PointRight: Your Partner in QAPI

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Quality Assurance and Performance Improvement (QAPI) is a new Federal initiative for nursing homes that is an outgrowth of the 2010 Affordable Care Act. Unlike previous healthcare quality initiatives, QAPI emphasizes corrective action and performance improvement as well as problem monitoring, and places the responsibility for quality on an entire facility. Its key provisions are expected to come on-line in the 2013-2014 timeframe.

Above all, QAPI will be a data-driven standard. Many of the steps involved in QAPI compliance involve data monitoring and analysis. This is a key area where PointRight’s service and expertise can be your quality partner. PointRight services directly address many of the data requirements for QAPI, including developing a strategy for collecting and using QAPI data, as well as supporting performance improvement projects (PIPs), systematic analysis, and systemic action.

Specific PointRight services that can help your QAPI efforts include the new Q-Metrics Dashboard, providing a real-time view of MDS-based quality and operating metrics, as well as individual services covering areas such as:

- MDS data integrity
- Quality measures
- 30-day re-hospitalization data (OnPoint-30)
- Reporting on individual at-risk residents
- Survey outcomes
- Medicare PPS
- Staffing

PointRight data analytics, which were originally designed to provide improved operational visibility and profitability for skilled nursing facilities (SNFs), dovetail closely with the new generation of data visibility and accountability that will be required under QAPI.

THE EXPLANATION  Accountability for quality and performance will be higher than ever under QAPI and the Affordable Care Act. This trend will soon penalize SNFs who cannot meet accepted standards for quality and patient outcomes. It also serves as a market opportunity for SNFs to brand themselves around quality as a competitive differentiator.

THE CONCLUSION  Data analytics serve as a key to effective implementation of QAPI compliance efforts, as well as improved quality, profitability, and market share.
Scratch the surface of the most successful organizations, and you often find one common denominator nowadays: data-driven quality and performance improvement. Whether it is Southwest Airlines turning around an airplane at the gate in a half hour or less, FedEx guaranteeing overnight delivery, or Amazon.com managing and delivering millions of products, the road to quality is driven by data – and the intelligence to act on this data.

The 2010 Affordable Care Act includes strong incentives for LTC providers to start thinking and acting like America’s leading businesses. In particular, the recent Quality Assurance and Performance Improvement (QAPI) initiative is a new provision for nursing homes based on the Affordable Care Act's Section 6102 (c). This legislation requires the Centers for Medicare and Medicaid Services (CMS) to establish standards (regulations) for a QAPI program in nursing homes, and to also provide technical assistance for meeting these new program standards.

QAPI represents a step change in quality assessment, by shifting it to a data-driven performance-based system. It significantly enhances the level of quality improvement programming currently in nursing homes and shifts the focus to organization-wide involvement in continuous improvement activities that are data-driven. The overall goal is to measure and manage performance to meet quality, operational, and financial goals.

This is where we come in at PointRight. We identify, trend, and analyze data from your operations against an extensive national database of skilled nursing facilities, and operationalize this data into useable information and knowledge. Our services have been used for years to manage and improve clinical outcomes, control risk, and improve quality and operational efficiency – hence reduce costs. Today, in an era that will mandate data-driven quality and performance improvement, we are your partner for making QAPI compliance easier – while growing the success of your skilled nursing facility.
QAPI: A QUICK OVERVIEW

The QAPI initiative is an outgrowth of the 2010 Affordable Care Act. Its intention is to accelerate trends toward cost-effective, high quality care based on evolving best practices. As a practical matter, the implementation of QAPI means that every single department within a skilled nursing facility (SNF) will need to become involved in quality oversight in the future. Previously, data from SNFs often came from a wide range of non-uniform sources, and was often inaccurate and incomplete. QAPI sets to correct those inefficiencies and put a spotlight on performance-based health care. Here is a quick overview of what it will mean for you:

What is QAPI? Section 6102(c) of the Affordable Care Act, which brought QAPI into existence, set extremely broad goals: to “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” – and to develop regulations needed to meet these goals.

How does QAPI compare with current QA&A efforts? Compared with existing Quality Assessment and Assurance (QA&A) and Quality Improvement (QI) programs, QAPI has a much greater emphasis on corrective action as well as tracking and reporting. In addition, it addresses corporate governance issues and emphasizes patient choice, and places responsibility for quality at a facility-wide level.

How is QAPI being implemented? The Center for Medicare & Medicaid Service released the “Five Elements of QAPI” on its website as a summary of its proposed approach. (A summary of these steps are described in a later section of this white paper.) Subsequently, a two-year QAPI demonstration project was launched in four locations under the auspices of the University of Minnesota and Stratis Health. Tools for nursing homes continue to be refined, toward a goal of proposing broader-based regulations in early 2013.

When will QAPI regulations come on-line? New regulations for QAPI will be in addition to current Quality Assessment and Assurance (QA&A) regulations, and a written QAPI plan needs to be in place one year after regulations are implemented.

What is the current status of QAPI? To stay abreast of latest materials and updated information related to QAPI, CMS has established a website at http://go.cms.gov/Nhqapi.

THE POINTRIGHT QAPI CONNECTION

Success with QAPI involves processes that assure the accuracy of your MDS data and the outcome areas that the Resident Assessment Instrument supports. CMS’ Quality Measures, Medicare PPS reimbursement, 30-day rehospitalization rates, resident risk assessments and care planning all need to be based on accurate Minimum Data Set (MDS) data. Comparing your outcomes to benchmark groups helps in identifying gaps and improvement opportunities.

Data sources that analyze and trend standard and complaint survey deficiency areas are essential for success with QAPI. Survey findings must be adequately addressed within the QAPI program ensuring a continuous improvement approach. Another major factor when analyzing facility-level outcomes is staffing levels and patterns: incorporating tools that analyze staffing according to resident acuity provide key information when assessing proper staff deployment and structure.

WHAT DATA SHOULD WE MONITOR?

Some of the areas that call for routine data monitoring for skilled nursing facilities under QAPI include the following:

- Clinical care areas
- Medications
- Complaints from residents and families
- Hospitalizations and other services used
- Resident satisfaction levels
- Caregiver satisfaction levels
- Resident and caregiver experiences living and working in the setting
- State survey results and deficiencies
- Results from MDS resident assessments
- Business and administrative processes – financial information, caregiver turnover, caregiver competencies and staffing patterns (permanent assignment)

PointRight services, described elsewhere in this white paper, add value to your data collection efforts through monitoring, analysis against aggregate data from other facilities, benchmarking, and recommendations.
THE FIVE ELEMENTS OF QAPI: HOW POINTRIGHT CAN HELP

QAPI shifts the focus of QA&A to a more data-driven analysis of service delivery outcomes across operational areas. CMS’ draft guide, QAPI at a Glance describes “Five Elements of QAPI” that provide the overall structure to the program, supported by 12 action steps. PointRight’s services directly relate to Step number 7 of Element 3, and support Elements 4 and 5. Here is a quick overview of these five elements:

ELEMENT 1 – DESIGN AND SCOPE
The written QAPI plan is to be comprehensive, dealing with the full range of services offered by the facility and all its departments. All systems of care and management practices should be addressed, and the plan should always include the following areas and be based on current standards of practice that are evidenced-based, to define and measure goals. Three core areas to be addressed include (a) clinical quality, (b) quality of life, and (c) resident choice.

ELEMENT 2 – GOVERNANCE AND LEADERSHIP
The program needs to be developed and led by the governing body and/or administration, with input from staff, residents and families. Resident-centeredness and choice is critical and should be combined with a culture of safety for those being cared for and living in the nursing home.

Success requires an approach that empowers individuals to participate in identifying quality concerns, while leadership strives for a “just” environment that promotes accountability without fear of punishment. Leadership’s attention to appropriate staffing patterns and tools to enable staff to carry out the day-to-day performance improvement work is critical.
Action Steps 1 through 6 in QAPI at a Glance support these first two elements with tools and practical examples.

**Step 1 – Leadership Responsibility and Accountability** – provides guidance for developing the steering committee, providing resources, and creating an environment that truly promotes a culture of quality every day.

**Step 2 – Develop a Deliberate Approach to Teamwork** – zeros in on genuine teamwork, a critical element necessary within each of the five key program elements. An interdisciplinary approach with input from residents and family enhances the effectiveness of the team.

**Step 3 – Take your QAPI “Pulse” with a Self-Assessment** – offers a tool to help conduct a thorough assessment of the components of QAPI identifying areas requiring further development.

**Step 4 – Identify Your Organizations’ Guiding Principles** – offers a tool that guides the development of the purpose, guiding principles and scope for your QAPI program.

**Step 5 – Develop Your QAPI Plan** – includes a helpful tool and stresses how the written plan needs to fit the design and scope stemming from your guiding principles. Flexibility must be present in plans to allow for individual nursing home’s priorities and scope of services.

**Step 6 – Conduct a QAPI Awareness Campaign** – spread the word about your QAPI plan and its initiatives. Your QAPI approach needs to be embedded into the staff’s daily routine, where quality concerns are expected to be raised.
ELEMENT 3 – FEEDBACK, DATA SYSTEMS AND MONITORING – POINTRIGHT CONNECTION

Develop systems for gathering and analysis of data from multiple data sources. Residents, families and staff are key sources for feedback on service delivery areas. Tracking and monitoring a wide range of care processes and outcomes as well as adverse events (each time they occur) are included in this area.

*PointRight has several services that support data collection within the key operational areas of clinical outcomes, risk management, survey/compliance and reimbursement. These services allow comparison of outcomes to others within your organization as well as to external groups, which is critical when looking to improve performance.*

ELEMENT 4 – PERFORMANCE IMPROVEMENT PROJECTS (PIPS) – POINTRIGHT CONNECTION

PIPs are conducted by facilities to examine and improve care or services in areas needing attention, and involve a concentrated effort on a particular problem that can be in one area or facility-wide. Principles related to continuous quality improvement and problem solving such as PDSA (Plan-Do-Study-Act) drive this process. Data indicating baseline outcomes as well as measurement during and at the conclusion of the PIP is necessary to determine success.

*PointRight services can support this data need.*

ELEMENT 5 – SYSTEMATIC ANALYSIS AND SYSTEMIC ACTION – POINTRIGHT CONNECTION

Use a systems approach to performance improvement that is highly structured to determine the cause of problems. Interventions to improve performance must be achievable, objective and measurable.

*PointRight supports this process.*
QAPI Action Steps 7 through 12 support Elements 3, 4, and 5, and focus on the use of data and the necessary processes to determine the root cause of the issue and to take systemic corrective action. PointRight’s services link to Step 7 and support the remaining steps.

Step 7 – Develop a Strategy for Collecting and Using QAPI Data (PointRight Connection) – create a strategy for routine ongoing monitoring of data.

Step 8 – Identify Your Gaps and Opportunities – Review sources of information to determine if gaps or patterns exist in your systems of care; leads to PIPs.

Step 9 – Prioritize Quality Opportunities and Charter PIPs – Explore problems versus opportunities, along with high risk, high frequency, and/or problem prone areas and goal setting.

Step 10 – Plan, Conduct and Document PIPs – Examine areas that are important and meaningful to your residents; use the PDSA (Plan, Do, Study, Act) methodology.

Step 11 – Getting to the “Root” of the Problem – Perform root cause analysis (RCA); primarily focuses on systems and processes, not individual performance.

Step 12 – Take Systemic Action – Choose actions connected to the root cause, that can lead to effective system change.

CMS offers areas to consider for routine monitoring, and PointRight services relate to 7 of the 10 areas: Clinical care areas (CMS QMs such as pressure ulcers, pain, immunizations); Medications (QMs for Antipsychotics, Antianxiety/Hypnotics); Complaints (from complaint survey data); Hospitalizations (30-day rehospitalization rates); Survey results and deficiencies; Results from MDS resident assessments; Business and Administrative processes such as staffing data and financial information (PPS).
HOW WE CAN HELP: POINTRIGHT SERVICES

PointRight services are designed around using data analytics to benefit and improve your facility, and can serve as a core capability for your QAPI compliance efforts. Here is a summary of PointRight services designed for use in SNFs, and how they can help.

THE Q-METRICS DASHBOARD: A PERFECT PARTNER FOR QAPI

A new service recently launched by PointRight, the Q-Metrics Dashboard provides a real-time view of MDS-based quality and operating metrics that was designed specifically to work with your QAPI efforts, incorporating many of the services outlined below, where noted. To learn more about how the Q-Metrics Dashboard can help navigate your MDS data, contact your PointRight representative.

MDS DATA QUALITY

Data Integrity Audit (DIA) – Track and trend the accuracy of MDS data (Nursing leadership); Monitor DIA scores and progress towards overall goal and MDS section goals; Investigate unresolved DIA tests from a process perspective; Revise, create clinical and care planning processes based on gaps and inconsistencies determined from feedback; Use current clinical standards; Be proactive with QM Alerts that are provided.

CLINICAL OUTCOMES AND RISK MANAGEMENT

Quality Measures – IDT members/workgroups monitor, investigate rates for specific QMs (includes CMS NHC measures and the CMS surveyor measures); Use root cause analysis (RCA); Develop action plans; Perform PIPs as appropriate; Report back to Steering Committee.

OnPoint-30 Rehospitalization – Investigate observed and adjusted 30-day rehospitalization rates; Set goals; Use RCA; Correlate to RADAR Rehospitalization Risk; Identify influencing operational factors; Revise/create processes to mitigate risk and improve rates.
OnPoint Rehospitalization Insights – Aggregated Medicare 30-day rehospitalization data – risk adjusted, per diagnostic conditions, benchmarked.

RADAR – A resident-centric tool with descriptive and predictive MDS-based scale scores. RADAR helps you to understand your resident case mix and build a responsive and preventative care plan. Residents at high risk for rehospitalization or for dying in the near future are identified, along with those at high risk for pressure ulcers and falls. RADAR can be used as a data driven referral source for rehabilitation services, end of life care and also pain management programming.

SURVEY OUTCOMES
SFF Report – For analyzing issues related to Medicare Special Focus Facilities (SFF). Track and trend survey results; Investigate deficiencies using RCA; Improve and sustain improved outcomes within deficiency areas.

Survey/Certification Risk Prediction – Data on survey performance, trends and staffing compared to peers; Includes complaint survey data, an indication of resident/family satisfaction, and risk profile.

Survey Insights – Identifies risk within key survey areas including complaint allegations; Benchmarks to peers.

REIMBURSEMENT
Medicare PPS Report – Monitor Medicare processes over time using current RUG categories and payment criteria; Identify outliers; Investigate adequacy of processes i.e. correct MDS coding for ADLs, competencies for scope of services, education needs (skilled documentation) and appropriate RUG patterns.

SKILLED NURSING FACILITY OPERATIONS
StaffRight – Analyze staffing data according to Five-Star as well as the PointRight staffing model; Link public data staffing hours and case mix to payroll and current MDS case mix; Identify outliers; Use RCA; Correlate to scope of services and staffing patterns such as consistent assignment and turnover.

Five-Star Report – Aggregate report allowing managers to investigate outliers; Leadership at facility level ensures investigation of key areas of quality, staffing and survey.
QAPI is more than just a new initiative. It represents a fundamental change in the public/private partnership for how health care is provided in the 21st century. For those who embrace these changes, it also represents a competitive opportunity to differentiate your facility in key areas such as quality, clinical outcomes, costs, and patient choice.

With the right partner, your SNF can be better prepared for the new era of quality and QAPI compliance. More important, you can leverage the real, tangible financial benefits that come from using data analytics to understand and improve your operations. Your data, combined with PointRight’s extensive benchmarking data and analytical services, can hold the key to long-term growth and success.

This new era of quality and accountability in long-term care serves as an opportunity to build your brand as a provider of choice in today’s competitive environment. Let PointRight be your partner in quality, profitability, and improved health care quality.
PointRight Inc. is an industry-leading provider of Web-based analytics and decision support services to the post-acute care industry. PointRight provides analytic services to skilled nursing facilities ("SNFs"), organizations that insure SNFs and assisted living facilities, and utilizes a large, unique base of proprietary data, innovative analytic strategies and a specialized user interface to provide Web-based subscription and other analytic services to more than 3,000 long-term care facilities. These services assist facility clinicians and managers and the organizations that insure them in measuring, benchmarking and ultimately improving clinical, financial and operational performance.

PointRight was founded in 1995 to provide data-driven consulting to nursing homes seeking to improve their quality of care. The founders were involved in creating the Minimum Data Set (MDS), a standardized, computerized patient assessment that is mandatory for all patients in SNFs that receive Medicare or Medicaid reimbursement. PointRight currently has more than 18 million MDS patient-level assessments and its MDS database is continually updated with assessments from more than 3,000 SNFs nationwide, supporting its position as the largest provider of patient-level analytics in the United States’ long-term care market.

QUESTIONS?
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