Comagine Health

QAA/QAPI Meeting Agenda Guide

Date of Meeting

The facility is required to have a QAA committee (do not need to use this name) that meets at least quarterly – and as needed – to coordinate and evaluate activities under the QAPI program. Although meeting quarterly is the requirement, many homes choose to meet monthly or weekly to review and evaluate progress toward quality improvement goals.

Attending

The following members are required to be on the QAA committee:

- Director of Nursing Services
- Medical Director
- Nursing home administrator, owner, board member, or other individual in a leadership role
- Two other staff members
- The infection prevention and control officer (required by November 28, 2019)

Other suggested members of the QAA committee:

- Quality Coordinator
- MDS Nurse
- Consultant Pharmacist
- Infection Preventionist
- Direct Care Staff – nursing assistants, dietary aides, housekeepers, etc.
- Dietary Director
- Housekeeping Director
- Social Services Director
- Environmental Services Director
- Therapy Director
- Human Resources Director
- Board Member
- Activities Director
- Resident/Family Representative
- HIT Director
- HIM/business office representative

The bulk of your quality meeting (at least 80 percent) should be used to complete the discussion and action items. 20 percent should be used to review data to be collected prior to the meeting. Prior to meeting, the champions/assigned staff should complete the table (the measure, goal, and current status) on each section of the agenda. Share the agenda prior to meeting so members can review the data and be prepared for discussion.

Consider the Following Questions to Guide Discussion and Identify Action Steps

Discussion:

- Have we determined the root cause(s) of the problems we are attempting to solve?
- What systemic changes are needed?
- How are we monitoring progress?
- Are we making progress toward our goal?
- Is there a need for additional resources?
- Are there constraints or barriers to our progress? (such as regulations or funding gaps?)

Actions:

- What actions will we take to reach the goal?
- Who is responsible for each action?
- What is the completion date for each action?
- How will we report the outcomes of our QAPI Activities (Communication Plan)?

Current Quality Assessment and Assurance Activities

Completing this section will guide your team in implementing QAPI principles as well as help meet the QAPI regulation.

The QAPI regulation states that the QAA committee should coordinate and evaluate activities under the QAPI program, such as:

- Identifying issues with respect to quality assessment and assurance activities
- Developing and implementing appropriate plans of action to correct identified quality deficiencies
- Regularly reviewing and analyzing data collected under the QAPI program and data resulting from drug regimen reviews and acting on available data to make improvements

In addition, the regulation states that the facility's QAPI program must:

- Include clinical care, quality of life, and resident choice
- Include effective systems to obtain and use feedback and input from direct care staff, other staff, residents, and resident representatives
- Include effective systems to identify, collect and use data and information from all departments
- Develop, monitor, and evaluate performance indicators.
- Monitor adverse events.

Based on these regulations, here is an example of what your Quality Assessment and Assurance Activities might look like on your agenda with meeting notes:

Current Quality Assessment and Assurance Activities – Examples

Topic	Champion(s)	Measure	Goal	Current status
Abuse, Neglect, Maltreatment Reports	Margaret	% of abuse, neglect, maltreatment allegations that are reported to the administrator as soon as the resident is safe	100% of abuse, neglect, maltreatment allegations will be reported to the administrator as soon as the resident is safe	67% (two of three allegations were reported immediately to the administrator)

Discussion: An allegation of neglect occurred on a Saturday evening shift and was not reported to the administrator until Monday morning by the DON. Investigation showed that the RN made sure the resident was safe, began an investigation, and then was distracted when another resident needed to be sent to the hospital. The investigation was not completed or communicated to the next shift and the RN was not scheduled to work the next day. The RN was aware of the process in place to report neglect allegation. The root cause appears to be that the nurse was distracted and forgot to follow through with the

investigation, documentation, and reporting of the event that is including in our incident report checklist. In the past few months, our process of including reporting information clearly on the incident reports has been working well. However, in this case, the nurse was distracted, and did not complete the incident report, checklist, and follow-up notifications.

Actions: All agreed that this could happen again if the person investigating allegations becomes distracted. Margaret volunteered to get a small group together to brainstorm ideas on how to engage more than one person in the completion of an incident report when there is an allegation of abuse, neglect, or maltreatment. Progress will be reported at our next meeting.

Topic	Champion(s)	Measure	Goal	Current status
High-risk medication adverse events	Kelly	Number of high risk or narrow-therapeutic drug adverse events.	Zero adverse events related to high-risk medications and/ or medications with a narrow-therapeutic index	One high-risk medication error resulting in resident harm occurred this month.

Discussion: This month, a resident had increased bruising which was noted to be due to a high INR. An investigation revealed that this resident was on Warfarin and an antibiotic. He did not have his INR checked within three days when placed on the antibiotic as is indicated on our standing orders. The group agreed it would best if there could be an alert in the computer, or "force" an INR order within 3 days whenever an antibiotic is prescribed and someone is on Warfarin.

Actions: Within two weeks, Ted will check to see if we can add an alert to the EHR to order an INR within three days of an antibiotic being ordered when someone is on Warfarin. Update at the next meeting.

Topic	Champion(s)	Measure	Goal	Current status
Rehospitalization Rates	Kelly	Percentage of INTERACT Quality Improvement forms completed and reviewed by the leadership team when a short stay resident is readmitted to the hospital	100% of INTERACT Quality Improvement forms will be completed and reviewed by the leadership team	Four residents on the short-stay unit were readmitted to the hospital this month. A QI form was completed and reviewed with each readmission

Discussion: The process to complete the QI form following all short-stay readmissions has been successful. The leadership team reports that their reviews have shown that two of the four readmissions may have been preventable. For one resident, changes in the resident's condition might have been communicated better among facility staff and with physician/NP/PA. For the second resident, the condition might have been managed safely in the facility with available resources instead of sending the resident to the ER.

Actions: To address the communication issue, SBAR retraining was done with all nursing staff. The clinical manager is currently auditing SBARs for all residents that have a change in condition. To address the available resources issue, the INTERACT Nursing Home Capabilities List has been completed and posted on the unit to use as a guide when speaking to the providers regarding a change in condition. It also has been added to the SBAR form as a reminder for nursing home staff to discuss our capabilities when calling the provider about a resident change in condition. Kelly will continue to monitor the QI review forms to see if these actions are effective in preventing readmissions and report at the next meeting.

Topic	Champion(s)	Measure	Goal	Current status
Urinary Tract Infections	Kathleen	1. Percentage of long-stay residents with a urinary tract infection 2. The number of urine cultures done per month 3. The number of urine cultures done per month that did not meet criteria	1. At or below the state average of 3.5% 2. N/A 3. Zero urine cultures done that did not meet criteria	1. Have decreased this month from 6.25% to 4.1% 2. Six urine cultures were done this month 3. Two urine cultures were done on residents who did not meet the criteria

Discussion: Improvement in our UTI rate may be related to fewer urine cultures being done since we initiated the Loeb's criteria three months ago. However, this month a culture was ordered for two residents who did not meet criteria for a UTI. Orders for the cultures were both obtained from an on-call physician who was called regarding a change in condition. We do not have a standard process to communicate changes of condition regarding potential UTIs to providers.

Actions: It would be helpful to have a standard communication tool to use when talking with providers to make sure they are given all of the necessary information.

Next step: Kelly will look for UTI SBAR forms that the leadership team will review prior to our next meeting. Findings will be reported at next meeting.

Topic	Champion(s)	Measure	Goal	Current status
Nursing Assistant Turnover	George	The percentage of nursing assistants employed for less than one year	Annualized rate of < 60% Baseline Jan 1, 2017 - December 31, 2017 was 75%	Nursing assistant annualized turnover rate is currently 71%

Discussion: The 2017 staff satisfaction survey report results showed that nursing assistants were most concerned about poor communication and lack of leadership support. Although we can't be sure that poor communication and lack of leadership support is one cause of our nursing assistant turnover, we haven't addressed these staff concerns. Discussed the nursing assistants' comments regarding lack of leadership support. All present feel they have an "open door" policy. There was also discussion about communication issues and all agreed that we could do a better job keeping direct care staff in the loop and giving them more opportunities to be involved with decision making. However, we need more information to help us understand the perception of lack of leadership support and poor communication.

Actions: George will convene a subgroup to develop discussion questions for nursing assistant focus groups. These questions will be developed and a plan for focus group scheduling will be completed by our next monthly meeting.

Current Performance Improvement Projects

Completing this section will help your team keep up to date with current performance improvement projects as well as help meet the QAPI regulation.

The regulation states:

- As part of performance improvement activities, the facility must conduct distinct performance improvement projects.
- The number and frequency of improvement projects conducted by the facility must reflect the scope and complexity of the facility's services and available resources, as reflected in the facility assessment.
- Improvement projects must include at least annually a project that focuses on high risk or problem-prone areas identified through data collection and analysis.

Example

Performance Improvement Project	Champion(s)	Measure	Goal	Current status
Decrease the use of antipsychotic medications for long-stay residents	Lily	Percentage of long-stay residents who receive an antipsychotic medication.	At or below the state rate of 13.5%	16.32 % (17) of the long stay residents are on an antipsychotic medication

Discussion: This month the team was able to reduce the antipsychotic medication dose for six residents and discontinue the medication for one resident. The consultant pharmacist has done a review of all residents on these medications and has made several recommendations for GDRs. Most of the providers have been adhering to the pharmacy recommendations. However, the PIP team has noted that the biggest barrier has been in getting buy-in from the consultant psychiatrist who is hesitant to reduce the use of these medications. There was a discussion about the necessity of referring residents with a diagnosis of dementia and without a mental illness diagnosis to the psychiatrist. The culture here has been to refer all residents exhibiting behavioral expressions to the psychiatrist. This is often done before we try to figure out the root cause of the target behavioral expression. Perhaps a non-pharmacologic intervention may be effective without having the resident see the psychiatrist as a first intervention. This would cut down on the use of antipsychotic medications since the consultant psychiatrist's first intervention often is to prescribe medications.

Actions: The PIP team has asked all of the neighborhood clinical managers to review the care plans for residents that are taking an antipsychotic medication to ensure that there has been an attempt to determine a root cause for their target behavioral expression(s) as well as non-pharmacological interventions in the care plans to address these root causes. These reviews will be finished and the care plans updated by the end of next week. Lily has added a statement to our antipsychotic medication reduction policy that a psychiatry consult can only be ordered after a review by the interdisciplinary team. Our medical director also agreed to have a conversation with our consultant psychiatrist to make sure he understands that we would appreciate his help in coming up with other strategies besides medications to address behavioral expressions of dementia.

Performance Improvement Project	Champion(s)	Measure	Goal	Current status
Hand Washing	Kathleen	1. Number of handwashing audits completed on each neighborhood each month 2. Percentage of handwashing audits that are positive	1. 15 handwashing audits will be completed on each neighborhood each month. 2. 95% of handwashing audits will be positive	1. 100% of the handwashing audits were completed 2. 98% of the audits were positive

Discussion: The handwashing program that was instituted 6 months ago has been positive. Staff has responded well and have been enthusiastic about competing with other units for high handwashing audit scores.

Actions: Our goals have been reached for the past three months. Each neighborhood will celebrate the success of this program with a pizza party. Eleanor will write an article about the program and the success to include in the resident and family newsletter. This PIP has come to an end, but each neighborhood is asked to complete five handwashing audits per month to ensure that the good results are sustained. Audits will be reviewed at the meetings and added to our current QAA activities.

Concerns Reported by Residents, Families, or Staff

Completing this section will help your team address resident, family and staff concerns as well as help meet the QAPI regulation. The regulation states:

- The facility must have effective systems to obtain and use feedback and input from direct care staff, other staff, residents, and resident representatives.

Concern
A family member shared a comment in the suggestion box that indicated she was not able to attend her mother's care conference because she works and the time of the care conference is during the work day. She added that she would like to provide input into her mother's care but has been unable to do this because of her work schedule.

Discussion: Margaret said that she does have trouble scheduling care conferences around family's work schedules. She doesn't know how to get around this since it is difficult to schedule care conferences outside of typical work hours so all internal staff can attend (social workers, therapy staff, and nursing staff). The group brainstormed and came up with these ideas:

- Choose two evenings a month when internal staff will be available for care conferences for those families unable to attend during the day.
- Offer a "virtual "option where families either at work or out of town, can participate in the care conference via SKYPE.

The social worker will share the plan of care with the family member(s) prior to the care conference, and get their feedback prior to the care conference. Then follow-up with them after the care conference with any questions they have.

All agreed that the first two options would be more ideal than the third.

Actions: Margaret will work with social work and therapy staff to re-arrange schedules so they are available for care conferences in the evening (between 5:00 and 7:00 PM). When scheduling care conferences, if family members are unable to attend either because they are out of town or working, she will offer a SKYPE option. If that won't work for them, she will offer to schedule the care conference in the evening. This process will be tightened up and will be ready to go by the end of next month.

New Issues/Opportunities That Need to be Addressed

New Issue
Nursing Assistant Turnover

Discussion: George suggested that since the handwashing PIP has come to an end, he would like to see a PIP initiated that addresses nursing assistant turnover. As we discussed earlier, there is much more information that needs to be collected to figure out the root causes of nursing assistant turnover. All agreed that this is a priority issue that needs to be addressed since consistent and qualified staff are essential to improve the quality of life and the quality of resident care. The group discussed who should be included on this PIP team.

Actions: Within the next two weeks, George will convene a meeting of this new PIP team. The team will complete a charter which they will present at our meeting next month.

What have we talked about today that will make the lives of our residents and/or staff better by the next time we meet?

- Eliminating inappropriate urine cultures will ensure that our residents are not being treated with antibiotics for UTIs unnecessarily.
- Improving communication will help prevent residents from being sent to the hospital.
- Residents that have antipsychotic medications reduced or discontinued are at less risk for adverse drug events.
- More of our residents' plans of care will include input from families since we are making it easier for families to attend care conferences.

Review of QAPI Plan

The QAPI regulation states that all facilities present its QAPI plan to the State Survey Agency of Federal surveyor at each annual recertification survey and upon request during any other survey and to CMS upon request. Making sure that your QAPI written plan is complete and current should be included in your QAPI agenda.

- Date of last review: **11/28/2017**
- Any changes needed to QAPI Plan? **No changes at this time.**

Adapted by Comagine Health, the Medicare Quality Innovation Network - Quality Improvement Organization (QIN-QIO) for Idaho, Nevada, New Mexico, Oregon, Utah and Washington, from materials provided by Lake Superior Quality Innovation Network, and prepared under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy.