

ICF/ID Quality Assessment & Performance Improvement

Indicators, Assessment, and
Performance Improvement

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What is QAPI ?

Quality Assessment

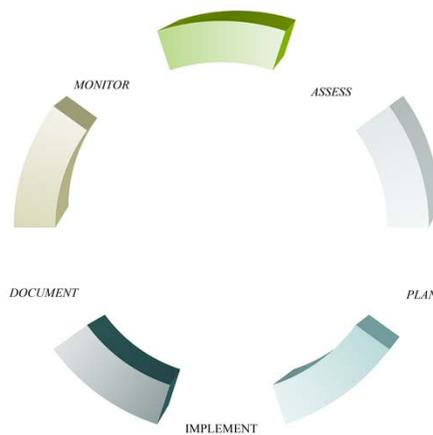
Performance Improvement

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Quality Assessment is a process which allows providers to gather and analyze data regarding their own systems and individual outcomes. Performance Improvement is using that analysis to make changes to improve those systems and individual outcomes.

There is no regulatory requirement for ICF/ID providers to implement a formal QAPI system. However, it can be a very useful system to ensure individual needs are being met and quality services are being provided.

The QAPI Loop & the Active Treatment Loop



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All ICF/ID providers recognize the basic components of the Active Treatment Loop. The QAPI Loop mimics the same components. Essentially, the Active Treatment Loop is QAPI for a specific individual and the QAPI Loop is Active Treatment for the entire facility. In an ICF/ID, the QIDP is responsible for the delivery of active treatment. As there are no formal QAPI requirements in ICFs/ID, the facility has latitude in determining the person or people responsible for any QAPI program it implements.

Loop Components: Assessment

- **Assess:**

- **Active Treatment Loop:** An individual's strengths and needs are assessed through Quality Indicator Data (the CFA).

- **QAPI Loop:** The facility's strengths and needs are assessed through Quality Indicator Data.

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Both the Active Treatment and QAPI Loops begin with assessment.

For the Active Treatment Loop, the assessment is the individual's CFA, which comprehensively addresses the individual's strengths and needs (e.g. hand washing, dressing, etc.). This information is quality indicator data on how the individual performs.

For the QAPI Loop, providers develop a facility CFA, which comprehensively addresses the facility's strengths and need (e.g. thoroughness of investigations, timeliness of IPP completion, satisfaction of the individuals and/or their advocates, number of individuals with paid employment, etc.). This information is quality indicator data on how the facility preforms.

Loop Components: Assessment

- QAPI Quality Indicator Data: the CFA of the facility.
 - Structure
 - Process
 - Outcome

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QAPI Quality Indicator Data is basically the CFA of the facility and should address the 3 main facility areas (Outcomes, Process, & Structure). For additional information on Outcomes, Process, & Structure, please refer to Appendix J of the SOM. Please be aware, while this presentation focuses mainly on QAPI as it relates to the regulatory requirements in Appendix J, QAPI can be used to address areas outside of the regulatory requirements. For example, QAPI can be used to address staff retention and recruitment, staff job satisfaction, etc.

QAPI Quality Indicator Data

- Structure Indicators:
 - Are the policies for the prevention and detection of abuse, neglect and mistreatment adequately developed?
 - Are behavior policies adequately developed?
 - Is the environment safe and designed to promote learning?

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Structure indicators are the basic foundation of the facility and address framework.

QAPI Quality Indicator Data

- Process Indicators:
 - How are the policies for the prevention and detection of abuse, neglect and mistreatment implemented?
 - How are behavior policies implemented?
 - How does the facility ensure written informed consent is garnered prior to restrictive interventions being used?

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Facility processes are built on the structure of the facility and primarily address how questions.

QAPI Quality Indicator Data

- Outcomes Indicators:

- Are needed services provided?
- Are individuals free from abuse, neglect and mistreatment? Are all rights protected?
- Has independence been promoted? Have choices been given?
- Are health and dietary needs being met?
- How competently and effectively do staff interact with individuals?

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Outcome focuses on what actually happens to the individual.

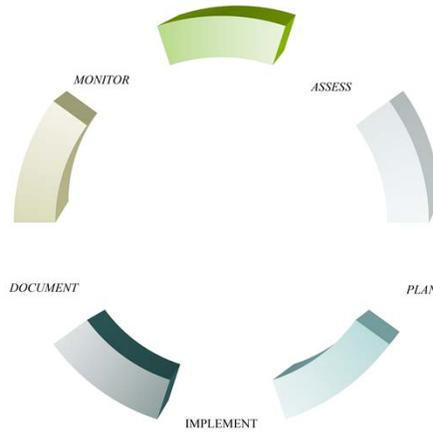
QAPI Quality Indicator Data

- Measuring QAPI Indicators:
 - Observation
 - Record Review
 - Interview

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The facility can choose how it measures QAPI indicators. This may involve observation, record review and/or interview. For example: a facility has chosen to measure the outcome of individuals retaining their personal possessions. How would this be measured? Observations may be conducted to see if any locked areas contain the individuals' belongings. Please refer to the Example Quality Indicators & Measures handout for additional examples and identify which are structure, process and outcome indicators.

Loop Components: Plan



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Once assessment data has been gathered for all quality indicators, a plan can be developed.

Loop Components: Plan

- Plan:

- **Active Treatment Loop:** An individual's strengths and needs are assessed through Quality Indicator Data (the CFA). Based on that data the IDT determines which are the individual's highest priority needs and objectives for improvement are developed.

- **QAPI Loop:** The facility's strengths and needs are assessed through Quality Indicator Data. Based on that data, the facility determines which are the facility's highest priority needs for improvement and objectives are developed.

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Again, the Active Treatment and QAPI Loops are essentially the same.

QAPI Planning

- Area Focus:
 - High risk
 - High volume
 - Problem prone

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When developing an individual's IPP, objectives are developed and prioritized for those needs most likely to impact the individual's ability to function in daily life.

Similarly, QAPI plans and objectives are developed and prioritized for those areas most likely to impact the facility's ability to provide quality services.

QAPI Planning

- High Risk:
 - Abuse, neglect & mistreatment.
 - Individuals receiving modified diets due to swallowing difficulties.

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High risk priorities include those measure which have the potential to directly impact the individuals' health and safety.

QAPI Planning

- High Volume
 - Number of restraints.
 - Number of consents which were late.

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High volume priorities include those measure which have been selected based on prevalence or the number of times something has occurred.

QAPI Planning

- Problem Prone:
 - Data not being collected at specified rates.
 - ABC data not including sufficient information.

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Problem prone areas are those identified as being consistently problematic. Based on the data given in the handout, which are the high risk, high volume, and/or problem prone areas?

QAPI Planning

- High Risk Structure measure: Policy is not adequately developed to ensure reporting within 5 working days.
- High Volume Outcome measure: Restraint use is incredibly high.
- Problem Prone Process measure: W312 is consistently problematic.

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Based on the quality indicator data and those things most likely to inhibit the facility's ability to provide quality services, priority facility needs are identified. Objectives and plans for improvement are then developed.

For those quality indicators which are not identified as priority needs, the facility continues to monitor (quality assurance) and adjusts the plan as emerging priority needs arise. This is similar to monitoring an individual's overall status and updating the CFA and IPP to address new and emerging needs.

Again, this process mimics the Active Treatment process. Once an individual's priority needs are identified, objectives and programs are developed.

QAPI Planning

- High Risk Structure measure: Policy is not adequately developed to ensure reporting within 5 working days.
- Objective: The facility will ensure 100% of investigation results will be reported to the Administrator and other officials within 5 working days for 12 consecutive months.
- Improvement Plan: Policy to be revised to specify 5 working days and investigative staff to be retrained.
- Data & Monitoring: All investigations will be reviewed daily and summary data will be reported and reviewed weekly.

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Data and monitoring are included in the QAPI improvement plan so the facility can identify if the improvement plans are effective.

QAPI Planning

- High Volume Outcome measure: Restraint use is incredibly high.
- Objective: Within 6 months, the facility will have a 15% reduction in restraint use.
- Improvement Plan: Review all BSPs for less restrictive alternatives and revised as needed, re-train staff on replacement behaviors and only using restraint as a last resort to protect from harm.
- Data & Monitoring: Restraint summary data will be reviewed monthly for total numbers and compared to baseline data in order to calculate percentage rates. Percent to be reviewed monthly.

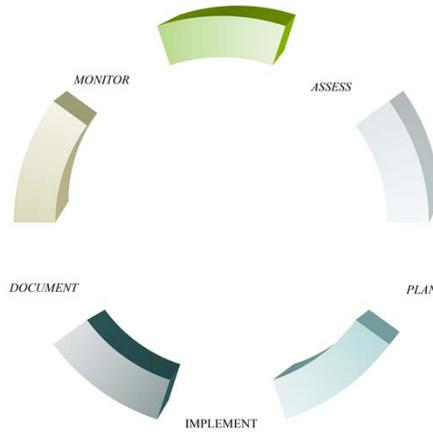
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QAPI Planning

- Problem Prone Process measure: W312 is consistently problematic.
- Objective: All new psychotropic medications will be incorporated into medication plans at the time of consent in 100% of opportunities for 9 consecutive months.
- Improvement Plan: Revise process to include medication plan information in the consents. This will ensure plans are completed and improve the information given to guardians and HRC.
- Data & Monitoring: Quarterly, physician orders will be reviewed with consents to ensure medication plan information is included. The percent correct will be calculated from the total number of consents reviewed. Percentage data will be reviewed quarterly.

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Loop Components: Implement



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Once the objectives and plan have been developed, the plan can be implemented.

Loop Components: Implement

- **Implementation:**
 - **Active Treatment Loop:** The IPP is implemented.
 - **QAPI Loop:** The QAPI Improvement Plan is implemented.

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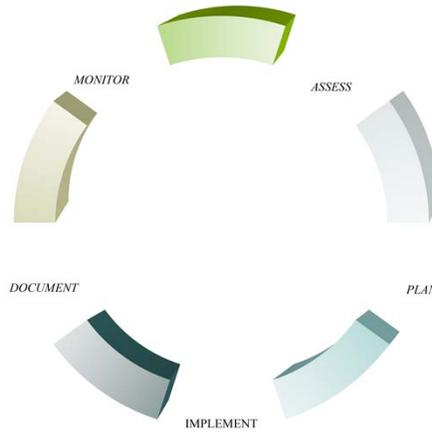
QAPI Plan Implementation

- Improvement Plan: Abuse Policy to be revised to specify 5 working days and investigative staff to be retrained.
- Improvement Plan: Review all BSPs for less restrictive alternatives and revise as needed, re-train staff on replacement behaviors and only using restraint as a last resort to protect from harm.
- Improvement Plan: Revise process to include medication plan information in the consents. This will ensure plans are completed and improve the information given to guardians and HRC.

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The facility documents implementation of the plans and gathers data in order to assess if the plans are working.

Loop Components: Document



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Data is collected to allow the facility to evaluate the effectiveness of the plan.

Loop Components: Document

- Documentation:

- **Active Treatment Loop:** Data is collected as specified in the IPP.

- **QAPI Loop:** Data is collected as specified in the QAPI Improvement Plan.

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Again, the Active Treatment and QAPI Loops are essentially the same.

QAPI Plan Documentation

- Data: All investigations will be reviewed daily and summary data will be reported weekly.
- Data: Restraint summary data will be reviewed monthly for total numbers and compared to baseline data in order to calculate percentage rates.
- Data: Quarterly, physician orders will be reviewed with consents to ensure medication plan information is included. The percent correct will be calculated from the total number of consents reviewed.

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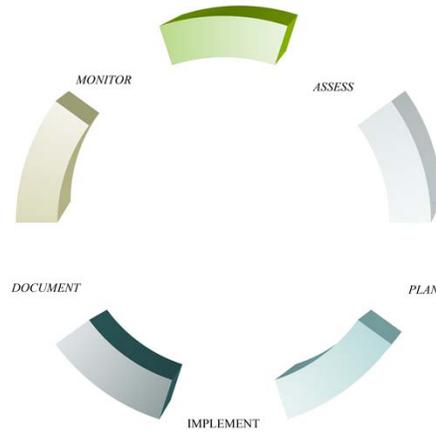
Data collection will vary based on the plan. For example, a plan may include observation data to ensure individuals were being provided with modified diets as prescribed.

The QAPI plans in this scenario include a review of all investigations to ensure the 5 working day criteria is met and the percentage of investigation that met criteria is calculated weekly.

Once a month restraint data is reviewed for total numbers and compared to the assessment data in order to determine if a reduction in restraint use has occurred.

Once a quarter, physician orders and consents are reviewed to ensure medication plans have been updated. The percentage of the number which include the medication plan information is then calculated on the total number of consents reviewed.

Loop Components: Monitor



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Monitoring of the plan data allows the facility to ensure the plan is being implemented and that there is sufficient documentation to assess the QAPI plan's effectiveness.

Loop Components: Monitor

- **Monitor:**
 - **Active Treatment Loop:** The QIDP monitors program data.
 - **QAPI Loop:** The QAPI person or people review performance data.

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Again, the Active Treatment and QAPI Loops are essentially the same.

QAPI Monitoring

- Was the data collected in the form and frequency specified in the Improvement Plan?
- Is there sufficient data available to assess the Improvement Plan's effectiveness?

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The QAPI person or people review the data as specified in the QAPI Improvement Plan. As a QIDP would monitor individual data, the QAPI person or people determine if data was collected in the form and frequency specified in the plan and whether the data is sufficient to evaluate the effectiveness of the QAPI plan.

QAPI Monitoring

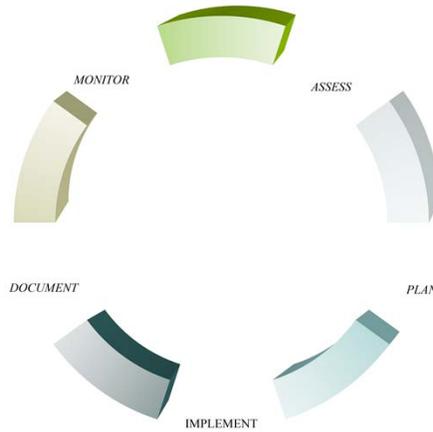
- Data: All investigations will be reviewed daily and summary data will be reported and reviewed weekly.
 - No investigation were conducted within the past week.
- Data: Restraint summary data will be reviewed monthly for total numbers and compared to baseline data in order to calculate percentage rates. Percent to be reviewed monthly.
 - Baseline (May 2013) = 120 restraints, June 2013 = 180 restraints. 50% increase
- Data: Quarterly, physician orders will be reviewed with consents to ensure medication plan information is included. The percent correct will be calculated from the total number of consents reviewed. Percentage data will be reviewed quarterly.
 - 7/7 consents included medication plan. 100%

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The QAPI person or people review the data as specified in the QAPI Improvement Plan. As a QIDP would monitor individual data, the QAPI person or people determine if data was collected in the form and frequency specified in the plan and whether the data is sufficient to evaluate the effectiveness of the QAPI plan. For example, if data requires a review of all investigations and no investigations were completed, then there is not sufficient data available to evaluate.

If there is sufficient data, then it is assessed.

Assessment/Re-assessment



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Assessment of data allows the facility to determine if the QAPI plans are effective in improving facility performance.

Loop Components: Assessment/Re-assessment

- **Assessment/Re-assessment:**
 - **Active Treatment Loop:** The QIDP assesses the program data to determine if the individual is progressing toward the IPP objectives. If progress is not being made, re-assessment occurs to determine why.
 - **QAPI Loop:** The QAPI person or people review performance data to determine if the facility is progressing toward Improvement plan objectives. If progress is not being made, re-assessment occurs to determine why.

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Again, the Active Treatment and QAPI Loops are essentially the same.

Loop Components: Assessment/Re-assessment

- Objective: The facility will ensure 100% of investigation results will be reported to the Administrator and other officials within 5 working days for 12 consecutive months. No investigations conducted.
- Objective: Within 6 months, the facility will have a 15% reduction in restraint use. June 2013 data = 50% increase.
- Objective: All new psychotropic medications will be incorporated into medication plans at the time of consent in 100% of opportunities for 9 consecutive months. June 2013 data = 100%.

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Based on the data collected the improvement plan for investigations can not be assessed. The improvement plan for consents appears to be effective, but the improvement plan for restraint use does not appear to be effective.

Loop Components: Assessment/Re-assessment

- 50% increase in restraints
- Improvement Plan: Review all BSPs for less restrictive alternatives and revise as needed, re-train staff on replacement behaviors and only using restraint as a last resort to protect from harm.
 - Was the plan implemented in its entirety? Were BSP reviewed and revised as needed? Were staff re-trained? Does the data support restraints are only being used as a last resort?
 - Are there other factors which impact the data (new individual with increased behavioral needs admitted, an individual's maladaptive behaviors have increased due to a med challenge, etc.)?

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A re-assessment of the restraint improvement plan is required to determine why the plan is not working. During the re-assessment process additional information is often required to determine why the plan did not work.

Loop Components: Assessment/Re-assessment

- Assessment of raw restraint data showed one staff member (newly hired at the beginning of June 2013) was responsible for implementing 120 of the 180 restraints. This staff member's data did not support restraints were only being used as a last resort.
- Plan: Investigation initiated for potential abuse related to unnecessary restraint use. Original plan to be modified to increase frequency of restraint data monitoring from monthly to weekly monitoring.

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Once the problem has been identified, the QAPI person or people re-assess the Improvement Plan and make adjustments as needed. Revised plans are implemented and the loop continues.

Once an Improvement Plan Objective is met, the QAPI person or people determine which need to address next, the same way the QIDP and IDT would when an individual had met established criteria for an objective.

Loop Components: Assessment/Re-assessment

- Quality Assurance:
 - Continuing to monitor the facility's overall status and non-priority needs.

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The Active Treatment Loop requires the continual monitoring of an individual's overall status and that the CFA is reviewed at least annually and updated as needed (e.g. criteria on objectives is met, a significant event occurs such as the loss of a favorite staff, a broken leg, etc.).

The same principles apply to the QAPI Loop. Assessment/Re-assessment is not exclusive or limited to times when the Improvement Plan's data is reviewed.

Assessment is not exclusive to data review, incidents, new problems emerge, met criteria, etc.

Loop Components: Assessment/Re-assessment

- Assessment of QAPI data reveals previously unidentified problem areas.
- New problems emerge.
- Significant incidents occur.

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As events occur and information is obtained, it should be evaluated to determine if a Performance Improvement Plan is needed. For QAPI to be truly effective, it must be an on-going process.

Other Resources

- Please visit the National Core Indicator website for additional examples of quality indicators.

<http://www.nationalcoreindicators.org/>

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Comments or Questions ?

Send your comments or questions to
fsb@dhw.idaho.gov

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