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# *Quality Assurance & Performance Improvement (QAPI): An Antipsychotic Medication Reduction Story*

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# *Objectives*

- Understand the differences between Quality Assurance (QA) and Performance Improvement (PI).

- Review a QAPI example of antipsychotic medication reduction.

- Learn the key elements to include in a QAPI Performance Improvement Project (PIP).

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**The Big Picture—the Basics**

- QA is focused on regulatory standards and is reactive to requirements.

- PI is applying quality improvement methods to daily work and is continuous. It is proactive, and a facility must choose to make improvements.

- The ability to think, make decisions, and take action at the system level is a prerequisite for QAPI success.

## *Background*

- The QAPI program in nursing homes (NHs) was required by the Affordable Care Act, enacted March 2010.

- Legislation requires the Centers for Medicare & Medicaid Services (CMS) to establish QAPI program standards and provide technical assistance to NHs.
  - It is an opportunity for CMS to develop and test QAPI technical assistance tools and resources before rule promulgation.

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DEPARTMENT OF HEALTH & HUMAN SERVICES
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**CMS**
CENTERS FOR MEDICARE & MEDICAID SERVICES

Center for Clinical Standards and Quality/Survey & Certification Group

Ref: S&C: 13-37-NH

DATE: June 7, 2013

TO: State Survey Agency Directors

FROM: Director
Survey and Certification Group

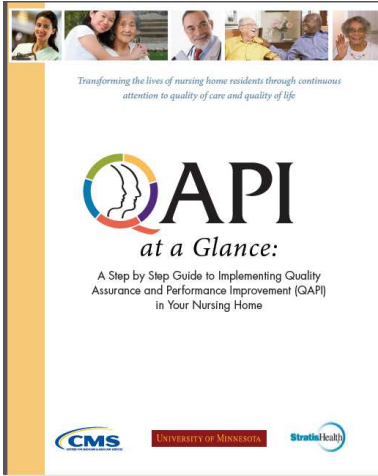SUBJECT: Rollout of Quality Assurance and Performance Improvement (QAPI) Materials for Nursing Homes

### Memorandum Summary

- **Rollout of QAPI Materials:** The Centers for Medicare & Medicaid Services (CMS) is making the following set of introductory materials available on the CMS QAPI website:
  o **QAPI at a Glance** – a guide for understanding and implementing QAPI in nursing homes
  o **QAPI Tools** – process tools, within QAPI at a Glance, to help providers establish a foundation in QAPI
  o **QAPI News Brief** – newsletter describing basic principles of QAPI
  o **Video** – *Nursing Home QAPI – What's in it for you?* - introduces QAPI, its value to residents, their families and caregivers, and what is in it for nursing homes that embrace QAPI
- **Nursing Home Quality Improvement Questionnaire:** Analysis is nearly complete on wave one of the Nursing Home Quality Improvement Questionnaire; results will be released on QAPI Website later this summer.
- **QAPI Website:** A new webpage to house QAPI training materials, tools and resources has been created on the CMS website.
- **Next Steps:** CMS will expand its QAPI efforts by developing resources for consumers.

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## QAPI at a Glance



http://go.cms.gov/Nhqapi

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## An Antipsychotic Medication Reduction Story

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# *PIP*

Includes:

- Data review (MDS 3.0 CASPER Reports)
- Specific, Measureable, Attainable, Relevant, Time-bound (SMART) Goals
- Root Cause Analysis (RCA)
- Plan of Action
- Plan-Do-Study-Act (PDSA) Cycles

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**CASPER Report**  Page 1 of 1
**MDS 3.0 Facility Quality Measure Report**

Facility ID: ▉
CCN: ▉
Facility Name: ▉
City/State: ▉
Data was calculated on: 11/22/2011

Report Period: 05/01/11 - 10/31/11
Comparison Group: 03/01/11- 08/31/11
Run Date: 12/16/11
Report Version Number: 1.00

Note: Dashes represent a value that could not be computed
Note: S = short stay, L = long stay

| Measure Description | CMS ID | Data | Num | Denom | Facility Observed Percent | Facility Adjusted Percent | Comparison Group State Average | Comparison Group National Average | Comparison Group National Percentile |
|---|---|---|---|---|---|---|---|---|---|
| SR Mod/Severe Pain (S) | N001.01 | | 41 | 235 | 17.4% | 17.4% | 19.8% | 21.4% | 49 |
| SR Mod/Severe Pain (L) | N014.01 | | 23 | 155 | 14.8% | 12.4% | 8.9% | 10.7% | 74 |
| Hi-risk Pres Ulcer (L) | N015.01 | | 6 | 141 | 4.3% | 4.3% | 7.5% | 7.1% | 33 |
| New/worse Pres Ulcer (S) | N002.01 | | 0 | 354 | 0.0% | 0.0% | 1.5% | 1.6% | 0 |
| Phys restraints (L) | N027.01 | | 6 | 234 | 2.6% | 2.6% | 3.0% | 1.9% | 80 * |
| Falls (L) | N032.01 | | 104 | 234 | 44.4% | 44.4% | 30.3% | 44.3% | 46 |
| Falls w/Maj Injury (L) | N013.01 | | 2 | 234 | 0.9% | 0.9% | 1.6% | 3.4% | 19 |
| Antipsych Med (S) | N011.01 | | 5 | 80 | 6.3% | 6.3% | 2.7% | 3.2% | 88 * |
| Antipsych Med (L) | N031.02 | | 46 | 130 | 35.4% | 35.4% | 20.0% | 23.0% | 90 * |
| Antianxiety/Hypnotic (L) | N033.01 | | 3 | 53 | 5.7% | 5.7% | 11.7% | 12.1% | 30 |
| Behav Sx affect Others (L) | N034.01 | | 69 | 171 | 40.4% | 40.4% | 21.4% | 25.5% | 83 * |
| Depress Sx (L) | N030.01 | | 0 | 196 | 0.0% | 0.0% | 2.5% | 7.2% | 0 |
| UTI (L) | N024.01 | | 7 | 230 | 3.0% | 3.0% | 6.7% | 7.5% | 28 |
| Cath Insert/Left Bladder (L) | N026.01 | | 8 | 207 | 3.9% | 3.9% | 4.7% | 4.5% | 57 |
| Lo-Risk Lose B/B Con (L) | N025.01 | | 33 | 101 | 32.7% | 32.7% | 44.0% | 42.8% | 29 |
| Excess Wt Loss (L) | N029.01 | | 8 | 226 | 3.5% | 3.5% | 6.7% | 8.0% | 17 |
| Incr ADL Help (L) | N028.01 | | 14 | 190 | 7.4% | 7.4% | 12.8% | 16.3% | 14 |

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## Goal Setting Worksheet — QAPI

*Directions:* Goal setting is important for any measurement related to performance improvement. This worksheet is intended to help QAPI teams establish appropriate goals for individual measures and also for performance improvement projects. Goals should be clearly stated and describe what the organization or team intends to accomplish. Use this worksheet to establish a goal by following the SMART formula outlined below. Note that setting a goal does **not** involve describing what steps will be taken to achieve the goal.

**Describe the business problem to be solved:**

Green Acres has a 35.4 percent long-stay antipsychotic quality-measure rate, compared to the state (CA) average of 20.0 percent. This is a problem due to antipsychotic medications producing significant side effects in the nursing home dementia population, affecting quality of care and life.

**Use the SMART formula to develop a goal:**

**SPECIFIC**
Describe the goal in terms of 3 'W' questions:

What do we want to accomplish?
Decrease antipsychotic medication rates at Green Acres.

Who will be involved/affected?
Memory Care Unit (MCU) nursing staff, social worker, activity director, nurse practitioner.

Where will it take place?
Memory Care Unit.

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# SMART Goal Example *(cont'd)*

**MEASURABLE**
Describe how you will know if the goal is reached:

What is the measure you will use?
Facility long-stay antipsychotic quality-measure rate.

What is the current data figure (i.e., count, percent, rate) for that measure?
35.4 percent long-stay antipsychotic quality-measure rate.

What do you want to increase/decrease that number to?
25.0 percent long-stay antipsychotic quality-measure rate.

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## SMART Goal Example *(cont'd)*

**ATTAINABLE**

Defend the rationale for setting the goal measure above:

Did you base the measure or figure you want to attain on a particular best practice/average score/benchmark? Yes, based on the long-stay antipsychotic quality-measure state (CA) average of 20.0 percent.

Is the goal measure set too low that it is not challenging enough?
No, goal is reasonable.

Does the goal measure require a stretch without being too unreasonable?
Yes, goal is reasonable.

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## SMART Goal Example *(cont'd)*

**RELEVANT**

Briefly describe how the goal will address the business problem stated above.
Decreasing antipsychotic rates will improve resident care and quality of life.

**TIME-BOUND**

Define the timeline for achieving the goal:

What is the target date for achieving this goal?
December 31, 2013.

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## SMART Goal Example *(cont'd)*

Decrease the long-stay antipsychotic quality-measure rate at Green Acres, with a concentration on the Memory Care Unit (MCU), from the baseline rate (Q3–4 2012) of 35.4 percent to the (Q3–4 2013) remeasurement rate of 25.0 percent, based on the MDS 3.0 CASPER Reports.
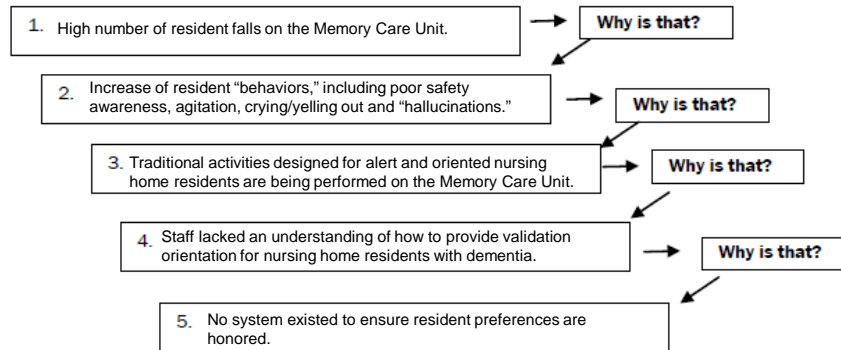
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## RCA

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## 5 Whys Method

**The problem:** Green Acres has a 35.4 percent long-stay antipsychotic quality-measure rate, compared to the state (CA) average of 20.0 percent. _____.

**Why does this occur?**

1. High number of resident falls on the Memory Care Unit. → **Why is that?**

2. Increase of resident "behaviors," including poor safety awareness, agitation, crying/yelling out and "hallucinations." → **Why is that?**

3. Traditional activities designed for alert and oriented nursing home residents are being performed on the Memory Care Unit. → **Why is that?**

4. Staff lacked an understanding of how to provide validation orientation for nursing home residents with dementia. → **Why is that?**

5. No system existed to ensure resident preferences are honored.

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## Plan of Action

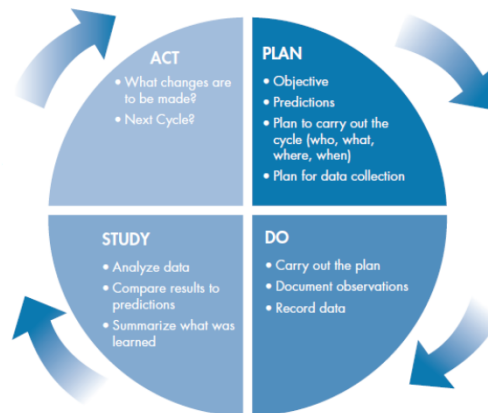| Task | Responsible Party | Goal Date | Completed Date |
|------|-------------------|-----------|----------------|
| Visit a local best-practice nursing home specializing in dementia care. | MCU Director | 8/6/13 | 8/6/13 |
| Implement bio sketches during advanced-care-plan meetings. | MCU Director | 8/15/13 | 8/16/13 |
| Train MCU staff members on "needs-driven expressions." | MCU Director | 9/30/13 | In progress. |
| Create "life stations" on MCU. | Activities Director | 10/15/13 | In progress. |

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## Plan of Action *(cont'd)*

| Task | Responsible Party | Goal Date | Completed Date |
|------|-------------------|-----------|----------------|
| Medical Director will educate all practitioners of the facility on FDA black-box warnings regarding antipsychotic medication use. | Medical Director, Director of Nursing (DON), MCU Director | 8/30/13 | 8/23/13 |
| All physician order requests for antipsychotic medications are reviewed by the DON prior to presenting to the attending physician. | DON MCU Director | 8/6/13 | 8/6/13 |
| All physician orders, new admission charts, incident reports and 24-hour reports are reviewed by the Interdisciplinary Team (IDT) daily. | DON IDT Members | 8/6/13 | 8/6/13 |

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## PDSA Model for Improvement

What are we trying to accomplish?

How will we know that change is an improvement?

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

**ACT**
- What changes are to be made?
- Next Cycle?

**PLAN**
- Objective
- Predictions
- Plan to carry out the cycle (who, what, where, when)
- Plan for data collection

**STUDY**
- Analyze data
- Compare results to predictions
- Summarize what was learned

**DO**
- Carry out the plan
- Document observations
- Record data

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## PDSA

- Plan:
    - SMART Goal setting, RCA, create a Plan of Action.

- Do:
    - Implement Plan of Action items.

- Study:
    - Measure results via MDS CASPER 3.0 Reports, medication administration records (MARs), 24-hour reports, incident reports.

- Act:
    - Spread the results through peer-to-peer sharing.

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## QAPI Rollout Materials

- QAPI at a Glance
- CMS QAPI Web site:
  http://go.cms.gov/Nhqapi
- Survey and Certification Memo 13-37:
  http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions.html

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- QAPI at a Glance: A Step-by-Step Guide to Implementing QAPI in Your Nursing Home. CMS, University of Minnesota, & Stratis Health. June 7, 2013.
- CMS National Nursing Home Quality Care Collaborative Learning Series: Session One. February 26, 2013.
- Lyon, Debra. CMS QAPI Rollout for Nursing Homes. Advancing Excellence Webinar. June 13, 2013.
- The CMS QAPI Guide: What You Need to Know A Companion to QAPI at a Glance. Ohio Medicare Quality Improvement Organization. 2013.

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## *Join With Us*

All providers, stakeholders, and Medicare beneficiaries with the will to improve health care are invited to be part of these improvement initiatives.

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## *Contact Information*

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