The Long Term Care Final Rule: Updates to QAPI and Resident Choice
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Objectives
• Basic overview of the Final Rule regulation and its timeline for implementation
• Understand how resident choice in the Final Rule, will improve resident outcomes.
• Describe the format of QAPI methodology
• Know how to start a performance improvement project
• Identify strategies to optimize and improve resident outcomes by utilizing QIO tools, resources and technical assistance

Overhauling the Regulations
• The Centers for Medicare & Medicaid Services (CMS) recently released its final rule overhauling long-term care (LTC) facility participation requirements for Medicare and Medicaid ("Final Rule")
• These requirements have not been comprehensively updated since 1991
3-Phase Implementation

Phased In Implementation Schedule

Regulations will be implemented in 3 phases:

- Phase 1: Existing requirements, those requirements relatively straightforward to implement, and require minor changes to survey process. (November 28, 2016)
- Phase 2: All Phase 1 requirements, and those that providers need more time to develop, foundational elements, new survey process can assess compliance. (November 28, 2017)
- Phase 3: All Phase 1 and 2, those requirements that need more time to implement (personnel hiring and training, implementation of systems approaches to quality). (November 28, 2019)

Phases of Implementation

Phased Implementation

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Important Links

- All the information on the phases of implementation can be found on the Federal Register’s website
- The training that the surveyors are required to do for Phase 1 can be found on the CMS Surveyor Training website
Phase 1 – Implemented by 11/28/16

- **Basis & Scope**
  - Compliance & Ethics Program
  - Report crimes to law enforcement
- **Definitions**
- **Freedom from Abuse, Neglect, Exploitation**
  - Stronger verbiage regarding protection of residents

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**Phase 1**

- **Resident’s Rights**
  - Share a room with the roommate of their choice
  - Must promote and facilitate resident self-determination through support of resident choice
    - Sleeping and waking time
    - Exercise schedules
    - Community activities
  - Receive visitors at their choosing
  - Act on grievances

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**Phase 1**

- **Admission, Transfer, Discharge Rights**
  - Transfer or discharge must be documented
- **Resident Assessment**
  - Must include:
    - Resident’s strengths, goals, life history, and preferences
    - Discharge planning
    - Process must include direct observation and communication with resident, licensed and non-licensed direct care staff on all shifts
Phase 1

• Person-Centered Care Planning
  – Be person-centered and consistent with resident’s rights
  – If does not participate in care plan, provide an explanation
  – Services must be culturally competent
• Quality of Life
  – Highest practicable well-being
  – ADL information moved here from Quality of Care
• Quality of Care
  – Includes all aspects of treatment and care
  – Treatment in accordance with professional standards of practice

Phase 1

• Physician Services
  – Attending physician may delegate dietary orders
• Nursing Services
  – Competency requirement to determine sufficient staff
• Behavioral Services
  – Comprehensive assessment and medically related social services provided to residents
  – Requires staff to have appropriate competencies to provide behavioral health care and services

Phase 1

• Pharmacy Services
  – Monthly medication review
    • Psychotropic Drug Definition
      – Antipsychotics
      – Antidepressants
      – Anti-anxiety
      – Hypnotics
  • Irregularities
    – Reported to attending, Medical Director AND DON with criteria for acting upon the report defined
    – Residents free from any significant medication error
Phase 1

• Lab, Radiology, Other Dx Services
  – PA, NP, clinical nurse specialists may order and receive results
  – Must be notified of outside clinical reference ranges
• Dental Services
  – Transport provided if requested
  – Assist with applying for state plan reimbursement if eligible

Phase 1

• Food and Nutrition Services
  – Provide nourishing, palatable, well-balanced diet taking into account resident preferences
  – Member of inter-disciplinary team
  – Diet considerations
    • Religious
    • Cultural
    • Ethnic
    • Preferences
  – Use and storage of food

Phase 1

• Specialized Rehab Services
  – Respiratory therapy added
• Administration
  – The governing body is responsible and accountable for the QAPI program
  – Does not allow pre-dispute binding arbitration
Phase 1

• Quality Assurance Performance Improvement
  – Form a Quality Assessments and Assurance (QAA) Committee
    • Must have at least five staff members
    • Membership minimum requirements
      – Leadership representative
        – Administrator, owner, or board member, for example
      – Director of Nursing Services
      – Medical Director or his/her designee
      – Choose good interdisciplinary staff members
      – Phase 3 – Infection Control and Prevention Officer
    • Must report back to governing body

Phase 1

• Quality Assurance Performance Improvement
  – QAPI Program needs to be:
    • Comprehensive
    • Ongoing
    • Data-driven
    • Focus on systems of care
    • Outcomes of care
    • Quality of life
  – Initial QAPI plan that will be submitted to the State Survey Agency on 11/28/2017

QAPI Plan

• Elements of the QAPI program must include:
  1. Design and scope
  2. Governance and leadership
  3. Feedback, data systems and monitoring
  4. Performance improvement projects
  5. Systematic analysis and systemic action

QAPI at a Glance

- Make sure staff knows the difference between QAPI and QAA
- Items for your QAPI plan:
  - List the mechanism to identify, report, investigate, analyze and prevent adverse events
  - Lay out how you develop and evaluate corrective actions
  - Define the steps to performance improvement activities
    - Root cause analysis
    - Goal setting
    - Action planning
    - Sustain the gains

Phase 1

- Infection Prevention and Control Program
  - Includes a system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases
  - Must follow accepted national standards
  - Hand hygiene
  - Recording incidents and the actions taken
  - Influenza and pneumococcal vaccinations
  - Linen: handle, store, process & transport
  - Annual review to update IC program as needed
Phase 1

- Physical Environment
  - Space and equipment
  - Resident rooms
    - New constructions: two residents per room (not four)
  - Bed appropriate size and height for resident
- Bathroom: each room has toilet and sink (new constructions/newly certified)

- Training Requirements
  - Required topics (but not limited to)
    - Abuse, neglect and exploitation
    - Dementia management, care of cognitive impaired
    - Feeding assistants

Phases of Implementation

Phased Implementation (continued)

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| Phase 2 | - Metabolic Health Needs*  
- Quality Assurance and Performance Improvement*  
- Right to Privacy  
- Incident Control – Quality Assurance and Enhanced Personality***  
- Compliance and Title*  
- Physical Environment – bedside call systems* |
| Phase 3 | - Quality Assurance and Performance Improvement*  
- Right to Privacy  
- Incident Control – Quality Assurance and Enhanced Personality***  
- Compliance and Title*  
- Physical Environment – bedside call systems*  
- Training* |

*This section is partially implemented in other phases.

Phase 2: 11/28/17

- Resident Rights
- Freedom from Abuse, Neglect, Exploitation
  - Must be in compliance with all items in 1150B of the Social Security Act:
  - These changes in the document above must be incorporated in your P&P – read it thoroughly
Phase 2

• Admission, Transfer and Discharge Rights
  — In certain D/T, documentation will require:
    • Basis for the transfer
    • Specific resident needs that cannot be met
    • Facility attempts to meet the resident needs
    • Service available at the receiving facility to meet the need
  — Requires some documents that must be sent to the receiving facility for certain D/T

Phase 2

• Person-Centered Care Planning
  — Develop and implement a baseline care plan within 48 hrs. of admission including:
    • Initial goals
    • Physician orders
    • Dietary orders
    • Therapy services
    • Social services
    • PASARR recommendations
  — Comprehensive care plan can replace baseline with added information
  — A summary of the baseline care plan to the resident and representative with the following information:
    • Initial goals of the resident
    • Summary of resident’s medications and dietary instructions
    • Any services and treatments and any updated information

Phase 2

• Nursing Service
  — Facility assessment will be used to determine competency and sufficient staff
• Behavioral Services
  — Behavioral health program
    • Highest practicable physical, mental and psychosocial well-being
    • Appropriate treatment and services for dementia
    • Rehabilitation services
    • Sufficient staff with appropriate competencies and skills
Phase 2

- **Pharmacy Services**
  - Medication review includes review of the medical chart
  - Psychotropic drugs
    - Psychotropic drugs: diagnosis and documentation supporting use
    - GDRs AND behavioral interventions unless clinically contraindicated
    - PRN Psychotropic – 14 day limit unless the physician documents rationale and duration.
    - PRN Anti‐psychotics – 14 days and cannot be renewed unless the physician evaluates for appropriateness of the medication
  - Implement policies/procedures for Drug Regimen Review

- **Dental Service**
  - Lost/damaged denture replacement policy
  - Three-day referral after lost/damaged dentures

- **Food and Nutrition Services**
  - Sufficient staffing with appropriate competencies
  - Dietician/Clinically Qualified Nutrition Professional
    - Full-time, Part-time, Consultant
    - Dietitians hired or contracted prior to 11/28/16 have 5 years from this date to meet the requirements or as required by state law

- **Administration**
  - Facility Assessment Document: Holistic Approach
    - Resident population – conditions, acuity
    - Staff competencies related to resident care;
    - Physical environment, equipment and services
    - Ethnic, cultural, or religious factors
    - Facility resources
    - Service provided
    - Personnel, education and training
    - Third party contracts
    - Health information technology
    - Training that includes dementia management and resident abuse
  - Facility assessment updated as needed, at least annually
Phase 2

• Quality Assurance Performance Improvement
  – QAPI Plan: must be presented to surveyors at the first standard survey after effective date 11/28/2017
  – Evidence of ongoing implementation required upon request
  – Maintain effective feedback from staff, residents and families/representatives
  – Process for adverse events
  – Performance Improvement Projects
  – Measure and monitor success of QAPI projects

QAPI Performance Improvement Data

• My Quality Insights Composite Data Report
• CASPER Data
• Nursing Home Compare Five Star
• Internal Data Tracking

Performance Improvement Project

• Overview – include national guidelines and resources
• Root cause analysis
• Goal-setting with timeline
• Improvement data
• Action plan
• Sustainability
Phase 2

• Infection Control
  – Infection Prevention and Control Program
  • Integrate information from facility assessment
  – Implement an Antibiotic Stewardship Program
  • Resources from the CDC
  [Link](https://www.cdc.gov/longtermcare/pdfs/core-elements-antibiotic-stewardship.pdf)

Phases of Implementation

Phased Implementation (continued)

<table>
<thead>
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| • Metabolic Health (Miles)**
  • Quality Assurance and Performance Improvement**
  • Right to
  • Infection Control – Facility Assessment and Antibiotic Stewardship***
  • Compliance and Ethics* |
| • Free from Abuse, Neglect and Exploitation, Utilize QAPI with abuse, neglect and exploitation situations |
| • Person-Centered Care Plan |
| • Trauma-informed care |
| • Culturally competent |
| • Quality of Care |
| • Trauma-informed care implemented |
Phase 3

- Behavioral Health
  - Expanded to include residents with a history of trauma and/or post-traumatic stress disorder
- Administration
  - Governing body responsible for QAPI program
- Quality Assurance Performance Improvement
  - Data-driven
  - Effective
  - Comprehensive

Phase 3

- QAA Committee for QAPI
  - Membership minimum requirement
    - Leader (administrator, board member, etc.)
    - Director of Nursing Services
    - Medical Director or his/her designee
    - At least 3 other staff (leader is included)
  - Infection Control and Prevention Officer
    - Duties
      - Meet at least quarterly/PRN
      - Coordinate/evaluate QAPI programs
      - Develop/implement plans for quality deficiencies
      - Review/analyze data

Phase 3

- Infection Control
  - Infection Preventionist
    - One or more staff member(s)
    - Responsible for IPCP
    - Specialized training
      - Appropriate medical field (i.e. Nursing, epidemiology, microbiology, etc.)
      - Qualified through education, training, experience or certification
      - Minimum part time at the facility
      - Completed specialized training in infection prevention/control
  - Infection Preventionist on QAA Committee
Phase 3

• Compliance & Ethics Program
  – Prevents and detects criminal and civil violations
  – Components for organizations with 5+ facilities
    • Mandatory annual training
    • Designated compliance officer
      – Report to governing body
      – Not subordinate to general counsel, CFO, or COO
    • Designated compliance liaison at each facility
    – Annual review with changes based on updated regs

Phase 3

• Physical Environment
  – Resident call system must be at the bedside

• Training Requirements
  – Develop, implement and maintain training program
  – Training topic examples:
    • Communication, QAPI, Infection Control, Compliance & Ethics, Nurse Aide Training, Behavioral Health
  – Amount and type of training based on facility assessment

Get Started: Antipsychotic Reduction QAPI Project

• Choose additional QAPI PIP team members:
  – Front line staff
  – Resident and/or family members
  – Pharmacist
  – Key clinical staff

• Data to gather for first meeting:
  – Your CASPER Report
  – Resident Roster Mix Report
  – Pharmacy reports
  – Chart review information

• The team may want to meet monthly to reach your goal
National Guidelines to Consider

- The following documents can be located on My Quality Insights in the Resource Section:
  - MDS 3.0 Technical Users Guide v10
  - QAPI at a Glance and other QAPI tools
- Iowa Geriatric Education Center: https://www.healthcare.uiowa.edu/igec/iaadapt
- National Partnership to Improve Dementia Care in Nursing Homes: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/Downloads/NNHQCC-Package.pdf

Step One: Root Cause Analysis

- This cause and effect diagram asks “Why?”
  - Review all causes identified to drive the improvement plan
  - There may be several causes of the problem
  - Prioritize which item(s), would have the most impact

Step Two: Set Your Goals

Step Three: Action Steps Using Tools and Resources to Improve

Tools for PDSA to Improvement
Track Your Progress Over Time

Step Four: Sustain the Gains and Celebrate Successes
My Quality Insights Toolbox

QAPI Resources
• Action Planning Worksheet
• QAPI at a Glance
• QAPI Toolkit
• Fishbone RCA
• 5-Whys RCA
• Goal Setting Worksheet
• Sustainability Guide
• Topic Example Documents

Examples of our Topic Resources
• Antipsychotics
  – Trigger Tools, Step-by-Step Guides to reduction
• Fall Management
  – Care Plans, Risk Assessments
• Pressure Ulcer Prevention
  – Skin Care Fair
• Pain Management
  – Audit Tools, Team Tools

Thank you