UNDERSTANDING AND IMPLEMENTING A QAPI PROGRAM
OVERVIEW

- New CoP requirements for QAPI
- Understanding the five standards for QAPI
  - Program Oversight/Executive Responsibility
  - Program Scope
  - Program Data
  - Program Activities
- Performance Improvement Projects
- Case Study PIP
New CoP Requirement:

Understanding QAPI
NEW CoP REQUIREMENTS FOR QAPI

- January 13, 2018 – revisions to CoP effective
- Performance Improvement changes include QAPI-Quality Assurance and Performance Improvement (QAPI)
  - Organization-wide
  - Data-driven
- QAPI based on 5 standards
Understanding QAPI:

Understanding the Five Standards
FIVE STANDARDS OF QAPI

- QAPI must include the five standards:
  - Program Oversight/Executive Responsibilities
  - Program Scope
  - Program Data
  - Program Activities
  - Performance Improvement Projects
Program Oversight/Executive Responsibility
OVERSIGHT: GOVERNING BODY REQUIREMENTS

- Responsible for ensuring QAPI program scope
- Approve frequency and details of data collected
- Define, implement, and maintain program agency wide
- Prioritize efforts and evaluate effectiveness of program
- Establish expectation of patient safety
- Address any findings of waste/fraud and address immediately
- Ensure appropriate resources are used for patient care
Program Scope
PROGRAM SCOPE

- Organization-specific and data-driven
- Designed to improve patient care and agency operations
- Include areas that are:
  - High-risk
  - High-volume
  - Problem-prone
- Reflect organization
  - Scope of services
  - Complexity of patients
  - Reflect past performance
- Capable of showing measurable results
Program Data
PROGRAM DATA

- Initial data collection should include all areas of operations and be used to identify problem-prone areas
  - Quality Indicator Data
    - Home Health Compare
    - Five Stars
    - HHCAHPS
  - Safety and Health Conditions
    - Adverse Event Reports
    - Infection Control
    - Incidents
      - Patient and staff
  - Regulatory Compliance
    - Compliance with plan of care
    - Supervisory visits
    - Clinical record requirements
  - Organizations will need to use data to develop benchmarks for improvement
    - Benchmarks can be:
      - External: either state or national benchmarks
      - Internal: pre-determined, agency benchmarks
DATA SHOULD INCLUDE…

- Operations
  - Intake
    • Patient census
    • Top diagnosis
    • Top referral sources
  - Billing
    • Compliance to billing requirements
    • Days to RAP and Days to Final
    • Account Receivables
  - Compliance
    • Complaints
    • Audits
      • Supervisory visits
      • Therapy reassessments
DATA SHOULD INCLUDE…

- Benchmarks
  - External:
    - State
    - National
    - Comparable to agency size/type
  - Internal:
    - Prior year outcomes
    - Organizational goals
PROGRAM DATA SOURCES

- External data sources:
  - Medicare Claims-Specific Data
    - Timeliness of billing
    - LUPA rate
    - Outlier payments
    - Medicare PEPPER report
  - Clinical Outcome information
    - CMS CASPER Reports
    - CMS Home Health Compare
    - Third-party benchmarking
PROGRAM DATA

- Internal data sources:
  - EMR Information
  - Chart Review Outcomes
  - Infection Control Reports
  - Complaint Logs
  - Clinical Documentation
  - Satisfaction Surveys
    - Referral sources
    - Physician
    - Staff
Program Activities
PROGRAM ACTIVITIES

- Focus on data points
- High risk
  - Potential to cause patients harm
    - Falls with or without injuries
    - Medication reconciliation issues
    - Compliance with plan of care
    - Delay in care
    - Acute Care Hospitalization/Emergent Care Use
  - Heavy penalties for noncompliance
    - HIPAA
    - Patient rights
    - CoPs
PROGRAM ACTIVITIES

• High Risk Billing Requirements
  • Face-to-face documentation
  • Certification of Medicare eligibility
  • Patient right to know financial responsibility
• High Volume
  • Diagnosis
  • Skilled services

- Problem-prone areas
  • Prior identified performance areas
    • Source
      • OIG report
      • National/State Associations
PERFORMANCE IMPROVEMENT PROJECTS

- Performance Improvement Projects (PIPs) are structured improvement projects designed to focus on problem areas within an organization that represent complexity, scope, and performance levels.

- Organizations are required to provide documentation that support:
  - The reason for the PIP including data sources
  - The activities completed
  - Ongoing evaluation
Understanding QAPI:

Case Study: PIP Reducing Acute Care Hospitalization
PIP: REDUCING ACUTE CARE HOSPITALIZATION

- The PIP Charter
  - Identify scope, justification, data source, and goal
  - Project owner is responsible for moving the PIP toward goal resolution
  - Team members

<table>
<thead>
<tr>
<th>PIP Name:</th>
<th>Acute Care Hospitalization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problem Identification including impact on patient care or operations:</td>
<td></td>
</tr>
<tr>
<td>Home Health Compare ACH Outcome 1/2015 17 State Average 15.5</td>
<td></td>
</tr>
<tr>
<td>Data Available:</td>
<td></td>
</tr>
<tr>
<td>Home Health Compare</td>
<td></td>
</tr>
<tr>
<td>McKesson Adverse Event Report</td>
<td></td>
</tr>
<tr>
<td>Casper Reports</td>
<td></td>
</tr>
<tr>
<td>Team Members:</td>
<td>Project Owner:</td>
</tr>
<tr>
<td>Mary Cross, Executive Director</td>
<td>William Snow</td>
</tr>
<tr>
<td>William Snow, QA Manager</td>
<td></td>
</tr>
<tr>
<td>Nancy Bell, RN Case Manager</td>
<td>Project Sponsor: Mary Cross</td>
</tr>
<tr>
<td>Joseph Knight, Clinical Manager</td>
<td>Role Identification: Nancy Bell - recorder</td>
</tr>
<tr>
<td>Rhonda Shephard, Scheduler</td>
<td></td>
</tr>
<tr>
<td>Project Boundary &amp; Scope</td>
<td>Focus on acute care hospitalization outcome in 60 day episode</td>
</tr>
<tr>
<td>Goals:</td>
<td></td>
</tr>
<tr>
<td>Reduce ACH to 16% in six months, To state average 15.5% in nine months, To believe state average 15% in 12 months</td>
<td></td>
</tr>
</tbody>
</table>
**Objective (Goals)**

- Identify reasons for ACH
- Create Root Cause Analysis tool
- Rehospitalization Risk Analysis
- Identify available assessment tools
- Start of Care within 24 hours of discharge
- Schedule SOC within 24 hours and track compliance
- Reports
- Identify all available reports
- Chart Reviews
- 100% review all ACH transfers
- Staff Education
- Root Cause Analysis Tool, Risk Assessment and PIP
- Patient Education
- Review current education tools and research best practice
- Reduce ACH

**Tasks**

- Create Root Cause Analysis tool
- Identify available assessment tools
- Schedule SOC within 24 hours and track compliance
- Identify all available reports
- 100% review all ACH transfers
- Root Cause Analysis Tool, Risk Assessment and PIP
- Review current education tools and research best practice
- Monthly results

**Assignment**

- Snow
- Knight
- Shephard
- Snow
- Snow
- Snow
- Bell
- Snow

**Time Frame**

- 1 month
- 1 month
- ongoing
- 1 month
- 1 month
- ongoing
- Apr-15
- Apr-15
- ongoing

**Progress Updates**

- Developed and started testing
- 2/15 Still researching has found one but not comprehensive
- 2/15 70% compliance request further analysis by next meeting
- 3/15 Report from first review
- 2/15 worked with IS and provided list of all reports available
- January 17; February 16.8;

**Complete**

- 15-Feb
- Mar-15

---

**PIP Committee Update:**

- Designed to keep updated minutes of assignments and discussions.
- Working document
- Can be used for executive summary
PIP: REDUCING ACUTE CARE HOSPITALIZATION

- PIP Executive Reports:
  - The PIP committee should provide executive summary reports
  - Governing body responsible for oversight
  - PIP leader should determine preference for communication
  - In this example, the PAC and governing body were requesting outcome graphs
Understanding QAPI:
Where to Begin?
SAMPLE QAPI PROGRAM

- Home Health QAPI Program
  - Mission Statement:
  - Vision Statement:
  - The purpose of Quality Assurance Performance Improvement (QAPI):
  - The QAPI Program is overseen by the agency’s governing body and coordinated by:
  - The QAPI Program will be a data-driven, organization-wide program that measures performance across the organization and reflects the complexity of the services provided
  - The QAPI Program focuses on indicators related to patient outcomes, adverse patients events, patient safety, quality of care and operational processes
  - The program will reflect the agency’s performance on high-risk, high-volume and/or problem-prone areas with consideration to the incidence, prevalence, and severity of the problems
  - Through the data monitoring the agency will monitor the effectiveness of current practices and proactively identify opportunities for improvement
### Home Health QAPI program

Audit Plan:

<table>
<thead>
<tr>
<th>Audit</th>
<th>Data Collection Frequency</th>
<th>Data Source</th>
<th>Who will analyze the data?</th>
<th>Data communicated with Committee</th>
<th>Frequency of Communication</th>
<th>Governing Body Communication</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Administration</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual Agency</td>
<td>Annually</td>
<td>Evaluation Tool</td>
<td>Director of Home Health</td>
<td>Governing Body</td>
<td>Annually</td>
<td>Annually</td>
</tr>
<tr>
<td>Evaluation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complaints</td>
<td>Monthly</td>
<td>Complaint Logs and</td>
<td>Director of Home Health</td>
<td>Governing Body</td>
<td>Quarterly</td>
<td>Annually</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Investigations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quality Outcomes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Five Star Rating</td>
<td>Monthly</td>
<td>SHP</td>
<td>QAPI nurse</td>
<td>QCC</td>
<td>Quarterly</td>
<td>Annually</td>
</tr>
<tr>
<td>HHCAHPs</td>
<td>Monthly</td>
<td>SHP</td>
<td>QAPI nurse</td>
<td>LRT</td>
<td>Quarterly</td>
<td>Annually</td>
</tr>
<tr>
<td>VBP Outcomes</td>
<td>Monthly</td>
<td>SHP</td>
<td>QAPI nurse</td>
<td>QCC, LRT</td>
<td>Quarterly</td>
<td>Annually</td>
</tr>
</tbody>
</table>
## SAMPLE QAPI PROGRAM

### Home Health QAPI program

#### Audit Plan:

<table>
<thead>
<tr>
<th>Audit</th>
<th>Data Collection Frequency</th>
<th>Data Source</th>
<th>Who will analyze the data?</th>
<th>Data communicated with Committee</th>
<th>Frequency of Communication</th>
<th>Governing Body Communication</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Infection Control</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Handwashing</td>
<td>Monthly</td>
<td>HOV</td>
<td>Clinical Coordinator</td>
<td>Bi-annually</td>
<td>Annually</td>
<td></td>
</tr>
<tr>
<td>Urinary Tract Infections with catheter</td>
<td>Monthly</td>
<td>HealthWyse</td>
<td>Clinical Coordinator</td>
<td>Bi-annually</td>
<td>Annually</td>
<td></td>
</tr>
<tr>
<td>Urinary Tract Infections no catheter</td>
<td>Monthly</td>
<td>HealthWyse</td>
<td>Clinical Coordinator</td>
<td>Bi-annually</td>
<td>Annually</td>
<td></td>
</tr>
<tr>
<td>Wound infections</td>
<td>Monthly</td>
<td>HealthWyse</td>
<td>Clinical Coordinator</td>
<td>Bi-annually</td>
<td>Annually</td>
<td></td>
</tr>
</tbody>
</table>
## SAMPLE QAPI PROGRAM

### Home Health QAPI program

Audit Plan:

<table>
<thead>
<tr>
<th>Audit</th>
<th>Data Collection Frequency</th>
<th>Data Source</th>
<th>Who will analyze the data?</th>
<th>Data communicated with Committee</th>
<th>Frequency of Communication</th>
<th>Governing Body Communication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Documentation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chart Reviews</td>
<td>quarterly</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OASIS Error Report</td>
<td>quarterly</td>
<td>CASPER</td>
<td>QAPI nurse</td>
<td>Annuals</td>
<td>Annually</td>
<td>Annually</td>
</tr>
<tr>
<td>HHA Supervisory Visits</td>
<td>quarterly</td>
<td>Chart review</td>
<td>QAPI nurse</td>
<td>Annuals</td>
<td>Annually</td>
<td>Annually</td>
</tr>
<tr>
<td>PTA/COTA Supervisory Visits</td>
<td>quarterly</td>
<td>Chart review</td>
<td>QAPI nurse</td>
<td>Annuals</td>
<td>Annually</td>
<td>Annually</td>
</tr>
</tbody>
</table>
# Home Health QAPI program

Audit Plan:

<table>
<thead>
<tr>
<th>Audit</th>
<th>Data Collection Frequency</th>
<th>Data Source</th>
<th>Who will analyze the data?</th>
<th>Data communicated with Committee</th>
<th>Frequency of Communication</th>
<th>Governing Body Communication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Finance:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Days to RAP</td>
<td>Monthly</td>
<td>HealthWyse</td>
<td>Revenue Cycle Mgr</td>
<td>Quarterly</td>
<td>Quarterly</td>
<td>Annually</td>
</tr>
<tr>
<td>Days to Final</td>
<td>Monthly</td>
<td>HealthWyse</td>
<td>Revenue Cycle Mgr</td>
<td>Quarterly</td>
<td>Quarterly</td>
<td>Annually</td>
</tr>
<tr>
<td>AR Days</td>
<td>Monthly</td>
<td>HealthWyse</td>
<td>Revenue Cycle Mgr</td>
<td>Quarterly</td>
<td>Quarterly</td>
<td>Annually</td>
</tr>
<tr>
<td>LUPA rate</td>
<td>Monthly</td>
<td>HealthWyse</td>
<td>Revenue Cycle Mgr</td>
<td>Quarterly</td>
<td>Quarterly</td>
<td>Annually</td>
</tr>
<tr>
<td>SW Nonbillable visits</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bad Debt</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intake</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NTUC Rate</td>
<td>monthly</td>
<td>HealthWyse</td>
<td>Intake</td>
<td>Quarterly</td>
<td>Quarterly</td>
<td>Annually</td>
</tr>
<tr>
<td>F2F audit</td>
<td>monthly</td>
<td>HealthWyse</td>
<td>QAPI nurse</td>
<td>Quarterly</td>
<td>Quarterly</td>
<td>Annually</td>
</tr>
</tbody>
</table>
## SAMPLE MONTHLY DASHBOARD

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulation</td>
<td>74.8%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bed Transferring</td>
<td>73.5%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pain</td>
<td>77.8%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bathing</td>
<td>77.7%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Management of Oral Meds</td>
<td>66.2%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dyspnea</td>
<td>81.1%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
QUESTIONS?

Diane Link RN, MHA
Director of Clinical Services
DianeLink@BlackTreeHealthcare.com
Office: (610) 536-6005 ext. 775
Cell: (443) 340-4646