Quality Assurance: Guide to Activity Professionals

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Basics:

- QA – Quality Assurance
- QAA – Quality Assessment & Assurance
- QAPI – Quality Assurance and Performance Improvement =NEW
  - Result of Affordable Care Act – Requires all nursing homes to develop such program.
  - History:
    - CMS completed case study of QAPI program of 17 facilities in four states. (Florida, Mass., California, Minnesota)
    - CMS developed prototype of QAPI program end of 2011
    - Facilities have one year to implement after fine rule is in place
Basics - Regulations:
New York

- Effective Date: 04/01/92 Title: Section 415.27 - Quality assessment & assurance
415.27 Quality assessment & assurance. The facility shall establish and maintain
a coordinated quality assessment and assurance program which integrates the
review activities of all nursing home programs and services to enhance the
quality of life and resident care and treatment. (a) Facility-wide quality
assurance. Quality assurance shall be the responsibility of all staff, at every
level, at all times. Supervisory personnel alone cannot ensure quality of care
and services. Such quality must be a part of each individual’s approach to his
or her daily responsibilities. (b) Quality assessment and assurance committee.
The facility shall maintain a quality assessment and assurance committee
consisting of at least the following: (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. (c) Committee functions

Basic Regulations:
New York

- The quality assessment and assurance committee shall: (1) meet at least
quarterly to identify issues with respect to which quality assessment and
assurance activities are necessary; (2) have a written plan for the quality
assessment and assurance program which describes the program’s
objectives, organization, responsibilities of all participants, scope of the
program and procedures for overseeing the effectiveness of monitoring,
assessing and problem-solving activities. Such plan shall also provide for the
development and implementation of quality improvement initiatives
designed to advance the quality of life, care and services in the facility. (3)
define methods for identification and selection of clinical and
administrative problems to be reviewed. The process shall include but not
be limited to: (i) the establishment of review criteria developed in
accordance with current standards of professional practice for monitoring
and assessing resident care and clinical performance; (ii) regularly
scheduled reviews of clinical records, resident complaints and suggestions,
reported incidents and other documents pertinent to problem
identification; (iii) consultation on at least a quarterly basis with the
Resident Council to seek recommendations on quality
1/19/2011 Viewing
Section 415.27 - Quality asses… state.ny.us/…/8525652c00680c3e85
Basic Regulations:
New York

- 1/2 improvements; (iv) documentation of all quality assessment and assurance activities, including but not limited to the findings, recommendations and actions taken to resolve identified problems; and (v) the timely implementation of corrective actions and periodic assessments of the results of such actions. (4) ensure that the outcomes of quality assurance reviews are shared with appropriate staff to be used for the revision or development of facility policies and practices and in granting or renewing staff privileges, as appropriate; (5) facilitate participation in the program by administrative staff and health-care professionals representing each professional service provided; (6) report its activities, findings and recommendations to the governing body as often as necessary, but no less often than 4 times a year; and (7) participate with the medical director in implementing Public Health Law 2805-k.

Basics – Regulations:

- F-520 – Facilities are required to have a committee and process in place to identify quality deficiencies, develop and implement plans to correct these deficiencies, monitor the effects of the changes, and make needed revisions to the plan in order to assure ongoing compliance.
- Surveyors may ask for minutes and documentation of quality assurance meetings. It is at the discretion of the administrator.
QAPI

- Develops comprehensive, proactive performance improvement programs tailored to their own program needs.
- Goes beyond compliance – Improve residents quality of life
- Resident ability to exercise choice
- High quality of all health care services
- Improve Safety
- Best Practices
- Links data from MDS 3.0
- Tracking and Trending Data
- Determination of underlying causes of problems – Root Cause Analysis

QAPI (Cont.)

- CMS developed 5 elements for a QAPI program:
  - 1. Design and Scope
  - 2. Governance and Leadership
  - 3. Feedback, Data Systems, and Monitoring
  - 4. Performance Improvement Projects (PIPS)
  - 5. Systematic Analysis and Systemic Action
QAPI (Cont.)

1. Design and Scope
   ◦ When fully implemented the program should address all systems of care of management practices and should always include clinical care, quality of life and resident choice.

2. Governance and Leadership
   ◦ Administrator leads the QAPI program
   ◦ Designation of person accountable for QAPI program, facility wide training

3. Feedback, Data Systems and Monitoring
   ◦ Create systems to monitor care and services
   ◦ Systems include staff, residents, families
   ◦ Identification of problem areas against state and national benchmarks
   ◦ Investigation

QAPI (Cont.)

4. Performance Improvement Projects (PIPS)
   ◦ Examines and improves care in areas that are identified as problem areas.
   ◦ PIP project is concentrated effort on one problem area and/or deficient practice, involves gathering information systematically and creating interventions for improvement.
   ◦ Can have more than one PIP at a time

5. Systematic Analysis and Systematic Action
   ◦ In depth analysis needed to understand the problem, its causes and implications of change.
   ◦ Facilities are required to have policies and procedures and demonstrate proficiency in the use of a root cause analysis system.
   ◦ Prevention of future problems and promotion of sustained improvement.
### Activities

**QA Indicator Tracking Form**

**Goal**

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**Root Causes:**
1. 
2. 
3.

**They may ask to determine……..**

**Root Cause Analysis**

1. **Identified Problem Area**
2. **Why?**
3. **Why?**
4. **Why?**
5. **Why?**
They may ask you to write……

- **SMART Plan**
  - **Specific**
    - What do we want to accomplish?
    - What is current data?
  - **Measurable**
    - What is current data?
    - What do you want to increase/decrease?
  - **Attainable**
    - Can you reach/achieve the goal?
  - **Relevant**
    - Brief description of the goal in relevance to compliance
  - **Time**
    - What is target time frame?

Review your Department:

**Activity Quality Assurance/ Safety Checklist**

Activities

- Is the activity calendar posted within the facility daily?
- Are the correct amounts and types of activities being conducted each day?
- Are the activities being conducted on weekends and evenings?
- Are the newsletter and calendar available and generated monthly?
- Are there enough opportunities and varieties of social activities for the residents?
- Does the calendar reflect activities that are being implemented each day?
- Are the scheduled activities at convenient times for the residents?
Review your Department

Documentation

- Is the proper activity documentation filed, completed and up-to-date?
- Are the volunteer records filed, completed and up-to-date?
- Are the Resident Council Meeting records filed, completed and up-to-date?

Activity Staff

- Does the Activity staff have current name tags that are worn daily?
- Does the Activity staff dress neat, clean and appropriately?
- Does the staff partake in continuing education within the field of long term care?
- Does the staff use appropriate measures for infection control?
- Does the activity staff have all the appropriate credentials, in-service and continuing education documents on file?

Review you Department

Safety

- Is the activity area spacious and accommodating to all interested participants?
- Are the activity rooms free from obstacles and clutter?
- Is the lighting in the activity area adequate and appropriate?
- Are the floors in the activity area free from tripping hazards?
- Are the electrical outlets in the activity area covered?
- Is the equipment in the activity area free of safety hazards?
- Are toxic and hazardous activity supplies stored and secured safely?
- Is the activity room set at an appropriate temperature?
- Is the activity room free of unpleasant odors?
- Is all food in the Activity Department dated and stored in appropriate containers?
- Are the tables and chairs in the activity area clean and in good repair?
- Are the shelves and storage areas clean and organized in accordance to fire and safety regulations?
Review your Department

Transportation
- Does the transportation program run smoothly, and is it current with all of the proper documentation?
- Does the van driver have the license for the appropriate type of vehicle?
- Are the drivers of facility vehicles courteous and friendly?
- Has the skill of the driver been evaluated recently?
- Is the transportation program convenient?
- Is the van always available for use?
- Is the maintenance schedule for the van up-to-date?
- Is the van in good shape and without clutter?

Additional Information:

- **OASIS = Outcome and Assessment Information Set**
  - Generates quality reports to drive performance improvement practices.
  - Nursing Home Compare (Star rating)
- **CASPER = Certification and Survey Provider Enhanced Reporting**
  - Online reporting through CMS on the facilities Quality Improvement and Evaluation Service (QIES)
?? Questions ??

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