QAPI - Home Health
Quality and Compliance

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QAPI
• Condition of participation 484.65
  • Quality assessment and performance improvement
  • Specific to each hospice
  • Reflects complexity of the hospice and the services it provides
• Compliance
  • Assessed on survey
  • No financial penalty

HH QRP
• Condition of payment
  • Quality data
  • Standardized
• Compliance
  • Assess annually
  • Financial penalty

Differences
QAPI

- Quality assessment and performance improvement
- January 13, 2018
- July 13, 2018 - PIPs
- Condition of participation

QAPI Condition of Participation

- NEW §484.65
  - Effective
  - Ongoing
  - Agency-wide
  - Data driven

- §484.65 - Replaces:
  - §484.70 - Group of professional personnel
  - Evaluation of the agency's program

- §484.70 - Infection prevention and control

- §484.70 - Composed of five standards
  - Program Scope
  - Program Data
  - Program Activities
  - Performance Improvement Projects
  - Executive Responsibilities

- Effective
- Ongoing
- Agency-wide
- Data driven
Program Scope

Must at least be capable of showing measurable improvement in indicators that will improve health outcomes, patient safety, and quality of care.

- Agency wide
- Measure, analyze and track quality indicators
- Must include
  - Adverse events
  - Emergent care
  - Hospitalizations
  - Rehospitalizations
ASSESS

Processes
Services
Operations

Program Data

Must utilize quality indicator data including OASIS, where applicable

Must use the data to monitor
- Effectiveness, and
- Safety of services
- Quality of care
- Identify opportunities for improvement

Identify and prioritize opportunities for improvement
Program Activities

Performance Improvement Projects

IMPLEMENTATION DATE: July 13, 2018

PIPs must:
- Focus on areas of:
  - High volume
  - High risk
  - Problem prone
- Consider incidence, prevalence, and severity of these areas
- Lead to an immediate correction of any identified problem that directly or potentially threatens the health and safety of patients
- Track adverse events, analyze their causes and implement preventive actions

HHAs must:
- Take actions aimed at performance improvement
- Measure success
- Track performance to ensure improvements are sustained
- Immediately correct any identified problems that directly or potentially threaten the health and safety of patients
PIP’s
- Number and scope is determined by agency (annually)
- Reflects scope, complexity and past performance of services and operations
- Agency must document
  - Quality projects undertaken
  - Reason for undertaking them
  - Measurable progress achieved

Executive Responsibilities
- That an ongoing program for quality improvement and patient safety is defined, implemented, and maintained, and is evaluated annually.
- That the agency-wide quality assessment and performance improvement efforts address priorities for improved quality of care and patient safety, and that all improvement actions are evaluated for effectiveness.
- Clear expectations of patient safety are established, implemented and maintained.
- That one or more individual(s) who are responsible for operating the quality assessment and performance improvement program are designated.
- Any findings of fraud or waste are appropriately addressed.
- Approving frequency and detail of data collection.

Governing Body Responsibilities
- That an ongoing program for quality improvement and patient safety is defined, implemented, and maintained, and is evaluated annually.
- That the agency-wide quality assessment and performance improvement efforts address priorities for improved quality of care and patient safety, and that all improvement actions are evaluated for effectiveness.
- Clear expectations of patient safety are established, implemented and maintained.
- That one or more individual(s) who are responsible for operating the quality assessment and performance improvement program are designated.
- Any findings of fraud or waste are appropriately addressed.
- Approving frequency and detail of data collection.
Written Plan

- Program objectives
- All patient care disciplines
- Description of how the program will be administered and coordinated
- Methodology for monitoring and evaluating the quality of care
- Prioritize for resolution of problems
- Monitoring to determine effectiveness of action
- Oversight responsibility reports to governing BOD
- Documentation of the review of its own QAPI program

WHO??

Continuous Quality Improvement

CQI

ANALYZE

REFINE
Examples

Outcome Measures
- Primarily the data related to patient outcomes (usually clinical) and if the patient condition improved, stabilized, or declined from one data collection point to another data collection point.

Process Measures
- Data related to processes that the Home Health team should have completed, and if these processes of care were completed
Outcome Measures

Some Outcome Measures that come through the OASIS to consider might be:

- M1860: Improvement in Ambulation
- M1850: Improvement in Bed Transferring
- M1830: Improvement in Bathing
- M1400: Improvement in Dyspnea
- M1242: Improvement in Pain with Activity
- M2020: Improved Management of Oral Medication
- M1900: Prior Functioning ADL/ADL

Other Uses for OASIS

OASIS Data can be utilized in many different ways, one such way within QAPI could be to monitor and test identification of High Risk Patient Populations.

Your QAPI Program could set goals to remain within a certain parameter, monitor the data, and explore potential problem prone areas related to High Risk patients simply by using the OASIS data.

Consider using a mixture of Primary Diagnosis, Risk Assessment sections of the SOC OASIS, and the Emergent Care sections of Discharge OASIS.

OASIS Risk Analysis to Outcome

An example of how OASIS Data can be used in your QAPI Program is to consider a Performance Improvement Project that analyzes patient’s Primary Diagnosis, Risk Factors identified on SOC, and the Outcome.

Use a Random Sample "n" where n=10% of the Total Population.

EXAMPLE: “n=10% of Total Patients cared for from 10/1/16 - 12/31/16 with Primary Dx of CHF.”
OASIS Risk Analysis to Outcome

Start with a spreadsheet, randomly select 10% of the patients on your home health with a Primary Dx of CHF, who were served from 10/1/16 to 12/31/16.

Label Columns of SOC OASIS Date, and Discharge OASIS Date.

The Label Columns with the following “M” Scores for the SOC OASIS for High Risk Variables:
- M1033
- M1034
- M1036

OASIS Risk Analysis to Outcome

Next Label another group of Columns with the Discharge OASIS variables for Emergent Care as follows:
- M2300
- M2310
- M2410
- M2420
(For other Dx studies, M2400 might be appropriate)

Once the data is collected, it can be easily sorted in Excel, and analyzed by comparing particular Risk Factors to particular Outcomes from the Discharge OASIS.

OASIS Risk Analysis to Outcome

What can you find from this type of study?
- Could CHF patients who smoke be 75% more likely to end up in the ER?
- If the Admitting RN records that the CHF patient was a “3” on M1034 “has serious progressive condition that could lead to death within a year” has that patient had Re-Hospitalizations?
- Could CHF patients with 2 or less Risk Factors be 25% more likely to have “NA” recorded for M2410, No Inpatient Facility Admission?

How valuable could this information be for the Quality of the care to your Home Health, and the growth of your business?
OASIS to QAPI - Summary

OASIS is a wealth of Standardized Data
OASIS Data can be worked into the PIPs of a robust QAPI Program by using:

- **Outcome Measures**
  - Clinically based measures related to patient centered outcomes: “Did the pt get better?”
- **Process Measures**
  - Operationally based measures related to agency operations: “Did the staff assess?”

OASIS Data can also be used in monitoring quality care in analyzing complex questions, with multiple variables.

Lessons Learned

- Incorporated OASIS and HH CAHPS into QAPI in order to obtain baseline
- Identify opportunities for improvement
- Prioritize the opportunities
  - Outcomes
  - Processes

*More than OASIS and CAHPS

Lessons Learned

**Standardizing**

- Utilizing vendor for benchmarking
- Moving to an EMR
Lessons Learned

SHARING
- Individual clinician results
- Across sister organizations
- Locally, regionally
- Network/alliance
- Payer
- Partner
- Referral sources
- Patients/public

Preparing for Survey

- How and why the agency chose its quality measures
- How it ensures consistent data collection
- How it uses data in patient care planning, and
- How it aggregates and analyzes data

- Be prepared to answer how agency uses the data analysis to select performance improvement projects, how it implements such projects, and how it uses the data to evaluate the effectiveness of those projects.

Preparing for Survey

- Written plan
- Meeting minutes documenting appointment of person in charge of QAPI (by name not just title of position), if applicable
- Committee meeting minutes, if applicable
- Comprehensive assessment document showing your measurable outcomes
Assess structure and resources

- Staff resources
- Assessment and documentation tools
- Technology
- Benchmarking

Assess alignment with required reporting measures – refine as necessary

Assess compliance with all current QAPI CoP requirements

Executive responsibilities

Assessments

Integrate QAPI into strategic planning and management