

Quality Assurance and Performance Improvement



Division of Nursing Homes

Topics

- Implementation of QAPI
- Changes going into effect November 28, 2017

§ 483.75 QAPI/QAA Implementation

Majority of requirements for QAPI effective November 28, 2019 with some exceptions:

- 483.75(a)(2) QAPI Plan effective November 28, 2017
- 483.75(g) QAA committee effective November 28, 2016, with exceptions:
 - (g)(1)(iv) Infection Preventionist – November 28, 2019
 - (g)(2)(iii) Analysis of QAPI Data – November 28, 2019
 - Language related to implementation of QAPI program – November 28, 2019
- 483.75(h) Disclosure of Information and (i) Sanctions (Good Faith Attempt) effective November 28, 2016
- Expanded guidelines for QAPI/QAA effective November 28, 2017

Phase 1 Changes



November 28, 2016 (Phase 1)	November 28, 2017 (Phase 2)	November 28, 2019 (Phase 3)
F520 – Quality Assessment and Assurance	F865 – QAPI Plan	F865 – QAPI Program/Plan
		F866 – QAPI Feedback, Data & Monitoring
	F867 – QAA Activities	F867 – QAPI/QAA Activities
	F868 – QAA Committee	F868 – QAA Committee

1 Tag at F520, No changes to guidance

Phase 2 Changes



November 28, 2016 (Phase 1)	November 28, 2017 (Phase 2)	November 28, 2019 (Phase 3)
F520 – Quality Assessment and Assurance	F865 – QAPI Plan	F865 – QAPI Program/Plan
		F866 – QAPI Feedback, Data & Monitoring
	F867 – QAPI/QAA Improvement Activities	F867 – QAPI/QAA Improvement Activities
	F868 – QAA Committee	F868 – QAA Committee

3 New Tags & Numbers, Expanded Guidance

F865 QAPI Plan

§483.75 (a) Quality assurance and performance improvement (QAPI) program... The facility must— ...
(2) Present its QAPI plan to the State Survey Agency no later than 1 year after the promulgation of this regulation;
...

483.75(h) Disclosure of information. A State or the Secretary may not require disclosure of the records of such committee except in so far as such disclosure is related to the compliance of such committee with the requirements of this section.

§483.75(i) Sanctions. Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions.

F865 QAPI Plan – What Surveyors Must Know

A QAPI plan is the **written** plan containing the process that will guide the nursing home's efforts in assuring care and services are maintained at acceptable levels of performance, and continually improved. The plan describes how the facility will conduct required QAPI and QAA committee functions.

Key Points:

- On 11/28/17, the plan must address the QAA committee requirements.
- On 11/28/19, the plan must be expanded to address the QAPI program requirements

F865 Disclosure

Protection from disclosure is generally afforded documents generated by the QAA committee, such as minutes, internal papers, or conclusions - unless those documents contain the evidence necessary to determine compliance with QAPI/QAA.

Key Points:

- A facility must provide evidence that it has, through the QAA committee, identified its own quality deficiencies, and are making a “good faith attempt” to correct them.
- Information gleaned from disclosure of QAA committee documents must not be used to cite new issues (not already identified by the survey team) or to expand the scope or severity of concerns identified on the current survey.
- QAPI/QAA review is conducted after team has a thorough investigation of all issues identified, including expanding the sample as necessary.

F865 Good Faith Attempts

Good Faith Attempt – A diligent and honest attempt to identify and correct an issue.

Considerations include:

- Severity of issue
- Timing
- Action taken

Key Points:

- If a facility has identified and is making a good faith attempt to correct same issue identified by the survey team, on the current survey, the facility should not be cited at QAA (F865), but may still be cited at relevant tag.
- Can be no indication that the QAA review lead to identification of additional deficiencies or expansion of scope/severity level.

F866 QAPI Feedback, Data & Monitoring

Entire tag to be implemented in Phase 3 – November 28, 2019.

F867 QAPI/QAA Improvement Activities

§483.75(g)(2) The quality assessment and assurance committee ...*must*: ...

(ii) Develop and implement appropriate plans of action to correct identified quality deficiencies; ...

F867 QAA Activities

A quality deficiency is a deviation in performance resulting in an actual or potential undesirable outcome, or an opportunity for improvement. A quality deficiency is anything the facility considers to be in need of further investigation and correction or improvement.

Key Points:

- Not necessarily synonymous with deficiencies cited by surveyors.
- Quality deficiencies may be issues the facility has independently identified through its own QAA process.
- Quality deficiencies must be prioritized by the facility so that issues posing a risk to the health, safety, or well-being of residents are identified for correction.

F867 QAA Activities

Corrective Action is a written plan of action for correcting or improving performance in response to an identified quality deficiency.



Key Point:

Corrective Action is not synonymous with a Plan of Correction (formal response to cited deficiencies), and is separate from the written QAPI plan.

F868 QAA Committee

§483.75(g) Quality assessment and assurance Committee

(1) A facility must maintain a quality assessment and assurance committee consisting ***at a minimum*** of:

- (i)** The director of nursing services;
- (ii) The Medical Director or his/her designee;***
- (iii) At least three other members of the facility's staff, at least one of who must be the administrator, owner, a board member or other individual in a leadership role; and ...***

F868 QAA Committee

(2) The quality assessment and assurance committee

... *The committee must:*

(i) Meet at least quarterly... to ... identify[*ing*] issues with respect to which quality assessment and assurance activities, ... are necessary;

(ii) Develop and implement appropriate plans of action to correct identified quality deficiencies;

F868 QAA Committee Composition

Director of Nursing

Medical Director or designee

At least 3 other staff, one of whom must be the administrator, owner, board member, or other individual in leadership role with knowledge of facility systems and authority to change those systems.



Key Point:

Medical Director designee may not be another required committee member.

F868 QAA Committee Frequency of Meetings

Meet at least quarterly to identify issues with respect to which QAA activities are necessary, and develop and implement appropriate plans of action to correct identified quality deficiencies.

Key Point:

Facilities must meet at least quarterly, or more often as necessary to fulfill the committee's responsibility to identify and correct its own quality deficiencies effectively.

QAPI/QAA Facility Task Pathway

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Quality Assessment and Assurance (QAA) and QAPI Plan Review

QAA Review - This review should occur at the end of the survey, after completion of investigation into all other requirements. However, identification of systemic concerns to be reviewed during the QAA review should begin with Offsite Preparation and occur throughout the survey.

Offsite: Make note of concerns identified during offsite preparation, which will be further investigated during the survey (repeat deficiencies, ombudsmen concerns, and complaints/facility reported incidents). These represent possible systemic issues, which if validated during the survey, should be cited under the relevant outcome tag, and incorporated into the QAA review for investigation.

Team Meetings: During end of day team meetings, the survey team discusses potential systemic issues or shared concerns for further investigation, or those which have been validated for incorporation into the QAA review.

- Were any offsite concerns (repeat deficiencies, ombudsman concerns, and complaints/facility reported incidents) validated during the survey?
- Were new systemic concerns validated (concerns which will likely be cited at pattern or widespread, or substandard quality of care) during the survey?
- Has more than one surveyor identified and validated the same concern?

Note: Disclosure of documents generated by the QAA committee may be requested by surveyors only if they are used to determine compliance with QAA regulations.

QAA Committee: Determine through review of the information requested by the TC during Entrance, an interview of the QAA contact person and review of QAA records:

- Does the facility have a QAA committee that meets at least quarterly?
- Does the QAA committee include the required members?
 - Director of Nursing Services;
 - Medical Director;
 - Nursing home administrator, owner, board member, or other individual in a leadership role; and
 - Two other staff members.

For every systemic issue identified and validated during the survey, determine if the QAA committee also has identified the issue and made a "Good Faith Attempt" to correct it. To determine this, do the following: a) interview the QAA contact person, and b) review evidence that will answer the following questions:

- Is the QAA committee aware of this issue?
- Is the issue a high risk, high volume, or problem-prone issue they should have been aware of?
- Has action been taken to correct this issue since it was identified?

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