Cooking Up a QAPI: Recipe for Success Under the new COPs – Part 2

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Objectives
- Review the processes of root cause analysis and rapid cycle improvement using PDSA in your QAPI program.
- Develop an agency QAPI program for improving clinical outcomes, process measures, infection control and patient satisfaction.
- Discuss how care coordination can be integrated into your QAPI program.
- Identify tools and resources that can be integrated into your QAPI program.

Rationale for QAPI
- CMS wants to move toward “Patient-centered, data-driven outcome-oriented processes that promotes high quality patient care at all times for all patients”
- Proposed COPs published in the Federal Register Vol 79, No. 196 on 10/9/14
Key Elements of QAPI

- Proactive performance monitoring
- Data driven
  - Identification of opportunities
  - Measureable improvement from interventions
- Incorporate PI resulting from Infection Control Program surveillance activities
- Supervised by Governing Body
- Use of outside resources is allowed

Components of QAPI

- 5 Components / Standards
  - Program Scope
  - Program Data
  - Program Activities
  - Performance Improvement Projects
  - Executive Responsibilities

Performance Improvement Projects

- Reviewed and updated at least annually
- Reflect the scope, complexity and past performance of the HHA’s services and operations
  - Focus on past problem areas, poor outcomes
  - High risk/high volume services
- Document the projects chosen and the reason for choosing those projects
Moving from QA to QAPI

Processes For Improvement
- Root Cause Analysis
- PDSA
- Rapid Cycle Improvement

Root Cause Analysis
- A way of looking at unexpected events and outcomes to determine ALL of the underlying causes of the event and recommend changes that are likely to improve them.
Causes of Variation

- Processes
  - Frequency of home med review
  - Staff orientation re: med review
  - Tracking refills
  - SOC med rec accuracy
- Equipment
  - Software limitations re: med entry
  - Handling of drug list
- Materials
  - Management
  - Accuracy of Agency Home Medication List
  - Med list in home
  - Tools for med education
  - Updated office med list
  - "Dr Oz Effect"
  - Shared Meds
- Environment
  - Large numbers of meds
  - Presence of outdated meds

PDSA - Plan

- Problem statement and specific aim
  - What have to learned from your data and RCA – what seems to be the problem?
  - What is the reason this problem is a priority?
  - What are we trying to accomplish?
- Measurement
  - How will we measure the change?
  - Is the change an improvement? What is the starting point and what is the goal?
- What are you planning to change to achieve your goal?
  - What steps are necessary to make the change happen?
  - Who is responsible for each of those steps?
  - What is the timeline for initiating and completing each of those steps?
  - What tools or training will need to be created?
PDSA - Do
- Complete your planned steps
- What happened?
  - Note problems - Were there issues completing any of the steps
  - Did you learn something new you hadn’t thought of? Get feedback from the staff.

Do it…see what happens!

PDSA - Study
- Describe the measured results and how they compared to baseline
  - Did you see improvement?
  - Do you need to make additional/different changes?
  - Did the changes create new problems you hadn’t anticipated? Made other outcomes or processes worse?

PDSA - Act
- What modifications need to be made to the plan based on what you learned?
- Did you achieve your aim and does your data reflect the desired improvement
  - If so, monitor for sustained change
  - If not, start the cycle again

Adopt – Adapt – Abandon
PDSA Practice

A review of EBCB data identified the following trend:
Q22. In the last 2 months of care, when you contacted the agency's office did you get the help or advice you needed?

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<tr>
<th>Date Range</th>
<th>% Yes</th>
<th>% No</th>
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<tbody>
<tr>
<td>7/1/12 - 7/30/12</td>
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<tr>
<td>7/31/12 - 6/30/13</td>
<td>85%</td>
<td>15%</td>
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<tr>
<td>Quarterly Total</td>
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<td>46%</td>
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</table>

AIM – Declining performance on Q22, and current rate below benchmark of 94%. Goal is to improve performance on Q22 to 95% based on quarterly SHP data by Dec 2014.

- Plan
- Do
- Study
- Act

So What's Rapid Cycle Improvement?
Being Successful with RCI

- Plan multiple cycles to test and adapt change
- Think a couple of cycles ahead
- Scale down size of test
- Test with volunteers
- Do not try to get buy-in, consensus
- Collect useful data during each test
- Test over a wide range of conditions
- Test implementation strategies

Overall Aim: Reducing UTIs

RCI - Workgroups

- Clinical outcome improvement
- Infection control measure improvement
- Process measure improvement
- Patient Satisfaction measure improvement
Care Coordination and QAPI
- Who is impacted? Who needs to buy in?
  - All appropriate disciplines/roles
- How are patients and caregivers involved?
  - Per CMS, "Physician involvement in efforts to improve the outcome of patient care is vital"
- Communication
  - Between clinicians (including contract staff)
  - Between clinicians and patient/caregivers
  - Between clinicians and community resources and other care providers

Sustaining Change
- Monitor the process - Is the new way still being carried out, or are people reverting to old habits?
- Monitor the data - Is the improvement continuing
- Provide feedback to staff
  - Celebrate success!!
  - When are you done?????
When Are You Done?
- At least 3 reporting periods in the same direction are required to identify a trend.
- If you have achieved your goal and sustained it for at least 3 reporting periods, you can consider moving onto another PI project.
- Watch for “stuff that pops” – is this the beginning of a negative trend?
- At least annually, the agency’s overall performance on all measures should be evaluated and new goals identified (and approved by Governing Body.)

Evaluating QAPI Program Effectiveness
- Does your data show improvement?
- If not, are the approaches/interventions changing with each failure?
- Are goals updated periodically?
- Are projects retired and new ones begun?
- Is the Governing Body involved in the evaluation?

Tools and Resources
- Infection Control
- HHQI
- CASPER Data Reports
- Proposed CoPs
Questions?

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