Optimization for Effective Quality Assurance Performance Improvement (QAPI)

HOW TODAY’S LEADERS ARE CHANGING & USING TECHNOLOGY TO MANGE SHIFT TO QUALITY

Presented by Pathway Health Services
Providing pathways to excellence in health care

ePath
About Speaker.

Dan Billings is the Director of Health Information Technology for Pathway Health Services. He directs a large, nationwide team of consultants that assist with the configuration, training, data entry, and optimization of EHR. (Electronic Health Record)

Dan has had a long career in health care. He has served as a Directing of Nursing in Long Term Care. He worked as a State Surveyor to all provider types for 7 years. Dan has worked as a nurse in long term care, home care, and acute care. Dan has been a consultant on regulatory, clinical, EHR, and health care technology. He has taught in 42 states in hundreds of facilities across the country. He has consulted for the Mayo Clinic and countless facilities and corporate groups. He and his team are currently working with CMS on a project to design standards for Health Information Exchange (HIE) between acute care and Post-Acute Care. He has spoken on EHR & Health Care Technology around the country.

(218) 349-4272 -Cell       (651) 407-8699 -Corporate Office
daniel.billings@pathwayhealth.com
OBJECTIVES

- Identify origins, coming expectations for QAPI in Post-Acute Care
- Identify defining elements of QAPI
- Identify how to use EHR to collect, store, monitor data needed for QAPI
- Identify other technology solutions for QAPI
F520 or 42 CFR. Part 483.75(o)

CMS specified in past, survey focused on:
• QAA (Quality Assessment and Assurance)
• Composition of committee
• Frequency of Meetings
• Involvement of variety of staff
• “Appropriate” Plans of action to correct identified quality deficiencies

CMS never defined how to achieve QAA.

Enter March, 2010 Section 6102 (c) of the Affordable Care Act (ACA) The ACA requires QAPI in skilled nursing facilities.

QAPI provides approved scope and methods to achieve QAA. QAPI defines how to achieve QAA. QAPI actually replaces QAA.
QAPI Definition

Quality Assurance and Performance Improvement (QAPI) is a data-driven and pro-active approach to quality improvement. Activities of this comprehensive approach are designed to involve all members of an organization to continuously identify opportunities for improvement, and address gaps in systems through planned interventions in order to improve the overall quality of the care and services delivered to nursing home residents.

-QAPI AT A GLANCE: VERSION 1, SEPTEMBER 2011
Division of Nursing Homes Survey and Certification Group
Centers for Medicare & Medicaid Services and
University of Minnesota
Division of Health Policy and Management
School of Public Health
University of Minnesota and
Stratis Health
Bloomington Minnesota
Description: What is QAPI?

- **QA** is a process of meeting quality standards and assuring that care reaches an acceptable level. Nursing homes typically set QA thresholds to comply with regulations.

- **PI** is a pro-active and continuous study of processes with the intent to prevent or decrease the likelihood of problems. PI identifies areas of opportunity and tests new approaches to fix underlying causes of persistent/systemic problems.

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ONE YEAR TO GET A PLAN

SEC. 1128I. ACCOUNTABILITY REQUIREMENTS FOR FACILITIES.

(a) Definition of Facility- In this section, the term `facility' means—
(1) a skilled nursing facility (as defined in section 1819(a)); or
(2) a nursing facility (as defined in section 1919(a)).

(c) Quality Assurance and Performance Improvement Program—
(1) IN GENERAL- Not later than December 31, 2011, the Secretary shall establish and implement a quality assurance and performance improvement program (in this subparagraph referred to as the `QAPI program') for facilities, including multi unit chains of facilities. Under the QAPI program, the Secretary shall establish standards relating to quality assurance and performance improvement with respect to facilities and provide technical assistance to facilities on the development of best practices in order to meet such standards.

Not later than 1 year after the date on which the regulations are promulgated under paragraph (2), a facility must submit to the Secretary a plan for the facility to meet such standards and implement such best practices, including how to coordinate the implementation of such plan with quality assessment and assurance activities conducted under sections 1819(b)(1)(B) and 1919(b)(1)(B), as applicable.

*Note: CMS has yet to promulgate the QAPI regulations. They announced on March 21st, 2013 that the regulation would be released “imminently.” The one year clock will start on that date. Facilities will have to have a credible QAPI plan in place with in one year of that date.*
QAPI DEMONSTRATION PROJECT

QAPI Demo Quick Facts

- CMS, STRATIS HEALTH (MINNESOTA QIO), and University of Minnesota joint project.
- 17 volunteer nursing homes from 4 states
- 2 year project: September 2011 - August 2013
- NHs used CMS 5-element framework
- NHs received technical assistance (TA)
- NHs had access to suggested tools & resources
- NHs were organized as a Learning Collaborative
- Systematic evaluation: first phase focused on early implementation

"Nursing Home QAPI" - CMS November 12, 2012 Webinar
QAPI DEMONSTRATION PROJECT

- 17 participating homes, selected for variations:
  - Large and small; for profit & not-for-profit
  - Freestanding or in multi-nursing home corporations
  - Levels of previous QA & PI experience
  - Rural, suburban, small town & urban homes
  - Variation across five star rating spectrum
  - Variation in leadership or overall staff turnover
  - Varied “culture change” experience
  - States (CA, FL, MA, MN) also chosen to vary:
    - Structure of industry, labor force, state regulatory & reimbursement policy, use of QIS
  - 17 NHs illustrate QAPI implementation in a wide range of NH settings, though the sample was too small

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QAPI DEMONSTRATION PROJECT
Greatest Challenges Identified

1. Using data systematically to get a comprehensive overview of performance
2. Turning data into meaningful information
3. Building in systematic resident and family input without bias
4. Structuring PIPs (Performance Improvement Projects)
5. Applying root cause analysis
6. Using systems thinking in all quality efforts
7. Breaking out of silos of disciplines, departments, & shifts to work system-wide.

"Nursing Home QAPI"-CMS November 12, 2012 Webinar
Required Elements of QAPI

- Element 1 Design and Scope
- Element 2 Governance and Leadership
- Element 3 Feedback, Data Systems, and Monitoring
- Element 4 Performance Improvement Projects (PIPs)
- Element 5 Systemic Analysis and Systemic Action

QAPI ELEMENT 1: Design and Scope

- Program to identify quality needs to cover all systems of care and management practices
  - ALL STAFF, ALL DEPARTMENTS, ALL SERVICES

- ALWAYS INCLUDES:
  - Clinical Care
  - Quality of Life
  - Resident Choice

- FOCUS on SAFETY and HIGH QUALITY while emphasizing autonomy & choice in daily life for residents.

- NOT JUST SURVEY RESULTS! Resident, family, and staff satisfaction, perception will be part of measuring and determining if Quality exists.
QAPI Element 2: Governance and Leadership

- The governing body (or owner) and executive leadership, working with input from staff, residents and resident representatives, develop and lead the QAPI program, assuring:
  - The program has sufficient resources for QAPI;
  - Facility-wide QAPI training occurs;
  - Policies are in place to sustain QAPI despite changes in personnel and turnover;
  - Priorities are set and expectations established, including balancing a culture of safety and a culture of resident-centered rights and choices;
  - Staff are accountable for quality within an atmosphere where staff are not punished for errors or fear retaliation for quality concerns.
QAPI Element 3: Feedback, Data Systems, and Monitoring

- Install systems to monitor care and services in place, using multiple sources;
- Use feedback system that actively incorporates input from residents and family;
- Install performance indicators for a wide range of care processes & outcomes;
- Establish targets for performance;
- Review performance against benchmarks and targets; track and investigate adverse events.
QAPI Element 4: Performance Improvement Projects (PIPs)

- Conduct Performance Improvement Projects (PIPs) in areas needing attention;

- Identify priority areas for PIPs appropriate to the nursing home’s scope (high risk, high volume, problem-prone areas are considered);

- Establish teams for concentrated efforts in the selected areas;

- PIPs may include steps of gathering data, studying a problem in greater depth, acting on improvement ideas, and re-studying the problem; and

- PIPs findings are reported to leadership for further action.
Element 5: Systemic Analysis and Systemic Action

- Use a systematic approach to determine when in-depth analysis is needed to
- fully understand a problem, its causes, and implications of a change;
- Use a structured approach to determine when and if an identified problem
  may be caused or exacerbated by the way in which care and services are organized;
- Use root cause analysis; and
- Look comprehensively across the system to prevent future events and promote sustained improvement.
PDSA and QAPI

- Nolan application: The Improvement Guide. Langley, Nolan and others

- PDSA is the Growth of Knowledge through Making Changes .. and then Reflecting on the Consequences of those Changes (Don Berwick)

- Measurement is only a Handmaiden to Improvement .. but Improvement Cannot Happen without it (Don Berwick)
How to do facilities quickly and effectively identify quality issues, create PIPs, collect data, store data, analyze data, and continue with updated, appropriate PIPs?

STARTS WITH SELF ASSESSMENT

QIS Survey process is an exhaustive process that involves:

• Interviewing staff, residents, and families.
• Doing focused observations
• Doing focused record reviews

Why not use the same process in your facility to identify at least some of your quality needs?
QIS SURVEY SOFTWARE

QIS SURVEY TOOLS (Ex: qisONE, Abaqis)

- Software that walks staff through data collection, record review, observation, and interview process of a QIS survey.
- Learn resident and family satisfaction levels/concerns.
- Learn staff concerns
- Identify areas survey will focus on.
- Easy to learn, use. Creates ability for facility to run high quality, relevant, mock survey process.
- One method to identify quality needs in a facility.
USE QIS SURVEY SOFTWARE TO IDENTIFY ANY QUALITY INDICATORS THAT NEED PERFORMANCE IMPROVEMENT.

C. Hospitalization (QP058)

1. Was the resident hospitalized (admission greater than 24 hours), for other than a planned elective surgery, within 30 days of the NH admission? [ ] No [ ] Yes
   a. Was the resident hospitalized for a planned, elective or patient-requested procedure, within 30 days of the NH admission? (This question is different from the question above because it asks about planned procedures.) [ ] No [ ] Yes

2. Date of resident’s admission to nursing home? [ ]

3. Resident Primary Insurance Payer: [ ] Select payer...

4. If the resident was admitted to the nursing home from a hospital, which hospital was it? [ ] Select hospital...

5. If the resident was admitted to the nursing home from a hospital, did the hospital discharge diagnosis include any of the following CMS:
   - Pneumonia
   - Heart Failure
   - Acute Myocardial Infarction
   - Chronic Obstructive Pulmonary Disease (COPD)
   - None of the above

D. Pressure Ulcers (QP109)

1. Did the resident develop a pressure ulcer in the first 30 days following admission to the nursing home? [ ] No [ ] Yes [ ] Unknown

2. Was the resident admitted with one or more pressure ulcers? [ ]
OTHER METHODS TO IDENTIFY QUALITY NEEDS OF FACILITY

- Resident council
- Family Council
- Staff Council
- CMS 5 STAR
- CMS Quality Measures
- State Deficiencies
- Commonly Triggered CAHS
- Factors Causing Rehospitalization
- Comparison to National Benchmarks
- Trend Reports From EHR
- Trend Reports From MDS Scrubber Software (ex. CareWatch or PointRight)
TRENDING INCIDENTS IN EHR
Every EHR has multiple defined reports that allow staff to search the sea of data and pull out meaningful information to support quality. Report below allows user to identify all residents in building that did not receive influenza vaccination.
This EHR defined report allows users to ask computer to list all the residents that have had Urinary Tract Infection (UTI) that was acquired in the facility. Real quality data at the push of a button.

<table>
<thead>
<tr>
<th>Diagnosis Report Setup</th>
<th>Report Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resident Number :</td>
<td></td>
</tr>
<tr>
<td>Resident :</td>
<td>Leave blank for all residents</td>
</tr>
<tr>
<td>Primary Physician</td>
<td>All</td>
</tr>
<tr>
<td>Status:</td>
<td>Current</td>
</tr>
<tr>
<td>Unit</td>
<td>All</td>
</tr>
<tr>
<td>Floor</td>
<td>All</td>
</tr>
<tr>
<td>Include these ICD Codes</td>
<td>Change</td>
</tr>
</tbody>
</table>

599.0: URINARY TRACT INFECTION SITE NOT SPECIFIED

<table>
<thead>
<tr>
<th>Rank</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Classification</td>
<td>During Stay</td>
</tr>
</tbody>
</table>

THE ELECTRONIC DASHBOARD

Immediate Awareness!
Improved Communication!
Recognition of Changes in Condition!

• Alerts From Floor Staff or Computer Set to Watch for Certain Conditions
  • Ex: “BE AWARE: Resident not herself, tired, feet swollen. Please assess.” - alert from staff
  • Ex. “Resident has not had BM documented in 3 days. Please assess.” - alert form computer

• Alerts Sent From Management To Staff About Risky Situations, New Interventions.
  • Ex: NEW INTERVENTION: Assist Bob Peterson to toilet every 2 hours beginning today.
  • Ex: NEW INTERVENTION: Martha Rivers starting on nectar thickened liquids today.
Clinical Dashboard

Show Alerts in Last: 48 Hours

Sort By: Date

<table>
<thead>
<tr>
<th>Effective Date</th>
<th>Name</th>
<th>Alert</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/12/2012 18:29</td>
<td>Wayne John (389643)</td>
<td>Found new redness area on L heal. PLEASE ASSESS.</td>
</tr>
<tr>
<td>8/12/2012 18:28</td>
<td>Bear Yoel (5026)</td>
<td>NEW PAIN REPORTED: CNA documented new pain with dressing today. PLEASE ASSE ... more</td>
</tr>
<tr>
<td>8/12/2012 18:25</td>
<td>Flowers Ramona (1112)</td>
<td>CHANGE IN CONDITION?: Resident is not eating well. Data show that resident ... more</td>
</tr>
<tr>
<td>8/12/2012 18:24</td>
<td>Boop Betty (1552)</td>
<td>NEW ADMISSION. Be aware this resident is high risk for elopement</td>
</tr>
</tbody>
</table>

High Risk Progress Notes in Last 1 days

<table>
<thead>
<tr>
<th>Date</th>
<th>Name</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/12/2012</td>
<td>Carlson Phyllis (5014)</td>
<td>NEW BRUISE</td>
</tr>
<tr>
<td>8/12/2012</td>
<td>Adams Marisha (5024)</td>
<td>Infection Note</td>
</tr>
</tbody>
</table>
DASHBOARD WINDOW FOR MEDICATION PASS SHOWS IN REAL TIME HOW MANY MEDS OR TREATMENTS HAVE BEEN GIVEN OUT OF A PARTICULAR MEDICATION OR TREATMENT CART OF TOTAL DUE FROM THAT CART FOR SHIFT. REAL TIME DATA ON HOW FAR STAFF ARE THROUGH MEDICATION/TREATMENT PASS. LEADERSHIP AWARENESS!!
USE EHR TO MONITOR AT RISK RESIDENTS IN NEAR REAL TIME. IN THIS EXAMPLE, FROM ONE SCREEN, CAN SEE ALL RESIDENTS THAT HAVE SIGNIFICANT CHANGES IN THEIR WEIGHTS AND VITALS. IF DATA IS BEING INPUTTED INTO EHR, CAN BE PULLED OUT IN DASHBOARDS LIKE THIS ONE TO PUT IMPORTANT INFORMATION IN FRONT OF THE EYES OF FACILITY LEADERSHIP.
Facilities, by law, own the data that is stored in their EHR. Some EHR vendors provide “raw data” feeds in easily accessible format. This is called a replicated data base.

Facilities can create any report they want. Measure any clinical, administrative, or financial data that is being inputted into the system.

This allows for rapid PIP data collection plans to be put into place.
Now that you have identified quality needs in your facility. How do you store, and analyze the data?

How do you prove you are monitoring results and that your QAPI program is data driven?

Use QAPI software that allows you to:

- Enter and store data.
- Set parameters for exceptions and goals,
- Run reports and graph out progress over time to see if your action plans are effective.

*Note QIS Survey Software has some of these abilities, but may not be able to run reports and graphs you need. QAPI software will do this.
Screen below shows how facility can create a Performance Indicator in their system. They define why data being collected, methods to collect data, how often collected. Once performance indicators are created, facility can enter monthly data in.
The screen below outlines falls on a particular unit over the past 14 months. The bar graph shows mean falls, and a goal threshold of 10 per month set by facility. If facility has occurrence of falls greater than threshold, system will generate an expectation on exception report. QAPI focuses on variances or exceptions that occur as they review data each time they meet.
The sea of documentation that sits on paper is now electronic. Now all that data, documented everyday, is Accessible, Sortable, and Reportable.

› Reports! Can get a list of nearly anything!

› “Computer show me a list of…”
  • All residents rehospitalized in last 6 months and reason for rehospitalization
  • All residents that are full code
  • All residents with diagnosis of CHF
  • All residents that are on antipsychotics
  • All residents with infections in last 30 days
  • All residents up-to-date with influenza vaccination

The data needed to demonstrate to ACOs, survey, etc. that your facility has systems in place to prevent negative outcome and generate the rehospitalization and other statistics to support those assertions.
FACILITATE CULTURE CHANGE

- REDUCED NEED FOR INSTITUTIONAL ENVIRONMENT
  Tablet, kiosk based, and “rolling nursing desk” portable documentation systems can eliminate need for traditional nursing stations. Reduces or eliminates the paper, 3-ring binders, storage of paper/charts making it easier for staff to work where residents live, rather than residents living where staff work.

- FLEXIBLE MEDICATION PASS
  Use eMAR with a culture change configuration to create flexible medication passes. Schedule meds, where applicable, q AM, q Midday, and q PM rather that at specific times.

- FLEXIBLE SCHEDULES
  Easily individualize schedules for meals, bathing, other activities using electronic scheduling of tasks on Point of Care/ Kiosk systems.
FACILITATE HEALTH INFORMATION EXCHANGE

- Send data directly between SNF, Hospital, Pharmacy, physicians clinic, ALF, Home Care, Hospice.
  - Resident Demographics/Contacts
  - Allergies
  - Medical Diagnosis, Problem List
  - Medication List
  - Laboratory/Diagnostic Test Results
  - Shared Care Plan Followed and Added to by All Providers
  - Physicians can be given remote access to view chart from afar.

* NOTE: These capabilities are in various stages of availability depending on software, equipment, and coordination amongst facilities in various locales.
INCREASED STAFF TIME

- **Rolling Nursing Stations.** Pass meds, document, send messages to other staff, pharmacy, etc., all from rolling cart or via tablet or kiosk computer. Eliminate constant walking back to the nurses desk to get work done.

- **Sharing of Chart.** All staff can be in same Resident Chart at Same Time. No time wasted looking for chart, waiting for chart.

- **Ease of Documentation.** Point and Click. Much of the data populates to forms. Never run out of forms, pens.

- **Instant Data Search** vs. slow crawl through paper. Can generate data for QA in seconds vs. days/weeks of combing through charts.

- **Efficient Electronic Scheduling of Tasks.** Much easier to divide tasks, assign tasks to different staff/shifts, etc.

- **Facilitate Culture Change.** Easier to spread tasks out vs. all at one time. (ex: Rise at will vs. all up for breakfast by 8:00 AM)

- **Eliminate Whole Processes Required in Paper World**
  - End of month MAR Changeover
  - Written MDS Scheduling
  - Hours of writing Progress Notes and Care Plans from scratch. Can now use triggered Care Plans and Progress Notes.
AS ASSESSMENTS ARE BUILT, TRIGGERS CAN BE SET UP. IF STAFF ANSWERS QUESTIONS IN A CERTAIN WAY, THEN ASSESSMENT CAN TRIGGER CARE PLANS, TASKS TO SHOW UP ON KIOSK, TRIGGER OTHER ASSESSMENTS, OR TRIGGER ALERTS TO STAFF. COULD TRIGGER INTERACT II/SBAR TYPE ASSESSMENTS, DIAGNOSIS SPECIFIC ASSESSMENTS BASED ON DATA ENTERED IN ADMISSION ASSESSMENT. ALSO TRIGGER ADMISSION CARE PLAN FROM ADMISSION AND OTHER ASSESSMENTS.

- Cane/crutch
- Walker
- Wheelchair (manual or electric)
- Limb prosthesis
- Gait disturbance/Unsteady gait
- History of falls
  - NO History of Falls
  - 1 or more falls in last week
  - 1 or more falls in last 30 days
  - 1 or more falls last 6 months
  - Hx of falls, but none in last 6 months
  - Has had fall with significant injury in last year
In example below, safety section of the admission assessment has been set to trigger fall care plan, fall risk assessment, and fall alarm check kiosk based task for CNAs based on admission assessment indicating resident has history of falls.

<table>
<thead>
<tr>
<th>Section: Cust_M. Mobility/Safety.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Question: Cust_M.43_k. Has the resident had history of falls?</td>
</tr>
</tbody>
</table>

Corporate || Skilled Nursing Facility || Fountains of Life: A Billings Care Center (pdytrain)

Sort By: Trigger Type || Scope

Triggers for Response: 2. 1 or more falls in last week

### Care Plan Triggers

<table>
<thead>
<tr>
<th>Trigger Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focus</td>
<td>Resident is at risk for falls as evidenced by: actual falls / potential for falls / impaired balance / impaired gait / impaired judgement /</td>
</tr>
</tbody>
</table>

### Task Triggers

<table>
<thead>
<tr>
<th>Description</th>
<th>Associated Focus</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHECK ALARM IN BED AND CHAIR Q SHIFT</td>
<td></td>
</tr>
</tbody>
</table>

### Assessment Schedule Triggers

<table>
<thead>
<tr>
<th>Description</th>
<th>Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identified Fall Risk</td>
<td>PCC Fall Risk Assessment</td>
</tr>
</tbody>
</table>

### High Risk Alert Triggers

<table>
<thead>
<tr>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW ADMISSION: ALERT! At risk for falls, recent hx. of falls in last week.</td>
</tr>
</tbody>
</table>
CARE PLANS CAN BE BUILT FROM ITEMS TRIGGERED BY MDS, INCIDENT REPORTS, OR OTHER ASSESSMENTS. CARE PLANS CAN ALSO BE PULLED OUT OF CARE PLAN LIBRARIES, BUILT FROM SCRATCH, OR ANY COMBINATION OF THE ABOVE.
CUSTOM PROGRESS NOTE LAYOUTS OR TEMPLATES CAN BE CREATED. STAFF CAN BE CUED TO INCLUDE APPROPRIATE CONTENT FOR NOTES ON COVERING CERTAIN SUBJECTS, LIKE NOTE ON INFECTION BELOW. NOTES CAN BE SENT TO A ELECTRONIC 24-HOUR BOARD, AND TO THE PHYSICIAN.

AS STAFF ARE CHARTING BY SUBJECT (EX: INFECTION NOTE) CAN ASK COMPUTER TO RUN REPORT THAT WOULD SHOW ALL NOTES WRITTEN ABOUT INFECTION IN LAST 30 DAYS. GREATLY ENHANCE INFECTION CONTROL SYSTEM. RUN SIMILAR REPORTS FOR ALL NOTES ABOUT WOUNDS, BEHAVIORS, FALLS TO BETTER ANALYZE HIGH RISK EVENTS AND MONITOR STAFF DOCUMENTATION ON THESE EVENTS.
KARDEX CAN BE PRINTED TO FLOW TO KIOSK SCREEN FOR CNAs. FLOWS DIRECTLY FROM RESIDENT'S ACTUAL CARE PLAN. AS STAFF BUILD CARE PLAN THEY ARE ALSO BUILDING KARDEX FOR CNAs. CARE PLAN AND KARDEX ALWAYS MATCH! GETTING CARE PLAN OUT TO DIRECT CAREGIVERS!

**Visual/Bedside Kardex Report**

**Mick Mickey Mouse (5017)**

- **Admission Date:** 4/25/2012
- **D.O.B.:** 2/13/1937   **Age:** 75
- **Allergies:** To Be Determined

### Safety

- Pressure alarm while in w/c and bed at all times. Check every shift to ensure it is working, batteries fresh.

### Eating

- Alternate food bites with liquids. Provide small bites. Use teaspoon when feeding resident.
- If meals refused, provide extra nourishments.
- Needs set up of all foods. Prefers to eat on own. If does not eat on own, sit with resident, encourage to it. Cue gently but frequently. Talk about how much his wife likes him to eat well.
- Offer 2nd helpings at meals and snacks throughout day
- Report to Unit Supervisor when 75% of meal not eaten.
- Weigh q4wks and provide positive feedback for gains achieved.
SOME EHRs ALLOW A WEB LINK TO BE ADDED TO SOFTWARE. WHILE IN CHART, STAFF CAN CLICK ON THIS WEB LINK TO GO TO FACILITY/CORPORATE INTRANET OR OTHER TRUSTED SITE. POTENTIALLY, ALL POLICIES AND PROCEDURES, LAB RESULTS POSTED ONLINE, AND OTHER VITAL INFO CAN BE ONE CLICK AWAY FOR STAFF WORKING IN EHR.
These additional software tools can enhance today’s leaders' ability to know what is going on in their buildings, identify high risk residents or staff practices, and prevent rehospitalization. They do not replace the main, comprehensive EHR system, but rather add new capabilities.

- **PATIENT MONITORING TOOLS** (Ex: GrandCare, WellAware) Use sensors to monitor resident patterns such as sleep, bathroom visits, other patterns. Software analyzes patterns. When a resident’s normal, everyday pattern changes, often it is a sign of early stages of acute illness or exacerbation of chronic illness. Real time awareness tool to recognize changes and prevent rehospitalization.

- **ADVANCED ASSESSMENT TOOLS** (Ex: COMS) Based on resident’s diagnosis, COMS system will suggest resident data to monitor (vitals, lung sounds, etc.) As data entered, COMS will look for unexpected results. If unexpected results found, COMS will generate list of research-based interventions to put in place. System is used to identify changes in condition early, intervene, and prevent rehospitalization.

- **RESIDENT/STAFF SATISFACTION TOOLS** (Ex: My InnerView) Tool used to measure staff and resident satisfaction. What the customer really thinks is driving survey and driving customer decision making.
Resident Monitoring Software. Collect data on resident patterns. Identify changes from normal baselines for sleep, toileting, other ADL activities. Identify onset of illness early or high risk situations early. Software trends resident movements, vital signs, etc.
Resident Monitoring Software. Collect data on resident patterns. Identify changes from normal baselines for sleep, toileting, other ADL activities. Identify onset of illness early or high risk situations early. Software trends resident movements, vital signs, etc.
QAPIs New Expectation For All Skilled Nursing Facilities

It is about continuous improvement. Never reach plateau, always keep improving.

Owners, board-members, and administrator are held accountable to ensure it occurs.

It involves all the staff, residents, families for input on what quality issues are and if progress actually been made.

It is data driven. Must have data to support why choses quality issue to work on and to prove that issue is improving over time.

EHR and other technology solutions are central to being able to meet this challenging, yet exciting new requirement from CMS
QUESTIONS ???
THANK YOU for ATTENDING
Other Sources

- STRATIS HEALTH- Minnesota QIO: Quality Basics
  http://www.stratishealth.org/expertise/quality/QIBasics.html

- CMS- QAPI REQUIREMENTS and Downloadable tools
  http://cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/QAPI.html