Building Bridges

Fostering Engagement Between Medical Directors and Facility Staff to Create Optimal Outcomes

Part 2

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Medical Director Quality Insights

Objectives

- This session aims to equip participants with the knowledge and tools needed to leverage the medical director's role, ultimately enhancing patient outcomes. Attendees will learn how to integrate medical director leadership to improve the overall quality of care provided in nursing home facilities.

- Participants will gain a comprehensive understanding of the diverse responsibilities and roles of a nursing home medical director beyond clinical care, exploring their involvement in policy development, staff education, and quality improvement initiatives.

Objectives, Cont.

- Attendees will learn practical strategies to foster collaborative relationships between medical directors and facility care teams, promoting effective communication and engagement in care policies, educational programs, and quality assurance and performance improvement (QAPI) activities.

- Participants will explore how medical directors can actively contribute to and shape facility care policies, ensuring alignment with regulatory standards and promoting a culture of continuous improvement. This includes insights into successful models with real-life case examples

What is QAPI? – QA

Quality Assurance

➤ The organized structure, processes, and procedures are designed to ensure that care practices are consistently applied.

➤ Example: Our facility wants to improve pressure ulcer rates through new purchases of better beds and education. We want to ensure that we maintain low rates, so we track the MDS quality indicators monthly AND develop an indicator of all "in house" pressure ulcers. Nurses track this data every month and report to the QAPI committee, which we want to keep below 3%. As long as it is below 3%, we do not do anything—we know the system is working.

What is QAPI? – PI

Performance Improvement

➤ An ongoing interdisciplinary process designed to improve service delivery and resident outcomes.

➤ Example: Our facility has a high rate of use of antipsychotics. We convene a group to review the records of all those on antipsychotics, with a focus on those with the diagnosis of dementia. During this process, we are going to track all new antipsychotic prescriptions as well as reductions—our goal is to reduce new prescriptions and increase reduction trials. Our interventions will focus on education and on mentoring to select nonpharmacologic options to improve our performance.

QA+PI

	Quality Assurance (QA)	Performance improvement (PI)
Motivation	Measuring compliance with standards	Continually improving processes to meet standards
Means	Inspection	Prevention
Attitude	Required, reactive	Chosen, proactive
Focus	Outliers, "bad outcomes"	Processes or systems
Responsibility	Few	All

F-Tags

F-Tag	CFR	Brief Description
F865	§483.75(a) Quality Assurance and performance improvement (QAPI) program.	Each long term care facility must develop, implements, and maintain an effective, comprehensive, data-driven QAPI program that focuses on indicators of the outcomes of care and quality of life.
F866	§483.75(c) Program feedback, data systems, and monitoring.	A facility must establish and implement written policies and procedures for feedback, data collection systems, and monitoring, including adverse event monitoring.
F867	§483.75(d) Program systematic analysis and systemic action	The facility must take actions aimed at performance improvement and, after implementing those actions, measure its success, and track performance to ensure that improvements are realized and sustained.
F868	§483.75(g) Quality assessment and assurance	The facility must maintain a QAA committee consisting at a minimum of: the director of nursing, the medical director (or designee), at least other members of facility staff (one must be NHA, owner, or board member), and the infection preventionist.
F944	§483.95(d) Quality assurance and performance improvement	A facility must include as part of QAPI program mandatory training that outlines and informs staff of the elements and goals of the facility's QAPI program as described in §483.75.

QA or PI Quiz

Test yourself: Are these QA or PI?

Tracking the temperature of food at meals

Tracking weight loss and looking at possible causes

Tracking rehospitalization rates and discussing causes and interventions

Medical director signing falls report each month

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Five Elements

Five Elements

Element 1: Design and Scope
A QAPI program must be ongoing and comprehensive, dealing with the full range of services offered by the facility, including the full range of departments. When fully implemented, the QAPI program should address all systems of care and management practices, and should always include clinical care, quality of life, and resident choice. It aims for safety and high quality with all clinical interventions while emphasizing autonomy and choice in daily life for residents (or resident's agents). It utilizes the best available evidence to define and measure goals. Nursing homes will have in place a written QAPI plan adhering to these principles.

Element 2: Governance and Leadership
The governing body and/or administration of the nursing home develops a culture that involves leadership seeking input from facility staff, residents, and their families and/or representatives. The governing body assures adequate resources exist to conduct QAPI efforts. This includes designating one or more persons to be accountable for QAPI; developing leadership and facility-wide training on QAPI; and ensuring staff time, equipment, and technical training as needed. The Governing Body should foster a culture where QAPI is a priority by ensuring that policies are developed to sustain QAPI despite changes in personnel and turnover. Their responsibilities include, setting expectations around safety, quality, rights, choice, and respect by balancing safety with resident-centered rights and choice. The governing body ensures staff accountability, while creating an atmosphere where staff is comfortable identifying and reporting quality problems as well as opportunities for improvement.

Element 3: Feedback, Data Systems and Monitoring
The facility puts systems in place to monitor care and services, drawing data from multiple sources. Feedback systems actively incorporate input from staff, residents, families, and others as appropriate. This element includes using Performance Indicators to monitor a wide range of care processes and outcomes, and reviewing findings against benchmarks and/or targets the facility has established for performance. It also includes tracking, investigating, and monitoring Adverse Events that must be investigated every time they occur, and action plans implemented to prevent recurrences.

Element 4: Performance Improvement Projects (PIPs)
A Performance Improvement Project (PIP) is a concentrated effort on a particular problem in one area of the facility or facility wide; it involves gathering information systematically to clarify issues or problems, and intervening for improvements. The facility conducts PIPs to examine and improve care or services in areas that the facility identifies as needing attention. Areas that need attention will vary depending on the type of facility and the unique scope of services they provide.

Element 5: Systematic Analysis and Systemic Action
The facility uses a systematic approach to determine when in-depth analysis is needed to fully understand the problem, its causes, and implications of a change. The facility uses a thorough and highly organized/ structured approach to determine whether and how identified problems may be caused or exacerbated by the way care and services are organized or delivered. Additionally, facilities will be expected to develop policies and procedures and demonstrate proficiency in the use of Root Cause Analysis. Systemic Actions look comprehensively across all involved systems to prevent future events and promote sustained improvement. This element includes a focus on continual learning and continuous

https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/qapifiveelements.pdf

Five Elements

Design and Scope

Ongoing and comprehensive, involving full range of departments. Aims are safety and high quality. Written plan.

Governance and Leadership

Administration ensures a culture that encourages input. QAPI is a priority and all staff is accountable.

Feedback, Data Systems and Monitoring

Facility puts systems in place to monitor care and services, drawing data from multiple sources (staff, residents, families).

PIPs

A concentrated effort on a particular problem in one area of the facility or facilitywide. PIPs examine and improve care or services. Areas needing attention vary.
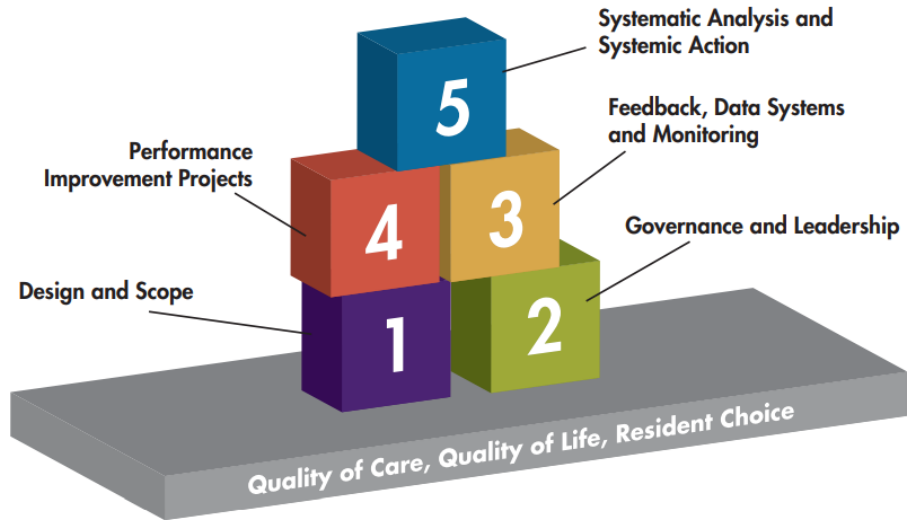
Systemic Analysis and Action

Facility uses systemic approach to determine when analysis is needed. Utilize root cause analysis. Continued learning and improvement.

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How the 5 Elements Work

Five Elements for Framing QAPI in Nursing Homes

CMS has identified five strategic elements that are basic building blocks to effective QAPI. These provide a framework for QAPI development.

- 5 — Systematic Analysis and Systemic Action
- 4 — Performance Improvement Projects
- 3 — Feedback, Data Systems and Monitoring
- 2 — Governance and Leadership
- 1 — Design and Scope

Quality of Care, Quality of Life, Resident Choice

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Performance Improvement Plan (PIP): 3 Questions

Physician

A bold aim that will improve quality of care and resident health outcomes. "The facility will reduce the use of unnecessary antibiotics."

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

Describe what outcomes you want to see.

Knowledge

Define what processes are currently in place and identify opportunities for improvement.
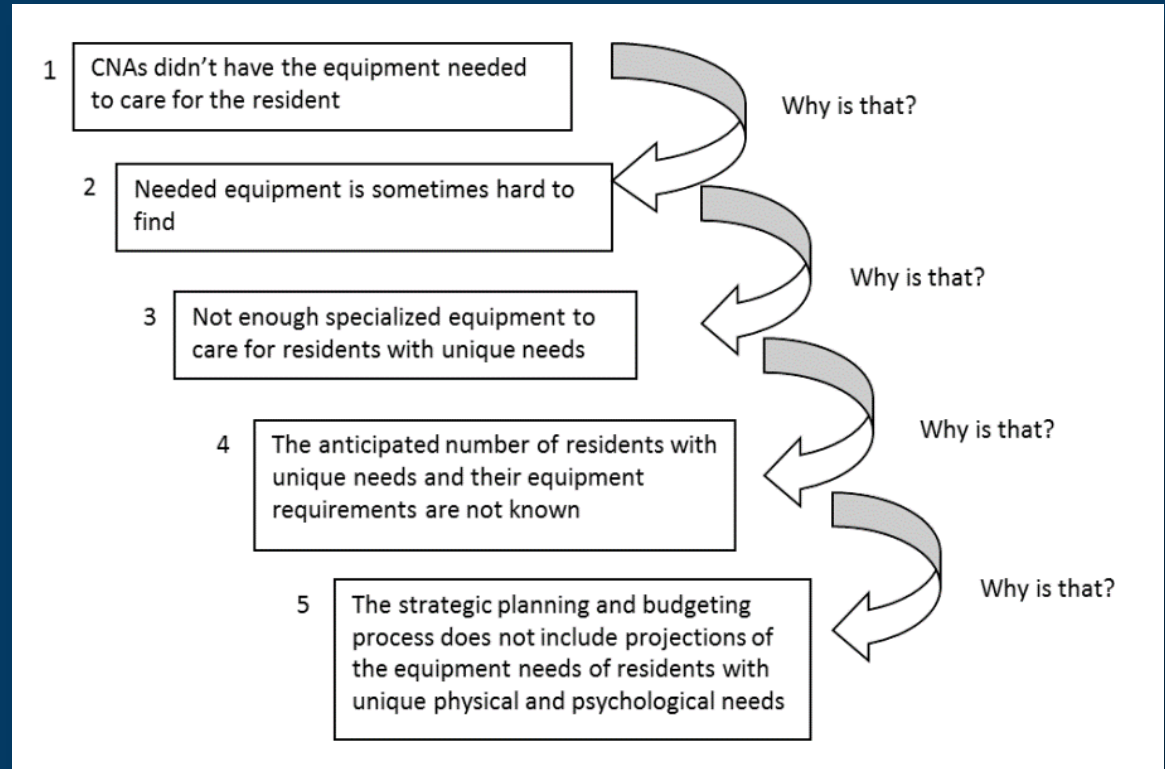
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Root Cause Analysis (RCA) in 3 Steps

1. Determine what happened.

2. Determine why it happened.

3. Figure out what preventive measures can be implemented.

RCA in Action

- A resident is placed in the hoyer lift from wheelchair to be transferred back to bed

- The lift begins to sink toward the floor due to the resident's weight exceeding limits of lift capacity

- The CNA attempts to swing the resident over to the bed to avoid the resident falling to the floor

- The hoyer lift tips, the resident falls to the floor and the hoyer lift falls on top of him

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5 Whys and a Collapsed Hoyer Lift

1 CNAs didn't have the equipment needed to care for the resident

Why is that?

2 Needed equipment is sometimes hard to find

Why is that?

3 Not enough specialized equipment to care for residents with unique needs

Why is that?

4 The anticipated number of residents with unique needs and their equipment requirements are not known

Why is that?

5 The strategic planning and budgeting process does not include projections of the equipment needs of residents with unique physical and psychological needs

Why is that?

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Plan, Do, Study, Act

Plan

What change are you testing?
Who will be involved?
What data needs collected?
What do you predict will happen? Why?
How long will the change take?
What resources are needed?

Do

Carry out a test on a small scale.
Document observations. Collect data.

Study

Determine if the change resulted in the expected outcome.
Are these implementation lessons?
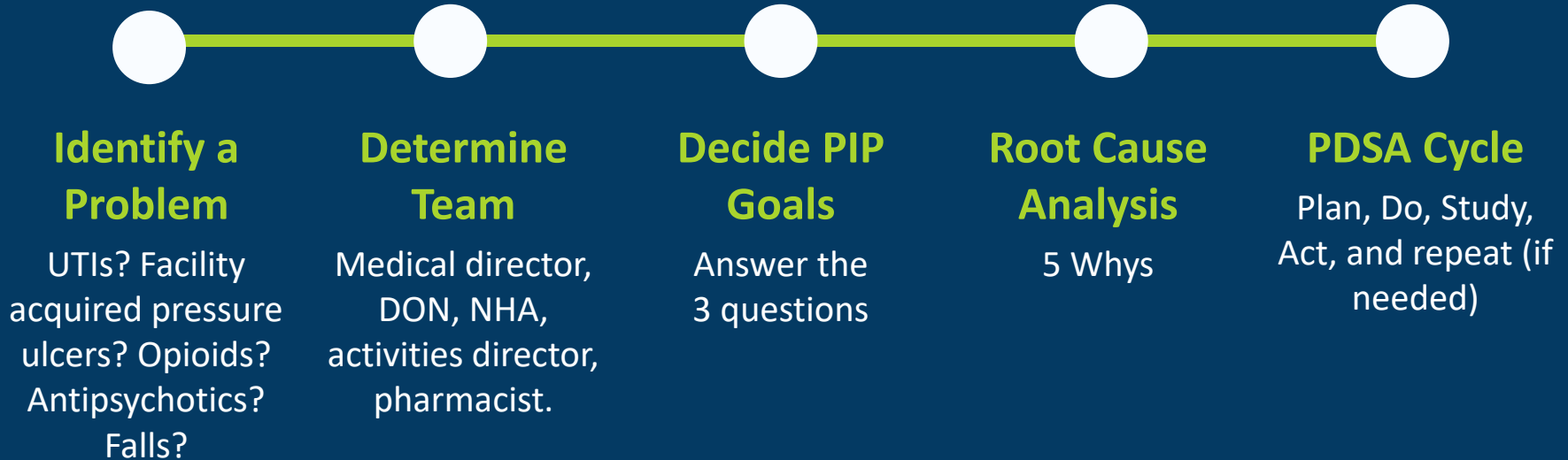Any surprises? Successes? Failures?
Compare results to predictions.

Act

Based on what you learned: Adopt, adapt, or abandon.

Designing a QAPI Plan

Identify a Problem

UTIs? Facility acquired pressure ulcers? Opioids? Antipsychotics? Falls?

Determine Team

Medical director, DON, NHA, activities director, pharmacist.

Decide PIP Goals

Answer the 3 questions

Root Cause Analysis

5 Whys

PDSA Cycle

Plan, Do, Study, Act, and repeat (if needed)

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QAPI in Action

Real Life Examples

Quality is not an act. It is a habit. – Aristotle

Urinary Tract Infections

Can we move the needle?

Your facility has had an increase in the number of urinary tract infections in the last 4 months. The facility urinary tract infection rate is now more than twice the national average compared to 4 months ago when the rate was at the national average. The infection preventionist approaches the DON about the increase.

The Steps

1. Identify a problem

2. Decide on a team

3. Determine PIP goal (ask the 3 questions)

4. Root cause analysis

5. Plan, Do, Study, Act

Creating a QAPI Plan

- The infection preventionist prints out a list of all UTIs in the last 6 months and speaks to the MD. They determine that there has been an substantial increase over the last 4 months.

- The IP and MD meet with the DON and NHA about the UTI rates. UTIs are broken down by date and unit. Most UTIs are found to be on 1 unit.

- PIP goals:
  1. **Aim:** We are trying to reduce the number of UTIs.
  2. **How will we know:** We will have less UTIs diagnosed as well as less UA C&S ordered. We will also have less antibiotics used.
  3. **Change we can implement:** We can utilize an algorithm for UTI diagnosis and treatment.

Creating a QAPI Plan

- Root cause analysis: Why is a UA C&S ordered? Why are there more UTIs on a particular unit? Why is one provider ordering more UAs? Why are certain resident being diagnosed with multiple UTIs?

- PDSA: Implement an algorithm for UTI diagnosis and treatment (start small). Track results of implementation on UTI rates. Study results and adopt, adapt, or abandon. Repeat as needed.

Opioids

More needle-moving

The medical director has determined that almost 50% of residents in the facility are receiving opioids. After a discussion with the DON, they determine that new admissions admitted to the facility on opioids continue with these orders indefinitely.

5 Steps to a QAPI Plan

1. **Problem:** Too many residents receiving opioids

2. **Team:** MD, DON, ADON, NHA, pharmacist

3. **PIP goal:**
   1. **Aim:** We want to reduce opioids.
   2. **Improvement:** We will have fewer residents receiving opioids and less opioid adverse drug events (ADEs).
   3. **Change:** We can implement an opioid tapering plan for new admissions.

5 Steps to a QAPI Plan

4. **Root Cause Analysis:** Why are opioid orders run indefinitely? Why aren't other modalities use? Etc...

5. **PDSA:** An opioid tapering schedule is initiated on all new admissions who had opioids started in the hospital and were not taking opioids prior to hospitalization. Number of resident receiving opioids is tracked over 4 months. Adopt, adapt, or abandon.

The Purpose-Oriented Medical Director

Engagement

Communicate to your medical director the importance of developing QAPI initiatives and their role in these projects.

Empowerment

Encourage the medical director to develop ideas for QAPI initiatives and share them with the facility team.

Meaning

Ask the medical director what would make their job meaningful. Improved star rating? Few falls? Performance on survey? Utilize this input as a starting point for QAPI initiatives.

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The Purpose-Driven Nursing Home

40%

Higher levels of workforce retention

Purpose-oriented companies have higher levels of productivity and a more satisfied workforce. QAPI initiative can create purpose and meaning in facility culture.

https://www2.deloitte.com/content/dam/insights/us/articles/2020-global-marketing-trends/DI_2020%20Global%20Marketing%20Trends.pdf

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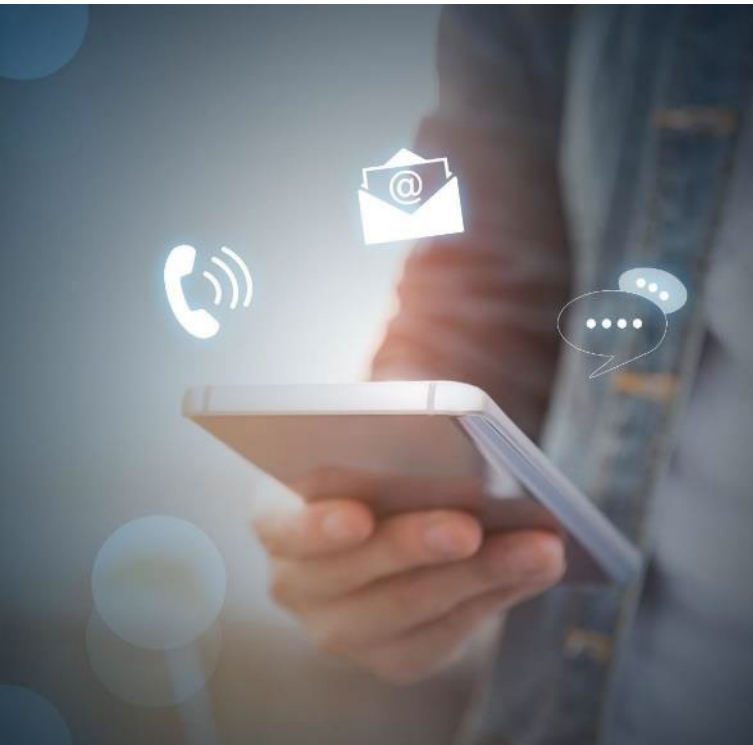
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