QAPI Plan Workshop Session 3: A Master's in Elephant Eating

Krista: Good afternoon and welcome to today's QAPI Plan Workshop Webinar, "A Master's in Elephant Eating," 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 third of seven sessions that will take place this summer. You will need to register for each session separately. If you have not yet registers for sessions four through seven, please contact your local Quality Insights Project Coordinator, and he or she will 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.

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 [Choir 00:01:06] 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 Insight's "Reducing Healthcare Choir Conditions in Nursing Homes" Project Coordinator for West Virginia, [Pam Matter 00:01:30], to whom I would not like to turn the program over.

Pam?

Pam: Thank you Krista, and hello everybody. I'm glad to see you guys have joined in the third session of the seven session, and even though it's seven sessions this is the halfway mark. There's six sessions that are going to be action sessions, and the seventh one is just a "Woo-hoo! We're Finished," session, so ... We would like for everybody to continue to go ahead and sign up for these, even if you're planning to be on vacation or not being able to attend one of them, and that way you'll be able to get the resources and the slides and everything in advance, prior to the session being held.

Can you believe it's been two weeks since we had session two? It has absolutely flown by, and here we are, June 7th, ready for session three, which we titled "A Master's in Elephant Eating."

When I wrote the title of this I hadn't done session four yet, so I wished I would have named this one "A Bachelor's in Elephant Eating," and then the next one "A Masters,"

because it's, you know, we'll talk about that a little bit later. You will have a Master's in Elephant Eating once this is all over, so here we go ...

We're going to do just a quick review. If you finished all of the action steps from session two then your preamble status should be completed. Just to kind of, review a little bit of what has been completed ... First off, many, many of you guys have sent your QAPI Self-Assessments to your state's Project Coordinators, and we appreciate that greatly. We're able to look at those, see where you're at, see where you need some improvement on, see where you are maybe excelling in, and we're able to use that information in order to formulate some of the projects that we're going to be doing in the future.

For example, if several of our facilities have not started a certain area, then that's something that we really want to look at, and see if there's something that we can do to help facilities move forward in that area.

If there's a facility that has, doing great in another area, then we may want to contact that facility and say, you know, "What are you doing that's so great," and "Can we share this as a best practice to these other facilities that are, have not started, or are just starting that certain area?"

We use your QAPI Self-Assessments in our work and we appreciate it greatly when you send those to us. Those of you that have, we appreciate it, and those of you who haven't, if you could get that to us that would be fantastic.

Some other thing that you have done is, you've already located and written down the list of your Steering Committee members. From last session, you should have your mission and your vision statement written, your purpose statement, your guiding principle, and then the list of your scope of services. That was all from last session and if you have those things compiled into a document, then that is your preamble and it is completed.

Congratulations on that, take a deep breath, good job, lots of hard work, and now we just move forward.

On this slide, it talks about pre-implementation work, and this is stuff that we talked about last week that isn't really part of writing the plan itself, but it is definitely part of implementing QAPI completely throughout your facility.

Some of those things, of course, include the basic introduction to QAPI for resident's families, staff, contractors, vendors, whoever. You want to introduce your QAPI, what it is.

Your plans for open communication including open door policies.

Knowing your culture, and those are the questions and the interviews and things that you do with your residents and your staff and your family members to know exactly where your facility is, through the eyes of those that live and work in it every day. You need to know what your culture is.

Looking at resources that will be needed in the future is one of the things that, some kind of pre-implementation work.

Then, consideration for your job descriptions, that needs to have some quality outcomes built into them.

Those are just a little review of the things that we've done in the past few sessions, and we are going to now move forward into the next steps.

What you do from now on should be designed to achieve your purpose statement, using your guiding principles. That statement is right out of the QAPI at a Glance.

What that means is, everything that you're going to write, because you're writing policies and procedures, everything that you are going to write in the future should be designed to achieve that purpose statement that you wrote last session. It's going to be ... Everything that you do is going to is going to be using those guiding principles, those commitments that you're making. You need to look at those. If you find yourself getting bogged down in the legal speak, and all those words and fancy things that you sometimes try to put in policies and procedures, refresh yourself by reading your purpose statement and your guiding principles. Look at that and say, "How is this statement or this policy going to help me achieve what I want to achieve through my purpose statement?" Just kind of as a reset button, your purpose statement and your guiding principles. You can use those for that.

All right, the first thing that we are going to talk about is our goals. Everybody has heard so much about- You hear goals in care planning, you hear goals in weight loss, you hear goals in everything that we do from high school, well, middle school, on. We need to look at goals as far as QAPI goes. How are we going to address goals in our QAPI plan?

Goal writing is necessary when areas for improvement are identified. You can't move forward if you don't know where you're going.

There are definite guidelines out there for how to write goals. The one that I'm going to talk about, and there's definitely a lot out there, and your company or your facility can use any one that you want. Any type of goal-writing, any type of little ... I'm using the SMART Goal acronym. You can use any one that's out there but this is the one that they mention in ... [CMS 00:08:54] mentions, and this is the one that we're just going to kind of talk about a little bit today.

If you're not familiar with SMART Goals, this is what SMART stands for. SMART is an acronym. You want your goals to be Specific, Measurable, Actionable, Relevant, and within a certain Time Frame.

Now, the resource that I have provided you is again, from the CMS QAPI website, and again, like I say in all of these, these resources are not mandated, these are suggestions given by CMS that you guys can use to make your work easier.

This one is going to be a little bit different because usually I haven't went over any of the resources very much, but when you have a resource like this one, that will help you to write the goals and help you to understand the SMART acronym, then I just want to kind of hit on a couple of the things in this handout.

When you're looking at each one of these, for example, Specific. When you're wanting a goal to be Specific you want it to be Simple, you want it to be a sensible goal, and you want it to be significant. It should be clear and specific, otherwise you won't be able to focus your efforts or truly feel motivated to achieve it.

On this resource it talks about the three W questions when you're trying to make your goal specific. What do we want to accomplish, who will be involved, and where will it take place?

That helps you to make your goals very specific, and you also want them to be measurable. Describe how you will know if the goal is reached. We're going to be using this a lot later when we especially go into the data section. This is how you're going to tell if you're meeting your goal, or if you're reaching your goal, if you're reaching that benchmark, or whatever it is, whatever the standard is that you're going to be using, this is how you're going to tell whether you've reached it or not. What is the measure you will use, what is the current data figure, and what do you want to increase or decrease that number to? That makes it measurable.

To make it attainable, you want to defend the rationale for setting the goal measure above. Did you place measure figure you want to obtain on a particular best-practice, average score, or benchmark? Where did you base the measurement from? Is the goal measure set to low (so it's not challenging enough)? Or does the goal measure require a stretch (without being too unreasonable)?

This is one that, when I talk with a lot of our facilities here in West Virginia about, especially things like quality measures, you know, many facilities want zeros all the way across the board. I tried to explain, zero is really not an obtainable goal when you're looking at people, when you're looking at the quality measures for the residents within the facility. You want to be able to make it with the most relevant information, but a zero goal for quality measure is that obtainable? Sometimes it is, sometimes it's not. You have to answer those questions to determine where you're at. Did you set it too low, did you set it too high?

Then the R, Relevant. Briefly describe how the goal being set will address the business problems stated above, and they call it a business problem and that's exactly what it is and what you have to write it out. One of the thing that I like to bring up here is fanciness. Instead of focusing on making it fancy and using the words that ... Lots of the buzzwords and all of that stuff, we want to make sure that we make it usable to where anybody that reads your problem can look at it and say, "Oh, okay. I see where they're going with that," and not be confused by the double speak.

I use this a lot, because I love him dearly and I'm the only one that can talk about him, but my husband is a mechanic and he can do anything with a vehicle, but if you look at

him and I talk clinical to him, his eyes glaze over, he starts to drool, he doesn't, you know ... It's completely over his head. When I do things, I want him to be able to read it and understand what I'm talking about. That's the way you want to look at it. Non-clinical people would be able to read it and say, "Oh, I see the problem here. I might not understand what this word means because it's a clinical term," or whatever, but they can understand the problem. You want to focus on writing that problem to where it's a usable issue.

The last one is time bound. Define the timeline for achieving the goal? You always have to have a time. When you are ... Lots of our problems in long-term care is we meet to meet the meeting, about the meeting, and we go to that meeting because we were in that meeting too long and we had to quit because ... That's something that we have to do. That's one of the things that QAPI does. It helps you shave down your meetings. It helps you to focus and once you get all of these policies and procedures written in your plan, you'll be able to do these meetings and do these projects in a, such a short order of time because you'll have the systems down and you'll know what work you have to do in order to get the problem solved.

Anyway, that is basically the goal-setting worksheet. What we're doing not, remember, we're writing how these goals are going to be done. You want to begin to write a statement about how your team will consistently identify and document goals. I put an example there that says, "When an area of improvement is identified, Pam Matter Nursing and Rehab recognizes the need to set a measurable goal. Our team will accomplish this by implementing the goal setting worksheet for each task." Then you go on to talk about how you're going use the SMART acronym as a guide, or whatever tool that you want to use as a guide, but to write it in the policy how these things are going to be done.

Remember, when you write something in a policy, what do you have to do? You have to follow up on it because if it's in your policy, it needs to be followed. That's per regulations. They look at our policies and procedures and make sure that we're doing what we're doing per our own policies and procedures. Be careful if you put it in here, the expectation is that it's going to be done.

Okay. Now, Facility Scope. In session two, one of the action steps was to list out your scope of services. You were to write down the things that your facility offers, and was just a basic list. We're going to pull that list back out for session three when we get to our action steps, and when you get ready to do your action items, you're going to pull that list out and you're going to figure out how QAPI will be used in all those care and service areas.

I think I used fine dining as an example. Again, this is a policy on how this stuff, how QAPI is going to be used for all of these scopes of services. In another example, "At Pam Matter Nursing and Rehab, QAPI is a method for approaching decision-making and problem solving. All service lines and departments will utilize QAPI tools for systemic quality improvement. We will use data to make decisions, drive improvements and then, through measurement, will determine if improvement efforts were successful."

Again, that is just an example of how you are going to let anybody who is reading your plan know that QAPI is going to be ingrained in all of your scopes of services. Everything that you do, QAPI is going to be the method for problem-solving and decision making.

That's that one.

Now, the Fantastic Four ... These are the areas that you're going to want to address QAPI as being a specific focus in each of these areas. How is QAPI going to be involved with your Clinical Care? How is QAPI going to insure Quality of Life for your residents? Ho is QAPI going to insure resident choice? And how are your going to insure that care transitions is smooth, and everything is going as it should be through QAPI?

I call those the Fantastic Four because we have to do one for each one of those, and we'll start that next. We'll start Clinical Care.

The action steps associated with Clinical Care will involve getting your Steering Committee together, and again, I say that with great force, because this should not just be one person, sitting at a table, pulling this stuff up, and writing this out. Your Steering Committee should be involved in this plan.

One of the things that I found really difficult as far as my part in this goes, is when you have a team of folks to bounce stuff off of, you're able to see any problems and issues. When you guys start doing this and you start pulling out issues or problems that only long-term care facilities can see ... Even I've got a background in long-term care, even I've worked in long-term care for many, many years ... I do not have the current team that you guys have. You guys have a huge advantage by having the teams that you have. Use that strength. Pull them in. You don't have to have a three hour meeting and get it all done, or if that's the way it works for your facility, have a three hour meeting and get that sucker written and done for the week, and you're done. Or, if 15 minute intervals every other day is all you can spare, then do that. Whatever it takes to get the job done. But again, a positive attitude is very important from the leader.

Pull the Steering Committee together and talk about Clinical Care. See how you guys feel like QAPI will impact the Clinical Care in your facility, how you want to impact Clinical Care with QAPI.

Some examples they might brainstorm is, you may want to find better systems using QAPI. Using data, data-driven changes. I want you to think about that one. Data-driven changes. Do you use data as much as you would like to? If you are a very highly motivated facility and you understand data, and you understand how this ... The quality measures and the five-star ratings and all of these different data that's out there, you understand how to use that in order to make changes, then you are one step ahead of the game. We at the QIO, we can use you guys and your best practices to help those that data is not one of their strengths. Are you going to use data-driven changes, and that's the future. The use of data with value-based purchasing and everything. That's the future.

Do you want ... Well, another example, increased time efficiency. We've already talked about the fact that sometimes we get mired down in these meetings and we go nowhere with them. That's one of the things that you will learn, when you learn to use QAPI you will learn how to use all of the tools that are out there to your disposal. The PDSA, which is Plan-Do-Study-Act, and you don't have to worry about it if you don't know what that is yet, later on down the road we're going to be doing lots of training on those thing. Root cause analysis. How to do those thing, and in a couple of years it's going to be second nature. You're going to be able to Root cause analysis your problems. You're going to be able to do the Plan-Do-Study-Act. Lots of you that are familiar with the nursing process, that's basically a lot of what this is. Couple years down the road, once you get some practice under your belt, it's going to be second nature to you.

Some other examples could be less errors in your care delivery, evidence-based procedures that you update, because remember, [if I only 00:22:50] say it once, it's a fluid document, and once things change we need to change with it, and evidence-based procedures ... Our industry changes all the time, so we want to be able to make sure that we update our processes and our Clinical Care with evidence-based. Then I put and, and, and because those are just things that popped off the top of my head. There's lots of other ideas out there that you guys will come up with in your teams.

Once you get your ideas from your team on how you want QAPI to impact your Clinical Care in your facility, you're going to write your list. With all of these, remember, this is not something that I can say, "This is what you need to be sure to add in your plan." I can't do it, none of my other QIO friends can do it. Nobody can tell you what you need to put in your plan. This is up to you. If you don't like a certain thing, don't put it in there. But make sure that what you're putting in there is what you're believing that you can do and what you can do.

The next one of the Fabulous Four or the Fantastic Four was Quality of Life. You're going to repeat the question to your Steering Committee for Quality of Life. How can we use QAPI to improve the Quality of Life for our residents? Some possible brainstorming answers that you might get include, we want to focus on Person-Centered Care and that is something that ... A Person-Centered Care is something that in long-term care, we really tried to accomplish for a very, very long time. We've really wanted to make sure our residents are the center of that care continuum. They are the ones that we focus on, but it's really growing because it's no longer a best practice that we do that. It's now becoming regulatory that we are making sure that our care is Person-Centered. We no longer have the medical model, we have the Person-Centered Care model. That's a really good answer on how Quality of Life can be improved with the use of QAPI.

Positive culture changes. Culture change is something that's really difficult, and it's something that, whenever we are looking at some of these things with QAPI, we're going to have to really work on making sure everybody is on board with the culture change.

Improving residents and family surveys, that could be an excellent goal for using QAPI with Quality of Life.

Decreased complaints, wouldn't that be fantastic? Not to have so many grievances and complaints and things that are potentially [faxable 00:25:48] to the state for, at least in West Virginia, for complaints so that there's the potential for a complaint survey. That'd be so wonderful and such a wonderful saving of time in order to have decreased grievances and complaints.

Then, just keep on going asking them how do we want to use QAPI to improve the Quality of Life for our residents, and your write up your list based on the brainstorming.

The next one, you guess it, ask the Steering Committee how QAPI should impact Resident Choice within the facility. Examples could include very specific, individualized plans of care. Improved communication, which a lot of times I've found, and I'm sure you guys, hopefully, would agree, that lots of our problems is associated with some decrease in communication, some poor communication techniques. Improving on that communication can do nothing but help, not only Resident Choice but Quality of Life and Clinical Care. It helps and impacts all of them.

Focused plans of autonomy. Encouraging residents to be more independent, but meeting them at their level. Where they're at, both in their minds, in their physical abilities. Encouraging autonomy is very important, and most residents, that's one of their choices that they would like to make. Then of course, keep on with your brainstorming to fin out what else, what other areas of Resident Choice could be impacted with QAPI.

Then Care Transitions. This slide, I completely lied to you. I lied like crazy. It says "Resource" there, and I planned on getting a resource that explained Care Transition and it just absolutely ... To where your team could have a complete understanding of care transitions. What I found was that basically, Care Transitions is ... The definition that CMS had of care transitions is a very, very detailed one. It is, "The movement of a patient from one setting of care to another." That's the CMS definition of Care Transitions that I found.

You know, it sounds like it's pretty complicated, and I had one of my team members from a facility today, that I read an email from her, and it was ... She was talking about Care Transitions and she said ... I couldn't have said it better. She said that, in her mind, that Care Transitions was to make it smooth, to make smooth movements from one level of care to another for our residents. To make it smooth for them, and that is just absolutely perfect. That's what we want. We want it smooth from hospital to nursing home, from nursing home to home, to hospital home. Any Care Transition needs to be a smooth transition. The continuity of care needs to be there, the fact that we're communicating with our professional colleagues on behalf of this resident needs to be there. You know, we've got to make sure our team understands what the very technical term Care Transitions means, and basically, making it easy for the resident, making the continuity of care to the best that we can do, that there's less errors. All of that is enveloped in Care Transitions.

So, the same question to the Steering Committee: how do we want QAPI to impact our Care Transitions? Some of our examples could be improved communications across the care continuum. How many of you guys have problems with communication from your

hospitals or to your hospitals or to hospice or to home health or to whoever, I could go on and on. If there's problems in communication there, then there's a possibility for a QAPI systems impact. Those are areas that, lots of times, are not very hard to fix. It's just a matter of "This is what we need," "Well this is what we need." Let's get together and see how we can fix that. Improving communication across the care continuum is a wonderful idea for improving, using QAPI for Care Transition Improvement.

Improve systems for streamlined admissions and discharges. I come from a facility that would get 30 admissions in, oh my gosh, two or three weeks. It was crazy. Our MDF people were like saints. We had to buy them candy every week because, I mean, it was ridiculous, the admissions and discharges. To have a streamlined process is invaluable and that's something that can be done with QAPI to help with Care Transitions.

Improve synergism with our healthcare partners. If you haven't reached out to your fellow hospitals or the other healthcare partners in your community and developed any type of community partnership with them, you are really missing out on some opportunities for not only your facility, but their facility, and making things better for those that we serve.

The QIO has communities that you are able to join. Hospitals involved, home health is involved, hospice involved, palliative care is involved. All of these different entities ... Physician's offices. They're all involved in these communities, and if you're not involved in that as a long-term care provider, you are really missing out. Later on down the road, when we are looking at admissions and things based on the star status of our facilities, our hospitals needs to know what we can provide and how QAPI and Quality Improvement is so important to us for our residents, in order for them to feel comfortable discharging residents to our care. And, being a long-term care advocate and nurse, vise-versa. We want to feel comfortable sending our residents to these hospitals for the care that they will receive. The fact that, when we send them out, they're going to come back in better condition, if at all possible, as opposed to worse condition.

You know, what are some action steps that your Steering Committee wants to use QAPI for Care Transitions. You brainstorm all of that and you write up your list. Again, these are lists, which makes it a lot easier when you go to do this.

This is the Inclusion Statement. An Inclusion Statement means you're pulling it all together. You're tying all of these lists that you've done into one statement. The statement, it should sound like a commitment. Basically, it should sound like a commitment because it is a commitment. We are committing to making sure that when we do our QAPI ... When we have our QAPI foundation laid out, we are using this to make sure all of this stuff that we just did happens.

An example, "Pam Matter Nursing Home will use it's QAPI foundation to identify opportunities for improvement with clinical interventions that pose a high risk to residents or caregivers or that impact the safety and quality of life of the residents. Our team will strive to bring meaningful resident and family voices into our QAPI process addressing clinical interventions to build on the resident's own goals for health, quality of life, and daily activities."

That's just an example of an Inclusion Statement, and you can put this before your lists as an opening statement, you can put it at the end, whatever works for your plan because it is your plan.

Are all of these lists ... I don't think I put that there, nope, I didn't. Are all of these lists written in stone? The answer to that is absolutely not. You need to remember that this is a fluid document and you're going to be able to be changing these items anytime that you come up with new issues or problems or ideas or thoughts or your Steering Committee can come up with different brainstorming ideas.

Okay. Evidence, Best Practices, and Data. This one is, again, you're going to pull your Steering Committee together and you're going to determine what source of best practice, what sources of data, what sources of tools ... Where, what are you going to be using in order to make your QAPI process or foundation meet your goals, set your benchmarks. What are you going to be using as your go-to data source, or your go-to evidence-based practices.

Some examples that you come up with, is CAS- One of course will be CASPER. If you are not familiar with CASPER or you have not used CASPER, then that is something that, again, your QIO can help you with. We are able to help you understand the reports that are available on CASPER. We're able to help you understand like then numerators and the denominators and of course the state and national averages. All of those things that are on your CASPER reports, we can help you understand those. We work closely with a lot of facilities in order to get them to use their CASPER data for Quality Improvement.

Another example is Nursing Home Compare. Lots of talk about Nursing Home Compare. You've got to be able to understand how to read the staffing patterns on Nursing Home Compare. Understand how the timeframes work with the Quality Measure Percentages on Nursing Home Compare, and again, we can help you do that.

[Lookie 00:37:38] there, QIO! We can even be listed as a data source, or an evidence-based source for your QAPI work. We hope that you do that, and we hope that you use My Quality Insights as a source for the data that you may want to use.

National Nursing Home Quality Improvement site, you can site that. Institute for Health Improvement or IHI, and if you're not familiar with these go and look them up. Go look these things up. The National Nursing Home Quality Improvement, if you're familiar with Advancing Excellence, it used to be Advancing Excellence, and now CMS runs it, and it's not the NNHQI. Check that out. So many good tools on there! So many good things for everything you can think of, like pain management or you know, psychotic reduction. It's all on there already done. You do not have to reinvent the wheel.

CMS is a wonderful tool, they've got lots of good stuff on their website. Those, like the Quality Measure Users Manual and the Five Star Users Manual. If you don't understand that stuff, again, we can help you with that.

AHRQ, Agency for Healthcare Research and Quality. This one, I just used recently. I was helping a facility with some [sea-disk 00:39:06] information. They had a really fantastic-

No, not sea-disk, antibiotic stewardship. We all know that come November 28th of 17 we have to have antibiotic stewardship going. This AHRQ has a wonderful tool kit on how to do a antibiotic stewardship program. Step for long-term care. Step by step by step. It's just some really good information. I know I digressed, but just kind of threw that in there for you.

You could also list your State Survey Agency as a good idea for your evidence-based practices, data collection such as your survey results. That kind of thing. There's lots of sources. Some of you guys may have corporate entities that have, that set benchmarks for you. They may call it certain, I don't know, they may call it the "scorecard" or whatever, and you list those things all in here, in your Data, Evidence-Based Information and Best Practice section.

And look there, there it is again, "Designed as a fluid document," so you can add more detail as you learn. If you're doing a certain problem and you found a certain area, a certain thing that you need to find some data on, and you find it, or some evidence-based practice and you find it on the CDC website and you don't have that in your list, you can always add it because it is fluid document. You're always going to be changing it and you're always going to be adding to it as you go, as you learn.

That's one of the good things that CMS has done, given us until 2019 to have it fully implemented because we don't come out the box knowing how to do everything. By 2019, if you get this plan written and you get it implemented, and you start working out the kinks and the bugs, but 2019 it's going to be second nature. It's not going to be something you have to think about, it's not going to be something you're going to be nervous about. By 2019, if you follow your plan and you have folks that are excited about it ... And excited is kind of a ... I understand, it's not, probably the right term. If you have people that are positive about it and the fact that this is going to work and we are going to do this and we're going to be successful on it, then you can do this.

Once you get all that list you're going to write yourself a statement on how to use these resources. The examples vary too widely for each area so you can't really just give an example, but how is your facility going to use CASPER? How is your facility going to use the QIO? It doesn't have to be a lengthy statement, you can use several of them in one, but you need to describe so my husband can pick that up and read it and say, "Okay, so if I'm working on this I need to look at CASPER, whatever CASPER is. I need to be looking at that." You need to be able to understand how to use this information. Not just as pretty words, but how to use it.

Oh, there it says. "Doesn't need to be fancy. Must be useful."

Okay, now we're to our Action Items slide. We're going to go through here, you're going to write a statement on how your goals will be set, if you're going to use the worksheet, if you're not, whatever you're going to do. You write your statement on it. Write the Scope of Service statement. Write your list for Clinical Care, Quality of Life, Resident Choices, and Care Transitions. Write your inclusion statement with, for all of those above. Write your list for data, evidence and based, best practices which we're going to use next time, and write your data, evidence and best practice (almost said blood

pressure) ... Write your data, evidence, and best practice statement. Those are the things you have to have done in order to be ready for session four.

We have lots to do and look at them little elephants! Because we are now on the tail, we just got a Masters in Elephant Eating.

Session four ... Oh, excuse me. Session four, I think, is June 21st. Isn't that right, Krista?

Krista: Let me double check, just a minute. It is June 21st. Yes.

Pam: Okay, thank you. I'm dying over here. If you all want to go ahead and start questions I would appreciate that.

Krista: Sure. Once again, if you have any questions for Pam, please type them into either the chat or the Q&A box to the right of your screen. We do have a couple of questions in the queue right now ... They were asked early on so let me find them.

Okay, Pam, our first question is, "I have all the action items from last week completed but I have them as individual documents. Is that okay? Or do I need to combine them all together into one document?"

Pam: That is completely up to you. There's nothing that says any kind of format, or anything that is required for the preamble. If you want it in separate documents, or if you want to incorporate it all into one, it's completely up to you.

Krista: Our next question is, "What is CASPER and fluid documentation?"

Pam: Okay, CASPER. I tell me folks this every time I train about CASPER. If you ask me what it stands for I will lie to you and tell you that I've forgotten or that I've never really learned it ... Let me look right here. Certification and ... Let's see, CASPER. C-A-S ... Certification and Survey ... P, uh ... There it is! Certification and Survey Provider Enhanced Reports. This is the reports that we obtain from CMS that has all of your quality measures listed on it and you can also look to see, for the quality measures that are actually on the CASPER report, the ... There's four different CASPER reports. You can look to see what residents during that specific time period were triggered under that certain quality measure.

For example, we're looking at, lets say catheter use. You can pull up last month's, April ... No, last month wasn't April. April, May ... May. May 1st through May 31st, you can pull up your CASPER report for that and you can look to see how many residents in your facility had catheters, which is the numerator. How many residents, or how many eligible residents could have had catheters, which is the denominator. It gives you then your percentage, your Quality Measure Percentage.

You can also pull up another report and it tells you what residents triggered. If you're not familiar with CASPER then again, get in touch with your QIO and we can really do some good training with you on CASPER reports.

A fluid document ... Excuse me, I must have an elephant piece stuck in my throat. A fluid document is a document which is what your QAPI plan is, that you're writing right now. It's a document, it's fluid, that just means you can change it at anytime. It's not something that you write down and BAM it's the law, and it can't be changed without an Act of Congress or whatever. Your QAPI plan is a fluid document and the only thing that would make it not fluid is for example, if your corporation writes it and it's like, they're the only ones that can change it, that's the only way it could not be fluid. If your facility is writing your own plan and you want to change something in it mid-way, you can do that. You can add things, you can ... That's all that means. That's just your QAPI plan ... You're writing it to be a fluid document.

Krista: Our next question is, "Is the QAPI plan we are working on considered a policy and procedure?"

Pam: I would consider it a policy and procedure. It's absolutely a plan, it's a program, it's a found- well, that's a lie. They really don't want you to consider it a plan or a program. They want you to consider it a foundation, the way you're doing business. If when you write this plan and you are writing how your organization is going to be doing these things, then I would absolutely consider it a policy and procedure on how these things are being accomplished. That's just my opinion. It doesn't ... I don't guess there's anywhere that says, "This is going to be considered a policy and procedure," and I don't even know if that is significant, but I'm assuming it is, because this is how they want the plan written by a certain time and then implemented by a certain time. Why would they do that if it wasn't considered the policy and procedure on how we're implementing QAPI?

Krista: Thank you. Our next question is, "Do you have any information on facility assessments, as that would impact QAPI, I would think?"

Pam: Yeah, it would, and no, not as of yet. You mean like the, the one that's going ... I'm assuming they're talking about the one that's going to be required in the phase two of the conditions of participation. I have no received ... Now, I haven't looked in the past week, but I have not seen any further information facility assessments from CMS. Again, the minute we see that, as the QIO, we will let you guys know.

Krista: Our next question is, "You shared that this is a fluid document, however I don't envision making big changes frequently. Am I wrong about this?"

Pam: I don't think you're wrong in that. Once you get to using it and get all the bugs worked out, it will probably stay as it is, with the exception of changes in evidence, and things that maybe haven't been improved as far as tools and data and all of that.

              For example, if we had written this a year ago and it was already implemented, we would have to change it a little bit and add to it the new quality measures. The fact that some of our quality measures are now being pulled from claims data as opposed to just quality measures and MDS's. Once we do this, and you have the work done, then you're right. I don't see it changing a whole, whole lot.

Krista: Our next question is, "How do we access the CASPER report for our facility, and is it the same as the PEPPER report?"

Pam: Well, if I knew what the PEPPER report was then I would be able to tell you if that was the same, but the CASPER report is in QEIS, which is the Q-I-E ... Or, Q-E-I-S, it's the CMS database, and again, whatever state you're in, if you want to get in touch with the QIO representative from that state. I'm assuming ... Oh yeah, she's got it up there. Look at you Krista, you're awesome. She did that when I was choking to death and dying.

If you get in touch with your QIO from your state, the QIO Project Coordinator from your state, we can absolutely help you get into CASPER, if you know, if you have CASPER access. If you don't we can find out if you're eligible for CASPER access, or somebody within your facility is eligible for CASPER access. We can help you do that and help you get on the road to reading them reports.

Krista: Thank you, and our next question is, "If this QAPI plan is, in fact, a policy and/or a procedure, I've been taught to not be too specific in it, lest your staff cannot achieve it. Do you have any comments on this?"

Pam: Well, the QAPI plan, it may be just a little bit different in my opinion. Again, this in an opinion. If it's not specific and doesn't cover all of these areas ... You can be as specific as you want to be in the statements that you make, or as vague as you want to be. The thing you've got to keep in mind is your staff does have to be able to use this. They do have to be able to understand how to make these things happen. The statements themselves can be as simple as you want to make them, but they have to be able to be useful.

Again, you're right, if it's a policy and procedure, always bite it, bit us in the arm if the policy and procedure was extremely specific and it was not followed to the letter. You know, if we don't spell it out, they've got to be able to understand it. That's a really good question, and shame on you for stymieing me in front of everybody.

But I'm just, no, I'm just ... I will ... I'll discuss that with some colleagues of mine maybe and see if we can come up with a good answer for that, because I'm all about making things specific, but that's just my personality. Sometimes I am very, very guilty of making things a little too step-by-step, so you know. That is a very good point and I appreciate you bringing that up.

We'll come and talk about that. Krista, if we could write that down and maybe Julie ... I know Julie had to jump off early, but if we could get together with some of our QIO folks and we could discuss that a little bit.

Krista: You got it, Pam. Okay, our next question is, "How will we be notified when the guidance to surveyors for phase two is release?"

Pam: Probably, it's probably on the survey guidance, on the survey website on CMS but I'm not really sure about that one. We can check that out too and send it out to everybody.

Krista: Okay. Our next question is, "Do you think the Department of Health will give training also related to QAPI for long-term care facilities? We would also want education from them, especially regarding their expectations."

Pam: No, I don't think the individual survey departments ... Statewide you mean? Throughout the state, I don't believe they will be doing QAPI training. The QAPI training, there's some available from CMS and those, and the trainings that the surveyors receive from CMS are also on the CMS website, so you can actually view, as a facility, some of the trainings that the surveyors themselves get. I don't foresee ... It might be different in every state, and West Virginia is the only one I can speak for, I don't see them doing any facility training for QAPI.

Krista: I believe that is all of the questions that have not been addressed in our queue.

Pam: Wonderful. All right, well I appreciate everybody and if ... We will be back on, session four is a beast! It's going to be lots of good work to be done but ... That's in two weeks. The good news about that is our next session after session four, session five, you get three weeks to do all the work in session four. Hopefully everybody will have a wonderful two weeks up until next time, and I appreciate your attendance!

Krista: Thank you all very much, and have a great afternoon. This session is concluded.