

# the Remedi Pulse

QAPI



A CLINICAL AND REGULATORY UPDATE FROM REMEDI SENIORCARE

4th QUARTER 2017

## Survey Solutions

with William Vaughan, BSN, RN  
VP of Education & Clinical Affairs

### Taking a Look at the QA of QAPI

Ask most people what the Affordable Care Act has to do with nursing homes, and you'll likely get answers centered on health insurance. Many would be surprised to learn that Section 6102 (c) of the Affordable Care Act directed CMS to establish and implement a Quality Assurance Performance Improvement (QAPI) program for nursing facilities. Phase 2 of the "Mega Rule" brings with it new regulations developed to meet this mandate.

While the QAPI regulations significantly expand upon current quality assurance requirements, regulatory insight can be gained by reviewing what has been cited recently under F520 (Quality Assessment and Assurance). According to Nursing Home Compare, accessed on November 3, 2017, there were 758 deficiencies cited at F520 during the period January 1, 2017 through November 1, 2017. Put in perspective, those deficiencies represent approximately 1% of all health deficiencies (69,981) cited nationwide during the same period. The scope and severity of these deficiencies is summarized in the table (right).

S/S	# Deficiencies
A	0
B	7
C	41
D	186
E	221
F	225
G	18
H	9
I	0
J	27
K	19
L	5

It's notable that 27 deficiencies were cited at a severity level of "actual harm" (G, H) meaning that the surveyor determined the failure of the facility's quality assurance process at least contributed to "harming" a resident. A review of the language from those

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# QAPI by the Numbers: Using MyRemedi Pharmacy Metrics to Gauge Your Progress

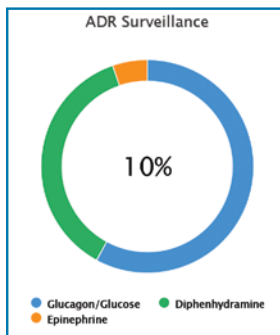
Prepared by: Jennifer Hardesty, Pharm.D., FASCP, Chief Clinical Officer

QAPI is the merger of two complementary approaches to quality management -- Quality Assurance (QA) and Performance Improvement (PI). Both involve using information, but differ in key ways:

- QA is a process of meeting quality standards and assuring that care reaches an acceptable level. Long-term care nursing facilities typically set QA thresholds to comply with regulations. They may also create standards that go beyond regulations. QA is a reactive, retrospective effort to examine why a facility failed to meet certain standards. QA activities do improve quality, but efforts frequently end once the standard is met.
- PI (also called Quality Improvement [QI]) is a pro-active and continuous study of processes with the intent to prevent or decrease the likelihood of problems by identifying areas of opportunity and testing new approaches to fix underlying causes of persistent/systemic problems

For both of these approaches, it is important to have standard metrics to measure performance and progress. Remedi SeniorCare has developed multiple metrics in key areas to help you on your QAPI path to improvement. Included is a variety of process, clinical, and outcome measures that can help define key parameters of your medication management system, and can be used to tailor a QAPI Pharmacy program to best suit your facility. Each metric provides real-time data that is measurable over time, as well as a drill-down screen to identify the individual residents and orders that make up the data. Here are a few examples:

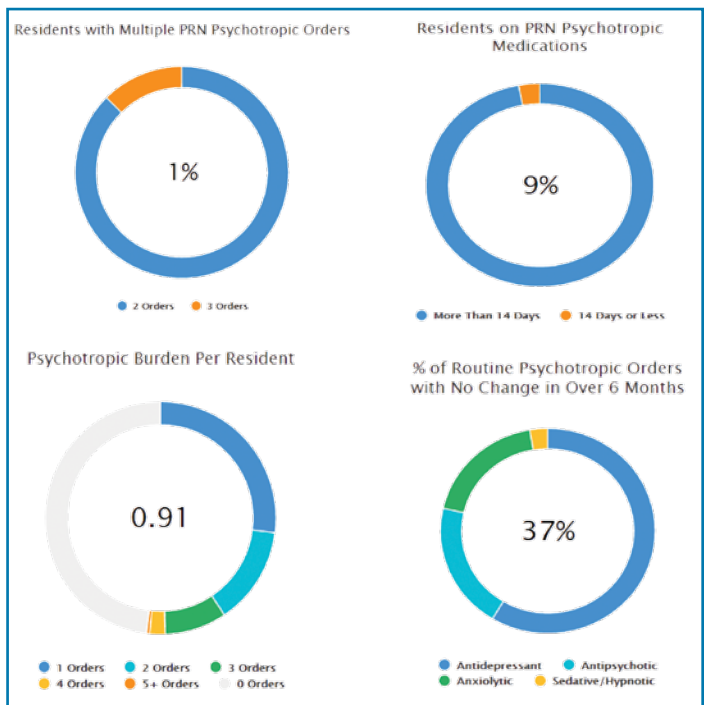
## ADVERSE DRUG REACTION (ADR) SURVEILLANCE



Identifies medications used in your facility that may indicate treatment for an adverse drug reaction, or need for an antidote. For example: Vitamin K, Glucagon, Naloxone, Diphenhydramine, Kayexelate, etc. Working backwards, a root cause analysis can be determined and a corrective action plan enacted as warranted.

## MANAGING PSYCHOACTIVE MEDICATIONS

With CMS Phase 2 regulations, the requirement to attempt behavioral interventions and gradual dose reduction will be greatly expanded. In addition, specific time limits will be placed on orders related to the PRN use of these medications. To address the clinical and operational challenges facilities will face complying with these new regulations, Remedi is pleased to provide this comprehensive Psychotropic Dashboard.



### Residents with Multiple PRN Psychotropic Orders

This graph with drill down details displays residents with multiple PRN Psychotropic Orders.

### Residents on PRN Psychotropic Medications

This graph with drill down details displays PRN Psychotropic Orders greater than and less than 14 days.

### Psychotropic Burden Per Resident

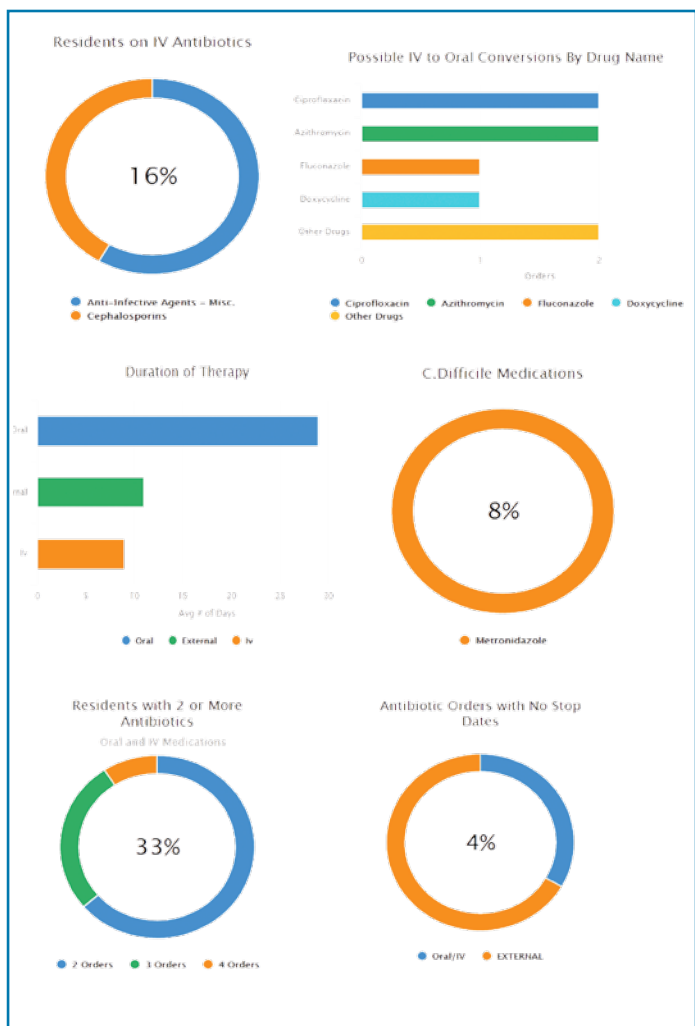
This graph with drill down details displays Psychotropic Burden per Residents.

### % of Routine Psychotropic Orders with No Change in Over 6 Months

This graph with drill down details displays % of Routine Psychotropic Orders with no change in over 6 months.

## ANTIBIOTICS

The antibiotic dashboard presents data in a user-friendly format, including graphics that make it easy to identify trends and patterns. As of November 28, 2017, CMS will require that all long-term care nursing facilities have in place an antibiotic stewardship program that includes a system to monitor antibiotic use. Remedi's Antibiotic Dashboard will serve as the cornerstone of such a system by providing real time data to calculate metrics such as new start dates, types of antibiotics prescribed, and days of antibiotic treatment.



### Residents on IV Antibiotics

This graph displays metrics with residents on IV antibiotics.

### Possible IV to Oral Conversions by Drug Name

This graph displays possible IV to oral conversions..

### Duration of Therapy

This graph displays duration of therapy for antibiotic medications by route.

### C. Difficile Medications

This graph displays residents prescribed C. Difficile medications.

### Residents with 2 or More Antibiotics

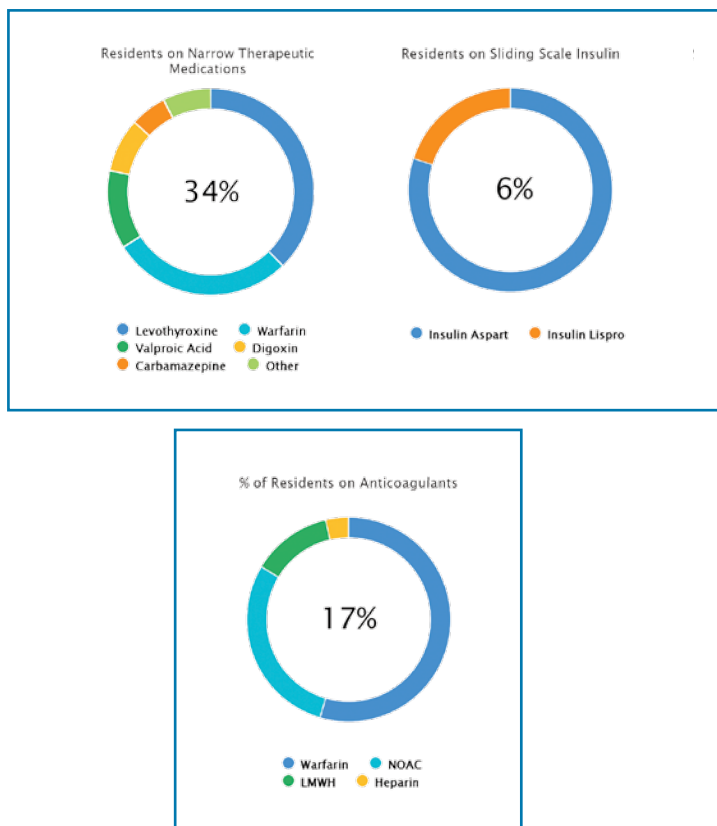
This graph displays residents with more than one antibiotic order.

### Orders with No Stop Date

This graph displays antibiotic orders without stop dates.

## DRUG SAFETY

Narrow therapeutic index drugs, drugs with FDA REMS (Risk Evaluation and Mitigation Strategies from the FDA), anticoagulants, and sliding scale insulin are all high-risk therapies closely scrutinized by CMS, and several key metrics can help you track these trends and residents closely over time.



These are only a handful of the new features in MyRemedi that can create reliable and sustainable data measures for your clinical, operational, and outcomes needs.

# Remedi Superstar Nurse

VICTORIA PHILLIPS, LPN

South River Health & Rehabilitation Center, Edgewater,



**CONGRATULATIONS** to Victoria Phillips, LPN, at South River Health & Rehabilitation Center in Edgewater, MD, for being chosen as the Remedi Superstar Nurse. Victoria was nominated by Artu J. Musa, RN, Unit Manager. Per Artu, "Victoria is a prudent and proficient nurse. She is one of the morning charge nurses on the 60-bed long-term care unit. Victoria is reliable, knowledgeable, and is a great patient advocate. Her interaction with the doctors, practitioners, families, and outside vendors is one of admiration. Victoria goes above and beyond to complete daily tasks, and she makes sure that the unit runs smoothly. She assists with audits, ordering supplies, and scheduling appointments. Victoria is always in positive spirits and is an overall splendid nurse."

Email your Superstar Nurse nomination(s) to [Rebecca.Ogden@RemediRx.com](mailto:Rebecca.Ogden@RemediRx.com)

## Survey Solutions

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deficiencies, cited in nursing homes from multiple states, revealed the following trends and patterns:

- *The Quality Assurance Committee ... failed to develop and implement corrective action for pressure ulcer care and prevention that resulted in actual harm to resident #148*
- *The facility's failure to implement fall interventions resulted in Resident #30 sustaining a right femur fracture after a fall which caused actual harm to the Resident #30.*
- *The facility failed to ensure the QA program was effective in preventing repeat deficiencies at F323 and F514. The facility failed to prevent accidents, which resulted in a fall with a [Fracture] for Resident #1.*
- *Based on record review and staff interviews, the facility failed to provide a comprehensive wound assessment, initiate treatment and monitor a newly identified Suspected Deep Tissue Injury (DTI) to the left heel resulting in worsening of the DTI. The re-citation of F314 and F157 during the last year of federal survey history showed a pattern of the facility's inability to sustain an effective QAA program.*
- *The facility failed to re-evaluate prior plans of correction to correct and maintain correction for previously cited deficient practice related to: environmental issues of fixing marred doors and walls, changing the tile in the resident rooms once marred, cracked or missing, covering the bottom of the light bulbs for safety of the residents, notification of the dietician of a weight loss, the lack of documentation of supplements to prevent weight loss, hand hygiene while preparing and serving meals, outdated supplies available for use, and the failure of acting on irregularities of unnecessary medications for residents. The facility census was 20 at the time of the survey.*
- *The facility failed to identify and implement preventative measures to reduce the amount of facility acquired pressure sores through a quarterly Quality Assurance Performance Improvement (QAPI) program for one of four (1 of 4) quarters reviewed.*

- *The facility failed to ensure the Quality Assurance (QA) Committee had an effective plan to monitor for continued compliance of deficiencies and issues identified and cited on previous recertification survey and complaint surveys ... Deficient practice at F309 was found again for failure to coordinate care regarding pain management and medication administration as documented for Resident #79 and lack of care coordination for Resident #257 regarding lack of communication between the Licensed Practical Nurse (LPN) and Registered Nurse (RN) concerning dehydration ... Deficient practice at F514 was found again cited regarding the facility's failure to ensure clinical records were complete and accurate for 2 of 6 sampled residents by not accurately documenting a resident's resuscitation status for 1 (Resident #180) of 1 resident reviewed for Hospice and not accurately transcribing a medication order for 1 (Resident #79) of 5 residents reviewed for unnecessary medications.*

Several themes emerge from this focused review of quality assurance related deficiencies. Not surprisingly, clinical processes and outcomes related to pressure ulcer development, falls with fractures, dehydration, weight loss, pain management, unnecessary medications and resident rights continue to be regulatory "barometers" of quality. Additionally, facilities that fail to follow plans of correction for previously cited deficiencies or are unable to maintain ongoing compliance with regulations face additional deficiencies which often prompt sanctions including civil money penalties. While QAPI does represent a paradigm shift for both facilities and regulators, quality issues, such as those described above, tend to stand the test of time.

*Note: Bill was a surveyor with the Maryland State Survey Agency from 1988 until 2001. He became Chief Nurse of the agency in 2001 and remained in that position until joining Remedi SeniorCare in 2013.*