



BLACKTREE
HEALTHCARE CONSULTING

UNDERSTANDING AND IMPLEMENTING A QAPI PROGRAM

OVERVIEW

- New CoP requirements for QAPI
- Understanding the five standards for QAPI
 - Program Oversight/Executive Responsibility
 - Program Scope
 - Program Data
 - Program Activities
- Performance Improvement Projects
- Case Study PIP



New CoP Requirement: Understanding QAPI

NEW CoP REQUIREMENTS FOR QAPI

- January 13, 2018 – revisions to CoP effective
- Performance Improvement changes include QAPI-Quality Assurance and Performance Improvement (QAPI)
 - Organization-wide
 - Data-driven
- QAPI based on 5 standards



Understanding QAPI:

Understanding the Five Standards

FIVE STANDARDS OF QAPI

- QAPI must include the five standards:
 - Program Oversight/Executive Responsibilities
 - Program Scope
 - Program Data
 - Program Activities
 - Performance Improvement Projects



Program Oversight/Executive Responsibility

OVERSIGHT: GOVERNING BODY REQUIREMENTS

- Responsible for ensuring QAPI program scope
- Approve frequency and details of data collected
- Define, implement, and maintain program agency wide
- Prioritize efforts and evaluate effectiveness of program
- Establish expectation of patient safety
- Address any findings of waste/fraud and address immediately
- Ensure appropriate resources are used for patient care



Program Scope

PROGRAM SCOPE

- Organization-specific and data-driven
- Designed to improve patient care and agency operations
- Include areas that are:
 - High-risk
 - High-volume
 - Problem-prone
- Reflect organization
 - Scope of services
 - Complexity of patients
 - Reflect past performance
- Capable of showing measurable results



Program Data

PROGRAM DATA

- Initial data collection should include all areas of operations and be used to identify problem-prone areas
 - Quality Indicator Data
 - Home Health Compare
 - Five Stars
 - HHCAHPS
 - Safety and Health Conditions
 - Adverse Event Reports
 - Infection Control
 - Incidents
 - Patient and staff
- Regulatory Compliance
 - Compliance with plan of care
 - Supervisory visits
 - Clinical record requirements
- Organizations will need to use data to develop benchmarks for improvement
 - Benchmarks can be:
 - External: either state or national benchmarks
 - Internal: pre-determined, agency benchmarks

DATA SHOULD INCLUDE...

- Operations
 - Intake
 - Patient census
 - Top diagnosis
 - Top referral sources
 - Billing
 - Compliance to billing requirements
 - Days to RAP and Days to Final
 - Account Receivables
 - Compliance
 - Complaints
 - Audits
 - Supervisory visits
 - Therapy reassessments

DATA SHOULD INCLUDE...

- Benchmarks
 - External:
 - State
 - National
 - Comparable to agency size/type
 - Internal:
 - Prior year outcomes
 - Organizational goals

PROGRAM DATA SOURCES

- External data sources:
 - Medicare Claims-Specific Data
 - Timeliness of billing
 - LUPA rate
 - Outlier payments
 - Medicare PEPPER report
 - Clinical Outcome information
 - CMS CASPER Reports
 - CMS Home Health Compare
 - Third-party benchmarking

PROGRAM DATA

- Internal data sources:
 - EMR Information
 - Chart Review Outcomes
 - Infection Control Reports
 - Complaint Logs
 - Clinical Documentation
 - Satisfaction Surveys
 - Referral sources
 - Physician
 - Staff



Program Activities

PROGRAM ACTIVITIES

- Focus on data points
- High risk
 - Potential to cause patients harm
 - Falls with or without injuries
 - Medication reconciliation issues
 - Compliance with plan of care
 - Delay in care
 - Acute Care Hospitalization/Emergent Care Use
 - Heavy penalties for noncompliance
 - HIPAA
 - Patient rights
 - CoPs

PROGRAM ACTIVITIES

- High Risk Billing Requirements
 - Face-to-face documentation
 - Certification of Medicare eligibility
 - Patient right to know financial responsibility
- High Volume
 - Diagnosis
 - Skilled services
- Problem-prone areas
 - Prior identified performance areas
 - Source
 - OIG report
 - National/State Associations

PERFORMANCE IMPROVEMENT PROJECTS

- Performance Improvement Projects (PIPs) are structured improvement projects designed to focus on problem areas within an organization that represent complexity, scope, and performance levels
- Organizations are required to provide documentation that support:
 - The reason for the PIP including data sources
 - The activities completed
 - Ongoing evaluation



Understanding QAPI:

Case Study: PIP Reducing Acute Care Hospitalization

PIP: REDUCING ACUTE CARE HOSPITALIZATION

■ The PIP Charter

- Identify scope, justification, data source, and goal
- Project owner is responsible for moving the PIP toward goal resolution
- Team members

PIP Name: Acute Care Hospitalization			
Problem Identification including impact on patient care or operations:			
Home Health Compare ACH Outcome 1/2015 17 State Average 15.5			
Data Available:			
Home Health Compare			
McKesson Adverse Event Report			
Casper Reports			
Team Members:		Project Owner:	
Mary Cross, Executive Director		William Snow	
William Snow, QA Manager			
Nancy Bell, RN Case Manager		Project Sponsor:	
Joseph Knight, Clinical Manager		Mary Cross	
Rhonda Shephard, Scheduler			
		Role Identification:	
		Nancy Bell - recorder	
Project Boundary & Scope Focus on acute care hospitalization outcome in 60 day episode			
Goals:			
Reduce ACH to 16% in six months, To state average 15.5% in nine months, To believe state average 15% in 12 months			

PIP: REDUCING ACUTE CARE HOSPITALIZATION

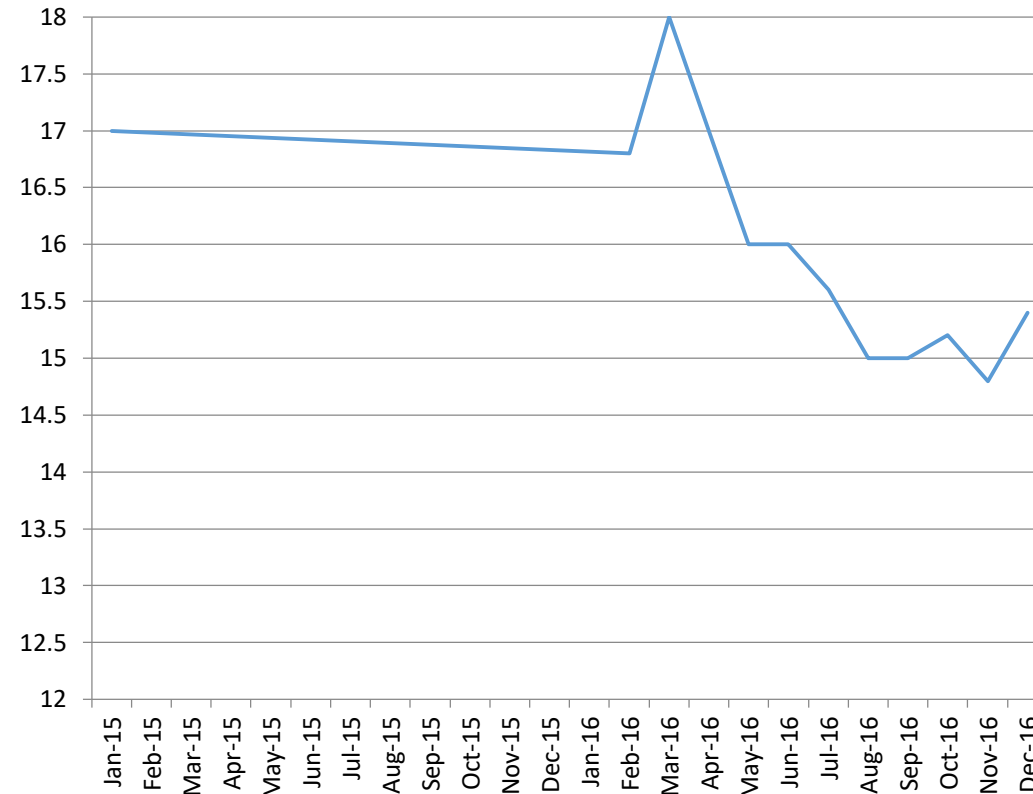
- PIP Committee Update:
 - Designed to keep updated minutes of assignments and discussions.
 - Working document
 - Can be used for executive summary

Objective (Goals)	Tasks	Assignment	Time Frame	Progress Updates	Complete
Identify reasons for ACH	Create Root Cause Analysis tool	Snow	1 month	2/15 Root Cause Analysis Tool Developed and started testing	15-Feb
Rehospitalization Risk Analysis	Identify available assessment tools	Knight	1 month	2/15 Still researching has found one but not comprehensive 3/15 Provided three samples and group decision on assessment tool to implement	Mar-15
Start of Care within 24 hours of discharge	Schedule SOC within 24hours and track compliance	Shephard	ongoing	2/15 70% compliance request further analysis by next meeting 3/15 85% struggling with weekend admissions	
Reports	Identify all available reports	Shephard	1 month	2/15 worked with IS and provided list of all reports available	
Chart Reviews	100% review all ACH transfers	Snow	ongoing	3/15 Report from first review	
Staff Education	Root Cause Analysis Tool, Risk Assessment and PIP	Snow	Apr-15		
Patient Education	Review current education tools and research best practice	Bell	Apr-15		
Reduce ACH	Monthly results	Snow	ongoing	January 17; February 16.8;	

PIP: REDUCING ACUTE CARE HOSPITALIZATION

- PIP Executive Reports:
 - The PIP committee should provide executive summary reports
 - Governing body responsible for oversight
 - PIP leader should determine preference for communication
 - In this example, the PAC and governing body were requesting outcome graphs

2015 Acute Care Hospitalization





Understanding QAPI: Where to Begin?

SAMPLE QAPI PROGRAM

- Home Health QAPI Program

- Mission Statement:
- Vision Statement:
- The purpose of Quality Assurance Performance Improvement (QAPI):
- The QAPI Program is overseen by the agency's governing body and coordinated by:
- The QAPI Program will be a data-driven, organization-wide program that measures performance across the organization and reflects the complexity of the services provided
- The QAPI Program focuses on indicators related to patient outcomes, adverse patients events, patient safety, quality of care and operational processes
- The program will reflect the agency's performance on high-risk, high-volume and/or problem-prone areas with consideration to the incidence, prevalence, and severity of the problems
- Through the data monitoring the agency will monitor the effectiveness of current practices and proactively identify opportunities for improvement

SAMPLE QAPI PROGRAM

Home Health QAPI program

Audit Plan:

Audit	Data Collection Frequency	Data Source	Who will analyze the data?	Data communicated with Committee	Frequency of Communication	Governing Body Communication
Administration						
Annual Agency Evaluation	Annually	Evaluation Tool	Director of Home Health	Governing Body	Annually	Annually
Complaints	Monthly	Complaint Logs and Investigations	Director of Home Health	Governing Body	Quarterly	Annually
Quality Outcomes						
Five Star Rating	Monthly	SHP	QAPI nurse	QCC	Quarterly	Annually
HHCAHPs	Monthly	SHP	QAPI nurse	LRT	Quarterly	Annually
VBP Outcomes	Monthly	SHP	QAPI nurse	QCC, LRT	Quarterly	Annually

SAMPLE QAPI PROGRAM

Home Health QAPI program

Audit Plan:

Audit	Data Collection Frequency	Data Source	Who will analyze the data?	Data communicated with Committee	Frequency of Communication	Governing Body Communication
Infection Control						
Handwashing	Monthly	HOV	Clinical Coordinator		Bi-annually	Annually
Urinary Tract Infections with catheter	Monthly	HealthWyse	Clinical Coordinator		Bi-annually	Annually
Urinary Tract Infections no catheter	Monthly	HealthWyse	Clinical Coordinator		Bi-annually	Annually
Wound infections	Monthly	HealthWyse	Clinical Coordinator		Bi-annually	Annually

SAMPLE QAPI PROGRAM

Home Health QAPI program

Audit Plan:

Audit	Data Collection Frequency	Data Source	Who will analyze the data?	Data communicated with Committee	Frequency of Communication	Governing Body Communication
Documentation						
Chart Reviews	quarterly					
OASIS Error Report	quarterly	CASPER	QAPI nurse		Annually	Annually
HHA Supervisory Visits	quarterly	Chart review	QAPI nurse		Annually	Annually
PTA/COTA Supervisory Visits	quarterly	Chart review	QAPI nurse		Annually	Annually

SAMPLE QAPI PROGRAM

Home Health QAPI program

Audit Plan:

Audit	Data Collection Frequency	Data Source	Who will analyze the data?	Data communicated with Committee	Frequency of Communication	Governing Body Communication
Finance:						
Days to RAP	Monthly	HealthWyse	Revenue Cycle Mgr		Quarterly	Annually
Days to Final	Monthly	HealthWyse	Revenue Cycle Mgr		Quarterly	Annually
AR Days	Monthly	HealthWyse	Revenue Cycle Mgr		Quarterly	Annually
LUPA rate	Monthly	HealthWyse	Revenue Cycle Mgr		Quarterly	Annually
SW Nonbillable visits						
Bad Debt						
Intake						
NTUC Rate	monthly	HealthWyse	Intake		Quarterly	Annually
F2F audit	monthly	HealthWyse	QAPI nurse		Quarterly	Annually

SAMPLE MONTHLY DASHBOARD

Outcomes (Risk Adjusted)													
	Goal	Jan 2018	Feb 2018	March 2018	April 2018	May 2018	June 2018	July 2018	Aug 2018	Sept 2018	Oct 2018	Nov 2018	Dec 2018
Ambulation	74.8%												
Bed Transferring	73.5%												
Pain	77.8%												
Bathing	77.7%												
Management of Oral Meds	66.2%												
Dyspnea	81.1%												



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QUESTIONS?

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