

QAPI Plan Workshop Session 1: Ready, Set, Go

Krista Davis: Good afternoon and welcome to today's QAPI Plan Workshop Webinar "Ready, Set, Go!" Presented by Quality Insights Quality Innovation Network. We will get started with today's program in just a few moments, but first a few housekeeping items. This is the first of seven sessions that will take place between today and August 9th. You will need to register separately for each session. If you have not yet registered for sessions two through seven, please contact your local Quality Insights Project Coordinator and he or she will be able to help you. Contact information will be included later in the presentation. All participants enter today's webinar in listen-only mode so if you have a question during today's webinar, we ask that you please type it into either the chat or the Q&A box to the right of your screen. All questions will be answered at the end. Today's webinar is being recorded.

The recording and the slides you see today will both be posted on My Quality Insights in the Reducing Healthcare-Acquired Conditions in Nursing Homes Section. Following the conclusion of today's webinar, you will be asked to complete a short evaluation. We thank you in advance for your completion of the evaluation as it helps us know how we did and how to shape future programs. Today's speaker is Quality Insights Reducing Healthcare-Acquired Conditions in Nursing Homes Project Coordinator from West Virginia Pam Meador to whom I would now like to turn the program over. Pam?

Pam Meador: Thank you, Krista. This is Pam Meador and I am one of the project coordinators here in West Virginia and I want to welcome everybody from all five states to the QAPI Plan Workshop, the first session. Like Krista said, this is a seven-session series where six of the sessions we'll be doing work on writing our QAPI plan with Action Steps that you guys will be performing on your own and the Seventh Session will be a celebration and we'll be able to say this is done. Now, we move on into using the QAPI Plan that we've worked on this entire time, but this First Session is not going to be an hour long. It's going to be very informative as far as where you have to start so let's go ahead and get started on the first slide.

In this workshop, what this workshop is designed to do is to help you and your team write and understand your QAPI Plan. It is not designed to educate you on what QAPI is, how to use the tools, how to use PDSA or root cause analysis or any of that, but writing your plan may be a fabulous side effect on learning about QAPI and about how to use it, and what your facility needs to do in order to make this a successful endeavor. During this workshop, you guys will have Action Steps that you will have to keep up with within your facility. We're calling it "Eating an Elephant" because that's exactly what we're doing. Some of this seems a little bit insurmountable, but it can be done and by doing it in steps we will be making it something that seems insurmountable a little bit more controllable and doable.

Like Krista said, this will be recorded, and if you miss a session, you will need to go back. Listen to it. Complete the action steps for that session. Because this is sequential, it does build upon the last session, but if you can't come to each one of them, as we all know in long term care things change every day and you don't know what's going to happen one day to the next, and I put on there "boo" and "yay" because of survey or vacation, not that survey is such a horrible, horrible thing, but I had to give boo to something and I

wasn't going to give it to vacation so boo to survey. Yay to vacations. Whatever the reason is, it will be recorded and you can go back to the website and listen to the recording.

If you need assistance in finding those, you just let your project coordinators know and we can help you out with that. Please know that this is only the beginning. This first session, again, is not something that is very labor intensive. This is probably one of the easiest parts that you will be doing this entire series, but it is very necessary and let's get started. We're going to start with something called the Steering Committee. This slide tells you a little bit about what the Steering Committee is. It is a group of individuals responsible for planning and the oversight of the QAPI Foundation and notice we put Foundation. That's because that's exactly what QAPI is. It's not another program or another something else to do.

It's not something that just needs to be written and then put on the shelf. It's something that you're going to be using every single day once you learn how to use it and how to make it work for your facility. The Steering Committee is the one who is responsible for everything QAPI connected. When you have a Steering Committee they are responsible for supporting QAPI, making sure that it works within your facility. They're responsible for encouraging active participation. When I say active participation, I'm not just talking about the staff. I'm talking about the Steering Committee must be active themselves and once we write a little bit more about the Steering Committee, you'll see what a lot of their functions are.

It's also the responsibility of the Steering Committee to set a positive tone. If you don't start out with a positive tone, you will not be successful. Again, this is not something that is just something else to do. It's a very specific, required document that will help your team solve problems, help you deal with issues. Stop putting out those fires all the time, putting on band-aids. This is a foundation that not only deals with issues and problems but, also, helps make what you do well even better. It is a positive thing. It's something that is based on scientific research and evidence-based information so we need to project it as positive. If the Steering Committee isn't positive that this is going to work, then none of the team members will be.

It's also the responsibility of the Steering Committee to provide adequate resources and resources include lots of stuff, not just the tools and the money. It's also the time and the staff, and the encouragement, all of the things that will make your QAPI tools and processes work. The Steering Committee will also provide direction and to me that's one of the most difficult things because everything in long term care seems to be a priority. It's priority that we get good surveys and it's priority that our five stars are or four stars or whatever. It's priority also that the broccoli isn't too tough. It's priority that the paint isn't chipped. There is lots. Everything seems to be a priority so it's the responsibility of the Steering Committee to provide direction to the entire team. Now, in the Series there is action step items.

Each area that we go over we'll give you a little bit of background about the steps that you have to take when you're writing your plan. The first one, of course, when we're talking about Steering Committees is, "What are you supposed to do in order to develop

your proper Steering Committee?" The first thing is to look at your current QAA Committee. Who is on that committee? Lots of people think that the QAA Committee is just automatically it's a Steering Committee and that's not always the case. Each center is as individualized as the center itself. So who on your QAA Committee will be transitioning to the Steering Committee? One of the first things that you have to think about, of course, is the regulations.

Who is required per the regulations to be on the Steering Committee for QAPI? I've listed a couple of the folks on there. Of course, your medical director or their designee, the director of nursing services, and then three other members of the nursing home staff with one of them being leadership and leadership in the regs is defined as your administrator, your owner, your board members, et cetera. So those are the people that are required to be on your Steering Committee per regulations as of right now. Does that mean that's the only people that should be on it? Absolutely not. Many facilities are looking at including everybody that could possibly have a different viewpoint that could help with defining the direction of your facility, defining the priorities and one of the ones that I want to bring out that you might want to be thinking about is your residents and your family members.

Do you want a representative resident or a representative family member, and or a representative family member on your Steering Committee? Because who is better to tell you which way your facility is going if it's not our residents and your families? Again, when I read the new regulations, the final rule, and the different regulations that have come out for ... They come out for 2016 in phase one, 2017 phase two, and then 2019 phase three. When I read over those, I see a constant theme and the constant theme is the fact that your residents and your families, and the use of their knowledge in the way that we do business is not only a best practice, but it's also becoming more of a regulatory issue.

So using them as your Steering Committee may be something that you want to think about. Now, who will we need to add to this QAPI Plan Steering Committee in the future? That first little statement there it's a fluid document. This may be. I said earlier this might be a drinking game that a lot of people want to play or put a quarter in the jar or something like that. Every time I mention that the QAPI plan is a fluid document, which means it's never written in stone. It's constantly going to be changing. When your facility changes, your QAPI plan is going to be changing. Your Steering Committee is the same. You may see the need to add somebody to your Steering Committee later on down the road, and that's just fine. That's what you need to do. You need to keep it fluid. You need to keep it effective for your facility.

Now, in the regulations according to the phase three, you're going to in 2019 be required to add an infection control professional to not only your staff, but they have to be a member of the QAPI Steering Committee. You need to be thinking about who you want to transition from your QAA Committee to your Steering Committee and those are the folks that we're going to be talking about when we discuss the Steering Committee further. One of the things that we kind of mention about whenever we're doing this is I'm not going to tell you this is what you have to have in your plan or this is what you should include in your plan as far as verbiage or word by word. This is completely up to

your team, but I am going to give you some suggestions of things that may not be in your plan as of yet, but it's something that you need to be thinking about.

The first one here is your job descriptions. Your job descriptions must include quality improvement-oriented language. Do they currently? The answer to that is probably somewhat. Job descriptions were designed to tell folks what they need to be doing and now that QAPI is part of what we need to be doing it needs to be put in your job descriptions. One of the suggestions that we're making is you want to look at your job description and we sent you a packet of resources prior to the call today and the first resource that is in the packet is from CMS and it is examples of performance objectives for job descriptions and performance reviews. This tool it tells you some information about what you can include in your job descriptions that is considered QAPI focused.

Now, any of these tools that we send you they are not mandatory. They are not required by CMS when you do your QAPI Plan. They are not required. These are just that. They are tools that you can look at. See if it's going to help you. If it does, great. Use it. If it doesn't, then it's not required. The only difference to that one will be the QAPI self assessments, which we'll talk about in just a few minutes. As far as the rest of these tools that you received, and there is even a little disclaimer at the bottom that says, "CMS does not require you to use these tools. They're just tools for your assistance."

Using this job description tool, you can read down through there and see some of the things that you can include in your job descriptions to help make your employees and your Steering Committee and everybody that you deal with realize that QAPI is a very important part of your facility and the way that you're going to be doing business. Many of you are members of corporations and corporations, of course you can't go in and change the job descriptions that are mandated by your corporate, but that's something that they will be looking as well. They'll be looking at how they're going to update their job descriptions to see and make sure that they meet the requirements and that it meets the language that it needs to meet in order to be acceptable job descriptions that focus on quality.

Now the next resource that we sent you is a booklet and, again, this is a CMS document and it is a step-by-step guide to implementing Quality Assurance and Performance Improvement or QAPI in your nursing homes. Now, this booklet is where this entire presentation is coming from. This booklet and the tools, and some different research that we've done this book is where it's coming from so we want to be sure that everybody that is involved in QAPI understands the basic premise of what QAPI is. This book is a great place to start. One of the things that we suggest you do is to take this booklet and copy it, enough for all members of your Steering Committee to begin with. You eventually would like for your entire staff to review it and understand it, but that's up to you and your facility, and your dynamics if that's something that you choose to do.

In my opinion, your Steering Committee absolutely needs a copy of this QAPI Glance document. Let's see. Switching the slide; so one of the things that we did was these action items, but I wanted to. I did miss something. Let me go back. The end of this QAPI at a Glance in the end of this booklet is a five-page QAPI self assessment tool. Now, we

also sent it to you separately, I think, in another document. It was an electronic format of the QAPI self assessment. This is a fantastic place for you guys to start and determine where are you at in the QAPI process. Now, you may be farther ahead than you think. Long term care has done QAA for a very, very long time and there is a definite difference between QA and QAPI. Again, that's part of explaining what QAPI is how to use it and all of that, and that will be later on down the road.

We've been doing QA for a very long time so doing this QAPI self assessment and being brutally honest if you don't do it to where it hurts, then you're not doing it right. You want to make sure that you're answering this correctly. You want to make sure that you are reading each one of the questions and being brutally honest with yourself. When I say yourself, I don't mean one person sitting at a desk answering these questions. This needs to be done as a team with the entire Steering Committee. So we sent you this so you can be looking at it and getting together with your team, and answering these questions. Now, this QAPI Self Assessment Tool is one of the things that we as project coordinators for your state would like to have back. We would like for you to fill it out and send it to us so that we're able to see where most of the facilities in our state stand on these different topics.

If everybody is not doing well in patient and family engagement for example, that's something we want to focus our energies on for the entire collaboration. So we gather these QAPI Self Assessments and we review them, and we make sure that we are able to assist you guys with moving forward in the progression of how you view yourself in the process of QAPI. Okay. Now I'm ready to switch to the next one. There it goes. Okay. Session One "Action Items," everyone one of these sessions will have a last page or next to the last page that has action items. These are the things that you need to make sure you have done before our next session. On this session, it's pretty simple. There is not a whole, whole lot of work to be done for this session until our next training session, which is May the 24th at 2:00 Eastern.

The first thing you're wanting to do is to list your job titles of who is required to serve on the Steering Committee in your working document. Basically, write down a list of who everyone agrees needs to be on that Steering Committee and you use job titles, of course. The next thing you want to do is to distribute the QAPI at a Glance to all members of the Steering Committee and, of course, they're going to review it. You are going to schedule a meeting or meetings and do the QAPI Self Assessment together as a team, not at the desk with one person doing it, and then you're going to send the completed document to your Quality Insights Project Coordinators. On the next slide, we have the ones who listed from your state.

Now there is several for each state and they're not all listed here, but this is a good place to start. Sheila Barnett is my partner in crime here in West Virginia and if we both take turns on whose facility is responsible for what. If you send it to me, if you send your QAPI Self Assessment to me and it's one of hers that she's keeping track of, then I can get it to her, and I'm sure it's the same with the rest of the project coordinators. That is our first session; very, very simple; just a couple of things that you need to do, a few things you need to do. Now, our next session when on, again, May 24th at 2:00 p.m. and if you have not registered for it, you need to go ahead and do that because space is

definitely limited. You need to have your Action Steps completed. Again, we're not going to make sure that you have all your Action Steps completed.

The only one that we're going to chase you for the Self Assessment, but if you have questions or anything that we can help you with, that's what we want to do. We want to make you make this a successful endeavor for you guys. That was the entire presentation so Krista, do we have any questions or anything in the chat?

Krista Davis: We do have a few questions, Pam.

Pam Meador: Okay.

Krista Davis: The first question is: What is the difference between a QAPI Plan and the QAPI Program?

Pam Meador: Okay. That's a really good question. I believe they are interchangeable the way that I'm seeing it. I'm seeing it as interchangeable. The QAPI Plan is your actual document and your program is where you actually have to write out the policies, the procedures, how we're going to do this and that, how we're going to do the plans, the performance improvement plans or the PIPs, how we're going to do the charter teams, how we're going to analyze the data and, again, all of these areas we go into great detail later on in each one of these sessions explaining what you have to write in each one of these areas. To me, the QAPI Plan and the QAPI Program is an interchangeable term. Also, when you work with QAPI you have to understand that it's in all aspects and your program and your plan has to be intertwined with everything that you do within your facility and that will become clearer as we go through the different sessions.

Krista Davis: Thank you. Our next question is: Can you tell us the portion of the Federal Register or in the Appendix PP that speaks about a Steering Committee? I can't find this term in these resources.

Pam Meador: I don't have the final register/the final rule in front of me, but if you can take note of who that is or however you want to do it, we will send that out. What have you got?

Krista Davis: Our next question is: What is the "working document" that you reference in the slides?

Pam Meador: The working document is your QAPI Plan. It is the entire thing that you're going to be writing that come November 28th of 2017 you have to present or after that that you have to present to the surveyors when they come in and they request it. Now, when I say that I don't mean that you have to mail it to your state surveyors on November 28th. I mean that your next survey cycle when they come in after November 28th, 2017 they can request your QAPI Plan and that's the working document that we're writing during these sessions is your QAPI Plan.

Krista Davis: Our next question is: How does a family member or a resident on the committee relate to HIPAA?

Pam Meador: Very good question. When you have a resident or a family member on your QAPI Steering Committee, you do have to be very, very careful with any personal health-related information that's going on during that time. Like, for example, if you have a resident on the Steering Committee and you're discussing another resident, that, of course, would have to be a situation where the resident was not a member of that conversation. This is more of when you have a resident or a family member on your Steering Committee, you're looking more at your systems and your processes for the facility, things that are not individualized for a resident. That is very, very good point that you brought up.

So yeah, you don't have to be very careful when you have a resident or a family member in regards to HIPAA, but with that being said, if you have a resident or a family member, their voice in the systems and the processes that you have going on in your facility, their point of view is so different than what, of course, ours would be and their insight is valuable. So it would have to be. You'd have to be very vigilant with that. That's a very good point.

Krista Davis: Our next question is: May corporations create a corporate QAPI Plan for their individual facilities to use as a sort of template while making it specific to their unique differences?

Pam Meador: Yes they do. Many corporations have already written a QAPI Plan for their different centers, and while that's a wonderful thing, those who have to write their own because they don't have a corporate entity to do that are probably very upset that they don't have that, but it's a good thing and it's a bad thing because if somebody else writes this, then you don't have your fingers in the pudding as much and you don't understand it as well as you would if you were reading all this stuff, going through all these documents, making sure you understand what each one of these areas are, and QAPI Plans are extremely individualized.

Even two facilities within a corporation are never the same so what you're going to do and it's a good thing that even if you do have a corporation that's writing your document, it's a good thing that you're on these calls because you can go through what they've written and you can follow piece by piece, and you can see, "Well, our facility has this going on so how is that different and what do I need to add to my Plan that will make it individualized for my facility?"

Krista Davis: Our next question is: Can you please explain again what we are sending to your state's project coordinators?

Pam Meador: I absolutely can. Well, and it's in two places in the resources that you guys received. It's in the very, very back of the QAPI at a Glance document, the booklet, and it was also sent as a separate resource and it's called QAPI Self Assessment Tool. It's like five pages and I have it here in front of me. What it says, the direction says, "Use this tool as you begin your 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. Then it has several questions and it tells you. It asks you for the questions. How are you? Where is your progress, not started,

just starting, on our way, almost there or doing great? I'll just give you a couple examples of the questions.

The first question is: 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 method for approaching decision making and problem solving rather than considered as separate program. Where are you? Are you not started? Are you just starting? Are you on your way? Are you almost there? Are you doing great? Where are you at in that question? Another example is: QAPI is considered a priority in our organization. For example, there is a process for covering care givers who are asked to spend time on improvement teams. Where are you at one that, not started, just starting, on our way, almost there, doing great?

There is close to five pages of those types of questions and I cannot stress enough with this Self Assessment. You have to be brutally honest where your facility is at in this process and when you send it to us that's not something that you're going to be judged on or that we're going to say, "Oh, look. This facility they're just starting on this and this is something they should be doing." That's not what it's about at all. It's about us seeing that most facilities are having trouble with their organization's making this a priority and they're not developing a plan that says that there is a process for covering care givers who are asked to spend time on improvement teams. We will help maybe develop some ideas on how we can make that happen.

So it's basically a tool to see and then you'll do it again in six months after you've been working on QAPI or you'll do it again in a year, and you'll see what kind of progress your facility is making. So it's basically a Self Assessment Tool.

Krista Davis: Our next question is: Is the QAPI Process intended to replace are existing QA Program or Process or is this intended to supplement our existing QA Program?

Pam Meador: It is a absolute supplement. I mean, it's going to replace it and by replacing it I mean it's going to build upon it. You've got the QA portion of QAPI, Quality Assurance Performance Improvement. It's taking what you're already doing, which is basically what QA is. It's where we come up with results on how did this happen and why did it happen, and what are we going to do to make it not happen again? That's what QA is. PI, performance improvement is: What are we working on that we are already doing well or that we could even make better? It's more of a building on QA and adding to QA, but it's meant to completely take the place of QA in the sense that it's a huge build on to what we're already doing.

Krista Davis: Our next question is: Do we have a choice to not include a resident or family become on the Steering Committee? The risks outweigh the benefits.

Pam Meador: You definitely have a choice to include anybody that you want. There is not a regulation that states that residents and families have to be on any Steering Committee or the QA Committee or anything. There is not a regulation that states that. There is a definite missing piece if we don't have that resident voice or that family member voice, and there is other ways that you might be able to include that by even if you don't include

them on the Steering Committee. There is nothing that says you have to do that, absolutely not. Not so far, not that I'm aware of.

Krista Davis: Our next question is: Per the final rule, will the assistant administrator of the facility meet the requirement for a member of leadership rather than the administrator?

Pam Meador: That is a good question. I don't think it's ... I think it specified a member of leadership and they gave administrator as an example of that so I don't think that they specifically said, "If assistant administrator would meet that requirement." That's something, again, we'll look at the final rule to see if it specifies directly. We don't like to surmise or guess on what the regulations mean because I can look at it one way and see it this way, and you can look at it another, and see it another way. So if it specifically states that, we'll let you know the exact verbiage.

Krista Davis: Our next question is: Can you describe the differences and similarities between the QA Committee and the QAPI Committee and where they dovetail?

Pam Meador: The QA Committee and the QAPI Committee? Again, you can have it may be the same people that you have on the QA Committee. It can be you may already have a very robust QA Committee with all the members that you think need to be on your QA Committee. Some of the suggestions at we had given when we were talking about developing the Steering Committee, some facilities put their dietary manager, their housekeeping supervisor, their just different folks in different levels, whereas, other facilities feel like that's what their administrator is on there for. He's there to make sure all departments are identified and covered, and reflected in the Steering Committee. So there isn't a huge difference in who's on the QA Committee as opposed to the Steering Committee.

It's just you need to look at it and make sure that you've got the right people on this Steering Committee to make sure that your priorities, that your direction and that all voices are being heard when it comes to system issues throughout the facility.

Krista Davis: The next question is and I think this question was asked while, Pam, you were talking about the involvement of what constitutes as leadership, but the question is: What about CNAs? The new regulation does require them.

Pam Meador: I'm sorry. It asks if the regulations require CNAs is that it?

Krista Davis: It was stating that it does require CNAs.

Pam Meador: Okay. Again, I'll have to read the actual regulation. I don't remember it saying that CNAs have to be in the Steering Committee. I know CNAs have to be involved in the QAPI Process. They have to be involved in the charter teams and the pips, and all that, but I know that it says that there has to be three staff members. Again, we'll get the final rule out and put the verbiage down exactly as it says and send it out to everybody.

Krista Davis: Our next question is: What is the required frequency of meetings or rather if we meet quarterly, will we be in compliance?

Pam Meador: Again, that's a final rule. [crosstalk 00:39:43] Yeah. I'm doing it off of memory. Being a quarterly-type regulatory thing but, again, that's a Final Rule-type situation. It tells you exactly when the committees have to meet and it tells you exactly the requirements for the Steering Committee to meet for it to be in compliance and I don't have that in front of me, and I'm sure exactly what that is, but we will add that to the list and send that out from the regulations.

Krista Davis: I think we have reached the end of the questions.

Pam Meador: Wonderful. Wonderful. Well, those were some awesome questions. Y'all keep me on my toes, now. I'm telling you. That was something else and we will. I don't like to guess if I'm not looking at the Final Rule right in front of me. I don't like to guess the answers. That's kind of a dangerous thing to do, especially with my memory. So we will kind of get those answers together and send it out to ... Will we send it out to everybody, Krista or will we just send it out to those that ask? How does that work?

Krista Davis: We can do it however you like, Pam.

Pam Meador: Ooh, I'm in charge. I like that. Okay, cool. We'll figure out. I'll talk to our fearless leader who is Julie Kueker and we'll see what she decides that we're going to do so. "Oh, please this to everybody." Okay. We had a request. That will do it.

Krista Davis: ... We did get a lot of questions asking about whether this session was recorded and where to find the recording. Once again, we did record today's session and it will be posted in My Quality Insights in the Reducing Healthcare-Acquired Conditions in Nursing Homes Section, along with a copy of the slides and the rest of the handouts. We thank you very much for joining us today and if you have any further questions, please address them to your local project coordinators for your state, otherwise, we look forward to seeing you next week on May 24th at 2:00 p.m. Eastern/1:00 p.m. Central for Session Two. Thank you very much and have a great afternoon. This session has concluded.



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