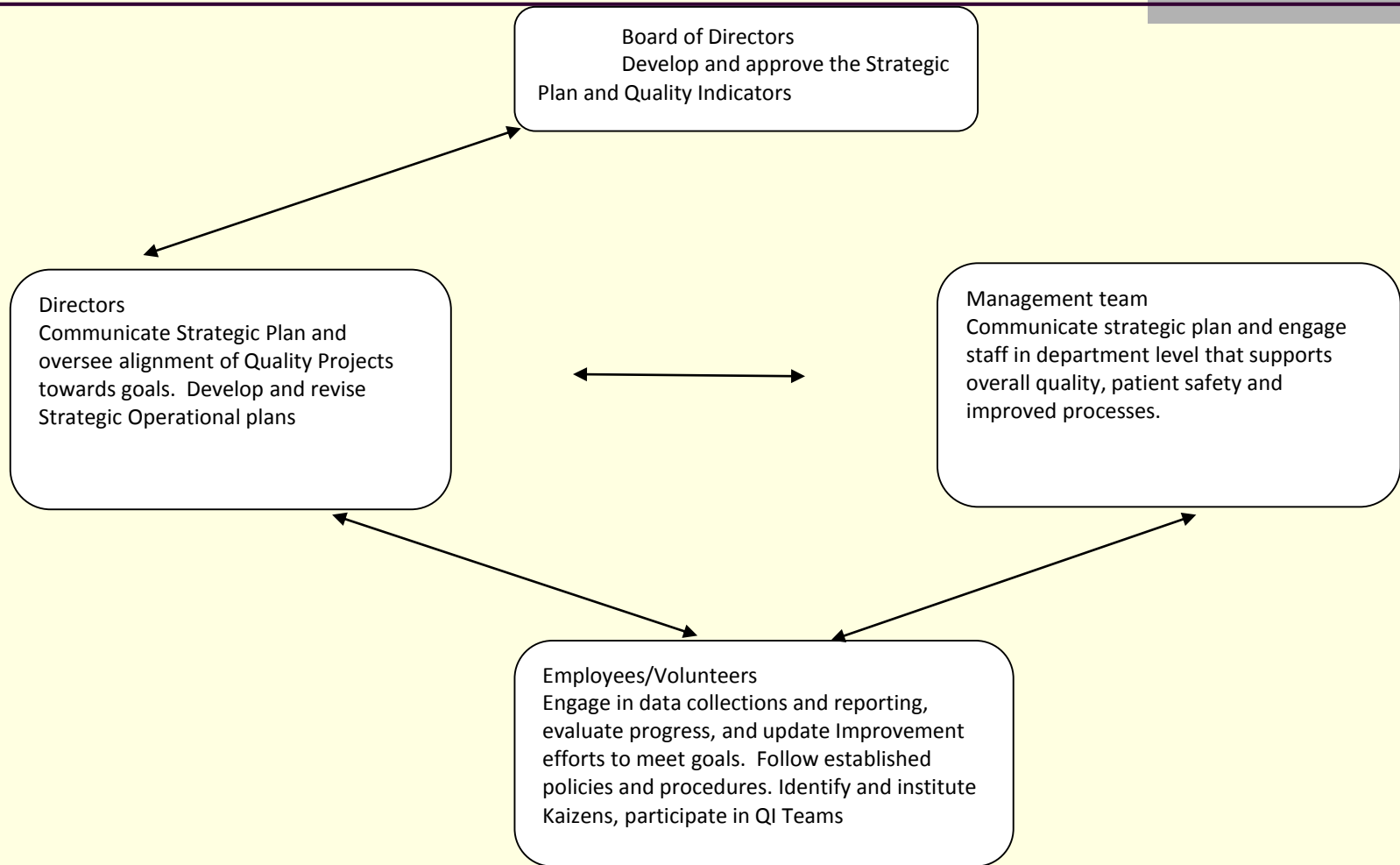


Quality Improvement

June Gallup, RN, MS, HCS-D, COS-C,
BCHH-C, COQS



QAPI

QAPI is the merger of two complementary approaches to quality, Quality Assurance (QA) and Performance Improvement (PI). Both are data-driven, approaches to improving the quality of life, care and services in nursing homes, involving members at all levels of the organization.

- QA is a process of meeting quality standards and assuring that care reaches an acceptable level, hopefully beyond regulatory requirements. QA is a reactive, retrospective examination.
- PI is a proactive and continuous study of processes to identify areas of opportunity and new approaches to fix underlying causes of persistent or systemic problems, for better health care delivery and resident quality of life.

Source: CMS.gov

Implementing QAPI

Understand the Five QAPI Elements

- • Leadership and Governance
- • Design and Scope
- • Feedback, Data Systems and Monitoring
- • Performance Improvement Projects
- • Systematic Analysis and Systemic Action

The Quality Improvement Committee

- The Quality Improvement Committee, consisting of at least six members including: the Quality Improvement Director, a Board Member, a representative from administration, a nurse, a therapist and a clerical representative.

Goals

- Provide quality patient care by identifying problems and improving processes.
- Continually improve performance in a cost-effective manner.
- Reduce risk and liability for patients and staff.
- To comply with State Licensure, Medicaid, Medicare, other insurance regulations, and OSHA requirements.
- Contribute to realization of Agency's strategic planning goals:
 - Implement a marketing plan that highlights the agency's mission statement and promotes current initiatives.
 - Create an organizational climate that promotes recruitment and retention of quality paid and volunteer staff.
 - Strengthen delivery of quality, cost-effective services and outreach targeted to patient, family and community needs.
 - Ensure that the agency is positioned to respond to emerging opportunities.
 - Continue with a reporting mechanism for staff input for suggested processes that require

Importance of Quality Improvement

Quality Improvement positions an agency to achieve:

- Customer satisfaction
- Efficient use of resources
- Measurable positive outcomes
- Community impact

Benefits of quality to the organization

- Improved/expanded services
- Client oriented employees
- Improved client relations
- Improved community relations = better political relations
- Lower costs/cost contained
- Improved funding

Benefits of quality to employees

- Pride in services delivered
- Job satisfaction
- Improved communications
- Streamlined work processes
- Happier clients
- Strong client relationships

What are the Cornerstones of Quality Improvement

- the overall delivery of quality care and services;
- human resources management, including staff, contractors, and volunteers;
- cost effective service administration and resource management;
- billing and claims remittance supervision and management;
- enforcement of any and all regulatory compliance, both business and clinical;
- internal policy and procedure
- licensing/certification monitoring and enforcement;
- External survey and audit preparation;
- Any other service, monitoring, management, and development considered integral in maintaining care delivery within the constructs of current financial and reimbursement procedures, and ethical and humane Home, Health and Hospice services.

Components and Tools

- Dashboards identifying- Organizational, financial, clinical and utilization indicators
- Integrate quality improvement activities to affect a positive customer outcome.
- Review of documentation/Utilization
- Compliance Plan
- QAPI- Quality Assessment Performance Improvement for all programs
- Benchmarking- Utilizing clinician and agency specific dashboards, data analytics Home Health/hospice Compare.
- Oasis (FOR OBQM, OBQI DATA)
- Patient satisfaction surveys for all of our programs
 - HHCAHPS
 - Palliative Care Satisfaction surveys
 - Hospice satisfaction surveys
 - Life care surveys
 - Peri-natal surveys
- Continue agency viability under PPS.
- Evaluate effectiveness of Compliance Plans and Process.
- Unusual Occurrence Reports
- Grievance Reports
- Frequent interdisciplinary meetings to facilitate patient care

Framework Based on CoP Language

Domains and Areas

Patient/Family Outcomes	Processes of Care	Hospice Services	Non-clinical Operations
<ul style="list-style-type: none"> • Patient comfort • Patient safety • Autonomy/ Self-determined life closure • Effective grieving • Patient/family eval of care (Satisfaction) 	<ul style="list-style-type: none"> • Clinical staffing • Admission • Assessment/ reassessment • Care Planning • Interventions (medical, psychosocial, spiritual) • Visits/calls 	<ul style="list-style-type: none"> • After hours care and support • DME • Pharmacy • Supplies • Volunteer Services 	<ul style="list-style-type: none"> • Human Resources) • Referral management • Accounting/ Billing • Finance • Development

HEMOCARE

Homecare admissions/reumption/readmit

Cost of nursing visit YTD average

Productivity

>4.37

Starting Case Weight

1.3

Ending Case Weight

>1.0

Visits per episode

<17.33

Nursing visits per episode

Pre Billing compliance- error rate

OUTCOMES

Improvement in ambulation-locomotion

★ 76

Improvement in bed transferring

★ 73

Improvement in pain interfering with activity

★ 88

Improvement in bathing

★ 82

Improvement in management of oral meds

67

Improvement in dyspnea

★ 82

Discharged to the community

Improvement surgical wounds

Acute Care Hospitalization risk adjusted

★ 10

ED use without hospitalization

<7

Timely Initiation of care

99

Drug education in all episodes

★ 100

Pneumococcal vaccine ever received

Influenza immunization received for current flu season

Care of patients

94

QI process improvement plans that we worked on last year

- Patient satisfaction
- Transitions of care- homecare to hospice, Palliative care to homecare or hospice
- Management of patients with Depression, Dementia
- Management of pain
- Medication reconciliation
- Infection Control-
- Chronic Care management
- Case Management
- Therapy Reassessments

QI Process Improvement projects for 2018 (QAPI)

- Disease management
- COP Compliance
- Hospice Compare- improvement in documentation of pain assessment
- Safety- Emergency Preparedness
- EMR