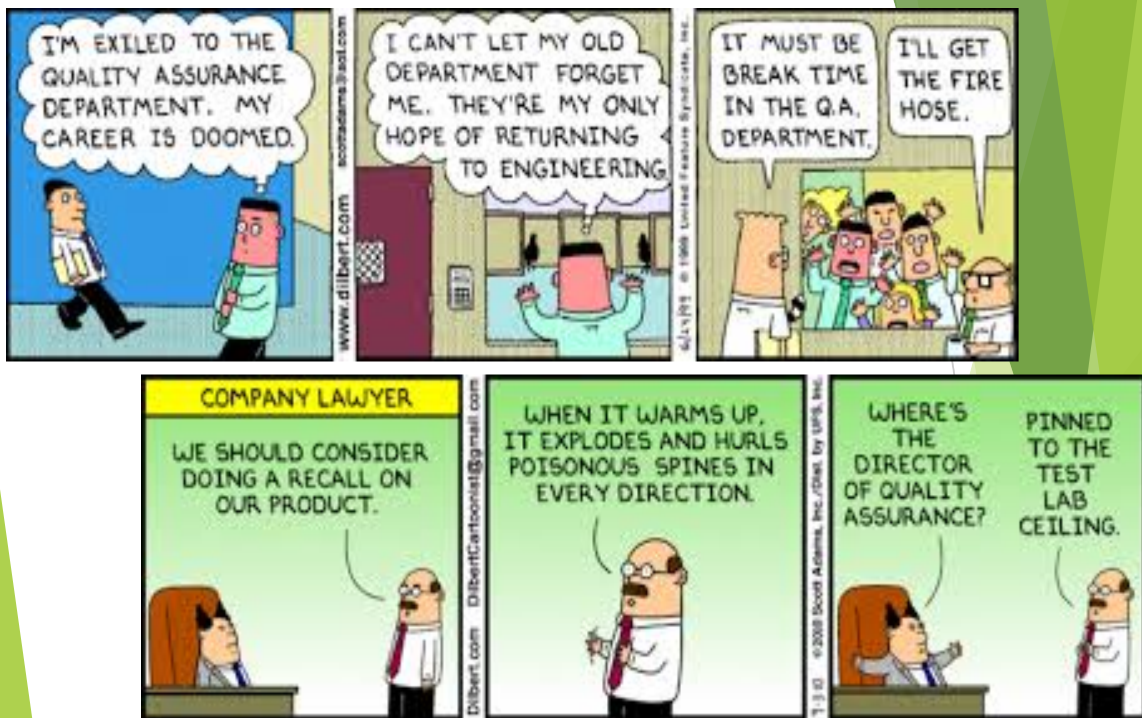
Meaningful Quality Assurance Activities/Performance Improvement Studies

Presented by:
Lucy L. Silva, R.N., B.S.N.
Inspired Success, LLC-Consultant/CEO
Email: lsjs95@yahoo.com



What's the Difference between QA & PI? According to CMS:

Both involve seeking and using information, but they differ in key ways:

- QA is a process of meeting quality standards and assuring that care reaches an acceptable level. QA is a reactive, retrospective effort to examine why a facility failed to meet certain standards. QA activities do improve quality, but efforts frequently end once the standard is met.
- PI (also called Quality Improvement - QI) is a pro-active and continuous study of processes with the intent to prevent or decrease the likelihood of problems by identifying areas of opportunity and testing new approaches to fix underlying causes of persistent/systemic problems. PI aims to improve processes involved in health care delivery. PI can make good quality even better.
- QAPI is a data-driven, proactive approach to improving the quality of life, care, and services. The activities of QAPI involve members at all levels of the organization to: identify opportunities for improvement; address gaps in systems or processes; develop and implement an improvement or corrective plan; and continuously monitor effectiveness of interventions.

"QAPI Resources." - *Centers for Medicare & Medicaid Services*. N.p., n.d. Web. 14 Aug. 2014. <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/qapiresources.html>

What is a QAPI program?

- According to the American Health Care Association's® website:

What is QAPI?

QAPI is defined by CMS as "an initiative that goes beyond the current Quality Assessment and Assurance (QAA) provision, and aims to significantly expand the intensity and scope of current activities in order to not only correct quality deficiencies (quality assurance), but also to put practices in place to monitor care and services to continuously improve performance."

•**Quality Assurance (QA)** = the process of meeting quality standards and assuring that care reaches an acceptable level.

•**Performance Improvement (PI)** = continuously analyzing your performance and developing systematic efforts to improve it; also known as Quality Improvement.

"Quality Assurance/Performance Improvement (QAPI)." *Quality Assurance/Performance Improvement (QAPI)*. N.p., n.d. Web. 14 Aug. 2014. <http://www.ahcancal.org/quality_improvement/qapi/Pages/default.aspx>

The 5 Elements of QAPI According to CMS

- The QAPI framework is established through five "elements." Each element describes an important component of QAPI, and all elements are interconnected.
- Element 1 - Design and Scope
- Element 2 - Governance and Leadership
- Element 3 - Feedback, Data Systems and Monitoring
- Element 4 - Performance Improvement Projects (PIP's)
- Element 5 - Systematic Analysis and Systemic Action

(*SEE CMS WEBSITE HANDOUT ON DETAILED 5 STEPS)

"QAPI Resources." - *Centers for Medicare & Medicaid Services*. N.p., n.d. Web. 14 Aug. 2014. <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/qapiresources.html>

NOTES:

CMS Conditions for Coverage require ASCs to comply with the following condition:

416.43 Condition: Quality Assessment and Performance Improvement

The ASC must develop, implement and maintain an ongoing, data-driven quality assessment and performance improvement (QAPI) program.

This Condition includes the following standards:

- 416.43(a) Standard: Program Scope
- 416.43(b) Standard: Program Data
- 416.43(c) Standard: Program Activities
- 416.43(d) Standard: Performance Improvement Projects

The QAPI Committee should meet and report quarterly on all aspects of the program. Assure that you have documented all required delegations of authority and committee delegations as well as, credentialing approvals contract approvals. The QAPI Committee can meet in conjunction with the Governing Body quarterly, especially in smaller organizations. These meetings must be documented in meeting minutes.

Every ASC must annually assess their QAPI Program. The QAPI Annual Assessment Guide can be used to guide you through this process. It is not intended to be used as a "fill in the blanks". Your annual QAPI assessment should be written in a narrative format.

"QAPI Resources." - *Centers for Medicare & Medicaid Services*. N.p., n.d. Web. 14 Aug. 2014. <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/qapiresources.html>

A SUCCESFULL QAPI PROGRAM TAKES TEAMWORK!

Courtyard Surgery Pavilion QAPI Activities

QAPI Tools on CMS Website:
http://www.cms.gov/Medicare/Provider-Enrollment-and Certification/QAPI/downloads/QAPISelfAssessment.pdf

General QAPI:	
CMS Quality Data Code Reporting	Weekly
FLU SHOT Reporting	Yearly
P.I. STUDIES	BI-ANNUALY
Flu Shot Injections for Staff	ANNUALY
CHART AUDITS	QUARTERLY
QAPI REPORTS & ANALYSIS	QUARTERLY /PRN
PEER REVIEW	QUARTERLY

NOTES:

Other QAPI Clinical Activities

CLINICAL/SAFETY/OSHA	
SUPPLY CHECK & ORDERING	WEEKLY & PRN
FRIDGE SUPPLIES & MED EXPIRATIONS	WEEKLY
TEMP, FRIDGE & EQUIP. LOGS	WEEKLY
STOCKING SUPPLIES & EQUIP.	WEEKLY
CRASH CART & MEDICATION INSPECTIONS/LOG	MONTHLY
PHARMACIST INSPECTION & NARCS ANNUAL INSPECTION	QUARTERLY & YEARLY
INFECTION CONTROL EVAL . OF STAFF	QUARTERLY
APPROPRITE USE OF PPE BY STAFF EVAL	QUARTERLY
ENVIRONMENTAL COMPLIANCE ROUNDS CHECKLIST	ANNUALY
PPD INITIAL TESTING 2-STEP FOR NEW STAFF	UPON HIRE
TB ANNUAL QUESTIONAIRRE & RISK ASSESSMENT OF STAFF	YEARLY
TB FACILITY RISK ASSESSMENT	YEARLY
SHARPS SAFETY REVIEW/BLADE REVIEW	YEARLY & AS NEEDED WITH NEW INSTRUMENTS

Other CLINICAL/SAFETY /OSHA:	
MSDS UPDATE-CONVERSION TO SDS-UPDATING	YEARLY & AS INDICATED/ RECEIVED
OCCURRENCE EVENT REVIEW & REPORTING TO MEC/GOV. BOARD	QUARTERLY
COMPREHENSIVE EMERGENCY MANAGEMENT PLAN (CEMP) & EVALUATION OF IMPLEMENTATION/DRILL	ANNUALY
YEARLY REVISION OF SAFTEY/DISASTER PLANS	ANNUALLY
COUNTY MEETINGS/UPDATES FOR CEMP	QUARTERLY & VIA EMAIL UPDATES
RISK ASSESSMENT : REVIEW RISKS, INCIDENTS & IMPLEMENT PREVENTATIVE MEASURES	QUARTERLY & PRN
RECALLS OF MEDICATIONS, SUPPLIES, EQUIPMENT, IMPLANTS, ETC.	MONTHLY/QUARTERLY UPDATES RECEIVED

NOTES:

Other CLINICAL/SAFETY /OSHA:	
HAZARDOUS MATERIALS SIGN POSTING & NOTIFACTION OF STAFF	YEARLY REVIEW & PRN/UPON HIRING
GENERAL SUPPLY STOCK & EXPIRATIONS	QUARTERLY
BIO-MED/EQUIP. CHECK BY VALLEY MEDICAL	ANNUALY & PRN
FIRE ALARM INSPECTION	ANNUALY
FIRE EXTINGUISHERS	ANNUALY
FIRE MARSHALL	ANNUALY
GENERATOR CHECK-LOG-PANEL-ANNUAL CHECK	WEEKLY & ANNUALY

STAFF EDUCATION

UPDATES/MEETINGS	MONTHLY/PRN
QUARTERLY STERICYCLE TRAININGS: ✓ HIPPA ✓ INFECTION CONTROL ✓ RISK REDUCTION ✓ HAZARD COMMUNICATION ✓ SAFTEY & DISASTER PLAN REVIEW OF BINDER & DRILLS-YEARLY ✓ UPDATING ON QAPI RESULTS & IMPLEMENTATION/EVALUATION OF CORRECTIVE ACTIONS	QUARTERLY QUARTERLY & AS INDICATED
STAFF COMPREHENSIVE COMPETENCY CHECKLISTS	ANNUALY

ADMINISTRATIVE DUTIES:	
SURGERY SCHEDULES	MONTHLY
MEC MEETING & MINUTES	QUARTERLY
GOV BOARD & MINUTES	QUARTERLY
CODE RED & CODE BLUE DRILLS	QUARTERLY
CASA BENCHMARKING	QUARTERLY
INTERNAL BENCHMARKING	QUARTERLY
PEER REVIEW & MEETING MINUTES	B-ANNUALY
CONTRACT REVIEWS & CONTRACTING	ANNUALY
BOARD OF PHARMACY CLINIC PERMIT	ANNUALY
INSURANCE RENEWALS	ANNUALY
CREDENTIALING OF STAFF BY HR	ANNUALY
CLIA	ANNUALY
DEA REGISTRATION	EVERY 3 YEARS
MEDIA & MARKETING	PRN
HOUSEKEEPING EVALUATION	BI-ANNUALY
AAAHC & CMS REGULATORY COMPLIANCE/UPDATES	ON-GOING
FICTITIOUS BUSINESS NAME RENEWAL	EVERY 3 YEARS
AAAHC & CMS SURVEY	EVERY 3 YEARS

NOTES:

CMS Performance Improvement Study Template:

- http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/PDSACycledebedits.pdf#page=1&zoom=auto,-98,798

Model for Improvement: Three questions for improvement

1. What are we trying to accomplish (aim)?

State your aim (review your PIP charter – and include your bold aim that will improve resident health outcomes and quality of care)

2. How will we know that change is an improvement (measures)?

Describe the measureable outcome(s) you want to see

The First Time. *PDSA Cycle Template* (n.d.): n. pag. *CMS.GOV*. CMS.GOV. Web. 14 Aug. 2014. <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/PDSACycledebedits.pdf>.

3. What change can we make that will result in an improvement?

Define the processes currently in place; use process mapping or flow charting
Identify opportunities for improvement that exist (look for causes of problems that have occurred – see Guidance for Performing Root Cause Analysis with Performance Improvement Projects; or identify potential problems before they occur – see Guidance for Performing Failure Mode Effects Analysis with Performance Improvement Projects) (see root cause analysis tool):

- Points where breakdowns occur
- "Work-a-rounds" that have been developed
- Variation that occurs
- Duplicate or unnecessary steps

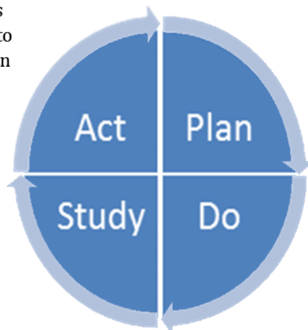
Decide what you will change in the process; determine your intervention based on your analysis

- Identify better ways to do things that address the root causes of the problem
- Learn what has worked at other organizations (copy)
- Review the best available evidence for what works (literature, studies, experts, guidelines)
- Remember that solution doesn't have to be perfect the first time

The First Time. *PDSA Cycle Template* (n.d.): n. pag. *CMS.GOV*. CMS.GOV. Web. 14 Aug. 2014. <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/PDSACycledebedits.pdf>.

What changes are we going to make based on our findings?

What exactly are we going to do?



What were the results?

When and how did we do it?

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NOTES:

Plan What change are you testing with the PDSA cycle(s)? What do you predict will happen and why? Who will be involved in this PDSA? (e.g., one staff member or resident, one shift?). Whenever feasible, it will be helpful to involve direct care staff. Plan a small test of change. How long will the change take to implement? What resources will they need? What data need to be collected?	**List your action steps along with person(s) responsible and time line.**
Do Carry out the test on a small scale. Document observations, including any problems and unexpected findings. Collect data you identified as needed during the "plan" stage.	**Describe what actually happened when you ran the test.**

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Study Study and analyze the data. Determine if the change resulted in the expected outcome. Were there implementation lessons? Summarize what was learned. Look for: unintended consequences, surprises, successes, failures.	**Describe the measured results and how they compared to the predictions.**
Act Based on what was learned from the test: Adapt – modify the changes and repeat PDSA cycle. Adopt – consider expanding the changes in your organization to additional residents, staff, and units. Abandon – change your approach and repeat PDSA cycle.	**Describe what modifications to the plan will be made for the next cycle from what you learned.**

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SAMPLE QI/PI STUDY FORMAT

1. Purpose of the Study:
(State the Purpose of your study and indicate the importance of carrying out this study)

2. Performance Goal:
(Identify a measurable goal for the QI Study you are conducting. Identify what you want to achieve. Make sure it is measurable)

3. Data Collection Plan:
(State how you will collect your data & which type of data you will collect)

4. Evidence of Data Collection:
(List the data you have already collected)

5. Data Analysis:
(Document your data findings)

"Progressive Surgical Solutions . " *Progressive Surgical Solutions*. N.p., n.d. Web. 14 Aug. 2014. <https://pss4asc.customerhub.net/operations-qm-qualityimprovementstudy>.

NOTES:

6. Comparison:
(Compare your current performance to performance goal identified in this study)

7. Corrective Actions:
(Detail which interventions/corrective actions took place for the this study & how they were implemented)

8. Re-measurement:
(Document the second round of data collected and how it was collected. Compare the new current performance verus goal for the QI study being conducted)

9. Additional Corrective Actions:
(After evaluation/re-measurement, indicate if any additional corrective actions are necessary. If so, what has or will be done. Re-evaluate & follow up until goal is met if possible)
Report the study & findings to: QAPI COMMITTEE, MAC & GOV. BOARD

"Progressive Surgical Solutions . " *Progressive Surgical Solutions*. N.p., n.d. Web. 14 Aug. 2014. <https://pss4asc.customerhub.net/operations-qm-qualityimprovementstudy>.

Some Study Ideas

You Can Create a Study to Address ANY ISSUE or Area Needing Improvement. Here are some ideas:

- Cost Analysis of: supplies/cost per case, equipment, medications, linens, paid staff hours/case, general cost per case
- Infection Control Practices by Staff: hand hygiene, cleaning/disinfecting practices (following manufacturer directions), terminal cleanings/room cleanings, wearing PPE, etc.
- Instrument Processing Practices: following manufacturer directions with cleaning agents, equipment, instruments, assembling packs, running sterilization times, spore testing, sterilization indicator strips, logging & tracking all information.
- Address Risk Assessment Issues: slippery or uneven floors, sharps/blade evaluations, managing sharps on sterile field, using PPE
- Benchmarking Results & Internal Benchmarking: comparing your facility with national/State benchmarks, comparing your internal benchmarks quarter over quarter, year over year
- Aging A/R Analysis & Improvement

More Study Ideas

- Staff Education Issues
- Occurrence Event Issues
- Post-op Complications
- Patient Surveys/Satisfaction Issues
- Housekeeping Eval. Issues: getting your housekeeping up to par
- Surgical Outcome Issues
- Case Cancellation Issues/Prevention
- Supply Management & Use: maintaining supplies, addressing expiration or waste issues, insuring single use is occurring
- Disaster Plan/Safety/Emergency Strategies Implementation Issues

***SEE SAMPLE STUDY FROM OUR FACILITY- "Unusual Loss of Pterygium Autografts"

This study received the 2014 Honorary Mention by AAAHC Quality Improvement Institute's Kershner Innovations in Quality Improvement Award

NOTES:

Make it MEANINGFUL!
Finding Meaning & Purpose in QAPI Activities

In the midst of the plethora of activities we have to be involved in to run an effective QAPI program, we can get "buried" or "lost" in all the paperwork, meetings, reporting, regulatory mandates, etc.. However, if we are passionate about carrying out meaningful activities, the results of those activities will have a substantial positive impact on our patients, staff, facility & community.

Make it relevant & your staff will join in your mission. When seeking out areas to focus on, we must prioritize & involve our staff in doing so. Just shooting out new policies or protocols without taking it to a deeper level with our staff often results in non-compliance & resentment.

Avoid just sticking with the simple, no brainer studies where you are completing them just to merely meet the mandate. Again, prioritize & the more the "fix" is needed, the more impact it will have. Your staff need to actively be aware of the significance of the QAPI process.

Strategies:

- Be passionate about QAPI activities & everything you do (your staff will see right through you if you really don't care about what you do)
- **INSPIRE** YOUR STAFF. Be the example of adhering to high standards. Set the bar high for yourself & your staff will likely follow (no one likes to follow a hypocrite with low personal standards)
- Ask your staff what issues they are aware of & get their input
- When they see the issue with their own eyes & have a deeper understanding of WHY it needs to be addressed, they are likely to "buy into" the process & help resolve it
- Discuss implications of leaving the issue uncorrected
- Brainstorm with staff on solutions
- Set realistic goals
- Communicate progress & congratulate your staff for "making it happen"
- Honor your superstars: when you are blessed with some outstanding employees who truly care, acknowledge their contributions to the whole facility & often, others will want to emulate them
- **CREATE a CULTURE of EXCELLENCE, COMPASSION & PASSION. This starts at the top & affects all staff & ALL PATIENTS**

When everyone cares, everyone wins…

NOTES:

Every job is a self-portrait of the person who did it. Autograph your work with excellence.

- Jessica Guidobono

Excellence is an ART won by training and habituation. We ARE what we repeatedly DO. Excellence then is not an act, but a HABIT. — Aristotle

"EXCELLENCE IS NEVER AN ACCIDENT; IT IS THE RESULT OF HIGH INTENTION, SINCERE EFFORT, INTELLIGENT DIRECTION, SKILLFUL EXECUTION AND THE VISION TO SEE OBSTACLES AS OPPORTUNITIES."

ANONYMOUS

References/Sources:

"Quality Assurance/Performance Improvement (QAPI)." *Quality Assurance/Performance Improvement (QAPI)*. N.p., n.d. Web. 14 Aug. 2014. <http://www.ahcancal.org/quality_improvement/qapi/Pages/default.aspx>

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QUESTIONS? COMMENTS?

Contact: Lucy Silva, RN, BSN

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