Dealing with Dementia with a QAPI Approach

Presented by:
Ruth West, RN, BS
&
Lydia Restivo RN, CDON
Compliance Consultants
West & Restivo Quality Consulting, LLC
Ruthwest1010@gmail.com
Lydrestivo@gmail.com
Cell: 516-477-1455
LEARNING OBJECTIVES

1. To understand the CMS initiative in care of Residents diagnosed with Dementia, as well as understanding and applying QAPI for ongoing compliance and quality of life!

2. To understand the Regulations involved in Dementia Care: F309 and F329

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

4. To understand and implement compliant Documentation and Care Plans to validate Dementia Care and interventions for Behaviors triggered from Dementia and BPSD.
INVPOLVED F TAGS

- F157 - Notification of Change
- F329 - Unnecessary Drugs
- F385 & F386 - Physician Services
- F309 - Quality of Care
- F310 - ADLS (avoidable decline)
- F314 - Pressure Sores
- F 250 - Social Service
- F272 - Resident Assessment
- F222 - Chemical Restraints
- F501 Medical Director
- F353 - Sufficient Staffing
- F325 - Adequate Nutrition

CCP F279-F283/ F284
F520/ F521 - QA&A
F248 Activities
SO What Do We Need to Know?

1. At present there is no Regulation for QAPI!
2. Presently F520/ F521 Quality Assurance and Assessment still prevail in the Survey Process
3. F520/ F521 is still a frequently cited deficiency, however Facilities must now revise policies to include a proactive approach to meet QAPI initiatives
So Let's Take a Look!

- 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/ F521)
Overview of Regulation F520

F520 - 483.75(o) Quality Assessment and Assurance

(1) A facility must maintain a quality assessment and assurance committee consisting of -
   (i) The Director of Nursing Services;
   (ii) A Physician designated by the Facility; and
   (iii) At least 3 other members of the Facility’s staff.

(2) The quality assessment and assurance committee -
   (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.
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.
DEFINITIONS for QA &A

- “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.
“Quality Deficiencies” are potential markers of quality that the facility considers to be in need of investigating and which, after investigation may or may not represent a deviation from quality that results in a potential or actual undesirable outcome. The term “quality deficiency” in this regulation is meant to describe a deficit or an area for improvement. This term is not synonymous with a deficiency cited by surveyors.

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

THIS IS THE FOUNDATION FOR QAPI!..... Ruth West RN
Definitions con’t

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

Action Plan may include:
→ Revised Policy & Procedures
→ Revision of Clinical Protocols
→ Inservice Training to Staff on all revisions
→ Plans to purchase or repair equipment (based on quality issue identified)
→ Improve Physical Plant
→ Evaluation of Staff Performance

These concepts are part of QAPI initiative as well!
QA COMMITTEE ROLE AND RESPONSIBILITY

- QA&A’s purpose is continuous evaluation of Facility Systems with the objectives of:
  - Keeping systems functioning satisfactorily
  - Preventing deviation from care processes
  - Discerning issues and concerns for improvement and compliance
  - Correcting inappropriate care processes.
- The Above are objectives of QAPI as well !!
QA COMMITTEE ROLE AND RESPONSIBILITY

- QA&A committees provide points of accountability for ensuring quality of care and quality of life in nursing homes.

- QA&A committees allow Nursing Homes opportunities to deal with quality deficiencies in a confidential manner.
Identification of Quality Deficiencies

Collect and Analyze Data

- Practices that cause negative outcomes
- Enhancing quality of care and quality of life

Improve Systems
Identification of Quality Deficiencies

- Records of the QA&A committee meetings may not be reviewed by surveyors!
- Reports that surveyors may review include:
  - Open and closed record audits
  - Facility logs and tracking forms
  - Incident reports
  - Consultant’s reports i.e., MD Consultants
  - Other reports as part of the QA&A function

**Not findings of audits or QA Reviews!**
Implementation of QA

- The Facility implements Action Plans to address quality deficiencies
- Action plans maybe implemented in a variety of ways:
  - Staff training and monitoring of changes to procedures
  - Ongoing audit tools and feedback mechanisms
  - Processes to revise plans as needed

- QAPI DOES THIS AS WELL!!
Determination of Compliance

Routes to Noncompliance

- Absence of a key member
- Failure to Meet quarterly
- Committee does not identify quality deficiencies
- Committee does not develop or implement action plans
SO WHAT IS QAPI?

How is it different from QA&A??

Resources:
http://go.cms.gov/Nhqapi@cms.hhs.gov
So What’s QAPI?

Let’s take a look at QAPI?

- Present regulations (unchanged) for Quality Assurance and Assessment is F520/F521
- Implementation for QAPI will most likely be incorporated into F520 and F521 proposed for 2015
- 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?

Quality
Assurance
Performance
Improvement

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

Regs will follow!!!!!!!!

So We are getting a headstart in Compliance
SO What is QAPI? con’t

* QAPI is a data driven proactive approach to improving the quality of life, care and services in Nursing Homes. The activities of QAPI involve members at all levels of the Organization to:

  * Identify opportunities for improvement
  * Address gaps in systems or processes
  * Develop and implement an improvement or corrective action plan
  * Continuously monitor effectiveness of interventions
SO What is QAPI con’t

- QAPI **builds** on your existing Quality Assurance and Performance Initiatives.....
- So QAPI and QA Hold Hands and gives a new name to QA
- QAPI is a **proactive approach**, where QA is more reactive!
There are Five Elements in QAPI

1. Design and Scope
   - Ongoing and comprehensive
   - All services you offer
   - All departments

2. Governance and Leadership
   - Led by administration
   - Input from staff, residents, and families

3. Feedback, Data Systems and Monitoring
   - Systems to monitor care and services
   - Draws data from multiple sources

4. Performance Improvement Projects (PIPs)
   - Identify areas that need attention
   - Examine and improve care or services

5. Systematic Analysis and Systemic Action
   - Determine when in-depth analysis is needed
   - Understand the problem, causes, implications of change

There are QAPI Tools to Help:
★ QAPI Self Assessment
★ Guide for Developing QAPI Principles
★ Guide to Developing A QAPI Plan
★ Goal Setting Worksheets

cms.gov/qapi
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
- The program aims for safety and high quality with all clinical interventions while emphasizing autonomy and choice in daily life for residents, and utilizes the best available evidence to define and measure goals!
Element 2: Governance and Leadership

* The Governing body and/or Administrator:
  * Develops and leads a QAI program that involves leadership working with input from Facility Staff, as well as from residents and their families/representatives, including:
    * 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: cont.

- 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.
Element 3: Feedback, 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…ie audits
- Performance indicators are used to monitor a wide range of care processes and outcomes…ie audits
- Findings are reviewed against benchmark/targets that the Facility has set for performance
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 understanding that “No Man is an Island”.

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

5. It starts with the development of an “**Action Plan**” under QAPI, holding hands with QA&A
WAYS OF PROMOTING QUALITY OF CARE VIA A QAPI

1. Look at yourself and at your facility with fresh eyes - what & where are your problems / potential problems?
2. Implement a true QAPI program that both identifies problems and corrects problems.
3. Collect and analyze data. Don’t be a DRIP ........
   (Data Rich, Information Poor)
4. Use Regulatory Tools: QIS Critical Element Pathways, CMS Survey Forms, and CMS QAPI Tools, CAA Data and self developed audit tools
   Cms.gov/ QAPI
SO What Do We Do?

1. Download QAPI Information and present at next QA Meeting to develop a Plan

2. Revise current policies on Quality Assurance to incorporate QAPI Protocols and Elements

3. Inservice staff and members of the QA Committee on these changes....

4. Begin a QAPI Study on F309/F329
   i.e......*Dementia Care

   Or any other project that would enhance Care and Compliance!
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

- **LETS TAKE A BREAK then:**

- **We WILL Take a Look:**
PART 2

- Developing Dementia Care Compliance with QAPI ??

- Ruth West RN,BS
WHAT DO WE NEED TO KNOW?

- CMS has promoted this initiative in May 2013 to promote better care for those Residents with Dementia!

  BUT TIME RAN OUT!

- The QIS/Traditional Survey validates F329 compliance for use of “Unnecessary Drugs” and will be an area of concentration as well as individualized Care Plans for Residents with Dementia

- Citations will increase at Harm level for those facilities with NO alternative plans for Residents with Dementia and Agitation who use psychototropic as the only intervention ... 
  i.e.: * NO Specialized Behavior Programs
         * NO Dementia Care Policies
         * NO Specific Care Plans for Dementia
WHO IS INVOLVED?

- MD/ Medical Director
- Pharmacy Consultant
- Clinical Nursing Staff/ CNAs
- Therapeutic Recreation
- Registered Dietitians
- Social Workers
- Psychologist
- Resident/ Family
- Consultant Psychiatrist
S&C Letter of April 18, 2014 was issued notifying Facilities that CMS is initiating a new Focus Survey Process on Dementia Care and MDS accuracy.

(S&C 14-22)

Background: Dementia Care: CMS
- In 2012, CMS launched the National Partnership to Improve Dementia Care. One important aspect of the initiative is to reduce antipsychotic medication use in long-stay nursing home residents with an initial national target of a 15 percent reduction.
- Nearly two years later, Nursing Homes in the U.S. have achieved a 15.1 percent reduction in this antipsychotic drug use, including much higher reductions in certain states and regions. However, much more remains to be done to evaluate issues such as:
  1. Symptom (e.g., pain) management,
  2. Decision-making
  3. Caregiver stress, and others related to comprehensive dementia care in nursing homes.
What Do We Need to Know?

• 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

• CMS states that medications are frequently prescribed for residents with Dementia who have:
  ♦ Behavioral Symptoms
  ♦ Psychological Symptoms

* BPSD
CMS has developed “Dementia Care Principles”

Let’s Review: (Think about the CCP)
- These principles include:

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. F356
3. Thorough evaluation of New or Worsening Behaviors...BPSD

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.

Are you thinking about the CCP???
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.

5. **Critical Thinking Related to Anti-Psychotic Drug Use:**
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 diagnosed and documented in the record. Residents who use antipsychotic drugs must receive gradual dose reductions and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.

**Think about the CCP!**
6. Interview with Prescribers:
- Surveyors are instructed to evaluate the process of care.
- 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.

**DO YOU DOCUMENT???? Are you Ready for Interviews?**
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. (F155/F156)

- These discussions with the Resident and/or Family/Representative should be documented in the medical record.
What Else Do We Need to Know?

- We need to understand the Regulatory Requirement of F329 and how same impacts each Facilities compliance!

- **Overview of F329:** (483.25) CFR “Unnecessary Medications”

1. **INTENT:** each resident’s drug regimen must be free from unnecessary drugs. An unnecessary drug is ANY drug when used:
   - In excessive does (including duplicate drug therapy), or
   - Excessive duration
   - Without adequate monitoring
   - Without adequate indications for use
   - Used in the presence of adverse consequences which indicate the dose should be reduced or discontinued
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.

Do You follow this regulation???
Care Process for a Resident with Dementia

CMS expects that a facility’s approach to care for a Resident with Dementia follows a systematic care process in order to gather and analyze information needed to provide appropriate care and services. It is expected that the Resident’s record reflects the implementation of the following care process:

A. Recognition and Assessment
B. Cause Identification and Diagnosis
C. Development of a Care Plan
D. Individual approaches and treatment
E. Monitoring, follow up and oversight
F. Quality assessment and assurance

*** Above should be in QAPI ELEMENTS!
SO NOW WHAT??

We have reviewed the Principles of Dementia Care and F309/ F329 Regulations, What Do we do with this information??????

1. Develop Dementia Care Policies that include an Assessment and Documentation process.
2. Identify Triggered Behaviors and document same just like you track ADLS, you need to get to know the Resident!
   ( Suggested for 7 days for CCP development)
3. Educate staff on Dementia Policies and Understanding Dementia as a Disease not a Behavior!
4. Understand that Dementia is a progressive Disease and the Resident will change and decline, be vigilant!
5. Remember the CCP starts day 1, so the initial assessment and documentation is critical for compliance.... F279
6. Use this information as the basis for your QAPI
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
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
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 ie: 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 !!
- F309/ F329
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
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?
- Have psychotropic been reduced?
- Is the Documentation by all Disciplines compliant?
- What is our Outcome and what Next??
WHAT NEXT??

1. Continue to Use all the Elements of QAPI as they are interchangeable!
2. Continue to improve and monitor systems for compliance and quality
3. Continue to Educate and monitor staff performance
4. Expectations and Goals must be set and met!
5. Don’t give up as Improving Dementia Care will improve Quality in every area!!!
# Scope and Severity

Scope Levels: Isolated, Patterned or Widespread Levels  
Severity Levels (1) No actual harm (2) No actual harm with potential for more than minimal harm (3) Actual harm (that is no immediate Jeopardy) (4) Immediate Jeopardy

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ISOLATED  |  PATTERNED  | WIDESPREAD 

(Substandard QOC)
**Impact of Not Have an Active VIABLE QA/QAPI Program:**

A. Potential Quality of Care Issues.
B. Potential Quality of Life Issues.
C. Reimbursement Issues
   - Medicare
   - Medicaid
   - Other
D. Potential Lawsuits
E. Increased Regulatory Oversight and Visits
F. Deficiencies and Fines
G. Termination
QUESTIONS

REMEMBER

Quality of Life
plus
Quality of Care
equals
Compliance!!!

Thank you!

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