QAPI – Zeroing in on the PIPs

January 13, 2012
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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

Quality Improvement in Hospice

A History Lesson

HOSPICE FUNDAMENTALS
KNOWLEDGE • EXPERTISE • COMMON SENSE
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

Prior to 2008

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

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

- 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

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

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/STCH-IRFHospice-Quality-Reporting
### The Beginning of Public Reporting
#### Structure Measures

<table>
<thead>
<tr>
<th>The Measurement of Patient Care</th>
<th>To Be Reported</th>
<th>When</th>
</tr>
</thead>
<tbody>
<tr>
<td>QAPI Program with at least three patient care related indicators.</td>
<td>Name of indicator</td>
<td>January 31, 2012</td>
</tr>
<tr>
<td></td>
<td>Domain of care</td>
<td>Reporting data from October 1, 2011 through December 31, 2011.</td>
</tr>
<tr>
<td></td>
<td>Description of numerator and denominator (if available)</td>
<td>Reporting data from October 1, 2012 through December 31, 2012</td>
</tr>
<tr>
<td></td>
<td>Data Source</td>
<td></td>
</tr>
</tbody>
</table>

### The Beginning of Public Reporting
#### Pain – NQF #0209

<table>
<thead>
<tr>
<th>The Measure</th>
<th>To Be Reported</th>
<th>Mandatory</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>CMS will issue more specific reporting information.</td>
<td>April 1, 2013</td>
</tr>
<tr>
<td></td>
<td>Reporting data October 1, 2012 through December 31, 2012</td>
<td>Future reporting will be prior calendar year for next fiscal year</td>
</tr>
<tr>
<td></td>
<td>For example: Reporting data January 1, 2013 through December 31, 2013 for FY2015</td>
<td></td>
</tr>
</tbody>
</table>

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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.

Types of Quality Measures

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

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
### AIM INDICATORS

#### 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

- **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
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

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

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
Toolkits

AIM
http://wwwipro.org/index/hospice-aim

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

Using Data to Improve Patient Outcomes

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
    * IDG process
    * Drugs
    * Patient safety
    * Palliative outcomes
    * Patient Rights
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

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?

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
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

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

Reading Data
• Know how to interpret data
• Be careful with your own calculations
• Understand key statistics
• Ask questions
IMPROVING PATIENT SAFETY

A PIP in Action

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

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
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

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

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
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

PAIN MANAGEMENT

NQF # 0209

Another PIP in Action

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
Now What?

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

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

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
Preparing for Mandatory Quality Reporting

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?

What Types of Data Are You Collecting?

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

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?

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
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

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

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
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