



Full Speed Ahead! Vaccine Booster Program Revisiting Your QAPI Program

Michelle Pastrano, MSG, Quality Improvement Specialist
Lindsay Holland, MHA, Director, Care Coordination
Health Services Advisory Group (HSAG)

May 6, 2022

OBJECTIVES

- Discuss the importance of revisiting your facility's QAPI plan to improve quality and safety.
- Review available QAPI resources.



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Vaccine Resources

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Full Speed Ahead! COVID-19 Vaccine Booster Program
Access program materials, resources, and register for the upcoming quickinars and office hours series.
[Learn More](#)

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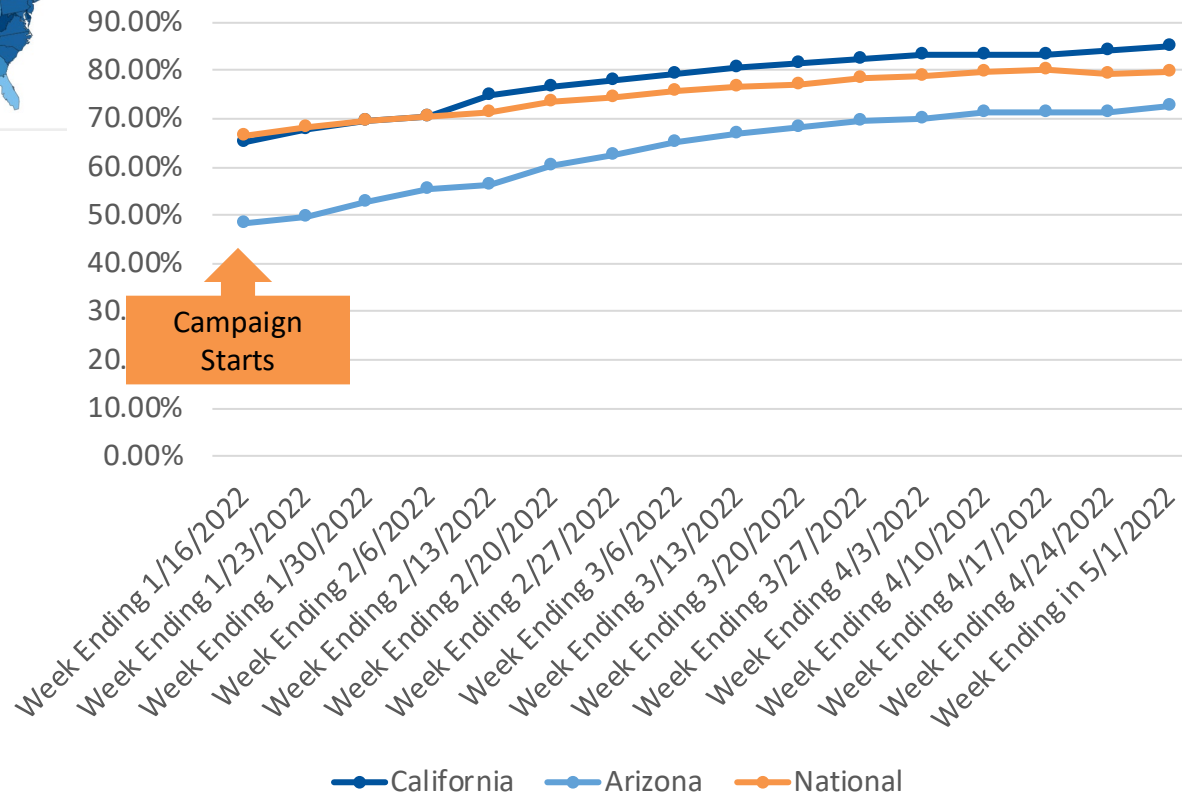
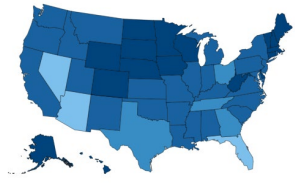
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Full Speed Ahead! COVID-19 Vaccination Recognition Program
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Past Topics Covered

- Week 10: Short-Stay Issues
- Week 11: Success Stories
- Week 12: NHSN Updates
- Week 13: MI
- Week 14: New IP Resources
- Week 15: The Second Booster

Register for
May
Sessions!

Resident Booster Rates—Improvement



Current

U.S.: 79.8%
CA: 85.0%
AZ: 72.6%

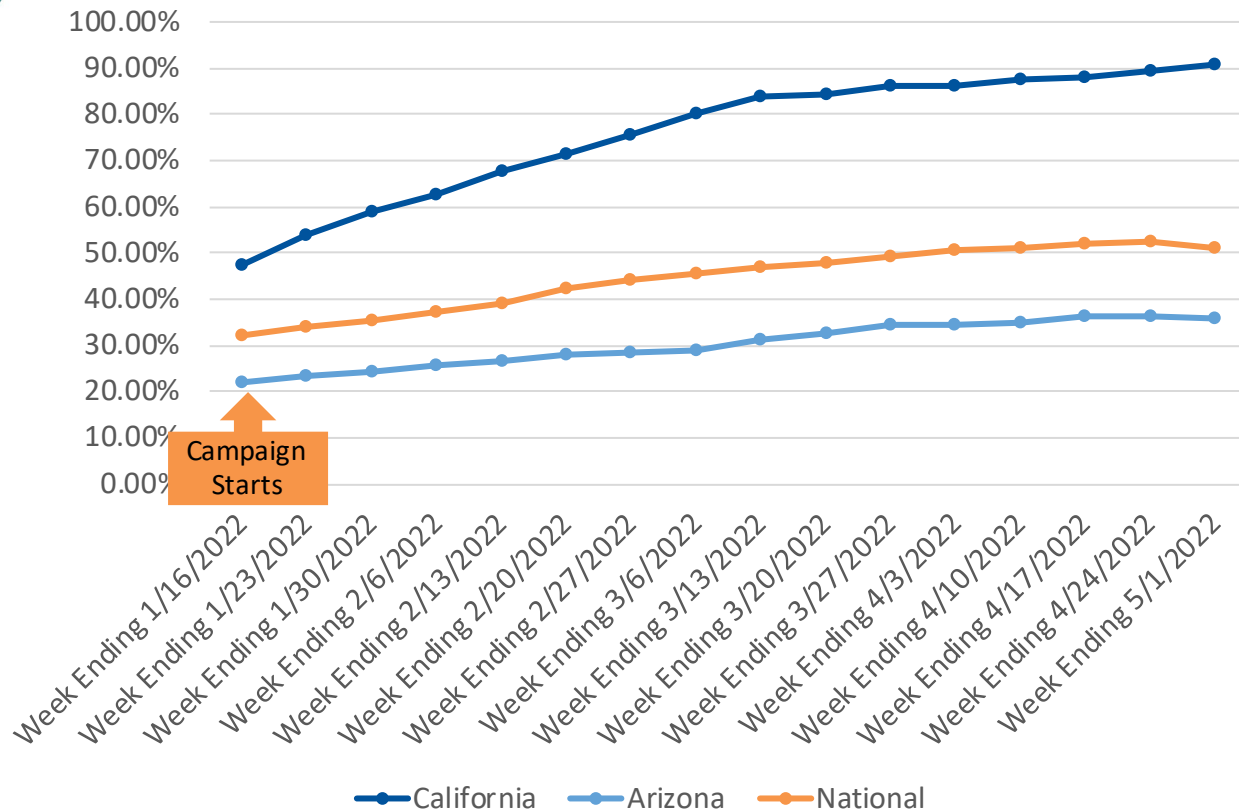
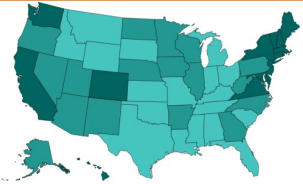
Relative Improvement

U.S.: 19.8%
CA: 30.4%
AZ: 49.7%



<https://www.cdc.gov/nhsn/covid19/ltc-vaccination-dashboard.html>

Staff Booster Rates—Improvement



<https://www.cdc.gov/nhsn/covid19/ltc-vaccination-dashboard.html>



Quality Assurance & Performance Improvement (QAPI)

Certain COVID-19 Emergency Waivers Ending

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850

Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

Ref: QSO-22-15-NH & NLTC & LSC

DATE: April 7, 2022

TO: State Survey Agency Directors

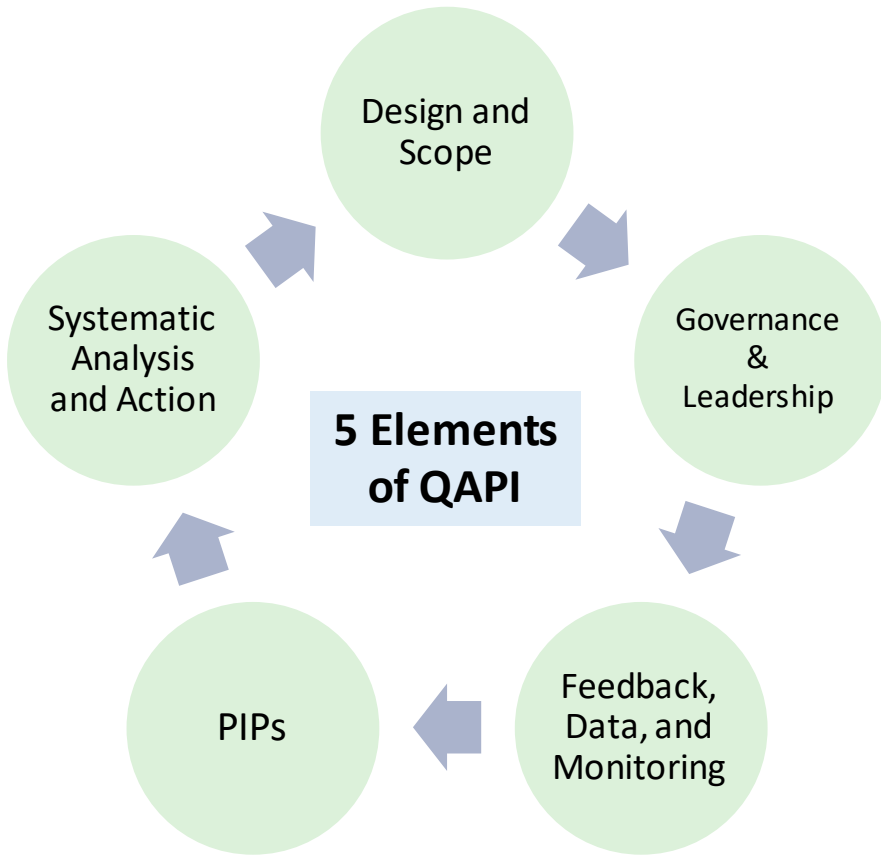
FROM: Director
Quality, Safety & Oversight Group

SUBJECT: Update to COVID-19 Emergency Declaration Blanket Waivers for Specific Providers

CMS modified certain requirements which require long-term care facilities to develop, implement, evaluate, and maintain an effective, comprehensive, data-driven Quality Assurance and Performance Improvement (QAPI) program. **This waiver gave providers the ability to focus on adverse events and infection control, and those aspects of care delivery most closely associated with COVID-19 during the public health emergency (PHE).**

Update to COVID-19 Emergency Declaration Blanket Waivers for Specific Providers (cms.gov): <https://www.cms.gov/files/document/qso-22-15-nh-nltc-lsc.pdf>

Check in on Your QAPI Program



QAPI: Quality Assurance & Performance Improvement
Skilled Nursing Facility (SNF)
Quality Measure (QM) Self-Assessment Using QAPI Principles

Facility Name: _____ CCN: _____ Assessment Date: _____ Completed by: _____

Work with your department leadership team to complete the following assessment to determine if your facility is maintaining an effective, comprehensive, QM data-driven program. Each item relates QMs to the five elements of QAPI appearing in the Centers for Medicare & Medicaid Services (CMS) reform of requirements for long-term care facilities. Select the level of implementation status on the right for each assessment item. Once this form is complete, please go online and enter your answers.

Assessment Items	Not implemented/ no plan	Plan to implement/ start date set	Plan to implement/ start date set	In place less than 6 months	In place 6 months or more
A. Design and Scope					
1. Your facility revises its QAPI plan on an ongoing basis using lessons learned from implementing performance improvement projects (PIPs). ¹	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Your facility engages all relevant departments and staff members to improve QM performance (e.g., certified nursing assistants [CNAs], food and nutrition, housekeeping, maintenance, nursing, pharmacy, etc.). ²	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Governance and Leadership					
3. Your QAPI committee reports to the facility's governing body more frequent than quarterly to evaluate QM data and coordinate quality-improvement activities. ³	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Your leadership provides adequate resources to improve QMs, including: ⁴	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Staff time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Equipment (e.g., pulse oximeter, in-bed scale, patient lift, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Technical training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Assess your QAPI Program with
10 questions developed by HSAG.**

QAPI: Quality Assurance & Performance Improvement Skilled Nursing Facility:
<https://www.hsag.com/globalassets/ta-guides/nhquality/assessnhquality.pdf>

Poll Question

Our facility revises its QAPI plan on an ongoing basis using lessons learned from implementing PIPs.

How long has this process consistently been in place at your facility?

- a. In place 6 months or more
- b. In place less than 6 months
- c. Plan to implement/start date set
- d. Plan to implement/no start date set
- e. Not implemented/No plan

QAPI Resources

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QAPI

QAPI Facility Self-Assessment

QAPI Overview & Reference Guides

QAPI Tools

- QAPI Guide for Developing Purpose, Guiding Principles, and Scope
- Guide for Developing a QAPI Plan
- QAPI Sample Plan
- QAPI Sample Meeting Agenda Guide
- Sample Nursing Home QAPI Plan Template

Performance Improvement Project (PIP) Tools

Root Cause Analysis (RCA) Tools

QAPI Assessment

Secure Data Portal

QIIP Access Form

Access QAPI Tools and Resources at <https://www.hsag.com/qapi>

Revisiting the Importance of Your QAPI Program

- The QAPI plan guides your facility's overall performance improvement. It is a living document that the facility will continue to refine and revisit.

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/QAPIPurpose.pdf>



Guide for Developing Purpose, Guiding Principles, and Scope for QAPI

Directions: Use this tool to establish the purpose, guiding principles and scope for QAPI in your organization. The team completing this worksheet should include senior leadership. Taking time to articulate the purpose, develop guiding principles, and define the scope will help you to understand how QAPI will be used and integrated into your organization. This information will also help your organization to develop a written QAPI plan. Use these step-by-step instructions to create a separate document that may be used as a preamble to your QAPI plan.

STEP 1. LOCATE OR DEVELOP YOUR ORGANIZATION'S VISION STATEMENT

A **vision statement** is sometimes called a picture of your organization in the future; it is your inspiration and the framework for your strategic planning. Consider involving staff in the development of your vision statement. Post it for everyone to view.

For example, the vision of the Good Samaritan Society is to create an environment where people are loved, valued and at peace.

STEP 2. LOCATE OR DEVELOP YOUR ORGANIZATION'S MISSION STATEMENT

A **mission statement** describes the purpose of your organization. The mission statement should guide the actions of the organization, spell out its overall goal, provide a path, and guide decision-making. It provides the framework or context within which the company's strategies are formulated. As above, get caregivers involved in establishing your organization's mission.

For example, Meadowlark Hills is each resident's home. We are committed to enhancing quality of life by nurturing individuality and independence. We are growing a value-driven community while leading the way in honoring inherent senior rights and building strong and meaningful relationships with all whose lives we touch.

STEP 3. DEVELOP A PURPOSE STATEMENT FOR QAPI

A **purpose statement** describes how QAPI will support the overall vision and mission of the organization. If your organization does not have a vision or mission statement, the purpose statement can still be written. It should state what your organization intends to accomplish through QAPI.

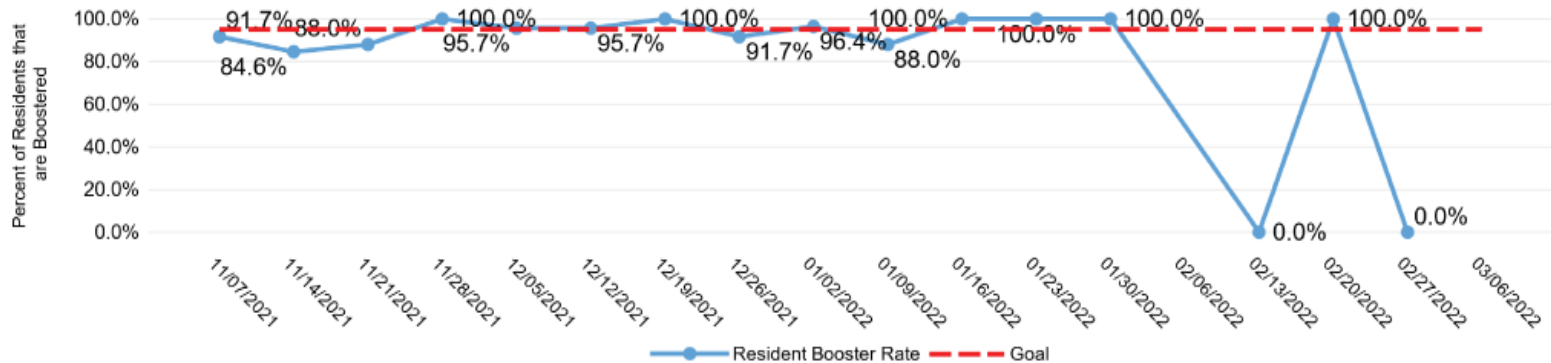
The purpose of QAPI in our organization is to take a proactive approach to continually improve the quality of care we care for and engage with our residents, caregivers and other partners so that we can achieve our mission to [reference aspects of vision statement here]. To do this, all employees will participate in QAPI efforts which support our mission by [reference aspects of mission statement here].



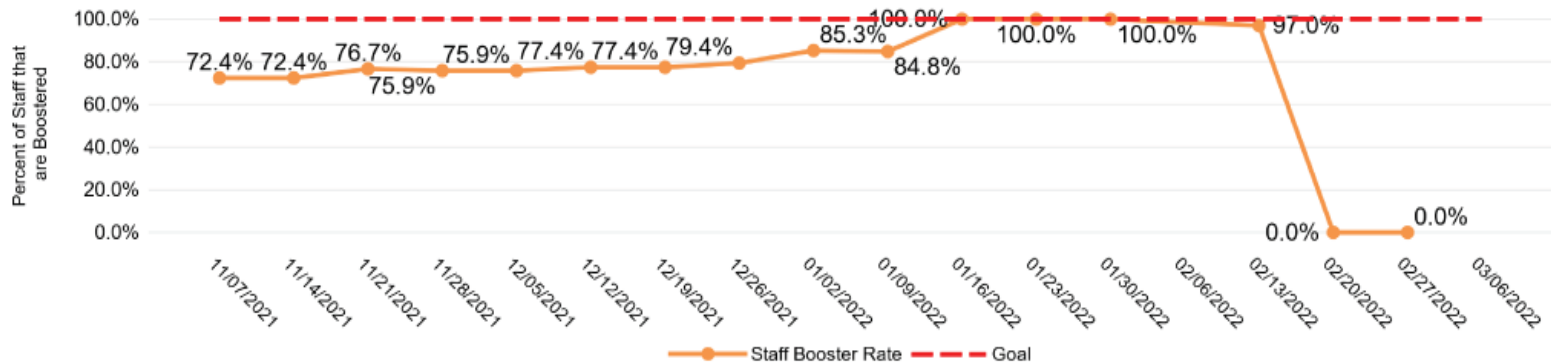
Performance Improvement

Booster Rate Run Chart Example

Resident: Booster Rate



Staff: Booster Rate



Access to the QIIP

Registration form instructions:

1. Download form.
2. Complete facility information. →
3. Include staff you wish to have access to the data portal. →
4. Email completed form to **QIIP@hsag.com**.

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HSAG HEALTH SERVICES ADVISORY GROUP

HSAG Quality Improvement and Innovation Portal (QIIP) Administrator Form

The Health Services Advisory Group (HSAG) QIIP is your centralized place for information in support of the quality initiatives and activities which you are working on with HSAG to achieve the Centers for Medicare & Medicaid Services (CMS) national goals. CMS' goals include increasing quality scores, improving infection prevention, decreasing opioid misuse, preventing adverse drug events, improving quality of care transitions, preventing avoidable readmissions, and utilizing data reports to drive improvement.

To get access the QIIP, fill out the short form below to designate your QIIP Administrator(s). **Return this completed form via email to qiiip@hsag.com**

The QIIP Administrator(s) will have the following rights:

- Access to performance reports and dashboards.
- Add, edit, and remove users within the application.
- Complete assessment forms.
- Attest to the completion of activities.
- Upload/submit data.

Facility Information

Please type your information below, including the facility CMS Certification Number (CCN). Add additional rows to the tables as needed if your organization has more than one facility.

Indicate Facility Type: ☐ Nursing home ☐ Hospital

CCN	Facility Name	City	State

Administrator(s) Information

To designate your HSAG QIIP Administrator(s), please complete the table below. HSAG recommends having at least two staff members assigned to the Administrator role per facility so there is no lapse in Administrator coverage.

CCN(s)	First Name	Last Name	Title	Email Address	Phone Number

You can find additional, detailed QIIP instructions in the QIIP User Guide, available at: <https://www.hsag.com/globalassets/qiipusersguide.pdf>

QIIP

Access the QIIP here: <https://qiip.hsag.com>



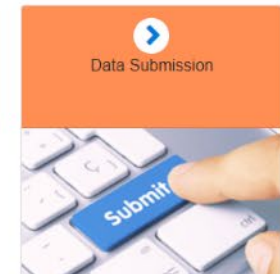
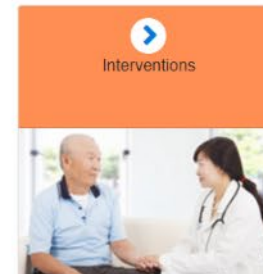
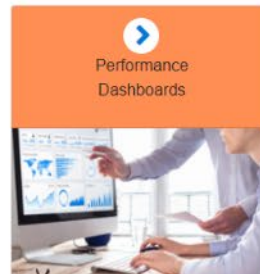
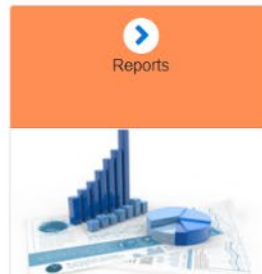
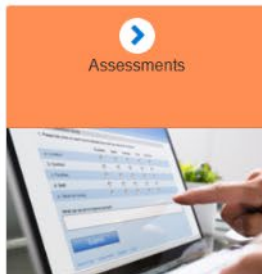
Assessments	Reports	Performance Dashboards	Interventions	Data Submission	Administration
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Quality Improvement Innovation Portal

The HSAG Quality Improvement Innovation Portal (QIIP) is your centralized place to obtain and submit information in support of the quality initiatives on which you are working. The HSAG QIIP will allow you to complete assessments to enhance your quality improvement efforts, submit data, track interventions, view your performance dashboards, and access reports.

For questions, please contact QIIPSupport@hsag.com.



Improvement in Five Steps

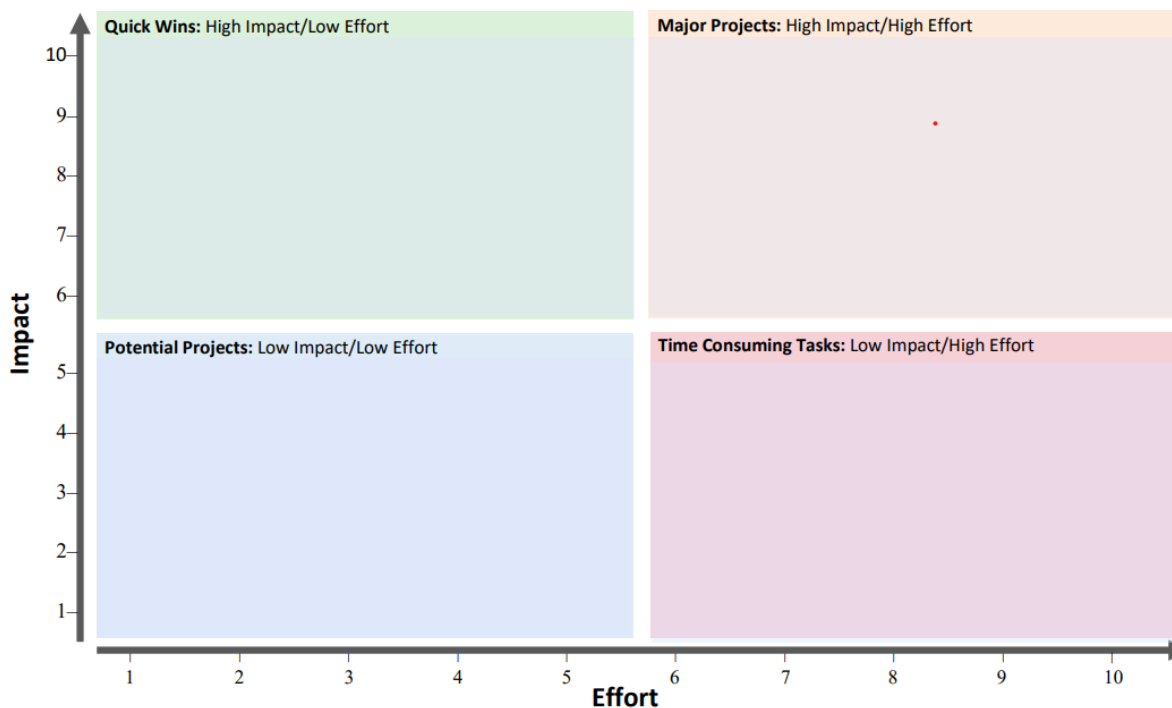
1. Get curious about the nature of the problem.
 - Observe it
 - Talk to staff (huddles!)
 - Map/diagram/brainstorm
 - Measure it
2. Set a goal for what you want to achieve.
3. Decide what you want to try.
4. Test/try it on a small scale...1 day, 1 resident.
5. Measure your impact in ways that make sense.

Prioritization Matrix



Prioritization Matrix

A prioritization matrix is a process improvement tool that helps teams identify areas of opportunity that are most important to address first. Rank is established by level of impact and difficulty of implementation. Use group-think and brainstorming techniques to rank each item. It is key to focus on the quick wins of high impact/low effort areas first, as well as eliminate or delay the time consuming low impact/high effort items.



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PIP Guide Worksheet

PERFORMANCE IMPROVEMENT PROJECT (PIP) GUIDE



START DATE	REVIEW DATE(S)	COMPLETE DATE	PIP SQUAD MEMBERS	
June 1, 2022	07/01, 07/15, 08/01	September 30, 2022		
PROJECT LEADER:	Jane Smith		1.	Infection Preventionist
			2.	Nursing Home Administrator
			3.	Director of Nursing
KEY AREA FOR IMPROVEMENT:	Improving resident and staff booster rates.		4.	Director of Staff Development
			5.	Medical Director
			6.	Peer Ambassador(s)
			7.	
GOAL: Specific Measureable Attainable Realistic Time-Bound	90% of residents and staff will receive their booster by September 30, 2022.			
WHAT IS THE ROOT CAUSE(S) FOR THE PROBLEM? Ask "Why is this happening?" five times. If you removed this root cause, would the event have been prevented?				
Issue: Residents and staff are hesitant to get their booster. Why? Vaccine misinformation Why? Residents/staff already had COVID so they feel like they are protected Why? Family members hesitant and decline on behalf of their loved one Why? Don't feel like COVID is still an issue Why? Vaccine fatigue				
BARRIERS:				
Lack of leadership support to promote benefits of vaccine. Lack of staff engagement around the importance of vaccines. Lack of family support for residents to receive vaccine.				
BRAINSTORM POSSIBLE SOLUTIONS and START YOUR PLAN-DO-STUDY-ACT (PDSA) CYCLE – See page 2				

<https://www.hsag.com/contentassets/0de8e0acb3524235ab5ddc8633b0b7c5/performance-improvement-plan-worksheet.pdf>



Action Item

- What is one action you can take this week to strengthen your QAPI program?



Next Week's Topic: Vaccine Survey Readiness



Friday, May 13

11:30 a.m. PT

Register Here:

<https://bit.ly/FullSpeedAheadBoosterProgram>



Thank you!

Michelle Pastrano

818.265.4648

mpastrano@hsag.com

Lindsay Holland

818.813.2665

lholland@hsag.com



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