A Person-Centered Approach to QAPI

Joshua Bernard, LNHA, QCP & Sandy Fitzler, RN
• **DATA**: Use data to inform your investigation. *What are your “pain points”?*

• **ENGAGEMENT**: Get to the root cause by **talking about the issue** with others in a structured way

• **Review** and **sort** the issues

• Big ticket items: Determine the **most important systemic issues**

• **PiP It! PiP it Good!** Initiate a Performance Improvement Project

• Spread your success
QAPI: A Person-Centered Approach

“The customer’s definition of quality is the only one that matters”

“Meeting or exceeding customer expectations”

-W. Edward Deming
KNOWING

1. Your Business
2. Your Residents
3. Your Quality Markers

DOING

4. Develop a Quality Master Plan
5. Create Improvement Plans
6. Sharing Your Efforts & Successes

QAPI: 6 STEP APPROACH

HATCH
Holistic Approach to Transformational Change
KNOWING
Knowing Your Business

CASPER Facility Level Report
Nursing Home Compare
### CASPER Report
#### MDS 3.0 Facility Characteristics Report

**Report Period:** 07/01/18 - 09/30/18  
**Comparison Group:** 03/01/18 - 08/31/18  
**Run Date:** 11/19/18  
**Report Version Number:** 1.00

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<tr>
<td>Discharge Plan</td>
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# CASPER Report

**MDS 3.0 Facility Characteristics Report**

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<td><strong>Gender</strong></td>
<td></td>
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<tr>
<td>Male</td>
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| Num: 49, Denom: 104             | Observed Percent: 47.1%  
| State Average: 38.3%  
| National Average: 38.9%        |
| Female                         |                  |
| Num: 55, Denom: 104             | Observed Percent: 52.9%  
| State Average: 61.7%  
| National Average: 61.1%        |
| **Age**                        |                  |
| <25 years old                  |                  |
| Num: 0, Denom: 104             | Observed Percent: 0.0%  
| State Average: 0.4%  
| National Average: 0.4%        |
| 25-54 years old                |                  |
| Num: 2, Denom: 104             | Observed Percent: 1.9%  
| State Average: 4.9%  
| National Average: 5.5%        |
| 55-64 years old                |                  |
| Num: 12, Denom: 104            | Observed Percent: 11.5%  
| State Average: 10.9%  
| National Average: 11.2%       |
| 65-74 years old                |                  |
| Num: 24, Denom: 104            | Observed Percent: 23.1%  
| State Average: 18.7%  
| National Average: 20.2%       |
| 75-84 years old                |                  |
| Num: 35, Denom: 104            | Observed Percent: 33.7%  
| State Average: 26.7%  
| National Average: 27.9%       |
| 85+ years old                  |                  |
| Num: 31, Denom: 104            | Observed Percent: 29.8%  
| State Average: 38.4%  
| National Average: 34.8%       |
| **Diagnostic Characteristics** |                  |
| Psychiatric diagnosis          |                  |
| Num: 80, Denom: 103            | Observed Percent: 77.7%  
| State Average: 60.4%  
| National Average: 55.1%       |
| Intellectual or Developmental Disability |                  |
| Num: 2, Denom: 47             | Observed Percent: 4.3%  
| State Average: 1.4%  
| National Average: 1.4%        |
| Hospice                        |                  |
| Num: 11, Denom: 104           | Observed Percent: 10.6%  
| State Average: 6.9%  
| National Average: 6.8%        |
| **Prognosis**                  |                  |
| Life expectancy of less than 6 months |                  |
| Num: 8, Denom: 104            | Observed Percent: 7.7%  
| State Average: 5.3%  
| National Average: 5.9%        |
| **Discharge Plan**             |                  |
| Not already occurring          |                  |
| Num: 98, Denom: 104           | Observed Percent: 94.2%  
| State Average: 54.5%  
| National Average: 58.9%       |
| Already occurring              |                  |
| Num: 6, Denom: 104            | Observed Percent: 5.8%  
| State Average: 45.5%  
| National Average: 41.1%       |
| **Referral**                   |                  |
| Not needed                     |                  |
| Num: 100, Denom: 104          | Observed Percent: 96.2%  
| State Average: 85.2%  
| National Average: 89.8%       |
| Is or may be needed but not yet made |                  |
| Num: 2, Denom: 104            | Observed Percent: 1.9%  
| State Average: 3.9%  
| National Average: 3.0%        |
| Has been made                  |                  |
| Num: 2, Denom: 104            | Observed Percent: 1.9%  
| State Average: 10.9%  
| National Average: 7.2%        |
Knowing Your Business
CASPER Report - Case Study

- Female population higher than comparisons
- Age 65 – 74 higher than comparisons
- Psychiatric Diagnosis higher than comparisons – why?
- Hospice below comparisons
- Referral not needed – why?
- Entered Facility From: Hospital & Nursing Home – name sources
Nursing Home Compare

- 4 star facility
- 3 star health inspections
- CNA staffing below comparison
- LPN staffing below comparison

Survey Citations

- Resident Rights – dignity
- Resident preference - accommodation
- Resident/Family participation
- GDR – implement & no overuse PRNs
- Care Plan – person-centered
- Dental Services – provide/obtain
- Dietary – food palatable, appetizing, etc.
Knowing Your Residents

CASPER Resident Level Report
**CASPER Report**

MDS 3.0 Resident Level Quality Measure Report

**Report Period:** 07/01/18 - 05/09/18
**Run Date:** 11/19/18
**Report Version Number:** 3.00

Note: S = short stay, L = long stay, X = triggered, b = not triggered or excluded.
C = complete; data available for all days selected, I = incomplete; data not available for all days selected

### Resident Name

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<tr>
<th></th>
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### Data

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### Active Residents

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Knowing Your Quality Markers

CASPER QM Report
HCA Readmission Report
HCA Standard Analytics Report
Internal Data Reports – ex: Falls
Infection Control Reports
Incident Reports
& many more!
Knowing Your Quality Markers: Case Study

24 Residents triggered 3 or more QMs

9 Residents triggered 4 QMs

3 Resident triggered 5 QMs
Knowing Your Quality Markers: Case Study

18 of the 24 residents triggered the Fall QM

14 of the 24 residents triggered the Antipsychotic QM

10 of the 24 residents triggered the Behavior QM

13 of the 24 residents triggered the Incontinence/UTI QM
Knowing Your Quality Markers: Case Study

CASPER QM Report

QMs for Pain & Depression “0”

QMs for Falls, Antipsychotics, Behaviors, and UTIs, Incontinence elevated
DOING
Doing - Fix the Immediate Issues

- Not every issue requires a PIP
- Immediately fix known hazards
- Immediately respond and address complaints
Doing - Fix the Immediate Issues
Case Study

Check MDS coding for Pain & Depression

Improve CNA Hours
“If you can’t describe what you are doing as a process, you don’t know what you’re doing.”

-W. Edward Deming
1. Select 1 or 2 residents triggering several QMs
2. If planning more than 1 resident, select residents on the same unit with similar QM elevations
3. Develop a Performance Improvement Project Outline & select a team
4. Develop Performance Improvement Plan(s) (PIP – Plan) for each resident
Doing: Develop a Quality Master Plan – 10 Questions

- Who is the committee responsible for QAPI?
- How will your facility record QAPI activities?
- Do you have a Vision & Mission Statement?
- What are your quality improvement goals?
- How are you measuring outcomes?
- What is the completion date of each goal?
- What is the target for each area measured?
- How will you communicate your QAPI plan to employees?
- How often will staff training be conducted?
- How will you discuss QAPI with residents & Family?
- What is the name of your PIP?
- Who will participate?
- Any supply/equipment needs?
- What is the PIP meeting schedule?
- What data sources to monitor project?
- Who is project data reviewer?
- Who will prepare/present project results?
- What protocol/procedure will you use?
- What problem solving model will you use?
- What root cause analysis process is used?
Doing: Finding Root Cause Learning Circles

- There are no wrong answers

- Solicit participation from everyone if possible. Everyone offers a unique perspective
Doing - Finding Root Cause
Fish Bone Charting

Fishbone Diagram

Goal: Reduce our Antipsychotic Medication rate from 25% to 10% (per the CASPER report) beginning 2/1/17 and ending 7/1/17

Environment
- Res to res alterations occur in the DR after the evening meal
- Staff noted at the nurses’ station at the change of shift
- Six of agitated behavior have been noted at the nurses’ station
- Limited space for quiet time to reduce overstimulation

Equipment
- 1-pods are not available for M&M to the night shift
- Need alternatives to traditional band aids
- Pod replacement aroma therapy quiet area with fish tank

People
- Family members refuse GDRs
- Most new orders come on evening shift and week ends
- Staff turnover
- Sleep order from hospital staff

Problem
- 23% of our residents (excl. those with HD, Tourette’s and Schizophrenia have been excluded) are at risk to serious SEs from AP medication; this rate is 9% higher than our state average

Methods/
- Communication to staff about specific GDRs in process
- Target behavior, non-pharm interventions
- No written policy
- Activity hours/programs
- ID who and How for GDR

Materials
- Recording device for family voice
- Need more snacks for evenings and nights
Doing - Problem Solving Process - PDSA

**PLAN**
- Propose change idea and how it will be tested
- Predict what will happen

**DO**
- Implement change idea
- Collect data
- Reflect on how well the plan was followed

**ACT**
- Share final reflections
- Conclude whether to Adopt, Adapt, or Abandon change idea

**STUDY**
- Analyze data collected
- Compare results to predictions
- Capture learnings
CREATING
Facility Name: J & A Rehabilitation Center

Name of Plan: Reduce/eliminate (if possible) antipsychotic drug use for Resident A & address behaviors using non-pharmacological approaches

Problem Statements:
• Resident A was admitted on 5/23/18 with prescribed antipsychotic medication and has been taking this med since 12/1/17
• Med prescribed for behavior – yelling, verbally aggressive language, and disruptive to others
• Naps during the day
• Does not engage in activities
Root Cause Findings:
- Has dementia & fell 2 months ago, sustaining a back injury and now in wheelchair
- Yelling behavior starts on awakening & refuses morning care – want to smoke
- Does not like to be near Resident B
- Observes activities outside of activities room – wheelchair access may be a problem

Plan Interventions:
- Ask Consultant Pharmacist to do med review to determine impact on behavior, nappy, & falls risk.
- Ask Pharmacist to check for drug interactions, GRD potential, & safer drug alternatives.
- Talk to PCP about medication review and GRD.
- Arrange for resident to be first for morning care & check MDS for Customary & Routine
Plan Interventions:

- Arrange for resident to smoke after morning care.
- Check with family for resident likes, dislikes, & hobbies.
- Partner resident with another resident he is friendly with & has common interest.
- Develop & institute a person-centered activities program.
- Reinforce use of positive behavioral approaches with unit staff.
- Rule out environmental irritants – lighting, glare, noise, etc.

Measurement Resources:

- Behavior log measuring resident-to-resident and resident-to-staff altercations- monitor daily
- Monitor CASPER QMs – quarterly Monitor activity involvement by day
Facility Name: J & A Rehabilitation Center

Name of Plan: Reduce / Eliminate Drug Related Overdoses & Improve Facility Security

Problem Statements:

• 7 Instances of reportable events within a single month to state DPH & administration of Narcan
• Gang violence & Drug deals precipitating outside facility.
• Multitude of drug confiscations from residents.
Create: PIP Plan System Sample

• Root Cause Findings:
  • Lack of surveillance to track number and frequency of parking lot visits (people meet in parking lot briefly and leave)
  • Visitor log – limited in information gathered
  • Lack of knowledge of gang activities

• Plan Interventions:
  • Partnership with community watch, local police, and community leaders
  • Installation of security cameras with centralized monitoring
  • Acquisition of security guards for facility entrance & high risk floors. 24/7 monitoring.
Plan Interventions:

- Arrange for designated smoke times with supervision.
- Consolidating SUD/Behavioral Health population made it more manageable, and have not seen increase in negative behaviors associated with consolidation.
- Hired/Contracted with Community SUD Physician to assist with treatment.
- Implementation of Support Groups & AA Meetings.

Measurement Resources:

- # of drug related overdose reportable events, behavior logs, security footage, attendance of support groups & AA meetings.
SHARING & SPREADING
Sharing: Your Efforts & Successes
The person-Centered PIP Project Outline & Plan:

- Established a written care plan with documentation
- Addressed issue related to antipsychotic evaluation and GRD
- Addressed resident preferences in care & personalized an activities program with accommodations
- Engaged the family in providing feedback to the PIP team regarding likes, dislikes, and hobbies

The PIP Team and Plan addressed most of the areas identified in survey
Common QAPI Issues & Mistakes

Too Many PIPs

Not Engaging Staff

No Written Plan

Not Knowing Your Processes

No One Is Accountable

Not Knowing How To Defend The Care You Provide

Not Making Quality Assurance & Performance Improvement Fun!
Common QAPI Issues & Mistakes

- Too Many PIPs
- No Written Plan
- No One Is Accountable
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- Not Knowing How To Defend The Care You Provide

Not Making Quality Assurance & Performance Improvement Fun!
QUESTIONS?