ICF/IID Quality Assessment & Performance Improvement

Indicators, Assessment, and Performance Improvement
What is QAPI?

Quality Assessment and Performance Improvement
Who monitors QAPI?

The regulations\(^1\) do not currently require a facility to have a QAPI program. However, W104 states “The governing body must exercise general policy, budget, and operating direction over the facility.”

The governing body develops, monitors, and revises, as necessary, policies and operating directions which include areas such as health, safety, sanitation, maintenance and repair, and utilization and management of staff.

Updated 4-10-20 Bureau of Facility Standards
The QAPI Loop & the Active Treatment Loop

Updated 4-10-20 Bureau of Facility Standards
Loop Components: Assessment

Assess:

• The Active Treatment Loop: An individual's strengths and needs are assessed through Quality Indicator Data (the Comprehensive Functional Assessment or CFA).

• The QAPI Loop: The facility's strengths and needs are assessed through Quality Indicator Data.
Loop Components: Assessment

QAPI Quality Indicator Data is the CFA of the facility. They include:

- Structure Indicators
- Process Indicators
- Outcome Indicators
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?
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?
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?
QAPI Quality Indicator Data

Measuring QAPI Indicators:

• Observations

• Record Review

• Interviews
Loop Components: Plan

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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.
QAPI Planning

Focus on:

• High risk

• High volume

• Problem prone areas

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QAPI Planning

High Risk:

• Abuse, neglect & mistreatment

• Individuals receiving modified diets due to swallowing difficulties
QAPI Planning

High Volume:

• Number of restraints

• Number of consents which were late
QAPI Planning

Problem Prone Areas:

• Data not being collected at specified rates

• ABC data not including sufficient information
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.
**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.
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 revise 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.
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.
Loop Components: Implement

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Loop Components: Implement

Implementation:

• Active Treatment Loop: The IPP is implemented.

• QAPI Loop: The QAPI Improvement Plan is implemented.
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.
Loop Components: Document

ASSESS

PLAN

DOCUMENT

IMPLEMENT

MONITOR

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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.
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.
Loop Components: Monitor

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Loop Components: Monitor

Monitor:

• Active Treatment Loop: The QIDP monitors program data.

• QAPI Loop: The QAPI person or people review performance data.
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?
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 2019) = 120 restraints, June 2019 = 180 restraints. Fifty percent (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 of 7 consents included medication plans. 100%

Updated 4-10-20 Bureau of Facility Standards
Assessment/Re-assessment

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Loop Components: Assessment/Re-assessment

Assessment/Re-assessment:

• Active Treatment Loop: The QIDP assesses the program data to determine if the individual in 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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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 2019 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 2019 data = 100%.
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 BSPs 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.)?
Loop Components: Assessment/Re-assessment

- Assessment of raw restraint data showed one staff member (newly hired at the beginning of June 2019) 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.
Loop Components: Assessment/Re-assessment

Quality Assurance:

- Continuing to monitor the facility’s overall status and non-priority needs.
Loop Components:
Assessment/Re-assessment

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

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References

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