QAPI – Zeroing in on the PIPs

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What You Will Learn

- Review the AIM recommendations
- Discuss how a hospice can use these recommendations in identifying PIPs
- Describe how to incorporate data currently collected into a hospice QAPI program
- Choose performance improvement project(s) from current data analysis and a hospice's strategic priorities
- Use patient outcomes in the aggregate to improve a hospice's performance

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Quality Improvement in Hospice

A History Lesson

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The Quality Indicators in Hospice

- CMS has identified the lack of defined measurement tools and evidence based outcomes data to support the practice of hospice
  - Through partnerships are developing and publishing quality measures
  - Focus on quality of clinical care provided to hospice patients

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Prior to 2008

- Quality Assurance
- Some transition to quality improvement activities
- Primarily an individualized hospice effort
- No standardization or way to benchmark

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2008 Medicare CoPs

- QAPI mandated by regulation
- Required hospices to have a data driven approach for quality improvement activities
- Patient outcomes in the aggregate to improve hospice care
- Beginning of standardized, national effort in improving processes and defining quality in hospices

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PEACE *Prepare. Embrace. Attend. Communicate. Empower*

- 2005 - 2008 CMS contracted with the Carolinas Center for Medical Excellence
- Purpose
  - To develop an instrument package and procedures to enable hospice and palliative care programs to assess quality of care
  - Pilot test and recommend potential quality measures
- Conducted an 18 month special study to identify hospice measures focusing on the quality of clinical care furnished to hospice patients
- 34 recommended measures based on
  - Importance & relevance
  - Scientific soundness
  - Usability
  - Feasibility

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AIM Project

Assessment ♦ Intervention ♦ Measurement

- 2009 - 2010 CMS contracted with the Island Peer Review Organization (IPRO) – NY QIO
- Purpose
  - Implement and test a select set of quality measures and tools developed by the PEACE project
- Deliverable
  - Set of scientifically acceptable, usable, and feasible quality measures for use in hospice
  - Resources and tools needed for implementing the quality improvement process in practice

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Public Reporting

- Affordable Health Care Act (2010)
  - Required to report on quality measures determined by Secretary or face 2% reduction in market basket update
    - First quality measures published in August 2011
    - Reporting begins as early as January 1, 2012 (voluntary)
  - Published quality measures must receive endorsement from a consensus body (e.g. NQF), with exceptions
  - There will be more to come over the next few years
    - Will include a standardized reporting format
  - In time, quality measures will become public

  CMS Web site for updates
  http://www.cms.gov/LTCH-IRFHospice-Quality-Reporting

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The Beginning of Public Reporting
Structure Measures

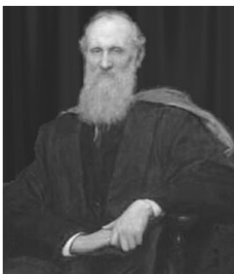| The Measure	To Be Reported	When	
		Voluntary	Mandatory
QAPI Program with at least three patient care related indicators.	1. Name of indicator 2. Domain of care 3. Description of numerator and denominator (if available) 4. Data Source	January 31, 2012 Reporting data from October 1, 2011 through December 31, 2011.	January 31, 2013 Reporting data from October 1, 2012 through December 31, 2012

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The Beginning of Public Reporting
Pain – NQF #0209

The Measure	To Be Reported	Mandatory
NQF #0209 Percentage of patients who were uncomfortable because of pain on admission to hospice whose pain was brought to a comfortable level within 48 hours.	CMS will issue more specific reporting information.	April 1, 2013 Reporting data October 1, 2012 through December 31, 2012 Future reporting will be prior calendar year for next fiscal year For example : Reporting data January 1, 2013 through December 31, 2013 for FY2015

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If you cannot measure it, you cannot improve it.

Lord Kelvin
Noted physicist & measurement fanatic

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A Good Measure

- Relatively short and simple
- Take little training to administer & score
- Be applicable to most patients served
- Will measure areas that are actionable

Depending on how defined, quality measures can reflect either good/adequate/exceptional care or poor/inadequate/ mediocre care

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Types of Quality Measures

- Process – what you do
- Outcome – result of what you do
- Structure – resources, personnel, organizational structure, policies, and procedures

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Process and Outcome Measures

- Process measures most useful as quality indicators if changes in them demonstrably improve patient outcomes
- Outcomes are most useful as quality indicators if they can be linked to specific process measures that, if altered, change the outcome

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AIM INDICATORS

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AIM Quality Measures by Domain

- Structure & Process
  - Percent of patients who are assessed for physical symptoms and screened for psychological symptoms during the admission visit
  - Percent of patients with comprehensive assessment completed within 5 days of admission

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AIM Quality Measures by Domain

- Physical Aspects of Care
  - For patients who assessed positive for pain, the percent whose pain was at a rating of none or mild at the second pain assessment
  - For patients who assessed positive for dyspnea at rest, the percent of patients who improved within 1 day of assessment
  - For patients who assessed positive for nausea, the percent who received treatment within 1 day of assessment
  - Percent of patients on regularly scheduled opioids that have a bowel regimen initiated within 1 day of opioid initiation

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AIM Quality Measures by Domain

- Psychological and Psychiatric Aspects of Care
  - For patients who screened positive for anxiety, the percent who received treatment within two weeks of screening
- Care of the Imminently Dying Patient
  - Percent of patients who had moderate to severe pain on a standardized rating scale at any time in the last week of life

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AIM Quality Measures by Domain

- Ethical and Legal Aspects of Care
  - Percent of patients with documentation in the clinical record of an advance directive or discussion that there is no advance directive
- Social Aspects of Care
  - Percent of families reporting the hospices attended to family needs for information about medication, treatment and symptoms

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AIM Quality Measures by Domain

- Adverse Events
  - Number of adverse events per 1000 patient days: falls
  - Number of adverse events per 1000 patient days: medication errors

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Toolkits

AIM

http://www.ipro.org/index/hospice-aim

Peace

http://www.thecarolinascenter.org/ccme/

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Using Data to Improve Patient Outcomes

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Choosing Data Elements

- Sources to identify data elements
  - Previous quality studies and initiatives
  - Internal and external benchmarks
  - Activities that are high risk, high volume or problem prone
  - The CoPs points of emphasis:
    - * Adverse events   * Patient safety
    - * IDG process   * Palliative outcomes
    - * Drugs   * Patient Rights

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Choosing Quality Initiatives

- How does your hospice currently select improvement projects
- Do you consider
  - Mission/vision of your hospice
  - Strategic plan
  - Greatest impact to patient care
  - Processes out of control within the hospice

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Where To Start

- Ask yourself ….
  - What problems occur in your program that result in
    - Patient or family complaints
    - Regulatory deficiencies
    - Care outcomes you wish were better
    - Staff turnover
  - What information do you currently have?

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The Data Jungle

Sources of data:
- Clinical Chart Audits (Initial / Comprehensive Assessment, SW or Spiritual Care Assessment, Medication List, Face Sheet, IDG Progress Notes, Patient Outcomes)
- Personnel File Audits
- Incident Reports
- Complaints
- Infection Reports
- Family Satisfaction Surveys
- Bereavement Surveys
- Volunteer Reports
- Census Reports
- Billing Reports
- Adverse Events Documentation
- What else

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Data Collection Pitfalls
Lessons Learned from the AIM Project

- Missing information
- Lack of information obtained
- Qualitative vs. quantitative documentation
  - Severity of patient's symptoms
  - Standardized rating scales
- Vagueness/lack of clarity
- Inability to document in a manner useful for data collection

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Four Stages of Data Acceptance

1. The data are wrong
2. The data are right, but it is not a problem
3. The data are right, it is a problem, it is not my problem
4. The data are right, it is a problem, it is my problem

Take the Journey to "Jiseki"
http://www.ihi.org

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Reading Data

- Know how to interpret data
- Be careful with your own calculations
- Understand key statistics
- Ask questions

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IMPROVING PATIENT SAFETY

A PIP in Action

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AIM Indicator – Adverse Events – Falls
What Did the Data Show?

- Identified that patients were falling while getting out of bed
- Majority of falls occurred when no one was with them
- Majority were related to external, anticipated factors

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Characteristics of a PIP

- Defined AIM statement or goal
  - What trying to accomplish
- Use of "rapid cycle" testing of change
- Monitor the following
  - Outcome measures
  - Process measures
  - Balancing measures

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The PIP

- AIM Statement
  - There will be a 50% reduction in unattended patient falls by January 2012
- Outcome Measure
  - Reported unattended fall rate will decrease by 50%
- Process measure
  - Comprehensive assessment will identify patients at high risk to fall
  - Plans of care will contain fall reduction interventions
- Balance Measure
  - Fall rates increasing for first 2 months due to emphasis on reporting
  - Patient complaints related to hospice staff too restrictive on activity
  - Increased placement of patients in nursing homes

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Now What?

- Required further analysis of patients who fall due to external factors to determine why
  - Patient had no way to call someone else in the house for assistance
  - Water/fluids were not left at the bedside
  - Walker was too far away to reach

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Tests of Change

- Increase education to patients to sit on the side of the bed for 2 minutes before standing
- Teach patient, family, staff to make sure walker and fluids were close before leaving the patient alone
- Provide patients with a bell to call family member when needing assistance

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Results – What You Should See

- If the test of changes are effective, you should see the unattended fall rate trending down towards your goal
- If it isn't, then time to try another test of change
- Monitor balancing measures to be sure you are not seeing the increase due to increase of reporting and test of changes are really effective

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PAIN MANAGEMENT

NQF # 0209

Another PIP in Action

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Original PIP

- AIM statement – To have pain brought to a comfortable level within 48 hours of admission for 90% of all patients
- What happened?
  - Goal met within the month with few tweaks to the admission process
  - Able to sustain goal over time

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Now What?

- Further analysis of data indicated the hospice was not initiating a bowel regimen within 1 day of starting the patient on a opioid for 50% of patients started on opioids
  - Remember – this is also an AIM indicator

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AIM Redefined

- AIM Statement
  - There will be a 25% increase in use of bowel regimen initiated for all patients started on an opioid by December 2011
- Outcome Measure
  - Use of bowel regimen will increase by 25% for all patients started on an opioid.
- Process measure
  - Physician orders for bowel regimen for patients on opioid therapy within 1 day of opioid initiation
  - Bowel regimen documented on medication profiles
- Balance Measure
  - Reports of diarrhea
  - Increase pharmacy costs by not following the appropriate bowel regimen

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Tests of Change to Consider

- Development of bowel protocols
- Establish process with pharmacy to alert hospice of patients on opioid and without a bowel protocols
- Education of nurses to request bowel protocol when opioids ordered
- Each IDG meeting identify patients start on opioid and verify bowel regimen initiated

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Preparing for Mandatory Quality Reporting

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Conduct an Inventory

- Evaluate existing measurement and assessment activities
  - What are you currently measuring?
  - How many are related to the PEACE / AIM measures?
  - What is the purpose of each measurement activity?
    - Does it measure what you want it to measure?
  - Who is involved in collecting and analyzing the data?
  - Are there at least 3 measures related to patient outcomes?
    - How well are you doing with them?

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What Types of Data Are You Collecting?

- Processes of Care
- Outcomes
- Infection Control
- Occurrences / Adverse Events
- Others?

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What Are You Missing?

- List the measurement activities that are not currently addressed
  - Use your inventory to identify the gap
- Develop a strategy for measuring and assessing the activities not currently addressed
  - How will you prioritize activities?
  - Who will be involved in the data collection and analysis?
  - What is your time frame for carrying out these activities?

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How Well Are You Doing?

- Make sure the data is good
- Everyone understands the indicators
- Documentation of the information is in a consistent place
- Identify your opportunities today related to AIM / Peace measures and family satisfaction measures
- What are the 3 quality indicators related to patient outcomes
  - How well are you doing with them
- How well do you manage pain

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Just Do It…

- Focus on a domain of care
  - Choose an aspect of care to be a priority for measuring & improving quality of care
  - Focus on how it is assessed and treated
- Decide on Quality Measures
  - Pick those you expect need improvement
- Collect baseline data

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How Do You Know You Are Improving?

- Evaluate your hospice's evaluation process
  - Does it include benchmarks
    - With itself over time
    - With other organizations
    - With standards
    - With known best practices
  - When is intensive evaluation triggered in your hospice
    - Adverse Events
    - Sentinel Events
    - Significant complaints
    - Compliance Issues

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Review Baseline Data as a Team

- If quality measures indicate opportunities to improve care practices
  - Discuss ways to improve practice
    - Consider systematic ways to make it easier for staff to do the right thing
    - Not just more education

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Review Baseline Data as a Team

- If quality measures indicate necessary care practices are missing or inconsistently documented
  - Focus on systematic ways to record important clinical information
    - Important with EMRs

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Some Final Thoughts . . .

- Keep it simple and get started
- Go for the low-hanging fruit first
- You can only fix what you can measure
- To get something better, you have to start doing something differently

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