

QAPI Plan Workshop Session 2: Where There Is a Vision...

Krista:

Good afternoon, and welcome to today's QAPI Plan Workshop webinar Where There Is A Vision, presented by Quality Insights Quality Innovation Network. We will get started with today's program in just a few moments. First, a few housekeeping items. This is the second of seven sessions that will take place this summer. You will need to register for each session separately. If you have not yet registered for sessions three 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 entered today's webinar in listen only mode. Should 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 addressed 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. I want to welcome everybody to the session two of the QAPI Plan Workshop. I do want to mention something real quick that I thought of. I've had several people let me know that they're not able to attend certain sessions in the series. My recommendation is to go ahead and register for those sessions. That way you'll be able to get all the communications and all of the resources and everything, just as if you were able to attend. Even if you can't be at one of them, for whatever reason, go ahead and register for it and that way you'll get all the information that we send out.

Okay. Session two, here we go. I was telling the girls, also, that there's a huge storm coming this way. We're in West Virginia, of course, and there's a big storm. I'm hoping it skips my house and we don't have to listen to all that. If we do, that's just part of live webinars, isn't it? All right. Where There Is a Vision ...

Let's go into review of last week. Hopefully, you guys have had the opportunity to select your Steering Committee. There's been a couple of questions regarding the Steering Committee. The Steering Committee is just a term that we use in the QAPI At a Glance. It's a QAPI Committee in the regs. You can call it anything you want. That's what they call it in QAPI At a Glance, is a Steering Committee.

Hopefully, you all have selected your Steering Committee and you have shared with them the QAPI At a Glance document that we sent to you.

Now, when you give this to the members of the steering committee, they are to review it, not necessarily completely understand it. You'll probably get a lot of questions from them. It gives them a good example of what QAPI is all about. It gives them a foundation to start from. Hopefully, they've received that and they've had an opportunity to look through the document and get a little bit familiar with it.

You, also, at least, are starting to think about your job descriptions, and the fact that you have to incorporate some quality outcomes in these job descriptions. We suggested starting with the members of the Steering Committee, looking at their job descriptions and seeing what kind of changes may need to be made in those in order to make them quality driven, and mention quality information regarding to QAPI.

Now, the next two, completing your QAPI Self Assessment and sharing with it with your friendly neighborhood QIO Project Coordinators, lots of you guys have done that. I appreciate that greatly. We're getting some really good information from those documents. You're sitting down with your team, you're going through each one of the questions and you're really evaluating your facility. Where you're at, where you're going, you're being very, very honest with it, for the ones that I have received and looked at. You're being extremely honest and even sometimes maybe a little bit hard on yourselves, which is, to me, that's even better, because you can always improve and make things even better. I think that the little notes that folks are writing on them to each other, to themselves and putting it on this QAPI Self Assessment is going to do nothing but enhance your ability to use this document to not only see where you're at, but see where you're going.

If you have not had the opportunity to finish that, that's just fine. It doesn't mean you can't listen to the rest of the presentation. You absolutely can and please get together with the team. I'd like to say, again, this is not a desk review. This is not something you, whoever's listening to this training, if it's the Administrator or the Director of Nursing or the QA person. It doesn't matter. This is a team effort. There should be a team effort put into the QAPI Self Assessment.

Once you do the QAPI Self Assessment, you need to then, of course, send it to, if you're a facility in West Virginia, you'd send it to either myself or Sheila. If you're in Pennsylvania or Louisiana or New Jersey or Delaware you send it to your appropriate Project Coordinator. There's a slide later on with our email addresses and you're able to do that as well. If you have any questions or anything about the QAPI self assessment, don't hesitate to reach out to us. That's what we're here for. We will help you. We can't tell you what to put. Just like with all the rest of this stuff, we cannot tell you what to write. We can't tell you that the climate of your facility, we can't tell you this is what you need to put in there. That's not for us to determine. What can help you with is some

ideas, some ways to think about it, some tools that you can use in order to answer those questions or to write this plan.

Okay, moving right along. Excuse me. Next thing we're going to do is we're going to take another bite. There's an apple there, but I'm thinking of the elephant. Taken as a bite of what we're doing is going to be, first we're going to talk about lots of activities that are going to be going on while you're writing the plan. Things are not really associated with your plan as far as the actual document, policy, procedure QAPI document that you're writing. Items that you need to start and you need to start thinking about how you're going to do it, because it's all part of having an effective QAPI program. It's all part of the big picture. One of the first things that I want to talk about is a basic QAPI introduction to your residents, families and staff.

As I go over these sometimes practicing to do these trainings, I always think of things that I want to say and things that I want to add to it. One of the things that I've thought about was we had developed an introductory letter that is just a form letter. It's directed to residents, staff, families, every contractor, vendors, everybody. It introduces the Steering Committee. It explains in layman's terms exactly what QAPI is. We suggest that when you do a basic QAPI introduction to these folks, you want to do it in a meeting and you want to invite all of these people, but you know everybody's not going to be able to come. Then you can do like a mailing of his letter to your families, give it to your residents, give it to your contractors. This mailing is a resource that I have not sent to you yet. We're making you a note to, after this training, to go ahead and send you that resource as well. It's just a form letter. You can change it in any way you want to. It's just a suggested format, a suggested template. Like the rest of the resources that we send, even the ones from CMS, none of these are required. They are all just tools to help you if you feel like they're good for your facility, if there's something that you need.

We need to start thinking about a basic intro. We need to start planning for open communication. When you're thinking about open communication, many people think about an open door policy. Do you have an open door policy? Is it an actual, written, open door policy where there's an expectation of open communication in an environment of trust and mutual respect? What that means is you're setting a foundation, a solid foundation for collaboration throughout your facility. People don't feel like them coming in and talking with you is punitive. There's a culture of things being open and out. They're able to talk with the leadership about issues or problems in an open door fashion.

Do you have one? If you don't, you need to develop one and you need to communicate your open door policy throughout your organization. Everybody needs to be on the same page. You also want to, with communication, talk directly to your staff, your residents and your families on an ongoing basis. One of the things that we like to suggest, especially when we go out and talk with facilities is leadership, when you do leadership rounds, for example, and you come in on midnight shift to make your leadership rounds, are you making those rounds to catch them doing something wrong or are do you ever do

rounds in order to find out what their needs are and find out what kind of communication you can get going with these off shift or weekend folks? What kind of communication can you get going with them? While part of it is, of course, compliance monitoring and making sure that things are running the same on midnight shift, Saturday night as they are on day shift Monday through Friday, but you also have to make sure that they know that you are there for them and that you're going to listen to their viewpoints and take them very, very seriously.

You also want to make sure that communication across shifts is effective. You do that by, of course, talking with your residents, your families and your staff members and taking their viewpoints very seriously, again.

The next little thing there is knowing your culture. Now, this brings into play satisfaction surveys. Most every facilities do satisfaction surveys. They have their own. This is something many facilities are including in their QAPI plans, because that's where a lot of the charter teams and lots of the performance improvement programs and things are coming from is your satisfaction surveys. There's all kinds out there. One of the ones that we use or we suggest in our state is right out of the CMS website, cms.gov. West Virginia is QIS survey state. Many states are traditional. Some states are QIS. West Virginia is a QIS survey. If you go to cms.gov, doesn't matter what type of surveys your facility receives, if you go to cms.gov and you type in QIS survey, you will find the survey questions that our surveyors use to ask to residents, they ask them to families and they ask them to staff. There's three different sets.

Those questions, lots of times, can be used in a satisfaction survey prospect. There's tons of these out there on the web. You can Google them. You can use the ones that your facility uses for the satisfaction surveys that your facility has to do or does annually. Whatever you do, but you have to know your culture and you have to be honest. Does not do one bit of good if your surveys look fabulous and they're all exactly what corporate wants to see when you're answering these things, if they're not true, or if they're not being taken seriously.

A lot of this stuff is perspective. If someone says something that you don't agree with, you got to think of it, that perception is reality and you cannot take this stuff personal, although a lot of times it is. You cannot take it personal. You have to develop ways to fix these problems and work towards a just culture. A just culture is one in which caregivers feel comfortable in disclosing errors. That includes their own while maintaining professional accountability. All of this stuff needs to be included in the activities while you're writing this plan. The last one is looking at resources that will be needed in the future. These resources, now we're going to do this as part of the plan later on. I think it's in session 3. You need to kind of just be thinking about what kind of resources you're going to need in general. Each charter team, or each of your performance improvement plans are going to require different resources and different amounts of the different areas. In general, what are you going to need for your QAPI plan to be successful? That could be anything from education to money to time to staffing

to equipment. I mean, there's just all kinds of resources that you can just be thinking about needing in general.

Now, that's the activities. But, writing the plan has a deadline, which is November 28, 2017. Here we go. For session two. The first action step in this part is revolved around your mission statement and your vision statements. We're going to start with mission statement. What exactly is a mission statement? I'm glad you asked me that. A mission statement is your facility's reason for existing. Why does your facility exist? Many, many of you guys already have a missions statement from your corporation, from your company, from your facility, whatever it is, you already have a mission statement. That's fabulous, because that part is then done. It is written. What you've got to think about is do we use it? Do we use this mission statement. Do we understand why our facility exists? If we do have one, does everybody in our organization know that we have one? That includes residents, families, staff members, contractors, vendors? Does everybody know we have a mission statement and why we exist?

If you don't have a mission statement, that QAPI At a Glance resource that we sent out last time on page 31, I believe it is, of that document, tells you exactly how to write a mission statement and gives you some examples as well, or an example as well of how to write a mission statement.

Now, the next thing is the vision statement. What is a vision statement? A vision statement is what you want to achieve or where you see you organization in the future. It's your goal of your organization. Again, page 31, you can help you write one or if you already have vision statements, this part is written for you. You just have to get it and put it in your binder that includes your list of the Steering Committee, your QAPI At a Glance and now your mission and your vision statement.

You may already have one, but do you believe it? Do you believe that what this mission statement says is where your organization is heading? If it's not, then you might need to look at it to see about revamping if that's within your scope of practice or your abilities in your position. One thing I did want to mention, I remember, back in the day, our administrator would have us, at the beginning of stand up, we would read the mission statement and we would read the vision statement every morning, every morning. At the time, I didn't really grasp the reason behind that, but it was to focus us. It was to make sure that our eye was on the prize. It was a resident centered mission statement, resident centered vision statement and it made sure we knew every day, this is why we were here, this is why we exist and this where we're going. Just kind of a couple of ideas to help communicate your mission and your vision statements to your residents, your families, your staffs, et cetera, et cetera.

All right. We've pulled out the mission statement. We've pulled out the vision statement, or we're getting ready to write it, that's some of the action items for this time.

The next one is probably going to be a little bit new. It is the purpose statement for QAPI. What the purpose statement is, it's basically telling how QAPI is going to help support your vision and your mission statements. How is QAPI going to do that? What's it going to do in order to help your mission statement, your reason for existing? How is QAPI going to help you reach your goals in your vision statement?

Page 31 of QAPI At a Glance has lots of tips on how to write your purpose statement and a really good example of a purpose statement. I'm just going to go ahead and read it so you can realize that taking this and adjusting it to where it fits your facility is perfectly fine for a purpose statement.

"The purpose of QAPI in our organization is to take a proactive approach to continually improving the way we care for and engage with our residents, care givers and other partners so that we may realize our vision to" and then put parts of your vision, whatever your goals are. "To do this, all employees will participate in ongoing QAPI efforts which support our mission by" and then you talk about why your facility's in existence. That's is a perfectly good. I love the fact that it's proactive and they're talking about the residents and the families and all of that. You can just really formulate that and fit it to your facility. To get your purpose statement, you have to write your purpose statement. Now you've got your mission, your vision and your purpose statements.

This is also probably something just a little bit new. Establishing guiding principles. These are the rules that your team has to make a commitment to uphold in order for QAPI to be successful. It has to capture all the Five Elements of QAPI, which is the resource that we sent out this time. Now, this resource explains each of the elements that CMS has designated as elements of QAPI. The first one being design and scope. Next is governance and leadership. The third element, feedback, data systems and and monitoring. Element four, performance improvement projects or PIPs. The fifth one is systematic analysis and systemic action. Your guiding principles. If you don't understand all of these completely, that's okay.

Your guiding principle is going to pull all of this together. It's going to give you rules that make sure that all of these elements are pulled into your QAPI plan. These rules will guide what the facility does, how you do it and why you do it. That sounds like a lot to me like policies and procedures. They're guiding principles. It is a commitment. You have to make the commitment and your staff has to make a commitment to uphold these principles.

Now, your QAPI At a Glance, page 32, which I have totally turned my page away from 32. That's all right. Page 32 in your QAPI At a Glance gives you some excellent examples on guiding principles. You can look down through here and determine which ones you want to use, which ones you want to delete, which ones you want to add. You can do anything you want with your guiding principles, just making sure that all of these elements are covered in your guiding principles. They have covered them pretty well in these examples. Ways you can make them specific to your facility, for example, if you're a faith based

facility, that may be something that you want to include in your guiding principles, something about the fact, your faith based policies, procedure, whatever it is. That may be something that you want to include.

If you have a dementia care unit and there's other types of areas that you want to include in your guiding principles, add it. Again, fluid document. If you add all these guiding principles and you come up with stuff a year from now to add to it, that is perfectly fine. This is your QAPI plan and it is very fluid, which means it can change all the time. If you use this QAPI At a Glance, page 32, the examples, you'll be able to come up with some very, very useful guiding principles.

Of course, then, you're going to write them up in a format to where now you have your mission statement, your vision statement, your guiding principles and your, what was that other one? Purpose statement. There you go. Purpose statement and your guiding principles. All of those written up and ready to go into your QAPI plan.

The last, I think this is the last action step on this one, is your scopes of service. Now, this is just a list, a list of the services that your facility provides. As with the rest of the lists we've done, which would be the Steering Committee or whatever other list that we were going to do, we want to brainstorm with our team what are all the services we provide. On page 33 of QAPI At a Glance, they give you some examples of the services that you could be using. They've got in her Post Acute Care, Dementia Care and Services, Dietary, Dining. I mean, you can break that into even further, your therapies. If you have a Memory Care Unit, if you have a specified wound or very specific wound program. I tell folks all the time here in West Virginia there are some facilities that could absolutely heal up a belly button. That is a specialty of theirs. That needs to be included in their scope.

Anything that your facility, Fine Dining is an excellent. Some facilities have such fabulous. I know there's a few facilities that I work, their dining programs are just amazing. That is part of their service. You're just going to go down through there and list your services. We're going to be using that list later, but if you go ahead and do your scope of service list, then you'll have it ready for when we need to do a little bit more work with the scopes of services as far as your QAPI plan goes.

There's our list. Now, here's our action items for this next week. No, it's actually going to be two weeks. I forgot to write down when our next one is. It is June the, hold on, it's June the, little bit of music here right now would be nice, but I don't have. Okay, there it is. June the 7th at 2:00PM, which gives you two weeks in order to complete this portion of your action items. We only had a week last time because there wasn't that much to do, but this time it's going to be, there's a two week break here to where you're going to develop or locate your mission statement. You're going to locate or develop your vision statement. You're going to write your QAPI Purpose Statement. Or, if someone's already written it, like a member of corporation, they've already got it, great. Pull it out, read it,

understand it, put it in your book. You're also going to write your QAPI Guiding Principles and you're going to list your Scope of Services.

I got news for you, that right there is your preamble to your QAPI plan. It is done. Once you get all that stuff in there, your preamble is done. That's a wonderful reason to celebrate. You're started on the right path of getting your QAPI plan written and you are moving forward in breakneck speed, which is fantastic in long term care. Although, we don't want to break any necks. That's a quality measure. Okay.

Next time, which we said was June the 7th. Oh, lord, my memory. Yes. June the 7th, two weeks from today. Now this session three is a bit more involved. There's a lot more information in session three. Lots of stuff that has to be written. Lots of stuff that has to be explained. It's going to be a bit longer than this one or last one. It's going to be a little bit more detailed, lots of stuff that are new to a lot of people. I've called it a Master's in Elephant Eating, because that's what you will have once you have that part of it done. You will have a Master's in Elephant Eating.

I'm finished with the presentation. Krista, we can do Q&As now.

Krista: Thank you, Pam. Once again, if you do have a question, we invite you to please type it into either the chat or the Q&A box on the right side of the screen. I will read the questions and get you some answers. We do have a question already to go. That question is, should we post mission and vision statements throughout our facility?

Pam Meador: I am a firm believer that absolutely you should post these things. Be proud of them. Long term care and I am a huge long term care proponent, which means I've worked in it for a very long time. I know the good that we do every single, solitary day that we show up to work. I know the good we do, even though there's kind of a black cloud over the entire industry sometimes. We should be proud and we should be screaming from the mountaintops, the good stuff that we do. That starts with mission and vision statements. Where are we at? Why are we here? What do we want to do in the future? I think posting it throughout the facility, giving it out to your employees, coming up with really good creative ways for folks to remember the mission statement.

Have a contest. Whoever can cite up upon request gets whatever, a gift card or a candy bar. I've been on a low carb diet. I would recite it tomorrow for a Twix bar, but I can't do that. I think posting it throughout the facility's a fantastic idea.

Krista: Our next question is is there a deadline on informing families about our QAPI process? Should we go ahead and start before we have a complete plan written?

Pam Meador: I don't know that it specifically gives thou shalt do the family portion by this date, but I absolutely think you should start. I think you should start doing it with just a basic this is what we're doing and this is why we're doing it. Hopefully that resource that we're going to send out to everybody will help you do it. It is just basic. It's not this is our guiding principles and this is our performance improvement plans. No, it's just quality assurance is how did this happen and performance improvement is by golly we can do this better and we're going to. Here's our steering committee. This is what our plans are. We're going to be developing this over the next couple of years. We're going to be asking for your help. We want your honest opinions. That kind of thing. I think starting now is a wonderful idea and I think that getting folks involved that aren't so much involved in writing the plan is a fabulous idea. Use other folks in doing parts of this. Use them so they can get not only involved and feel some, not entitlement, what's the word? Feel some responsibility towards this program that they own it, some ownership to the program. Get people involved in it. I think that's a fantastic idea to go ahead and get it started now.

Krista: Thank you. While we are waiting for any additional questions to come in, we did get a couple questions asking about the recording and the slides for today. Once again, they will be posted in My Quality Insights, in the Nursing Home section. Session one materials and the recording are already there. If you do not have a username or password for My Quality Insights, we invite you to please contact your project coordinator from your state. Contact information is on the screen. That person will help you get that username and password so you can access that information.

We do have another question. It's we are a joint commission accredited facility. Most of these action items are already in place. I find this somewhat redundant. What advice can you give?

Pam Meador: It's joint commissioned? I'm assuming it's a hospital based facility. Yeah. It probably is pretty much redundant because QAPI has been in the hospital for a while, from what I understand. I've never worked in a hospital. That's not true. A long, long time ago. QAPI is already in hospital.

In my opinion, there is, a lot of this stuff you would be able to pull from your hospital section or from the portion that you've already been established, but you also have to look at the nursing home portion of your facility. While it might be a part of a JCAHO credited facility, it's still residence homes and it's still a long term care facility. Or, if I'm understanding it correctly. My experience with the facilities that are joint commission accredited there in the hospitals. Now, I, Julie or some of the others may have other experiences, but you have to really make this independent for your long term care section, because this is long term care oriented right now.

Krista: If there are any further questions, please type them into either the chat or the Q&A box. [crosstalk 00:35:45]

Pam Meador: While we're waiting, I'll go ahead and, I'm sorry.

Krista: No, no, no. Go ahead Pam.

Pam Meador: Okay. Okay. While we're waiting, I wanted to mention that the Project Coordinator listing on your screens right now are the ones that you want to send our QAPI self assessments to. If you work with other coordinators within your state and you're not familiar with these names, that's okay. You can just go ahead. Unless you, if you know your Project Coordinator and you know who you're supposed to send it to, go ahead and send it to them. But, if you're not sure, go ahead and send it to us and we will forward it to the right person. I just wanted to throw that out there.

Krista: Our next question is, where can I obtain the QAPI At a Glance document? Does the written plan get submitted to our local Department of Health field offices?

Pam Meador: For a nominal fee, we will send you ... No, I'm just kidding. We will absolutely send the QAPI At a Glance to you, no problem.

As far as submitting it, no. What happens is after November 28th, '17, when your state surveyors come in, they can ask for your QAPI plan. That's when you have to present it to them. You do not have to. From what I'm understanding, there is no requirements. There's nothing that says you have to mail it to them or send it to them or submit it to them. That's not what it intending. It's intending when the surveyors come in after November 28th of '17, they can request the QAPI plan and it has to be available for them to look at.

Now, does that mean it's got to be fully implemented by November 28th, '17? No, that's not what that means. We have until, when? November 28th of '19 to be fully implemented. We've got to get it written, get it understood and get it sent out to folks or get, sorry, get folks available to understand how to use QAPI and to work through the sections of it. That's the same with the CMS group too. In a federal agency, if you were to have a federal survey, god forbid, knock on wood, that doesn't happen, but if you did, then after the November 28th, '17, they can request it as well.

Krista: Thank you. I want to direct attendee's attention to the chat box. Julie Kueker, our Project Director has posted an online link where you can download QAPI At a Glance. Also found there is my email address. You can also email me and I can send you any of the materials that have been already sent for the first few sessions and that includes the QAPI At a Glance document.

We do have a question, Pam, that references information from the first session. It is from the first session, the QAA Committee was suggested for a board member or is this instead an administrator?

Pam Meador: According to the regs and I just had that pulled up so I can read it exactly what it says. It says that a facility must maintain a quality assessment and assurance committee consisting at a minimum of the Director of Nursing Services, which is pretty straightforward, the Medical Director or his or her designee, and then it

says at least three other members of the facility's staff, at least one of who must be the Administrator, comma, owner, comma, a board member or other individual in a leadership role and the Infection Control and Prevention Officer.

It can be one of those three other members. One of those member has to either be the Administrator, the owner, a board member or other person in a leadership role. That's straight up out the regs.

Krista: Thank you. Our next question is, I missed last week. What homework should I have done? I want to make sure I'm all caught up.

Pam Meador: Last week, it was pretty easy. That was the best week ever to miss. If you have to miss a week, last week was the week to miss. You have to list the members of your Steering Committee. What I just read, those are the minimum, basic members of your Steering Committee or the QAPI committee. You list of course, titles. You don't want to do it in names. You want to do titles because this has to be a continually flowing committee, even through leadership changes. You want to list who you want to be in your QAPI committee, Steering Committee, and to do a QAPI self assessment and send that to your project coordinators. If you need that QAPI self assessment, again, Krista is the one that can absolutely send that to you, an electronic copy. Or, if you've already done one and sent it to us, like you were a member of the collaborative last, first collaborative and you've already done one and sent it to us, we can absolutely get you that same document and a blank one and you can see where you were at and where you're at one.

The other thing was to take that QAPI At a Glance, make copies of it, and give it to those members of the Steering Committee for review. It was a pretty easy week.

Krista: Our next question is, is it just the QAPI plan that we have to provide upon request? QA information has typically been privileged, so will our QAPI information we cover be privileged information as well?

Pam Meador: Yeah. What you have to produce after November 28th, '17 is your QAPI plan, exactly the policies and procedures that we're writing during this training is what you have to give them, not your thing. I'm pretty confident that the same regulations that have governed your QAA committee will govern the QAPI committee as well.

With that being said, there's always turmoil, or at least there has been in my past, with we're allowed to show this, we're not allowed to show this. Our corporate says we can show this. Corporate says we can't show that. It's pretty individualized. Some facilities are very, very transparent and will give out whatever. Other facilities go strictly by the regulations. Whatever they say, whatever it says is the only thing they get.

The only thing that you have to show after November 28th of '17 is your QAPI plan. That's one of the things that we mentioned last time was you're not going to learn how to do the QAPI process such as doing the performance improvement projects, how to do a root cause analysis, how to do Plan-Do-Study-Act, how to do fish bone diagramming and flow charting all of these problems. That's not what the intension of this training session is. This training session is teaching folks how to write the plan and getting it done before, well, it'll be done before, well, right in August.

Julie Kueker:

Pam, this is Julie. Let me also put a plug in for some of our tools that you can demonstrate to the surveyors when they come on site that you do have a performance improvement project in place without revealing all of the sensitive data that it took to get that improvement done. We have action planning worksheets which list out your steps to improvement. Maybe you've consulted with the pharmacist, you've formed a [inaudible 00:44:07]. You've brought a family member on board to give their particular voice for one meeting. It lists the action steps. You can demonstrate to survey what you're doing without revealing, well, Mrs. Jones is the one that had the high [inaudible 00:44:19], had a fall with major injury. You don't give into those type of things, but you're showing them, absolutely, you have a performance improvement committee. You are working on projects. These are the steps that you're doing towards improvement.

Email Krista. She will forward these items to you and we'll make sure you get these resources.

Pam Meador:

Absolutely, thank you Julie. Also, My Quality Insights is a huge resource for anybody. If you want to get in there and find a tool, that's the best place to go. You can go inside My Quality Insights and if you don't have, maybe Krista can put our website address up there. You can go in there, go under long term care, go under resources and search for anything from ... There's incontinence information. There's antimicrobial stewardship information. There's QAPI information. Lots of good. Stuff that we've come across that we've loved, we totally steal and use and give it to you and let you be able to use it as well because nothing worse than reinventing the wheel on stuff that's already out there and you can use and be successful with.

Krista:

Thank you. I did put a link in the chat box to our resources on our website. There are additional resources also on My Quality Insights. Again, you do need a username and password for My Quality Insights. If you don't have one, just contact your local Project Coordinator and they can get that for you.

Our next question is, is the QAPI program mandatory or recommended?

Pam Meador:

It's mandatory. The QAPI is going to be mandatory after November 28th, of '19 to be completely in place. [crosstalk 00:46:21] conditions for participation. I'm sorry.

Krista: No, no. That's okay. Do we submit our QAPI policy and procedures to our state Project Coordinator after November 2017?

Pam Meador: No. You do not have to submit anything to your Project Coordinators. The Project Coordinators, the QIO is here to help you learn how to use this stuff, these tools and everything that we're talking about. The reason we're doing this training is because there was such a need for folks who did not know where to start. They just didn't have a clue where to start on writing their plan. That's what this training is for.

You will not have to submit us anything. That's one of the things I want to reiterate. Some of you guys sent us a list of your Steering Committee. Some of you sent us just different things like that. The only thing right now that we want is that QAPI self assessment. The rest of it is completely your facility's property. It's individualized to your facility.

Krista: There are no further questions in our queue at the moment.

Pam Meador: All right. If you got any questions, get it in there before we let you go early, because I know early is good. All right. I thank you guys. Turn it over to you, Krista.

Krista: Oh, wait, thank you very much. Thank you very much for attending today. We do appreciate it. Again, if you need to register for session three through seven, please contact your local project coordinator and they can make sure you get those links. We thank you very much and we hope you have a nice afternoon. This session has now concluded.



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