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).

<table>
<thead>
<tr>
<th>S/S</th>
<th># Deficiencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>0</td>
</tr>
<tr>
<td>B</td>
<td>7</td>
</tr>
<tr>
<td>C</td>
<td>41</td>
</tr>
<tr>
<td>D</td>
<td>186</td>
</tr>
<tr>
<td>E</td>
<td>221</td>
</tr>
<tr>
<td>F</td>
<td>225</td>
</tr>
<tr>
<td>G</td>
<td>18</td>
</tr>
<tr>
<td>H</td>
<td>9</td>
</tr>
<tr>
<td>I</td>
<td>0</td>
</tr>
<tr>
<td>J</td>
<td>27</td>
</tr>
<tr>
<td>K</td>
<td>19</td>
</tr>
<tr>
<td>L</td>
<td>5</td>
</tr>
</tbody>
</table>

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

“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.”

Please do not hesitate to contact your Remedi Consultant Pharmacist or Account Manager if you have any questions or concerns.

Please rate us on Facebook
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.
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 DT. 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.

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.