

## Objectives

Quality Impro Organizations

- Describe the components of an effective QAA/QAPI meeting to drive implementation and meet regulation.
- Describe two resources developed to help nursing homes make the most of the QAA/QAPI meetings

## Purpose of the QAA/QAPI Meeting Template and Guide

Quality Innovation Network

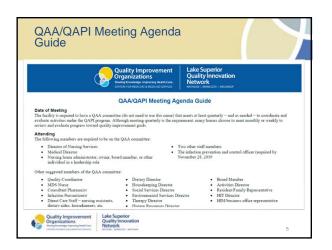
- Help drive QAPI implementation
- Move focus of meetings from Quality Assurance to Performance Improvement
- Provide structure to plan an efficient and effective meeting

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• Help meet QAPI regulation

## Quality Improvement Organizations Duality Innovation Network

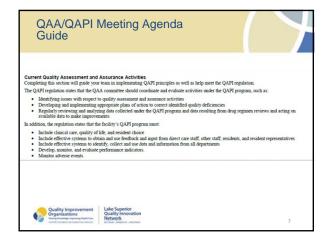






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	<name nursing<="" of="" td=""><td>QAA/QAPI Meeting Agenda shame of Nurrigh Homes «Date of Meeting»</td></name>	QAA/QAPI Meeting Agenda shame of Nurrigh Homes «Date of Meeting»



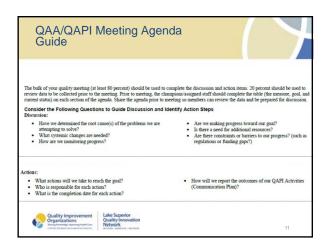


odates or Outs	tanding Items From Last	Meeting		Current status
Current Quality	Assessment and Assurar Champion(s)	Measure	Goal	Current status
iscussion:				
ctions:				

			ems, and Mon Analyze Perform		fy Areas of R	isk and Solicit Fe	edback/input	
sources, the free	juency	of data col	lection/analysis, targ	ets/benchmari	ks you will use	all departments and and establish a plan t tors that will track ye	o communicate data	analysis. Choose
		Data Delection	Benchmarks to analyze this data source	Who will analyze the data?	Data analysis frequency	Data will be communicated with	Communicate data analysis via	Frequency of communication
Data Sources*	Suggestions	<ul> <li>weekly</li> <li>monthly</li> <li>quarterly</li> <li>annually</li> </ul>	applicable clinical guidefines identified beat practices national data corporate data state data facility identified performance indicatorsignals/ thresholids targets	HR     Leadership Team     OAP1     committee	weekly     monthly     quarterly     annually	board members     caregivers     community     executive     leadership     families     residents     voluntieers	board meetings     builetin boards     dushboards     revestetters     posters     QAFI     interdisciplinary     meetings     staff meetings	weekly     monthly     quarterly     annually
Choose a data			inessous a ges					
source Choose a data source								



Example	o Ar	ashra Por	formance Identifi	Areas of P	ick and Soli	cit Feedback/Inpu		
Data Sources (	co	Data Data ollection equency	Benchmarks to analyze this data source	Who will analyze the data?	Data analysis frequency	Data will be communicated with	Communicate data analysis via	Frequency of communication
Data Sources	Suggestions	<ul> <li>weekly</li> <li>monthly</li> <li>quarterly</li> <li>annually</li> </ul>	applicable clinical guidelines identified best practices national data corporate data state data facility identified performance indicators	<ul> <li>HR</li> <li>leadership team</li> <li>QM committee</li> </ul>	• weekly • monthly • quarterly • annually	board members     cangivers     community     Executive     leadership     families     residents     staff     volunteers	board meetings     bulletin boards     dashboard     newsletters     posters     QAFI meetings     stalf meetings	<ul> <li>wnokly</li> <li>monthly</li> <li>quarterly</li> <li>annually</li> </ul>
Abuse, Neglect, Maitreatment reports		weekly	Identified best practices	Leadership team	weekly	Board members, QAPI committee, state reporting agency,	Reporting requirements, meetings	As needed, weekly
CMS Quality Measures (long-stay and short-stay)		monthly	state and national data	Leadership team	monthly	Executive leadership, board members, staff	QAA and IDT meetings	Monthly and quartert
Complaints		weekly	Identified best practices, organizational date	Leadership team	weekly	Board members, QAPI committee	meetings	As needed, weekly
Falls		weekly	Organizational data	Leadership team, QAA committee	weekly	Residents, families, staff,	Bulletin boards, dashboard, QAA and IDT meetings	Monthly
Medication errors		monthly	Organizational data	Leadership team, QAA Committee	Monthly or asap if adverse drug event	Board members, staff	Staff meetings, dashboard, QAA Meeting	Monthly or sooner it needed
Rehospitalization Pater	×,	monthly	Organizational, state	Leadership team, QAA	monthly	Board members, Exec leadership,	Staff meetings, dashboard, QAA	Monthly


Guide		eeting Agenda		7
urrent Quality Asse: Topic	champion(s)	Interstation of the second sec	Geal	Current status
Abuse, Neglect, Maltreatment Reports	Margaret	% of abuse, neglect, maltreatment allegations that are reported to the administrator as soon as the resident is safe	100% of abuse, neglect, maltreatment allegations will be reported to the administrator as soon as the resident is safe	67% (two of three allegations were reported immediately to the administrator)
Topic	Champion(s)	Measure	Goal	Current status
High-risk medication adverse events	Kelly	Number of high risk or narrow- therapeutic drug adverse events.	Zero adverse events related to high-risk medications and/or medications with a narrow- therapeutic index	One high-risk medication error resulting in resident harm occurred this month.
Topic	Champion(s)	Measure	Geal	Current status
Unnary Tract Infections	Kathleen	<ol> <li>Percentage of long-stay residents with a urinary tract infection</li> <li>The number of urise cultures done per month</li> <li>The number of urise cultures done per month that did not meet criteria</li> </ol>	<ol> <li>At or below the state average of 3.5%</li> <li>N/A</li> <li>Zero urine cultures done that did not meet criteria</li> </ol>	Have decreased this month from 6.25% to 4.1%     Six urine cultures were done this month     Two urine cultures were done on residents who did not meet the criteria
Topic	Champion(s)	Measure	Goal	Current status
Nursing Assistant Turnover	George	The percentage of nursing assistants employed for less than one year	Annualized rate of < 60% Baseline Jan 1, 2017 - December 31, 2017 was 75%	Nursing assistant annualized turnover rate is currently 71%





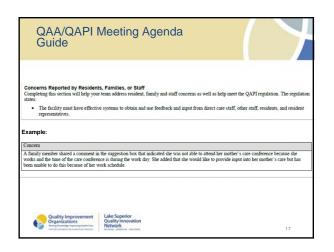
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Current Performance Impr Performance Improvement Project	rovement Projects Champion(s)	Measure	Goal	Current Status
Discussion: Actions: Performance Improvement	Champion(s)	Measure	Goal	Current Status
Performance Improvement Project Discussion: Actions:	Champion(s)	Measure	Goal	Current Status
Quality Improve	ement Lake Sup	erior		

xample				
Performance Improvement Project	Champion(s)	Measure	Goal	Current Status
Decrease the use of antipsychotic medications for long- stay residents	Lily	Percentage of long-stay residents who receive an antipsychotic medication.	At or below the state rate of 13.5%	16.32 % (17) of the long stay residents are on an antipsychotic medication
Performance Improvement Project	Champion(s)	Measure	Goal	Current Status
Hand Washing	Kathleen	<ol> <li>Number of handwashing audits completed on each neighborhood each month</li> <li>2. Percentage of handwashing</li> </ol>	<ol> <li>15 handwashing audits will be completed on each neighborhood each month.</li> <li>2. 95% of handwashing audits will be positive</li> </ol>	<ol> <li>100% of the handwashing audits were completed</li> <li>98% of the audits were positive</li> </ol>



QAA/QAPI Meeting Template	g Agenda	Y
Concerns Reported by Residents, Families, or Si	taff	
Discussion:		
Actions:		
Quality Improvement Organizations Way the service and the serv	tion	16





QAA/QAPI Meeting Agenda Template	( )
New Issues/Opportunities That Need to be Addressed Issue Discussion: Actions:	
Guality Improvement Organizations Transformed and the second seco	18



