

# Today's Webinar:



LTCCC WEBINAR

## The Other 51 Weeks: Nursing Home Quality Improvement When Inspectors Have Left the Building

Tuesday, May 16, 2023 | 1-2PM ET

[nursinghome411.org/webinar-51weeks](https://nursinghome411.org/webinar-51weeks)



**Richard Mollot** (LTCCC Executive Director) on the practicable ways in which residents and their representatives can monitor their nursing home's activities to improve quality, address problems, and advocate for improvement.

For materials from today's webinar, visit  
[nursinghome411.org/webinar-51weeks](https://nursinghome411.org/webinar-51weeks)



## **The Other 51 Weeks: Nursing Home Quality Assurance & Improvement When Inspectors Have Left the Building**

Presented by Richard Mollot  
Long Term Care Community Coalition

**[www.nursinghome411.org](http://www.nursinghome411.org)**



Outline of today's  
discussion

**Brief Review: Nursing Home  
Standards**

**State Inspections & Enforcement**

**Nursing Home Quality Assurance  
& Improvement When Inspectors  
are NOT in the Building**

**Q & A**



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# The Nursing Home System

## The Law & Regulatory Requirements

# + The Nursing Home System in a Nutshell

- Virtually all nursing homes participate in Medicaid and/or Medicare.
- In order to participate in Medicaid/Medicare, a facility agrees to meet the standards provided for in the federal **Nursing Home Reform Law**.
- States may have *additional* protections, but no state can have less protections.
- **Federal protections are for all residents** in a facility, whether their care is paid for by Medicare, Medicaid, or private pay.
- The federal agency, CMS, contracts with the state DOH to ensure that residents are protected and receive the services they need and deserve.



## + The Nursing Home Reform Law

- The federal law requires that every nursing home resident is provided the care and quality of life services sufficient to attain and maintain her **highest practicable physical, emotional, & psychosocial well-being.**
- The law emphasizes **individualized, patient-centered care.**
- **All nursing home standards**, including resident rights and treatment with dignity, **are in effect 24/7/365.**

## + The Nursing Home Reform Law

- The emphasis on **individualized, patient-centered care** was intended to reduce widespread problems in long-term care facilities, including abuse and neglect, and improve quality of life.
- Importantly, the law lays out **specific resident rights**, from good care and monitoring to a quality of life that maximizes choice, dignity, and autonomy.
- Examples:
  1. If I can go to the toilet with assistance, I should not be placed in a diaper because there are not enough staff.
  2. If I have dementia and exhibit behavioral “symptoms,” I should not be medicated to make my care easier for staff.

# + Important Note

- Too many nursing homes fail to meet the basic standards laid out in the Nursing Home Reform Law.
- We recognize that, as a result of these widespread failures, far too many residents suffer neglect, abuse, and demeaning conditions.
- The purpose of today's program is not to say that there are easy solutions. Rather, the purpose is to raise awareness of...
  1. Ways in which nursing homes can and should be held accountable;
  2. How nursing homes are expected, under federal requirements, to
    - Correct problems identified during surveys and
    - Undertake their own quality assurance activities on an ongoing basis throughout the year.
- We know that there are significant challenges to getting good care. However, we can only advocate for change if we know of the mechanisms by which change can be carried out.





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# The Nursing Home System

## State Inspections & Enforcement

## + The Nursing Home Enforcement Agencies

- **US Centers for Medicare and Medicaid Services (CMS).**
  - The federal agency, CMS, is responsible for paying for Medicare and Medicaid services in *every* setting nation-wide, for developing standards for provision of that care, and for ensuring that those standards are met.
  - CMS contracts with the State Health Departments to perform oversight functions.
- **State Health Departments.** The state Survey Agency is responsible for monitoring care, enforcing standards, and ensuring resident safety and dignity.
- **State Medicaid Fraud Control Units.** The MFCU also has an important role. By ensuring that public \$\$ is spent on quality services, it can hold nursing homes accountable for abuse and neglect. MFCU has its own abuse and neglect complaint line.
- **State Comptroller or Auditor.** A state Comptroller focuses on the integrity of public programs and public agencies. Because most nursing home care is paid for with public funds, they have a less direct – but still important – role in ensuring that residents receive decent care.

## + LTC Ombudsman Program

While the LTC Ombudsman Program does not have authority to penalize a facility, Ombudsmen are the **only** ones there on a regular basis to monitor care & provide a voice for residents.

**Ombudsmen** have a critical role in quality improvement and making sure that residents are protected.



Monitor

Listen

Educate

Empower

Resolve

## + Nursing Home Monitoring & Oversight

- As noted earlier, the federal agency, Centers for Medicare & Medicaid Services (CMS), contracts with state agencies (SAs) to ensure that residents are protected and receive the services they need and deserve.
- There are two primary activities which the state's undertake to ensure that facilities are implementing standards of care, treatment, and services and residents are protected from abuse, neglect, and undignified treatment:
  1. Annual facility surveys (inspections) and
  2. Responding to complaints about care, services, conditions, etc....



# + For more information on the survey system...

- LTCCC Guide to Nursing Home Oversight & Enforcement.

[nursinghome411.org/guide-oversight/](https://nursinghome411.org/guide-oversight/)

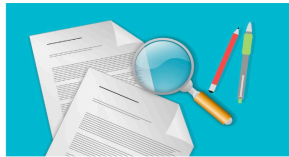
- Webinar.

[nursinghome411.org/webinar-guide-oversight/](https://nursinghome411.org/webinar-guide-oversight/)

### A Guide to Nursing Home Oversight & Enforcement

Home » LTCCC Reports » Nursing Home Oversight & Enforcement: Expectation vs. Reality » A Guide to Nursing Home Oversight & Enforcement

This report, "A Guide to Nursing Home Oversight & Enforcement," identifies key requirements for state agencies in the federal regulatory requirements and the State Operations Manual which lays out detailed expectations and guidance for state surveyors. [Download the full report](#) or access individual sections in the toggle boxes on the right.



**A Guide to Nursing Home Oversight & Enforcement**

Exploring the state's role in assuring quality care.

View LTCCC's accompanying report, "Broken Promises," assessing federal data on nursing home enforcement.

- + Introduction: The state's role in assuring quality care
- + Program Background and Responsibilities
- + Survey Process
- + State Oversight Performance Standards
- + Enforcement and Remedies for Nursing Homes
- + Civil Money Penalties
- + Information Disclosure
- + Appendices

#### Resources for Surveyors

The Centers for Medicare & Medicaid Services (CMS) released the following guidance for nursing home surveyors. Appendix PP provides interpretive guidelines for long-term care facilities. Critical Element Pathways\* are used for investigating potential care areas of concern. Surveyors will begin using this guidance to identify noncompliance on October 24, 2022.

Appendix PP – Guidance for Surveyors	Dining*	Neglect*
Psychosocial Outcome Severity Guide	Discharge*	Pain Management*
Abuse*	Environment*	Personal Funds*

+ For more information on the survey system...

## LTCCC Webinar on the Nursing Home Survey Process

The screenshot shows a YouTube video player interface. The video title is "The New Survey Process for Nursing Homes" presented by Richard Mollot, Long Term Care Community Coalition. The video URL is [https://youtu.be/MLMKOz\\_MRug](https://youtu.be/MLMKOz_MRug). The video content features an elderly woman in a wheelchair on the left and a magnifying glass over a grid of colored squares on the right. Below the video, there is a description: "This program is made possibly by the generous support of the NY State Health Foundation". The channel name is "Long Term Care Community Coalition" with 329 subscribers. The video has 11 likes and a share button. To the right of the video player, there is a sidebar with several recommended videos, including "Dr. Edelstein", "SUVs For Seniors", and several other webinars from the Long Term Care Community Coalition.

- Webinar recording: [https://youtu.be/MLMKOz\\_MRug](https://youtu.be/MLMKOz_MRug).
- Webinar PowerPoint. [nursinghome411.org/ltccc-webinar-the-new-survey-process-for-nursing-homes/](http://nursinghome411.org/ltccc-webinar-the-new-survey-process-for-nursing-homes/).

LTCCC webinars are available for free in the NursingHome411 Learning Center [www.nursinghome411.org/learn](http://www.nursinghome411.org/learn) and our YouTube channel, [www.youtube.com/@LongTermCareCommunityCoalition](http://www.youtube.com/@LongTermCareCommunityCoalition).



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## The Other 51 Weeks

Nursing Home Quality Assurance After  
Surveyors Have Left the Building



## Nursing Home Quality Assurance

**I. Responding to  
problems identified in  
an annual or complaint  
survey**





## + Fixing Problems Identified During Surveys: Plans of Correction

- Whenever a nursing home is cited – whether for a complaint survey or annual (recertification) survey – it is required to implement a “Plan of Correction.”
- A Plan of Correction may be developed by the facility and approved by the state or developed by the state (“Directed Plan of Correction”).
- There are five criteria to the Plan of Correction:
  1. Address how the facility will correct the deficiency as it relates to the individual.
  2. Address how the facility will act to protect residents in similar situations.
  3. Address what measures will be put into place or systemic changes made to ensure that the problem does not recur.
  4. Indicate how the facility will monitor its performance to make sure that solutions are sustained.
  5. The plan of correction must provide dates when corrective action will be completed.

# + Fixing Problems Identified During Surveys: Plans of Correction

PRINTED: 03/02/2023  
FORM APPROVED

**New Jersey Department of Health**

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>06730</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/28/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>NEW VISTA NURSING &amp; REHABILITATION CTR</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>300 BROADWAY NEWARK, NJ 07104</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
S 000	Initial Comments	S 000	
S 560	8:39-5.1(a) Mandatory Access to Care  (a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations.  This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of pertinent facility documentation, it was determined the facility failed to maintain the required minimum direct care staff-to-resident ratios as mandated by the state of New Jersey. This deficient practice was evidenced by the following:  Refer to F725  Reference: NJ State requirement, CHAPTER 112. An Act concerning staffing requirements for nursing homes and supplementing Title 30 of the Revised Statutes.	S 560	The facility actively seeks to hire CNAs, so that all shifts are scheduled to comply with state ratios. Facility has documented evidence to reflect facility's Recruitment and Retention Efforts in its relentless attempts to comply with the staffing ratios. No residents have been adversely affected.  All residents have the potential to be affected by this situation.  Facility's Recruitment and Retention Strategies and Efforts to comply with the
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed		TITLE	
		(X6) DATE 10/15/21	
STATE FORM 6899		LJN311	

If continuation sheet 1 of 9

PRINTED: 03/02/2023  
FORM APPROVED

**New Jersey Department of Health**

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>06730</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/28/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>NEW VISTA NURSING &amp; REHABILITATION CTR</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>300 BROADWAY NEWARK, NJ 07104</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
S 560	Continued From page 1  Be It Enacted by the Senate and General Assembly of the State of New Jersey: C.30:13-18 Minimum staffing requirements for nursing homes effective 2/1/21. 1. a. Notwithstanding any other staffing requirements as may be established by law, every nursing home as defined in section 2 of P.L.1976, c.120 (C.30:13-2) or licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.) shall maintain the following minimum direct care staff-to-resident ratios: (1) one certified nurse aide to every eight residents for the day shift; (2) one direct care staff member to every 10 residents for the evening shift, provided that no fewer than half of all staff members shall be certified nurse aides, and each staff member shall be signed in to work as a certified nurse aide and shall perform certified nurse aide duties; and (3) one direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a certified nurse aide and perform certified nurse aide duties b. Upon any expansion of resident census by the nursing home, the nursing home shall be exempt from any increase in direct care staffing ratios for a period of nine consecutive shifts from the date of the expansion of the resident census. c. (1) The computation of minimum direct care staffing ratios shall be carried to the hundredth place. (2) If the application of the ratios listed in subsection a. of this section results in other than a whole number of direct care staff, including certified nurse aides, for a shift, the number of required direct care staff members shall be rounded to the next higher whole number when the resulting ratio, carried to the hundredth place,	S 560	State's Staffing Ratios Have been in progress, which include but are not limited to the following: • Contracted with two Staffing Agencies • Contracted with a recruiting agency to onboard staff • to Offer Sign on bonuses to attract staff • Recruitment bonus to encourage referrals from current staff • Offering daily and weekend bonuses to attract overtime or PRN staff shifts • Aggressively running ads • Flexible shifts and schedules • Increased wages to be well above state minimum • Expedite getting staff on board by offering Orientation every week with staff educator. • Offering incentives to facilities ancillary departments staff to train and obtain their CNA license.  Staffing Coordinator or designee will provide weekly reports to the Director of Nursing and Administrator regarding all efforts made to try to comply with the State's Staffing Ratios. Director of HR will submit monthly reports to document status of all recruitment efforts to the Administrator. Director of HR will report outcomes and statuses to the QA/PI Committee quarterly.
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	
		(X6) DATE	
STATE FORM 6899		LJN311	

If continuation sheet 2 of 9

**Note: Nursing homes must provide copies of their recent surveys and plans of correction to the public. States must provide this information on their websites.**



# Nursing Home Quality Assurance

**II. The responsibility of every nursing home to have comprehensive and effective quality assurance processes**



# + Ensuring Quality Starts at the Top

## ***42 CFR §483.70(d) Governing body.***

*The facility must have a governing body, or designated persons functioning as a governing body, that is legally responsible for establishing and implementing policies regarding the management and operation of the facility...*

*The governing body is responsible and accountable for the QAPI program....*

*“Governing body” refers to individuals such as facility owner(s), Chief Executive Officer(s), or other individuals who are legally responsible to establish and implement policies regarding the management and operations of the facility.*

## + Facility Assessment

- ***§483.70(e) Facility assessment.***
- *The facility must conduct and document a facility-wide assessment to determine what resources are necessary to care for its residents competently during both day-to-day operations and emergencies. The facility must review and update that assessment, as necessary, and at least annually.*
- ***The facility assessment must address or include:***
  1. ***The facility's resident population, including, but not limited to...***
    - Both the number of residents and the facility's resident capacity;*
    - The care required by the resident population considering the types of diseases, conditions, physical and cognitive disabilities, overall acuity, and other pertinent facts that are present within that population;*
    - The staff competencies that are necessary to provide the level and types of care needed for the resident population;*
    - The physical environment, equipment, services, and other physical plant considerations that are necessary to care for this population;*
    - and*
    - Any ethnic, cultural, or religious factors that may potentially affect the care provided by the facility, including, but not limited to, activities and food and nutrition services.*

“The intent of the facility assessment is for the facility to evaluate its resident population and identify the resources needed to provide the necessary care and services the residents require.”  
- CMS

## + Facility Assessment Requirements (continued)

### **2. The facility's resources, including but not limited to,**

*(i) All buildings and/or other physical structures and vehicles;*

*(ii) Equipment (medical and non- medical);*

*(iii) Services provided, such as physical therapy, pharmacy, and specific rehabilitation therapies;*

*(iv) All personnel, including managers, staff (both employees and those who provide services under contract), and volunteers, as well as their education and/or training and any competencies related to resident care;*

*(v) Contracts, memorandums of understanding, or other agreements with third parties to provide services or equipment to the facility during both normal operations and emergencies; and*

*(vi) Health information technology resources, such as systems for electronically managing patient records and electronically sharing information with other organizations.*

### **3. A facility-based and community-based risk assessment, utilizing an all-hazards approach.**

## + Facility Assessment: A Few Points from the Guidance

- An assessment of **the resident population is the foundation** of the facility assessment.
- The regulation outlines that **the individualized approach of the facility assessment is the foundation to determine staffing levels and competencies**. Therefore, the facility assessment must include an evaluation of the overall number of facility staff needed to ensure sufficient number of qualified staff are available to meet each resident's needs.
- The facility assessment will enable each nursing home to **thoroughly assess the needs of its resident population and the required resources** to provide the care and services the residents need.
- To ensure the required thoroughness, **individuals involved in the facility assessment should, at a minimum, include the administrator, a representative of the governing body, the medical director, and the director of nursing**. The environmental operations manager, and other department heads (for example, the dietary manager, director of rehabilitation services, or other individuals including direct care staff should be involved as needed.
- Although not required, **facility staff are strongly encouraged to seek input from the resident/family council, residents, their representative(s), or families** and incorporate that information as appropriate when formulating their assessment.

# + Quality Assurance & Performance Improvement (QAPI)

## QAPI Questions

1. Have you heard of QAPI before?
2. Have you participated in a nursing home's QAPI program?

***Submit responses via Zoom poll***



# + What is Quality Assurance & Performance Improvement?

## **42 CFR § 483.75 Quality assurance and performance improvement.**

The following is from the federal code and guidance. It has been lightly edited for clarity.

- *Each LTC facility... must develop, implement, and maintain an effective, comprehensive, data-driven QAPI program that focuses on indicators of the outcomes of care and quality of life.*

*The facility must—*

- *Maintain documentation and demonstrate evidence of its ongoing QAPI program that meets the requirements of this section. This may include but is not limited to systems and reports demonstrating systematic identification, reporting, investigation, analysis, and prevention of adverse events; and documentation demonstrating the development, implementation, and evaluation of corrective actions or performance improvement activities.*
- *Develop written policies and procedures that define how staff will communicate and coordinate situations of abuse, neglect, misappropriation of resident property, and exploitation with the QAPI program.*

## + What is Quality Assurance & Performance Improvement (continued)?

- *Design its QAPI program to be ongoing, comprehensive, and to address the full range of care and services provided by the facility. It must:*
  - 1) *Address all systems of care and management practices;*
  - 2) *Include clinical care, quality of life, and resident choice;*
  - 3) *Utilize the best available evidence to define and measure indicators of quality and facility goals that reflect processes of care and facility operations that have been shown to be predictive of desired outcomes for residents of a SNF or NF.*
  - 4) *Reflect the complexities, unique care, and services that the facility provides.*
- *Establish and implement written policies and procedures for feedback, data collections systems, and monitoring, including adverse event monitoring.*



“Effective QAPI programs are critical to improving the quality of life, and quality of care and services delivered in nursing homes.”

-Centers for Medicare & Medicaid Services

# + Quality Assurance & Performance Improvement (QAPI)

## CMS identifies the following basic features of a QAPI program:

1. Using data to not only identify your quality problems, but to also identify other opportunities for improvement, and then setting priorities for action
2. Building on residents' own goals for health, quality of life, and daily activities
3. Bringing meaningful resident and family voices into setting goals and evaluating progress
4. Incorporating caregivers broadly in a shared QAPI mission
5. Developing Performance Improvement Project (PIP) teams with specific "charters"
6. Performing a Root Cause Analysis to get to the heart of the reason for a problem
7. Undertaking systemic change to eliminate problems at the source
8. Developing a feedback and monitoring system to sustain continuous improvement



# Quality Assurance & Performance Improvement (QAPI): Five Elements

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/qapi-definition>



## Five Elements

### Element 1: Design and Scope

A QAPI program must be ongoing and comprehensive, dealing with the full range of services offered by the facility, including the full range of departments. When fully implemented, the QAPI program should address all systems of care and management practices, and should always include clinical care, quality of life, and resident choice. It aims for safety and high quality with all clinical interventions while emphasizing autonomy and choice in daily life for residents (or resident's agents). It utilizes the best available evidence to define and measure goals. Nursing homes will have in place a written QAPI plan adhering to these principles.

### Element 2: Governance and Leadership

The governing body and/or administration of the nursing home develops a culture that involves leadership seeking input from facility staff, residents, and their families and/or representatives. The governing body assures adequate resources exist to conduct QAPI efforts. This includes designating one or more persons to be accountable for QAPI; developing leadership and facility-wide training on QAPI; and ensuring staff time, equipment, and technical training as needed. The Governing Body should foster a culture where QAPI is a priority by ensuring that policies are developed to sustain QAPI despite changes in personnel and turnover. Their responsibilities include, setting expectations around safety, quality, rights, choice, and respect by balancing safety with resident-centered rights and choice. The governing body ensures staff accountability, while creating an atmosphere where staff is comfortable identifying and reporting quality problems as well as opportunities for improvement.

### Element 3: Feedback, Data Systems and Monitoring

The facility puts systems in place to monitor care and services, drawing data from multiple sources. Feedback systems actively incorporate input from staff, residents, families, and others as appropriate. This element includes using Performance Indicators to monitor a wide range of care processes and outcomes, and reviewing findings against benchmarks and/or targets the facility has established for performance. It also includes tracking, investigating, and monitoring Adverse Events that must be investigated every time they occur, and action plans implemented to prevent recurrences.

### Element 4: Performance Improvement Projects (PIPs)

A Performance Improvement Project (PIP) is a concentrated effort on a particular problem in one area of the facility or facility wide; it involves gathering information systematically to clarify issues or problems, and intervening for improvements. The facility conducts PIPs to examine and improve care or services in areas that the facility identifies as needing attention. Areas that need attention will vary depending on the type of facility and the unique scope of services they provide.

### Element 5: Systematic Analysis and Systemic Action

The facility uses a systematic approach to determine when in-depth analysis is needed to fully understand the problem, its causes, and implications of a change. The facility uses a thorough and highly organized/ structured approach to determine whether and how identified problems may be caused or exacerbated by the way care and services are organized or delivered. Additionally, facilities will be expected to develop policies and procedures and demonstrate proficiency in the use of Root Cause Analysis. Systemic Actions look comprehensively across all involved systems to prevent future events and promote sustained improvement. This element includes a focus on continual learning and continuous improvement.

# + Consumer Engagement in QAPI

*The Centers for Medicare & Medicaid Services (CMS) believes that nursing home consumers (residents, families, advocates) should have control over their lives, influence decisions which affect them, and know that their opinions and preferences matter.*

QAPI Tools & Resources, <https://www.cms.gov/medicare/provider-enrollment-and-certification/qapi/nhqapi>.



## QAPI Case Study

**The Issue:** During the monthly QAPI meeting at Whistling Pines, staff discovered a trend of unexplained weight loss among several residents over the last two months. During the discussion, a representative from dining services noted that there had been an increase in the amount of food left on plates, as well as an increase in the amount of supplements being ordered.

Although other issues and opportunities for improvement were identified at the meeting, the QAPI Steering Committee decided to launch a Performance Improvement Project (PIP) on the weight loss trend because unexplained weight loss posed a high-risk problem for residents.

**What Whistling Pines did:** The QAPI Steering Committee chartered a PIP team composed of a certified nursing assistant (CNA), charge nurse, social worker, dietary worker, registered dietitian, and a nurse practitioner. The team studied the issue, and then performed a root cause analysis (RCA) to help direct a plan of action. The RCA revealed several underlying factors, which included:

- No process existed for identifying and addressing risks for weight loss such as dental condition, diagnosis, or use of appetite suppressing medications;
- No system existed to ensure resident preferences are honored;
- Staff lacked an understanding of how to document food intake percentages; and
- Residents reported the food was not appetizing.

## + QAPI Case Study (continued)

**Based on the identified underlying causes, the PIP team recommended the following interventions:**

- Development of a protocol for identifying residents at risk for weight loss to be done on admission and with each care plan. This protocol included a review of medications (appetite suppressants), new diagnoses, and resident assessments, including dental issues;
- Development of standing orders for residents identified as “at risk” for weight loss. These would include bi-weekly weights, referral to attending physician and dietitian for assessment, and documentation of meal percentages;
- Development of a new program for CNAs to be “Food Plan Leads” for at risk residents. The program would include identification of food preferences and accurate documentation of meals - laminated badge cards with pictures of meal percentages were distributed to all CNAs; and
- Revision of the menu to focus on favorite foods, adding finger foods and increasing choices outside of mealtimes.

### **Actions taken by the nursing home:**

The interventions were implemented in one area of the building that was home to 25 residents. The PIP team collected data from dietary (food wasted and supplement use), CNAs (observation of resident satisfaction and meal percentages), residents (satisfaction surveys), and weights.



# + QAPI Case Study (continued)

## Results:

After 3 months, they found that 5 residents gained weight, 15 remained stable, and 5 lost weight, but the weight loss was not unexpected and consistent with their clinical condition. Food costs did not increase, and supplement costs decreased by 12%.

Whistling Pines decided to adopt and expand the changes to other areas of the facility. They received no deficiencies in the areas of nutrition on their annual survey. Using QAPI allowed them to identify and correct developing issues before they escalated to larger problems.



## + Quick Advocacy Tips

### ■ **State Survey Results and Plans of Correction – Addressing Problems Identified by State Surveyors**

1. Review your nursing home's Statement of Deficiencies (SoD) and Plan of Correction (PoC);
2. Monitor for implementation of the PoC (is the facility implementing promised corrections?);
3. Monitor for meaningful and consistent correction of problems identified in the SoD (whether or not listed in the PoC, the facility is responsible for correcting all of the problems that have been identified);
4. Engage care and administrative staff (as appropriate) to ensure implementation of the PoC and consistent action to address issues identified in the SoD.

**Working through a Resident Council or Family Council can be particularly powerful.**

### ■ **Providing Input into the Facility Assessment Process**

1. Let the leadership know that you are interested in providing input into the Facility Assessment process – and that CMS strongly encourages it.
2. Raise issues that you identify – especially systemic issues – with facility leadership for inclusion in the Facility Assessment.

## + Quick Advocacy Tips

### ■ QAPI – Engaging Nursing Homes in Quality Improvement

1. Identify issues and recommend them for inclusion in QAPI.
2. Ask your nursing home how you can get involved in their QAPI activities.

### ■ Examples

1. Staff shortages are resulting in residents waiting too long for a call bell to be answered, medication being provided late, food being served cold.
2. Food is persistently unappealing and unpalatable.
3. Resident possessions are repeatedly lost.

### ■ Residents, Families, and Advocates Can Ask...

1. Are these issues being addressed in the Facility Assessment and/or QAPI processes?
2. If not, why not? Advocate for inclusion.
3. If yes, how? What are the specific plans and actions? How are outcomes being identified and assessed?

**“Family and resident complaints are often underused, and yet they are a valuable way of identifying more general problems.”**

**-CMS**

## LONG TERM CARE COMMUNITY COALITION

Advancing Quality, Dignity & Justice

### QUALITY ASSURANCE & PERFORMANCE IMPROVEMENT (QAPI)

#### FACT SHEET

Nursing homes are required to follow many standards to ensure that residents receive appropriate care, have a good quality of life, and are treated with dignity. **YOU** can use these standards to support better care in your nursing home.

The following are federal requirements for a nursing home to have an ongoing and effective Quality Assurance & Performance Improvement (QAPI) program.

**Note:** Information below is directly from or paraphrased from the Code of Federal Regulations (CFR) or federal guidance. Federal standards are applicable to all residents in licensed U.S. nursing homes, including short-term, long-term, private pay, Medicaid, Medicare, or privately insured.

#### Quality Assurance and Performance Improvement (42 C.F.R. § 483.75, F-865)

- Each LTC facility... must develop, implement, and maintain an effective, comprehensive, data driven QAPI program that focuses on indicators of the outcomes of care and quality of life.
- The facility must—
- Maintain documentation and demonstrate evidence of its ongoing QAPI program that meets the requirements of this section. This may include but is not limited to systems and reports demonstrating systematic identification, reporting, investigation, analysis, and prevention of adverse events; and documentation demonstrating the development, implementation, and evaluation of corrective actions or performance improvement activities.]
- Develop written policies and procedures that define how staff will communicate and coordinate situations of abuse, neglect, misappropriation of resident property, and exploitation with the QAPI program.
- Design its QAPI program to be ongoing, comprehensive, and to address the full range of care and services provided by the facility. It must:
  - Address all systems of care and management practices;
  - Include clinical care, quality of life, and resident choice;
  - Utilize the best available evidence to define and measure indicators of quality and facility goals that reflect processes of care and facility operations that have been shown to be predictive of desired outcomes for residents of a SNF or NF;
  - Reflect the complexities, unique care, and services that the facility provides; and
  - Establish and implement written policies and procedures for feedback, data collections systems, and monitoring, including adverse event monitoring.

#### CMS identifies the following basic features of a QAPI program:

1. Using data to not only identify your quality problems, but to also identify other opportunities for improvement, and then setting priorities for action;
2. Building on residents' own goals for health, quality of life, and daily activities;
3. Bringing meaningful resident and family voices into setting goals and evaluating progress
4. Incorporating caregivers broadly in a shared QAPI mission;
5. Developing Performance Improvement Project (PIP) teams with specific "charters";
6. Performing a Root Cause Analysis to get to the heart of the reason for a problem;
7. Undertaking systemic change to eliminate problems at the source; and
8. Developing a feedback and monitoring system to sustain continuous improvement.

#### **Advocacy Tips for Residents, Families, and Their Advocates**

- Identify issues and recommend them for inclusion in QAPI.
- Ask your nursing home how you can get involved in their QAPI activities.
- Advocate for participation in QAPI via Family Council or Resident Council.

#### **Examples of Types of Issues**

- Staff shortages are resulting in residents waiting too long for a call bell to be answered, medication being provided late, food being served cold.
- Food is persistently unappealing and unpalatable.
- Resident possessions are repeatedly lost.

#### **Residents, Families, and Advocates Can Ask...**

- Are these issues being addressed in the facility's QAPI plan and processes?
- If not, why not? Advocate for inclusion.
- If yes, how? What are the specific plans and actions? How are outcomes being identified and assessed? In what ways can residents and families participate?

#### **RESOURCES**

- [WWW.NURSINGHOME411.ORG](http://WWW.NURSINGHOME411.ORG). LTCCC's website offers free resources on quality standards, tools for resident-centered advocacy, and more.
- [WWW.CMS.GOV/MEDICARE/PROVIDER-ENROLLMENT-AND-CERTIFICATION/QAPI/NHQAPI](http://WWW.CMS.GOV/MEDICARE/PROVIDER-ENROLLMENT-AND-CERTIFICATION/QAPI/NHQAPI). QAPI tools and resources published by the Centers for Medicare & Medicaid Services (CMS).