

# QAPI and Ombudsman Interface



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# Balancing Rights & Protections: Resident Expectations for Quality



“Quality” as defined by residents, is not as often about clinical outcomes as it is about meeting personal expectations.

Quality may be based on an emotional response to care and treatment, and that response is often colored by how care partners communicate the care plan and respond to concerns, resident preferences.

# QA + PI = QAPI



- QA: Quality Assurance is the process of identifying and meeting established quality standards, thereby assuring that care is provided at an acceptable level.
- PI (or QI): Performance Improvement is a continuous study of “incidents” and processes that works to pre-empt problems, making good or average quality even better.
- QAPI is the combination of QA & PI, is data-driven, has an all-inclusive “membership,” the focus of which is the resident, proactively improving the quality of life, care and services.

**RESIDENTS**

**PETS (PERSONAL, HOME-BASED, VOLUNTEER)**

**EMPLOYER, ADRC, MCO,  
EXTERNAL SUPPORT  
GROUPS/NETWORKS**

**SOCIAL COMMUNITY, FAITH  
COMMUNITY, EDUCATIONAL  
COMMUNITY**

**ACTIVITY PROFESSIONALS,  
VOLUNTEERS (INTERNAL &  
EXTERNAL),**

**OMBUDSMEN, VOLUNTEER  
OMBUDSMEN, OTHER  
ADVOCATES**

**NHA, EXECUTIVE STAFF,  
BOARD OF DIRECTORS,  
ADVISORY COUNCILS,  
RESIDENT & FAMILY  
GOVERNANCE**

**NURSES, PHYSICIANS,  
APNP'S, LAB TECHS,  
PHARMACISTS, MEDICAL  
DIRECTOR, THERAPISTS**

**CNA'S, HOUSEKEEPERS,  
MAINTENANCE, DIETARY**

**FAMILIES, FRIENDS,  
PARTNERS, SURROGATE  
DECISION-MAKERS**

**RESIDENTS**

# QAPI: Quality Assurance and Improvement Program



- CMS mandate for all nursing homes
- No F Tag yet, but anticipated by end of 2013
- 5 Strategic Elements:
  - Design & Scope: ongoing, comprehensive, focus on resident choice and autonomy
  - Governance & Leadership: culture of QAPI as a priority
  - Feedback, Data Systems, Monitoring
  - PIP: Performance Improvement Project: isolates areas of focus for attention and action {PDSA Cycle}
  - Systematic Analysis and Systemic Action: structured approach to analysis and action, policy development, use of Root Cause Analysis

# QAPI: Twelve Steps to Implementation



1. Leadership responsibility & accountability
2. Develop a deliberate approach to teamwork
3. Take your QAPI “pulse” with a self-assessment
4. Identify your organization’s guiding principles
5. Develop your QAPI Plan
6. Conduct a QAPI awareness campaign
7. Develop a strategy for collecting and using QAPI data
8. Identify your gaps and opportunities
9. Prioritize quality opportunities and charter PIP’s
10. Plan, conduct and document PIP’s
11. Get to the “Root {Cause}” of the problem
12. Take systemic action

# PDSA



- Plan, Do, Study, Act: What are we trying to accomplish, and how do we know it is an improvement or just a change?
  - P: Who, what, where, when, predict, measure
  - D: What actually happened?
  - S: How did the results compare to the predictions?
  - A: How will the plan be further modified, and back to PDSA

# RCA



- Root Cause Analysis: What is the underlying cause of the problem?
  - Team-based
  - Most obvious or most recurring incident may not be the real reason that the event occurs
  - Process drives deeper and deeper to the reasons behind the reasons
  - Usually identifies, initially, more than one possible root cause
  - Sorts the root cause(s) and contributing factors into categories for possible action

# WI Quality Efforts



- Existing QA programs in nursing homes to be elevated to higher range of scope with QAPI implementation
- WiQC: WI Quality Coalition: statewide network, sponsored by MetaStar, and subset of the National Nursing Home Quality Care Collaborative. Membership includes provider associations, DHS, DQA, BOALTC, CHSRA staff, physicians, advanced practice nurse providers, UW School of Medicine and School of Nursing faculty.
- WCRC: WI Clinical Resource Center. Web-based repository of clinical resource materials available to WI nursing home providers.

# Ombudsman Work in QAPI Context



- Consultative nature of ombudsman work a strong foundation
- Ability of residents and families to have as much/more influence than ombudsman, but need venue and audience
- Tangibles: Resident/Family Governance, Town Hall Meetings, targeted satisfaction surveys, facility newsletter, online and in-facility bulletin boards, special events to celebrate successes, residents and families on teams
- Resident feedback for 5 Strategic Elements, PIP's
- Ombudsman, Volunteer feedback

# Balancing Rights & Protections: Resident Expectations for Quality



When trying to balance rights and protections, consider the following:

- Recognize resident's life history, life choices, expectations
- Create resolution by emphasis on strengths vs. threats of losses
- Encourage change by consensus, mediation, conciliation vs. by order
- Success best insured by building relationships and trust vs. by mandates

# The Importance of Relationships



The relationship between the resident and all involved in the care plan can either facilitate or impede the process of achieving the balance between rights and protections. When the relationship is facilitative it engenders the following:

- Trust
- Increased interest in participation, communication, self-advocacy
- Recognition and acceptance of risk, associated benefits and consequences
- Conflict resolution
- Empowerment
- Mutual respect

# The Importance of Inclusiveness



Inclusiveness of the whole “team” is vital.  
Inclusiveness is not only about who is on the team, but whether everyone on the team buys into the plan.

Residents lead the team: *“Nothing about me without me.”*

- Application to individual care plans
- Application to life of the home.

# Achieving Inclusiveness



*“Nothing about me without me.”*

Application to individual care plans:

- Care conferences
- Informal talk not relative to task request

Application to life of the home:

- Resident Council
- Family Council
- Education Forum/Speakers Bureau
- Celebration Gatherings

# Benefits of Inclusiveness



- Collaborative problem resolution
- Facility staff tangibly engaged in all aspects of resident care and satisfaction, with equal attention to those relative to clinical health outcomes as well as those related to personal well-being
- Engagement of residents and families in all areas, not simply those related to complaints or concerns
- Sense of empowerment, ownership of problem resolution and celebration of successes

*“You have to know who I was in order to understand who I am. I am not a disease, a diagnosis. I’ve lived my life making choices, not always good ones, but they were mine. I intend to continue to do so until the day I leave this earth.”*

From an older adult, newly-diagnosed with a potentially life-threatening chronic disease, to his physician.