DEALING WITH DEMENTIA WITH A QAPI APPROACH

Presented by:
Lydia Restivo, RN CDONA
Regulatory Compliance Consultant
West & Restivo Quality Consulting
Email: lydrestivo@gmail.com

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Learning Objectives

Participant Will:

 summaries Regulatory Guidance for F520 – Quality Assessment and Assurance
 summaries the Difference Between a Proactive and Reactive Approach to Quality
 lists 3 Indications for the Use of Psychotropic Meds

To implement an appropriate QAPI Assessment process with the CCP team for Dementia Care and Behavior Management to track ongoing compliance with F329/F309
## Resources

- State Operations Manual (F309/329)
- SOM – F248 Activities
- National Plan to Treat Alzheimer’s Disease
  - http://aspe.hhs.gov/daltcp/napa/#Plan
- CMS QAPI Information
- CMS National Partnership to Improve Dementia Care in Nursing Homes
  - https://www.nhqualitycampaign.org/star_index.aspx?controls=dementiaCare

## SO WHAT DO WE NEED TO KNOW ABOUT QAPI?

1. At present there is no Regulation for QAPI!
2. Presently F520 Quality Assurance and Assessment still prevail in the Survey Process
3. F520 is still a frequently cited deficiency, however facilities must now revise policies to include a proactive approach to meet QAPI initiatives
SO WHAT DO WE NEED TO KNOW ABOUT QAPI?

In Order to Understand and Apply QAPI; Facilities Need to Understand Existing Regulations and Apply Them

So How Does QAPI Hold Hands with QA & A (F520)?

Regulatory Overview

10 NYCRR 415.27 (b) Quality Assessment and Assurance
(1) the administrator or his or her designee;
(2) the director of nursing services;
(3) a physician designated by the facility;
(4) at least one member of the governing body who is not otherwise affiliated with the nursing home in an employment or contractual capacity; and
(5) at least 3 other members of the facility's staff.

F520 - 483.75(o) Quality Assessment and Assurance
(i) Meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and
(ii) Develops and implements appropriate plans of action to correct identified quality deficiencies.
Regulatory Overview

Intent:
- The facility has an ongoing Quality Assessment and Assurance (QAA) committee that includes designated key members and that meets at least quarterly; and …..
- The committee identifies quality deficiencies and develops and implements plans of action to correct these quality deficiencies, including monitoring the effect of implemented changes and making needed revisions to the action plans.

Regulatory Definitions

- “Quality Assessment” is an evaluation of a process and/or outcomes of a process to determine if a defined standard of quality is being achieved.
- “Quality Assurance” is the organizational structure, processes, and procedures designed to ensure that care practices are consistently applied and the facility meets or exceeds an expected standard of quality. Quality assurance includes the implementation of principles of continuous quality improvement.
Regulatory Definitions

“Quality Improvement (QI)” is an ongoing interdisciplinary process that is designed to improve the delivery of services and resident outcomes.

“Action Plan” facility identified the root cause of potential deficiencies and developed appropriate corrective plans of “action”.

THIS IS THE FOUNDATION FOR QAPI!.....

SO WHAT IS QAPI?

How is it different from QA&A??

Resources:
http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/nhqapi.html
SO What is QAPI?

Q uality
A ssurance
P erformance
I mprovement

* As per CMS Initiatives; Facilities are encouraged to put this program in place!
Regs will follow!!!!!!!

So We Are Getting a Head Start in Compliance

So What’s QAPI?

Let’s take a look at QAPI?

- Present regulations (unchanged) for Quality Assurance and Assessment is F520
- Implementation for QAPI will most likely be incorporated into F520
- Facilities are encouraged (under Section 6102(c) of the Affordable Care Act… which **REQUIRES** that **ALL** Nursing Homes develop Quality Assurance and Performance Improvement (QAPI) Programs.
**SO What is QAPI? con’t**

QAPI 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. PI in nursing homes aims to improve processes involved in health care delivery and resident quality of life. PI can make good quality even better.

There are Five Elements in QAPI

<table>
<thead>
<tr>
<th>Design and Scope</th>
<th>Governance and Leadership</th>
<th>Feedback, Data Systems and Monitoring</th>
<th>Performance Improvement Projects (PIPs)</th>
<th>Systematic Analysis and Systemic Action</th>
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</thead>
<tbody>
<tr>
<td>1. Ongoing and comprehensive</td>
<td>2. Led by administration</td>
<td>3. Systems to monitor care and services</td>
<td>4. Identify areas that need attention</td>
<td>5. Determine when in-depth analysis is needed</td>
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<tr>
<td>1. All services you offer</td>
<td>2. Input from staff, residents, and families</td>
<td>3. Draws data from multiple sources</td>
<td>4. Examine and improve care or services</td>
<td>5. Understand the problem, causes, implications of change</td>
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<tr>
<td>1. All departments</td>
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1. Design and Scope  
2. Governance and Leadership  
3. Feedback, Data Systems and Monitoring  
4. Performance improvement Projects (PIPs)  
5. Systematic Analysis & Systemic Action
Understanding the Elements:

Element 1: Design and Scope:

- A QAPI program must be ongoing and comprehensive with a full range of services offered by the Facility, including all departments

* When fully implemented, the program should address all systems of care and management practices, and should always include:
  - Clinical Care
  - Resident Choice
  - Quality of Life
  - Care Transitions

Element 2: Governance and Leadership

The Governing Body and/or Administrator:

* Develops and leads a QAPI program that involves leadership working with input from Facility Staff, as well as from residents and their families/representatives:
* Designating one or more persons to be accountable for QAPI
* Developing leadership and facility wide training on QAPI
* Ensuring staff time, equipment and technical training as needed for QAPI
* Establishing Policies to sustain the QAPI Program despite changes in Personnel and staff turnover.....
### Element 2: Con’t

- Sets priorities for the QAPI Program, and building on the principles identified in the Design and Scope
- Sets expectations around safety, quality, rights, choice and respect by balancing both a culture of safety and a culture of resident centered rights and choices!
- Ensures that while staff are held accountable; there exits an atmosphere in which staff are encouraged to identify and report quality problems as well as opportunities for improvement.

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### Element 3: Feed Back, Data Systems and Monitoring

- The Facility puts in place systems to monitor care and services; drawing from multiple sources:
  - Feedback systems actively incorporate input from staff, residents, families and others…(Assessment)
  - Performance indicators are used to monitor a wide range of care processes and outcomes (Audits)
  - Findings are reviewed against benchmark/targets that the Facility has set for performance Program Goals
## Element 4: Performance Improvement Projects (PIPs)

- Performance Improvement Projects are conducted to examine and improve care or services in areas that have been identified as needing attention.
- PIPS may focus on one area of the Facility or can be a Facility-Wide concentrated effort that are selected in areas that are meaningful for the specific type and scope of services your facility provides.
- QAPI requires that information is gathered systematically to clarify issues/problems as well as interventions.

## Element 5: Systematic Analysis and Systematic Action

- A systematic approach should be used to determine when in-depth analysis is needed for full understanding of a problem, its causes and implication of a change.
- The Facility must use a thorough and structured approach to determine whether and how identified problems may be caused or exacerbated by the way care and services are organized or delivered.
- Use of Root Cause Analysis is required, and relevant policies and procedures must reflect the use of root cause analysis methods.
SO HOW DO WE MEASURE QUALITY UNDER QAPI?

1. It starts with a team approach and team philosophy!

2. It starts from the top: from the Administrator to all staff and throughout the chain of command.....

3. It starts with the Facilities ability to identify and resolve actual problems and potential problems.

4. It starts with the development of an “Action Plan” under QAPI, holding hands with QA&A
So How Do We Implement a QAPI for Dementia Care?

The First Step is to Understand What is Required for Dementia Care Compliance Under F309/F329

PART 2
Developing Dementia Care Compliance with QAPI ??
Regulatory Overview 1

◆ Regulation
+ F309: §483.25 Quality of Care

Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.

Review of Care and Services for a Resident with Dementia

Use this guidance for a resident with dementia. If the resident is receiving one or more psychopharmacological agents, also review the guidance at F329, Unnecessary Drugs.

Regulatory Overview 2

◆ F329: §483.25(l) Unnecessary Drugs

Antipsychotic Drugs.

Based on a comprehensive assessment of a resident, the facility must ensure that:

(i) Residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and

(ii) Residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.
Regulatory Overview

Survey & Certification Letter 15-31

- 2014 Final Report & 2015 Expansion Project – Centers for Medicare & Medicaid Services (CMS) Focused Dementia Care Survey Pilot
- Published March 27, 2015

Expansion of Focused Dementia Care Survey Efforts:
The CMS plans to expand upon the work of the focused survey pilot and has invited States to conduct such surveys in FY2015 on a voluntary basis. The expansion project will involve a more intensive, targeted effort to improve surveyor effectiveness in citing poor dementia care and the overutilization of antipsychotic medications, and broaden the opportunities for quality improvement among providers.

Use of Antipsychotic Medication

CMS states that “medications may be ineffective and are likely to cause harm if given without”:

Clinical Indication (F329)

All interventions, including medications need to be monitored for efficacy, risks, benefits and harm!
Regulatory Guidance Review 1

CMS frowns upon use of Psychotropic Meds as a “Quick Fix” for behavioral symptoms or as a substitute for a holistic approach that involves:

♦ Assessment for underlying causes of behaviors
♦ Individualized person-centered interventions

Non-Pharmacologic Interventions

Regulatory Guidance Review 2

♦ CMS Further States:
  ✦ Antipsychotic medications are frequently prescribed for residents with dementia who have behavioral or psychological symptoms of dementia (BPSD).
  ✦ The term BPSD is used to describe behavior or other symptoms in individuals with dementia that cannot be attributed to a specific medical or psychiatric cause.
Black Box Warning

The Food & Drug Administration (FDA) Black Box Warnings Regarding Atypical Antipsychotics in Dementia provides, “Elderly patients with dementia-related psychosis treated with atypical antipsychotic drugs are at an increased risk of death compared to placebo.”

7 Principles of Dementia Care

1. **Person-Centered Care:**
   Recognizing individual needs and preferences.

2. **Quality and Quantity of Staff:**
   The nursing home must provide staff both in terms of quantity and quality to meet the needs of the residents as determined by Resident Assessments and individual plans of care.
### 7 Principles of Dementia Care

#### 3. Thorough Evaluation of New or Worsening Behaviors:
Residents who exhibit new or worsening BPSD should have an evaluation by the IDC team, including the physician; in order to identify and address treatable medical, physical, emotional, psychiatric, psychological, functional, social and environmental factors contributing to behaviors.

#### 4. Individualized Approaches to Care:
Utilizing a consistent process that focuses on a Resident’s individual needs and tries to understand behavior as a *form of communication* may help to reduce behavioral expressions of distress in some Residents.
### 7 Principles of Dementia Care

<table>
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<tr>
<th>5. <strong>Critical Thinking Related to Anti-Psychotic Drug Use:</strong></th>
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<tr>
<td>In certain cases, Residents may benefit from the use of medications. The Resident should only be given medication if clinically indicated and as necessary to treat a specific condition and target symptoms as <em>diagnosed</em> and <em>documented</em> in the record. Residents who use antipsychotic drugs <em>must receive</em> gradual dose reductions and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</td>
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<tr>
<th>6. <strong>Interview with Prescribers:</strong></th>
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<td>CMS documents that “None of the Guidance to Surveyors” should be construed as evaluating the practice of medicine.</td>
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<tr>
<td>✧ Surveyors are instructed to evaluate the process of care.</td>
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<tr>
<td>✧ Surveyors will interview the Attending Physicians, NP/PA Behavioral Health Specialist, Pharmacist and any other team members to better understand the reasons for using a psychopharmacological agent; or any other interventions for a specific resident.</td>
</tr>
</tbody>
</table>
7 Principles of Dementia Care

7. Engagement of Resident and/or Representative in Decision Making:

In order to ensure judicious use of psychopharmacological medications, Residents and or Family/Representative must be involved in the discussion of potential approaches to address behavioral symptoms.

- These discussions with the Resident and/or Family/Representative should be documented in the medical record.

Document Resident/Family Notification

Facilities should be able to identify how they have involved residents/families/representatives in discussions about:

- Potential approaches to address behaviors
- Potential risks and benefits of a psychopharmacological medication (e.g., FDA black box warnings)
- Proposed course of treatment
- Expected duration of use of the medication
- Use of individualized approaches
- Plans to evaluate the effects of the treatment, and pertinent alternatives.

The discussion should be documented in the resident’s record (See F154).
CMS & Approach to Care Process

It is expected that the resident’s record reflects the implementation of the following care processes:
A. Recognition and Assessment;
B. Cause Identification and Diagnosis;
C. Development of Care Plan;
D. Individualized Approaches and Treatment;
E. Monitoring, Follow-up and Oversight;
F. Quality Assessment and Assurance

Recognition & Assessment

The Resident’s record should reflect comprehensive information about the person including but not limited to:
✓ Past life experiences
✓ Description of behaviors
✓ Preferences for daily routine i.e. food, music, exercise etc.
✓ Oral health
✓ Presence of pain
✓ Medical conditions
✓ Cognitive status related abilities and medications
(See F272/CAAs)
Recognition & Assessment

This information enables an understanding of the individual and provides a basis for cause identification (based on knowing the whole person and how the situation and environment may trigger behaviors) and individualized interventions.

Cause Identification and Diagnosis

Uses the Information Collected to Help Identify the physical, psychosocial, environmental and other potential causes of behavior and related symptoms

◆ Staff, and MD, should identify possible risk and causal/contributing factors for behaviors, such as:
  ✤ Presence of co-existing medical or psychiatric conditions, including acute/chronic pain, constipation, delirium and others, or worsening of mental function; and/or
  ✤ Adverse consequences related to the resident’s current medications (See F329).
Cause Identification and Diagnosis

If medical causes are ruled out, the facility should attempt to establish other root causes of behavior:

- **Boredom**: lack of meaningful activities or stimulation during customary routines.
- **Anxiety**: related to changes in routine such as shift changes, unfamiliar or different caregivers, change of roommate, inability to communicate.
- **Care Routine**: i.e.: bathing, that are inconsistent with preferences.
- **Personal Needs** not being met appropriately or sufficiently, such as hunger, thirst, constipation;
- **Fatigue**: lack of sleep or change in sleep patterns.

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Cause Identification and Diagnosis

- **Environmental Factors**:
  - Noise levels that can cause delusions or hallucinations
    - Overhead Pages,
    - Alarms, etc. Causing Delusions or Hallucinations
- **Mismatch**: Between activities and routines selected and the Resident’s cognitive and other abilities to participate i.e.: Resident progressed from mid-stage dementia to later stages of Dementia.
Development of Care Plan

The Care Plan should reflect:
- Baseline and ongoing details of common behavioral expectations and expected outcomes to interventions
- Specific goals for monitoring interventions and effectiveness in responding to target behaviors and expressions of distress

Review F248 – Activities for CMS Suggestions for Non-Pharmacological Interventions

Development of Care Plan

Care Plan Development For Antipsychotic Medication:
- Indication/rational for use
- Dosage/duration
- Specific target behaviors
- Monitoring for efficacy
- Expected outcomes
- Adverse reactions
- Plan for GDR (F329)
Individualized Approaches & Treatment

◆ Implementation of the Care Plan
  - Identify and document specific target behaviors, expressions of distress and desired outcomes (See F279 and F514); and
  - Implement appropriate, individualized, person-centered interventions and document the results (See F240, F309, F329 and F514);
  - Communicate and consistently implement the care plan, over time and across various shifts (See F282 and F498).

Monitoring and Follow-Up

◆ Monitoring and follow-up of care plan implementation includes:
  - Staff monitors and documents the implementation of the care plan,
  - Identifies effectiveness of interventions
  - Physician/staff adjusts the interventions based on the effectiveness and/or adverse consequences related to treatment (See F280, F329 and F428)
  - Notify Physician of adverse consequences/side effects of medication (F157, F385, F428)
  - Physician does not provide a timely or appropriate response to the notification, contact the Medical Director for further review, and if the medical director was contacted, he/she must respond and intervene as needed (See F501).
Quality Assessment and Assurance

- This guidance addresses the evaluation of a facility’s systemic approaches to deliver care and services for a resident with dementia.
- Did the facility discuss, assess and develop a plan for Dementia Care
- Does the facilities policies reflect systemic approach to Dementia Care
- Trained Staff
- Monitored Staff Implementation of Plan
- Sufficient Staff to Implement Plan
- Whether staff collect and analyze data to monitor the pharmacological and non-pharmacological interventions used to care for residents with dementia
Pharmacological Medication

◆ Pharmacological Interventions: In certain cases, residents may benefit from the use of medications. For example, a person who has a persistent, frightening delusion that she has left her children unattended and that they are in danger is inconsolable most of the day or night despite a number of staff and family approaches to address this fear. If other potential causes are ruled out, the team may determine that a trial of a low dose antipsychotic medication is warranted.

Quality Measure
Antipsychotic Med Use

Percent of Short and Long Stay Residents That Newly Received Antipsychotic Medication

Exclusions:

◆ Any patient with initial assessment indicating antipsychotic drug use

◆ Any of the following related conditions are present on any of the assessments:
  a. Schizophrenia (I6000 = [1]).
  b. Tourette’s Syndrome (I5350 = [1]).
  c. Huntington’s Disease (I5250 = [1]).
CMS Revised Guidelines F329

INDICATIONS FOR USE -

- Schizophrenia
- Schizoaffective disorder
- Schizophreniform disorder
- Delusional disorder
- Mood disorders (e.g. bipolar disorder, severe depression refractory to other therapies and/or with psychotic features)
- Psychosis in the absence of dementia
- Medical illnesses with psychotic symptoms (e.g., neoplastic disease or delirium) and/or treatment related psychosis or mania (e.g., high-dose steroids)
- Tourette’s Disorder
- Huntington disease
- Hiccups (not induced by other medications)
- Nausea and vomiting associated with cancer or chemotherapy

Behavior Notes

- Contents of a Behavior Note Should Include:
  - Precipitating Factors to Behavior
  - Description of Behavior Exhibited
  - Non-pharmacological interventions attempted
  - Residents Response

Notes to be written:

1. Before Administering PRN Psych Med
2. Incorporated into Daily/Weekly/Monthly Note
What Else Do We Need to Know?

We Have Reviewed the Principles of Dementia Care and F309/F329 Regulations, What Do We Do With This Information?????

◊ Develop Dementia Care Policies that include an Assessment and Documentation process.
◊ Identify Triggered Behaviors and document same just like you track ADLS, you need to get to know the Resident
◊ Educate staff on Dementia Policies and Understanding Dementia as a Disease not a Behavior!
◊ Understand that Dementia is a progressive Disease and the Resident will change and decline, be vigilant!
◊ Remember the CCP starts day 1, so the initial assessment and documentation is critical for compliance…. F279

USE THIS INFORMATION AS THE BASIS FOR YOUR QAPI

QAPI PROGRAM FOR DEMENTIA

1. Design and Scope:
   • Design is to “Improve the Care of Residents with Dementia”
   • Scope Will Concentrate On:
     - All Residents with a Diagnosis of Dementia
     - All Residents with Psychotropic Drug use, Including Anti-anxiety Meds
     - All Residents with Identified Behavior Problems
QAPI PROGRAM con’t

2. Governance and Leadership:
   ✦ Here is Where You Assign Responsibility for the Program
   ✦ The Team Will Meet Initially to Develop the Program and Then Weekly as a Subcommittee

   * Medical Director
   * Consulting Psychiatrist
   * Administrator
   * Pharmacy Consultant
   * Social Workers
   * DNS
   * Assigned RN Team
   * Recreation Staff

QAPI PROGRAM con’t

3. Performance Improvement Projects (PIPS)
   ✦ Make a list of all Residents with Dx. of Dementia
   ✦ Make a list of all Residents on Psychotropic with Dementia
   ✦ From this list choose a sample for review i.e.: 10 residents
   ✦ OBSERVE THE CARE AND BEHAVIOR OF THESE RESIDENTS
   ✦ Speak with Staff as well as Interview with Family regarding these behaviors to KNOW THE RESIDENT!
   ✦ Do Comprehensive Chart Reviews to identify the CCP, if there has been any GDR and Overall Documentation Compliance: document findings on an audit tool

**Understand Your Objective is to Improve Care While Reducing Psychotropics !!**
QAPI PROGRAM con’t

4. Systematic Analysis and Systematic Action:
   • Review the Findings of Audits and Chart Reviews
   • Discuss Findings at QAPI Meeting to Develop Your Action Plan
     * Your Action Plan now needs to be developed:
       ✷ Policy for Dementia Care and Assessment
       ✷ Policy for Behavior Management
       ✷ Policy for GDR
       ✷ Policy for Documentation
       ✷ Plan for Inservice Education and Timeline

QAPI PROGRAM con’t

5. Feedback, Data Systems and Monitoring:
   * How are the Policies Working?
   * Observe Staff Performance
   * Interview Staff and Family as Applicable
   * Are Staff Implementing Behavioral Interventions? BPSD Notes and Tracking?
   * Is the Behavior Improving?
   * Has Psychotropics Use Been Reduced?
   * Is the Documentation by All Disciplines Compliant?
   * What is Your Outcome and What is Next??
WHAT NEXT??

• Continue to Use All the Elements of QAPI as They Are Interchangeable!
• Continue to Improve and Monitor Systems For Compliance and Quality
• Continue to Educate and Monitor Staff Performance
• Expectations and Goals Must Be Set and Met!
• Don’t Give Up as Improving Dementia Care Will Improve Quality In Every Area!!!
LAST THOUGHTS

- Take on the Initiative to Change Dementia Care In Your Facility
- Involve Physicians in Initiative to Reduce Antipsychotic Med Use
- Share Your Success With One Another
- Train Staff – Train Staff – Train Staff!

QUESTIONS

WRC Regulatory Compliance Services

- QIS/Traditional Mock Surveys
- Policy and Procedure Review/Development
- Assistance with Development of Dementia Care Program
- MDS 3.0 Accuracy Review
- MDS 3.0/PPS Certification Training
- QM and Staffing Data Review
- CNA Documentation Training
- QA Program Review/Development
- Restorative Nursing Program
- Assistance with POC and Directed Plans/Inservice

Lydia Restivo, RN, CDONA
Compliance Consultant
West & Restivo Quality Consulting
Email: lydrestivo@gmail.com