



We have identified all data that reflects measures of clinical care & use input from caregivers, residents, families, & stakeholders.



We set goals for desired performance, & thresholds for minimum performance.



Our PIPs or initiatives are selected based on facility performance as compared to national benchmarks, identified best practice, or applicable clinical guidelines.

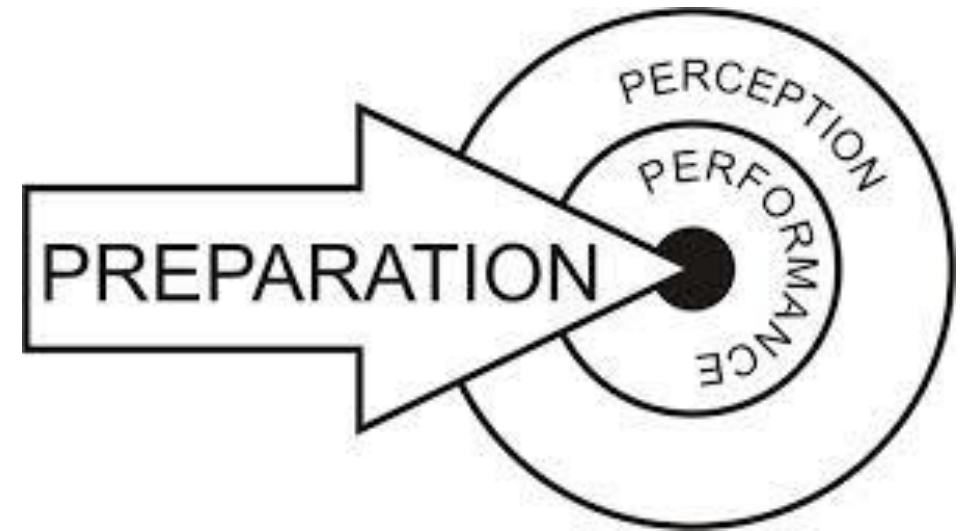


We are:

- Well Prepared

We:

- Set Priorities
- Set Clear Directions
- Maintain Records of Achievement
- Track Changes
- Respond to Errors



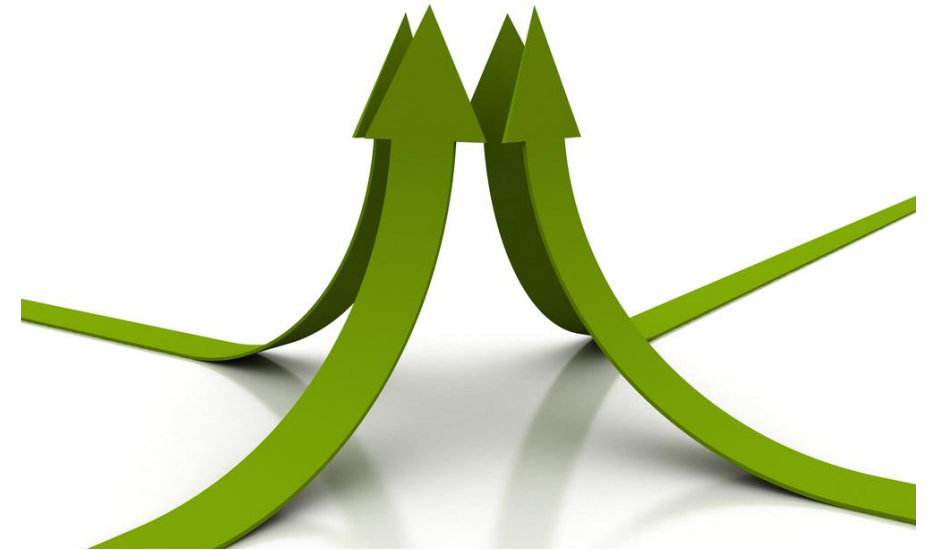
We consistently link corrective actions with the system & process breakdown



Process & outcome measures are in place to determine if change is happening as expected & the desired impact to resident care.



We measure whether the change has been sustained, including a plan to measure both whether the change is in place, and having the desired impact (this is commonly done at 6 or 12 months).



We have a written QAPI plan that contains the steps we take



Remember...

- “Quality” has moved beyond the QA committee
- “Quality” is not one person’s job
- Leadership is actively engaged
- Addressing not only clinical care but also resident quality of life and choice

QAPI is more than a program – it is an integral part of how work is done in an organization.



Strategies



Knowledge



Organization Insight

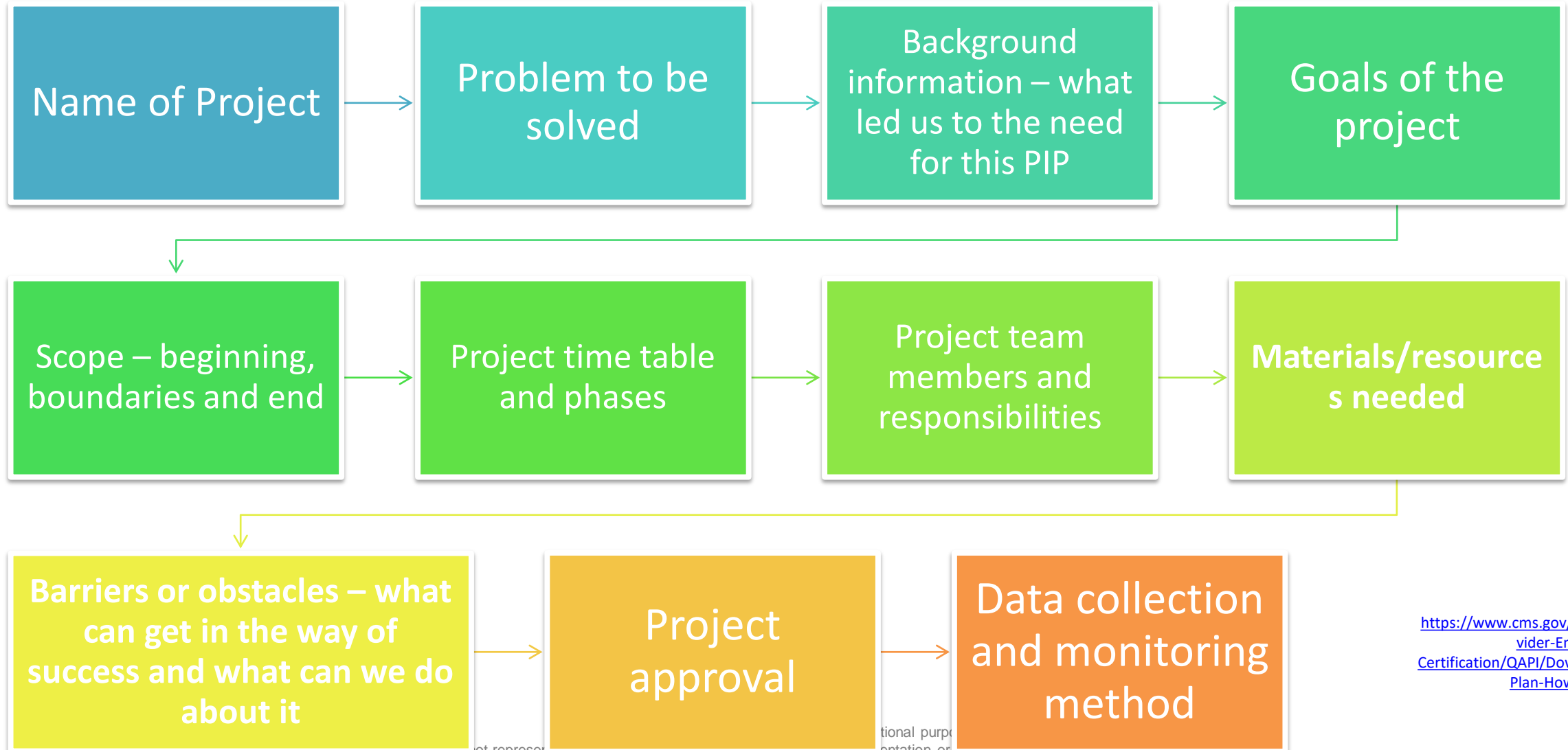


Improvement



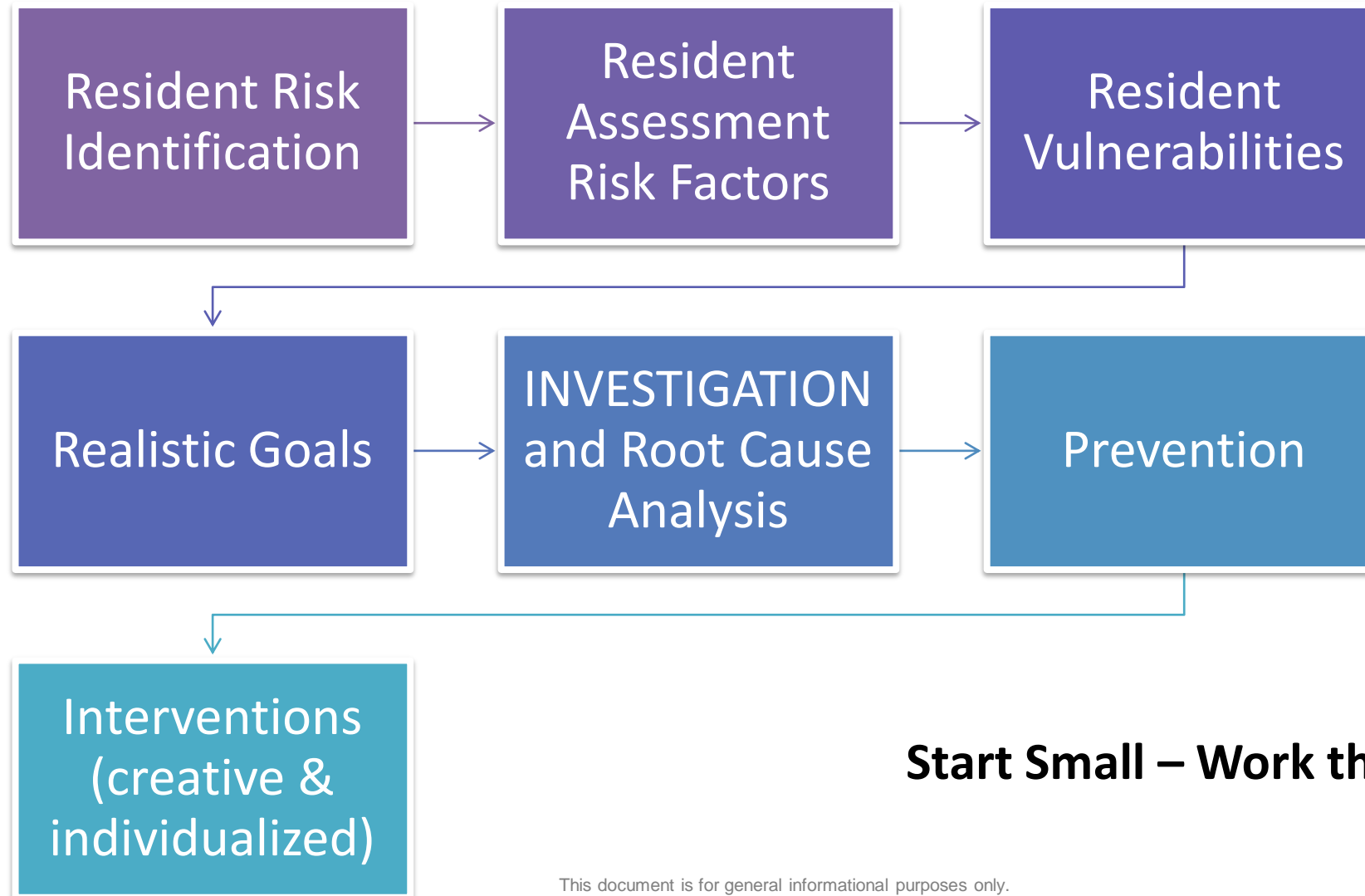
- Put together a team
- Education
- Organizational Buy In
- Identify a “Champion”
- Promote an Interdisciplinary Approach
- Identify Team Responsibilities

Components of a PIP



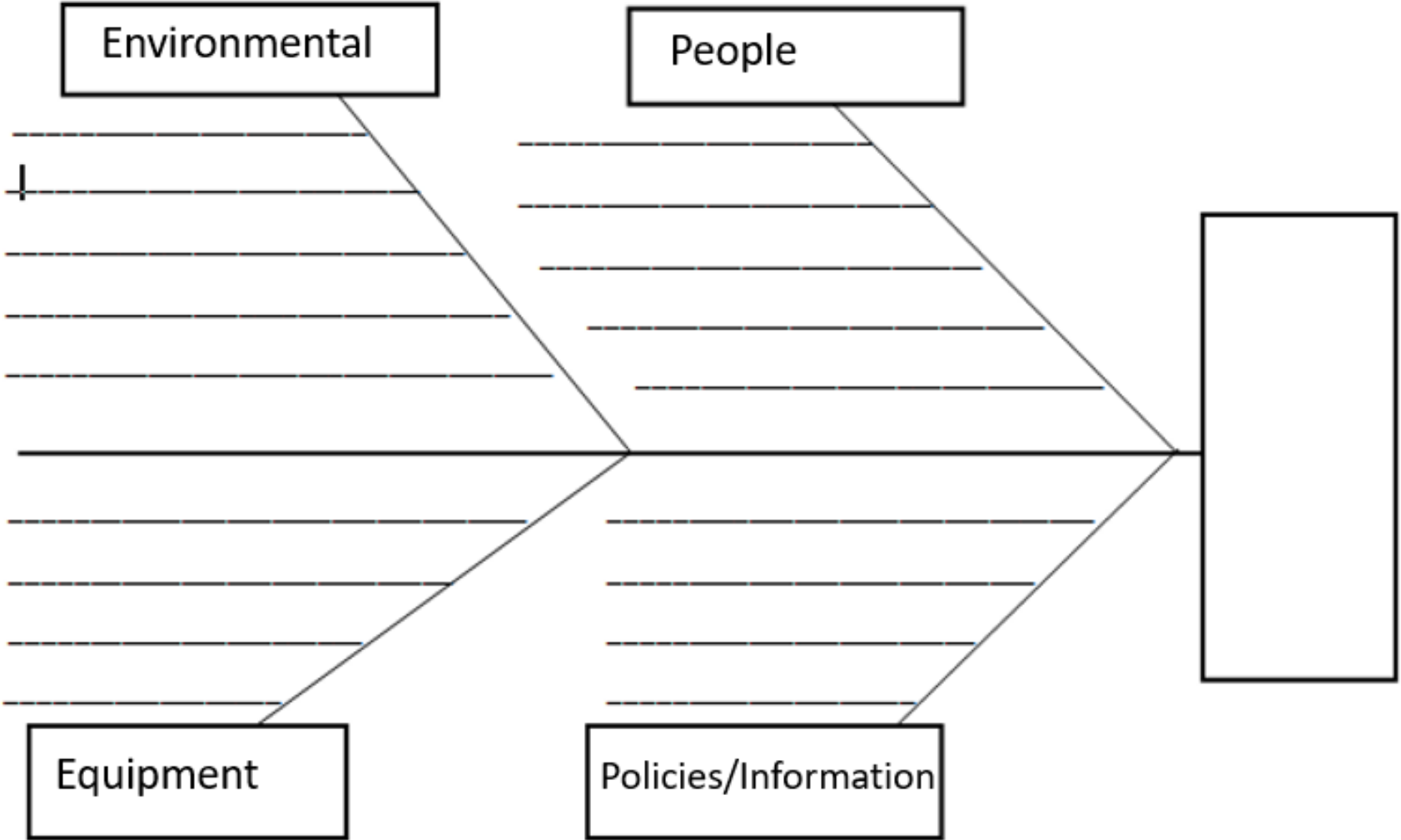
<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/Downloads/QAPI-Plan-How-to-Guide.pdf>

Steps for System Overview



Start Small – Work the Process

Problem statement	One sentence description of event or problem
Why? →	
Why? →	
Why? →	
Why? →	
Why? →	
Root Cause(s)	<ol style="list-style-type: none">1.2.3. <p>To validate root causes, ask the following: If you removed this root cause, would this event or problem have been prevented?</p>



Let's Zero Into Infection Prevention and Control

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Infection Prevention and Control Assessment Tool for Nursing Homes Preparing for COVID-19

This is an infection control assessment and response tool (ICAR) that can be used to help nursing homes prepare for coronavirus disease 2019 (COVID-19). This tool may also contain content relevant for assisted living facilities.

The items assessed support the key strategies of:

- Keeping COVID-19 out of the facility
- Identifying infections as early as possible
- Preventing spread of COVID-19 in the facility
- Assessing and optimizing personal protective equipment (PPE) supplies
- Identifying and managing severe illness in residents with COVID-19

The areas assessed include:

- Visitor restriction
- Education, monitoring, and screening of healthcare personnel¹ (HCP)
- Education, monitoring, and screening of residents
- Ensuring availability of PPE and other supplies
- Ensuring adherence to recommended infection prevention and control (IPC) practices
- Communicating with the health department and other healthcare facilities

Findings from the assessment can be used to target specific IPC preparedness activities that nursing homes can immediately focus on while continuing to keep their residents and HCP safe.

Additional Information for Personnel Conducting Assessments:

- The assessment includes a combination of staff interviews and direct observation of practices in the facility and can be conducted in-person or remotely (e.g., Tele-ICAR via phone or video conferencing). Provide a copy of the tool to the facility before completing the Tele-ICAR and encourage nursing home staff to take their own notes as you conduct the assessment.
- Background information in the light green boxes above each section being assessed provides context for the ICAR user. You should not read this aloud during the assessment process but can refer to it as additional information.
- Keep in mind that the goal of the assessment is to convey key messages to nursing homes and identify their COVID-19-specific preparedness needs. Note any IPC questions and concerns and address them after the ICAR is completed. If you need additional support and technical assistance during an assessment, know that you can engage state HD healthcare-associated infections/antibiotic resistance (HAI/AR) Program leads for support.
- Assessment activities provide an opportunity for dialogue and information sharing.

<https://www.cdc.gov/coronavirus/2019-ncov/downloads/hcp/assessment-tool-nursing-homes.pdf>

Coronavirus Disease 2019 (COVID-19) Preparedness Checklist for Nursing Homes and other Long-Term Care Settings



Nursing homes and other long-term care facilities can take steps to assess and improve their preparedness for responding to coronavirus disease 2019 (COVID-19). Each facility will need to adapt this checklist to meet its needs and circumstances based on differences among facilities (e.g., patient/resident characteristics, facility size, scope of services, hospital affiliation). This checklist should be used as one tool in developing a comprehensive COVID-19 response plan. Additional information can be found at www.cdc.gov/COVID-19. Information from state, local, tribal, and territorial health departments, emergency management agencies/authorities, and trade organizations should be incorporated into the facility's COVID-19 plan. Comprehensive COVID-19 planning can also help facilities plan for other emergency situations.

This checklist identifies key areas that long-term care facilities should consider in their COVID-19 planning. Long-term care facilities can use this tool to self-assess the strengths and weaknesses of current preparedness efforts. Additional information is provided via links to websites throughout this document. However, it will be necessary to actively obtain information from state, local, tribal, and territorial resources to ensure that the facility's plan complements other community and regional planning efforts. This checklist does not describe mandatory requirements or standards; rather, it highlights important areas to review to prepare for the possibility of residents with COVID-19.

A preparedness checklist for hospitals, including long-term acute care hospitals is available.
<https://www.cdc.gov/coronavirus/2019-ncov/downloads/hospital-preparedness-checklist.pdf>

Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019 (COVID-19) or Persons Under Investigation for COVID-19 in Healthcare Settings:
<https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>

Strategies to Prevent the Spread of COVID-19 in Long-Term Care Facilities (LTCF):
<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html>

1. Structure for planning and decision making			
	Completed	In Progress	Not Started
<ul style="list-style-type: none"> • COVID-19 has been incorporated into emergency management planning for the facility. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

https://www.cdc.gov/coronavirus/2019-ncov/downloads/novel-coronavirus-2019-Nursing-Homes-Preparedness-Checklist_3_13.pdf

COVID-19 Focused Survey for Nursing Homes

Infection Control

This survey tool must be used to investigate compliance at F880, F884 (CMS Federal surveyors only), F885, and E0024. Surveyors must determine whether the facility is implementing proper infection prevention and control practices to prevent the development and transmission of COVID-19 and other communicable diseases and infections. Entry and screening procedures as well as resident care guidance has varied over the progression of COVID-19 transmission in facilities. Facilities are expected to be in compliance with CMS requirements and surveyors will use guidance that is in effect at the time of the survey. Refer to QSO memos released at: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions>.

This survey tool provides a focused review of the critical elements associated with the transmission of COVID-19, will help surveyors to prioritize survey activities while onsite, and identify those survey activities which can be accomplished offsite. These efficiencies will decrease the potential for transmission of COVID-19, as well as lessen disruptions to the facility and minimize exposure of the surveyor. Surveyors should be mindful to ensure their activities do not interfere with the active treatment or prevention of transmission of COVID-19.

If citing for noncompliance related to COVID-19, the surveyor(s) must include the following language at the beginning of the Deficient Practice Statement or other place determined appropriate on the Form CMS-2567: “Based on [observations/interviews/record review], the facility failed to [properly prevent and/or contain – or other appropriate statement] COVID-19.”

If surveyors see concerns related to compliance with other requirements, they should investigate them in accordance with the existing guidance in Appendix PP of the State Operations Manual and related survey instructions. Surveyors may also need to consider investigating concerns related to Emergency Preparedness in accordance with the guidance in Appendix Z of the State Operations Manual (e.g., for emergency staffing).

For the purpose of this survey tool, “staff” includes employees, consultants, contractors, volunteers, and others who provide care and services to residents on behalf of the facility. The Infection Prevention and Control Program (IPCP) must be facility-wide and include all departments and contracted services.

Critical Element #8 is only for consideration by CMS Federal Survey staff. Information to determine the facility’s compliance at F884 is only reported to each of the 10 CMS locations.



Massachusetts Nursing Facility Infection Control Competency Checklist

April 27, 2020

Purpose

Nursing facilities will use the Infection Control Competency Checklist to support the implementation of infection control best practices to aggressively address COVID-19. The following items are infection control measures that all Massachusetts nursing facilities are expected to meet. This checklist is consistent with guidelines from the Department of Public Health (DPH), the Centers for Disease Control and Prevention (CDC) and Centers for Medicare and Medicaid Services (CMS) at the time of the development of these competencies. These competencies may be updated and/or revised by the State Command Center if additional or revised guidance is released by DPH, CDC or CMS.

Scoring methodology

- Each of the items is valued at one point, for a maximum score of 28. In order to receive a point for items that have sub-items (for example infection control supplies) each sub-item must be met.
- Regardless of your score, if the facility does not meet the criteria described in a “core competency” item (items in red), the facility will be determined to be “not in adherence.”
- If the facility has all “core competencies” checked off and received
 - Scores of 24 or more, the facility is scored as “in adherence”
 - Scores of 20 or more, but less than 24, the facility is scored as “in adherence but warrants reinspection”
 - Scores of less than 20, the facility is scored as “not in adherence”

Infection Control Competency checklist

INITIATE

PLAN

EXECUTE

W4

W5

W6

W7

W8

**DESIRED
OUTCOME**



Know Your Role

Hands-on knowledge of the resident & the day-to-day processes of care provision are necessary to QAPI development & planning

- *How are you using this essential resource?*

Staff Highlights

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Is there a way that management receives and responds to feedback and information from frontline staff?

- Are changes made based on verified feedback?
- Individualize care through trial & error
- Re-prioritize throughout the day
- Recognize & establish patterns
- Will provide feedback if they feel respected and they can collaborate for better outcomes

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- What have you done so far to involve your direct services staff in identifying quality concerns?
- What more do you think you can do?

Strong QAPI
Leadership



Identify Gaps





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Massachusetts Nursing Facility Infection Control Assessment

Action Plan



Facility Demographics	<p>Facility Name: Date: Consultant: Administrator: Director of Nursing:</p> <p>Number of Beds: Average Daily Census: Number of Nursing Stations: How Many Resident Floors: How is the Resident population divided? (i.e. TCU, LTC, Dementia Unit) Infection Preventionist Name: RN/ LPN (circle one) How long in IP Position? Have you had formal training? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe Training: Are there duties other than the Infection Prevention and Control Program that the Infection Preventionist is responsible for? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, list: How many hours per week does the IP work on Infection Prevention and Control?</p>			
Topic	Findings	Recommendations	Responsible	Goal Date
Completion of MA Nursing Facility Infection Control Competency Checklist <ul style="list-style-type: none"> https://www.mass.gov/doc/nursing-facility-infection- 	<input type="checkbox"/> Facility has completed the MA Nursing Facility Infection Control Competency Checklist <input type="checkbox"/> Copy provided to consultant			

QAPI Today and Beyond

Culture of Business Today

Embrace Change

Create Leaders Within

Celebrate Success



“My profession has probably been transformed again just since we started this session.”

**Lisa Thomson, BA, LNHA, HSE, CIMT
Chief Strategy and Marketing Officer**

**Susan LaGrange, RN, BSN, NHA, CDONA, FACDONA, CIMT, IP-BC
Director of Education**

Thank you!



Centers for Medicare & Medicaid Services (CMS):

- QSO-20-14-NH: Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) In Nursing Homes (*REVISED*). March 13, 2020: <https://www.cms.gov/files/document/3-13-2020-nursing-home-guidance-covid-19.pdf>
- CMS and CDC Infection Prevention Training: <https://www.cdc.gov/longtermcare/training.html>
- Centers for Medicare & Medicaid Services (CMS): QSO-20-20-All. March 23, 2020. Prioritization of Survey Activities: <https://www.cms.gov/files/document/qso-20-20-allpdf.pdf-0>
- Centers for Medicare & Medicaid Services (CMS) COVID-19 Long-Term Care Facility Guidance. April 2, 2020: <https://www.cms.gov/files/document/4220-covid-19-long-term-care-facility-guidance.pdf>
- American Medical Directors Association (AMDA). The Society for Post-Acute and Long-Term Medicine. AMDA Update on COVID-19: <https://paltc.org/COVID-19>

Centers for Disease Control and Prevention:

- Centers for Disease Control and Prevention. Coronavirus Disease 2019 (COVID-19) Preparedness Checklist for Nursing Homes and other Long-Term Care Settings:
https://www.cdc.gov/coronavirus/2019-ncov/downloads/novel-coronavirus-2019-Nursing-Homes-Preparedness-Checklist_3_13.pdf
- Nursing Homes and Assisted Living (Long-Term Care Facilities[LTCFs]):
<https://www.cdc.gov/longtermcare/index.html>
- Coronavirus Disease 2019 (COVID-19) Information for Healthcare Professionals:
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html>
- Coronavirus Disease 2019 (COVID-19). Preparing for COVID-19: Long-Term Care Facilities, Nursing Homes: Centers for Disease Control and Prevention.
<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html>
- Coronavirus Disease 2019 (COVID-19). Strategies for Optimizing the Supply of PPE:
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>

Centers for Medicare & Medicaid Services: QAPI Resources: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/qapiresources>

Lake Superior QIN. QAPI Written Plan How-To Guide: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/Downloads/QAPI-Plan-How-to-Guide.pdf>

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