Overview of the National Nursing Home Quality Care Collaborative in Florida

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Objectives

• Review the Centers for Medicare & Medicaid Services (CMS) national initiatives related to the Quality Improvement Program

• Understand the aims and benefits of joining the National Nursing Home Quality Care Collaborative (NNHQCC) in Florida

• Provide an overview of Quality Assurance and Performance Improvement (QAPI)

• Discuss the next steps
Health Services Advisory Group (HSAG)
About HSAG

• Committed to improving the quality of healthcare for more than 35 years
• Provides quality expertise to those who deliver care and those who receive care
• Engages healthcare providers, stakeholders, Medicare patients, families, and caregivers
• Provides technical assistance, convenes learning and action networks (LANs), and analyzes data for improvement
The Quality Improvement Organization (QIO) Program
Funded by the CMS, the QIO program is the largest federal program dedicated to:

- Improving individual patient care
- Improving health for populations and communities
- Integrating care for populations and communities
- Delivering beneficiary- and family-centered care
QIO Program

• Brings together hospitals, nursing homes, physician, practices, and patient advocates
  – Quickens pace and broadens the spread of positive change in health quality

• Medical case review

• Supports national priorities
  – Department of Health and Human Services’ National Quality Strategy
  – CMS Quality Strategy
  – Partnership for Patients
  – Partnership to Improve Dementia Care
  – Advancing Excellence (AE) in America’s Nursing Home
<table>
<thead>
<tr>
<th></th>
<th>NNHQCC</th>
<th>Partnership to Improve Dementia Care</th>
<th>AE in America’s Nursing Homes</th>
<th>American Health Care Association (AHCA) Quality Initiative</th>
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<td>Consistent Assignments</td>
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<td>Customer Satisfaction</td>
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<td>Falls (Subsumed in AE resident mobility goals¹)</td>
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<td>HAI: CAUTI, MRSA, CDI</td>
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<td>Person-Centered Care/Planning and Decision Making</td>
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<td>Staff Retention/Stability/Turnover</td>
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<td>Influenza Vaccine</td>
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<td>Target Setting</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
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<tr>
<td>QAPI*</td>
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</table>

* (All AE tools & materials have been created with the goal of meeting QAPI process requirements²)

¹ (Subsumed in AE resident mobility goals)
10 Scope of Work (SOW) QIO Program Success
10 SOW Program Success
QIO Program Changes
Effective August 1, 2014, CMS separated medical case review from quality improvement work creating two separate structures:

- Medical case review now performed by Beneficiary & Family Centered Care-Quality Improvement Organizations (BFCC-QIOs)
  - 2 BFCC-QIOs (KePRO and Livanta) reorganized to cover the Nation
- Quality improvement and technical assistance now performed by Quality Innovation Network-Quality Improvement Organizations (QIN-QIOs)
  - 14 regional QIN-QIOs each covering 2–6 states

QIO contract cycle extended from 3 to 5 years
• HSAG awarded new QIN-QIO contract for Arizona, California, Florida, Ohio, and the U.S. Virgin Islands
  – Contract: August 1, 2014–July 31, 2019
  – Serves nearly 25 percent of the nation’s Medicare beneficiaries
  – Previous state-based QIO contracts held by:
    ▪ Arizona: HSAG
    ▪ California: HSAG of California
    ▪ Florida: FMQAI (HSAG owned since 2003)
    ▪ Ohio: KePRO
QIN-QIO Framework

Better Health
- Improving cardiac health and reducing cardiac disparities
- Reducing disparities in diabetes care
- Coordinating prevention through Health Information Technology

Essential Functions
- Results-Oriented Quality Improvement Activities
- Community Learning and Action Networks
- Technical Assistance
- Integrated Communications

Lower Costs
- Quality Improvement through Physician Value Modifier
- Local Quality Improvement Organization Projects

Better Care
- Reducing healthcare-associated infections
- Reducing healthcare-acquired conditions
- Coordinating care to reduce readmissions and adverse drug events
Better Healthcare for Communities
Reducing Healthcare-Acquired Conditions in Nursing Homes

Aligned with the Nursing Home Action Plan:

- Include residents and families in peer-coaching groups
- Support adoption of QAPI framework for quality improvement
- Focus on systems issues that affect quality (e.g., consistent staff assignments) as well as specific issues such as increasing mobility
- Reduce avoidable hospitalizations
- Decrease healthcare-acquired infections (HAIs)

Recruit at least 75% of all nursing homes (512 in Florida) into the National Nursing Home Quality Care Collaborative

CMS emphasis on recruiting “One-Star” nursing homes

Recruit high performing nursing homes (NHs in the top 10% of the state with their Composite Score) as “Peer Coaches”
Recruitment for the NNHQCC
NNHQCC in Florida

Collaborative I:
- Recruitment:
  October 2014–March 2015
- Learning and Action Network:
  April 2015–September 2016

Collaborative II:
- Recruitment:
  October 2016–March 2017
- Learning and Action Network:
  April 2017–September 2018
NNHQCC Aims

• Reduce Healthcare-Acquired Conditions (HACs) in Nursing Homes
  – Support NNHQCC initiatives
  – Achieve score of 6.0 or lower on the Nursing Home Quality Composite Measure by January 2019
  – Improve rates of mobility among long-stay nursing home residents
  – Reduce use of unnecessary antipsychotic medications in residents with dementia
NNHQCC Aims

What are we trying to accomplish?

– Peer Coaches serving as mentors

– Residents/family involved in LANs and quality improvement
Benefits From Participating in the NNHQCC

Through the five-year NNHQCC nursing homes will:

• Receive expert assistance to improve the 13 long-stay quality measures, which comprise the CMS Nursing Home Composite Score
• Obtain training on how to implement QAPI
• Be given tools and principles to improve resident care
• Receive and share successful practices to improve clinical systems in the nursing home setting
• Earn continuing education units during LAN meetings
• Network and build meaningful relationships with peers, key stakeholders, partner organizations, and nationally recognized experts in long-term care
• Receive assistance with the Advancing Excellence in America’s Nursing Home Campaign
Learning and Action Networks
LANs

• Focus on improving quality of care
• Enhance consumer engagement
• Support innovation and sharing of successful practices and strategies
• Convene stakeholders, providers, and improvement experts in an “all teach, all learn” model
• Provide educational webinars and conferences, peer-sharing, rapid testing of change ideas through the Plan-Do-Study-Act (PDSA) cycle, and support for adopting and spreading successful improvements
Measuring Success of the NNHQCC
The Quality Measure Composite Score

The quality measure composite score is comprised of 13 National Quality Forum (NQF) endorsed, long-stay quality measures that represent larger systems within the long-term care setting:

1. Percent of residents with one or more falls with major injury
2. Percent of residents with a urinary tract infection (UTI)
3. Percent of residents who self-report moderate to severe pain
4. Percent of high-risk residents with pressure ulcer
5. Percent of low-risk residents with loss of bowels or bladder
6. Percent of residents with catheter inserted or left in bladder
7. Percent of residents physically restrained
8. Percent of residents whose need for help with activities of daily living (ADL) has increased
9. Percent of residents who lose too much weight
10. Percent of residents who have depressive symptoms
11. Percent of residents who received antipsychotic medications
12. Percent of residents assessed and appropriately given flu vaccine*
13. Percent of residents assessed and appropriately given pneumococcal vaccine*

*The direction of the two vaccination measures should be reversed because they are directionally opposite of the other measures. This is done by subtracting the numerator from the denominator to obtain a “new” numerator.
Calculating the Quality Measure Composite Score

The composite score is calculated using a methodology based on the opportunity model.

- **Denominator** represents the number of opportunities to provide or reflect high quality care

- **Numerator** represents the number of times an opportunity was missed

**Formula for Composite Score:**

\[
\text{Numerator (} \# \text{ of missed opportunities)} \times 100 = \text{Composite Score} \\
\text{Denominator (} \# \text{ of opportunities)}
\]
Calculating the Quality Measure Composite Using Real Data

<table>
<thead>
<tr>
<th>Measure Description</th>
<th>CMS ID</th>
<th>Data</th>
<th>Num</th>
<th>Denom</th>
<th>Facility Observed Percent</th>
<th>Facility Adjusted Percent</th>
<th>Comparison Group State Average</th>
<th>Comparison Group National Average</th>
<th>Comparison Group National Percentile</th>
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<tbody>
<tr>
<td>SR Mod/Severe Pain (S)</td>
<td>N001.01</td>
<td></td>
<td>13</td>
<td>23</td>
<td>56.5%</td>
<td>56.5%</td>
<td>18.4%</td>
<td>18.6%</td>
<td>98 *</td>
</tr>
<tr>
<td>SR Mod/Severe Pain (L)</td>
<td>N014.01</td>
<td>12</td>
<td>35</td>
<td></td>
<td>34.3%</td>
<td>28.9%</td>
<td>8.2%</td>
<td>7.8%</td>
<td>98 *</td>
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<tr>
<td>Hi-risk Pres Ulcer (L)</td>
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<td>2</td>
<td>57</td>
<td></td>
<td>3.5%</td>
<td>3.5%</td>
<td>7.6%</td>
<td>6.6%</td>
<td>30</td>
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<td>New/worse Pres Ulcer (S)</td>
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<td>0.7%</td>
<td>1.0%</td>
<td>1.0%</td>
<td>65</td>
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<tr>
<td>Phys restraints (L)</td>
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<td>2</td>
<td>79</td>
<td>2.5%</td>
<td>2.5%</td>
<td>0.9%</td>
<td>1.1%</td>
<td>85 *</td>
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<tr>
<td>Falls (L)</td>
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<td>41</td>
<td>79</td>
<td>51.9%</td>
<td>51.9%</td>
<td>45.0%</td>
<td>44.3%</td>
<td>68</td>
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<tr>
<td>Falls w/Maj Injury (L)</td>
<td>N013.01</td>
<td></td>
<td>3</td>
<td>79</td>
<td>3.8%</td>
<td>3.8%</td>
<td>3.6%</td>
<td>3.3%</td>
<td>64</td>
</tr>
<tr>
<td>Antipsych Med (S)</td>
<td>N011.01</td>
<td></td>
<td>3</td>
<td>50</td>
<td>6.0%</td>
<td>6.0%</td>
<td>3.1%</td>
<td>2.6%</td>
<td>88 *</td>
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<tr>
<td>Antipsych Med (L)</td>
<td>N031.02</td>
<td>17</td>
<td>68</td>
<td></td>
<td>25.0%</td>
<td>25.0%</td>
<td>20.2%</td>
<td>19.4%</td>
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<td>Antianxiety/Hypnotic (L)</td>
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<td>10.5%</td>
<td>10.5%</td>
<td>11.1%</td>
<td>10.0%</td>
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<tr>
<td>Behav Sx affect Others (L)</td>
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<td>26</td>
<td>73</td>
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<td>35.6%</td>
<td>29.0%</td>
<td>24.2%</td>
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<tr>
<td>Depress Sx (L)</td>
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<td>4</td>
<td>72</td>
<td>5.6%</td>
<td>5.6%</td>
<td>8.2%</td>
<td>6.3%</td>
<td>67</td>
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<tr>
<td>Uti (L)</td>
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<td>3</td>
<td>77</td>
<td>3.9%</td>
<td>3.9%</td>
<td>6.2%</td>
<td>6.0%</td>
<td>42</td>
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<tr>
<td>Cath Insert/Left Bladder (L)</td>
<td>N026.01</td>
<td></td>
<td>2</td>
<td>76</td>
<td>2.6%</td>
<td>2.4%</td>
<td>2.6%</td>
<td>3.7%</td>
<td>40</td>
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<tr>
<td>Lo-Risk Lose B/B Con (L)</td>
<td>N025.01</td>
<td>6</td>
<td>16</td>
<td></td>
<td>37.5%</td>
<td>37.5%</td>
<td>44.8%</td>
<td>44.4%</td>
<td>37</td>
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<tr>
<td>Excess Wt Loss (L)</td>
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<td>14</td>
<td>77</td>
<td></td>
<td>18.2%</td>
<td>18.2%</td>
<td>9.1%</td>
<td>8.0%</td>
<td>96 *</td>
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<tr>
<td>Incr ADL Help (L)</td>
<td>N028.01</td>
<td></td>
<td>15</td>
<td>62</td>
<td>24.2%</td>
<td>24.2%</td>
<td>16.7%</td>
<td>16.0%</td>
<td>84 *</td>
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</table>
Numerator (# of missed opportunities) \* X 100 = Composite Score
Denominator (# of opportunities)

<table>
<thead>
<tr>
<th>Measure</th>
<th>Numerator</th>
<th>Denominator</th>
<th>Score</th>
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<tr>
<td>Residents with one or more falls with major injury [Falls w/Maj Injury (L)]</td>
<td>3</td>
<td>79</td>
<td>3.80</td>
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<tr>
<td>Residents with a UTI [UTI (L)]</td>
<td>3</td>
<td>77</td>
<td>3.90</td>
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<td>Residents who self-report moderate to severe pain [SR Mod/Severe Pain (L)]</td>
<td>12</td>
<td>35</td>
<td>34.29</td>
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<tr>
<td>Residents with pressure ulcer [High-risk PrU (L)]</td>
<td>2</td>
<td>57</td>
<td>3.51</td>
</tr>
<tr>
<td>Low risk residents with loss of bowels or bladder [Lo-Risk Loss B/B Con (L)]</td>
<td>6</td>
<td>16</td>
<td>37.50</td>
</tr>
<tr>
<td>Residents with catheter inserted or left in bladder [Cath Insert/Left Bladder (L)]</td>
<td>2</td>
<td>76</td>
<td>2.63</td>
</tr>
<tr>
<td>Residents physically restrained [PR (L)]</td>
<td>2</td>
<td>79</td>
<td>2.53</td>
</tr>
<tr>
<td>Residents whose need for help with ADL has increased [Incr ADL Help (L)]</td>
<td>15</td>
<td>62</td>
<td>24.19</td>
</tr>
<tr>
<td>Residents who lose too much weight [Excess Wt Loss (L)]</td>
<td>14</td>
<td>77</td>
<td>18.18</td>
</tr>
<tr>
<td>Residents who have severe depressive symptoms [Depress Sx (L)]</td>
<td>4</td>
<td>72</td>
<td>5.56</td>
</tr>
<tr>
<td>Residents with received antipsychotic medications [Antipsychotic Meds (L)]</td>
<td>17</td>
<td>68</td>
<td>25.00</td>
</tr>
<tr>
<td><strong>Total (Without Vaccines)</strong></td>
<td><strong>80</strong></td>
<td><strong>698</strong></td>
<td><strong>11.46</strong></td>
</tr>
<tr>
<td>Residents assessed and appropriately given flu vaccine (*Reversed)</td>
<td>(77) 0*</td>
<td>77</td>
<td>0</td>
</tr>
<tr>
<td>Residents assessed and given pneumococcal vaccine (*Reversed)</td>
<td>(76) 1*</td>
<td>77</td>
<td>1.30</td>
</tr>
<tr>
<td><strong>Total (With Vaccines)</strong></td>
<td><strong>81</strong></td>
<td><strong>852</strong></td>
<td><strong>9.51</strong></td>
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How is Florida Doing?

<table>
<thead>
<tr>
<th>NNHQCC QUALITY MEASURE COMPOSITE SCORE Q2 2014</th>
<th>Num</th>
<th>Den</th>
<th>Rate</th>
</tr>
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<tbody>
<tr>
<td>Percent of residents with one or more falls with major injury</td>
<td>1,499</td>
<td>57,485</td>
<td>2.61</td>
</tr>
<tr>
<td>Percent of residents with urinary tract infection (UTI)</td>
<td>3,312</td>
<td>56,493</td>
<td>5.86</td>
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<tr>
<td>Percent of residents who self-report moderate to severe pain</td>
<td>2,828</td>
<td>41,033</td>
<td>6.89</td>
</tr>
<tr>
<td>Percent of high-risk residents with pressure ulcers</td>
<td>2,651</td>
<td>43,427</td>
<td>6.10</td>
</tr>
<tr>
<td>Percent of low-risk residents with loss of bowels or bladder</td>
<td>10,433</td>
<td>21,278</td>
<td>49.03</td>
</tr>
<tr>
<td>Percent of residents with catheter inserted or left in bladder</td>
<td>1,929</td>
<td>54,308</td>
<td>3.55</td>
</tr>
<tr>
<td>Percent of residents physically restrained</td>
<td>868</td>
<td>57,473</td>
<td>1.51</td>
</tr>
<tr>
<td>Percent of residents whose need for help with ADL has increased</td>
<td>6,179</td>
<td>45,120</td>
<td>13.69</td>
</tr>
<tr>
<td>Percent of residents who lose too much weight</td>
<td>4,184</td>
<td>56,195</td>
<td>7.45</td>
</tr>
<tr>
<td>Percent of residents who have depressive symptoms</td>
<td>1,174</td>
<td>53,117</td>
<td>2.21</td>
</tr>
<tr>
<td>Percent of residents who received antipsychotic medications</td>
<td>11,761</td>
<td>54,277</td>
<td>21.67</td>
</tr>
<tr>
<td>Residents assessed and appropriately given flu vaccine (*reversed)</td>
<td>3,261</td>
<td>57,011</td>
<td>6.07</td>
</tr>
<tr>
<td>Residents assessed and appropriately given pneumococcal vaccine (*reversed)</td>
<td>3,103</td>
<td>57,487</td>
<td>5.40</td>
</tr>
<tr>
<td><strong>Overall Composite Score</strong></td>
<td><strong>53,182</strong></td>
<td><strong>654,704</strong></td>
<td><strong>8.12</strong></td>
</tr>
</tbody>
</table>
Purpose of QAPI

• To provide person-centered care – to focus on the person living in the nursing home
• To enhance each nursing home’s systems and processes of assessing their quality of care and services
• Continually correct defects and improve performance outcomes
Background

• The Affordable Care Act provision at Section 6102 requires nursing homes to develop a “compliance and ethics program” including (at part c) a “Quality Assurance and Performance Improvement program (QAPI)”

• This provision specifies that CMS must establish standards relating to quality assurance and performance improvement and must implement a program that will “provide technical assistance to facilities on the development of best practices in order to meet such standards.”
Model for Improvement

QAPI at a Glance

• Step-by-step guide to implementing QAPI, including the steps to write a written QAPI plan
• Excellent problem solving models (e.g., root cause analysis) outlined in this resource

Change Package

• Menu of strategies, change concepts, and actionable items that will be helpful in finding solutions to challenge areas
• Refer to document during QAPI PIP meetings when trying to problem solve and/or look for ideas

Both documents may be found here: CMS QAPI Webpage: http://go.cms.gov/Nhqapi
**What is QAPI?**

<table>
<thead>
<tr>
<th>QUALITY ASSURANCE</th>
<th>PERFORMANCE IMPROVEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Focus</strong></td>
<td>Assure standards are consistently met</td>
</tr>
<tr>
<td><strong>Outlook</strong></td>
<td>Retrospective review and correction</td>
</tr>
<tr>
<td><strong>Goal</strong></td>
<td>To meet minimum standards, reduce variation, and reduce errors</td>
</tr>
<tr>
<td><strong>Responsibility</strong></td>
<td>All, whenever there is a need to meet internal or external standards</td>
</tr>
<tr>
<td><strong>Motivation</strong></td>
<td>To get it “right,” often required by state and federal law</td>
</tr>
<tr>
<td><strong>Frequency</strong></td>
<td>Regularly, in conjunction with goods of service delivery, or process implementation</td>
</tr>
<tr>
<td><strong>Begins with</strong></td>
<td>Understanding standards and examining goods, services or processes</td>
</tr>
</tbody>
</table>

**QA + PI = QAPI (Quality Assurance and Performance Improvement)**
The Five Elements of QAPI

1. Design and Scope
2. Governance and Leadership
3. Feedback, Data, Monitoring
4. Performance Improvement Projects
5. Systematic Analysis and System Action

Quality of Care, Quality of Life, Resident Choice
1. Leadership Responsibility and 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
12 Actions Steps to QAPI Implementation

7. Develop a Strategy for Collecting and Using QAPI Data
8. Identify Your Gaps and Opportunities
9. Prioritize Quality Opportunities and Charter PIPs
10. Plan, Conduct and Document PIPs
11. Getting to the “Root” of the Problem
12. Take Systemic Action
Develop a Steering Committee

- Adapt your Quality Assurance Committee to become your “Steering Committee” to oversee QAPI
- Include top leadership
- Actively engage your medical director in QAPI
Provide resources for QAPI, including time, coverage, equipment and training
Establish a climate of open communication and respect

• Establish a climate of open communication with staff, caregivers, residents and families
• Emphasize communication across shifts and between departments
• Expect and build effective teamwork among departments and caregivers
QAPI: The Big Picture

• The ultimate goal is to provide person-centered care
• QAPI does not refer to a program; rather, this is a way we do our work
• The ability to think, make decisions and take action at the system level is a prerequisite for QAPI success
Next Steps
Closing in Action

✔ Complete the Participation Agreement and return to HSAG as soon as possible
  • Go to: www.hsag.com/nhjoin to view the Participation Agreement and to obtain information about joining the NNHQCC
✔ Form your interdisciplinary QAPI Team
✔ Initiate and annually update the QAPI Self-Assessment Tool
✔ Set your aims in topic specific NNHQCC quality projects such as:
  • Improving quality measure composite scores
  • Reducing the use of antipsychotic medications in residents with dementia
  • Improving mobility
  • Reducing avoidable hospitalizations
✔ Utilize the Change Package to select a strategy and change concept based on your organization’s priorities
✔ Implement small tests of change
✔ Share your QAPI Self-Assessment results and/or successful practices at our face-to-face Learning and Action Network Collaborative, starting April 2015!
QAPI Resources

- Advancing Excellence in America’s Nursing Homes: www.nhqualitycampaign.org
- CMS QAPI Web site: http://go.cms.gov/Nhqapi
- Health Services Advisory Group (HSAG) http://hsag.com
- INTERACT (Interventions to Reduce Acute Care Transfers) Version 4.0: https://www.interact2.net
- Institute for Healthcare Improvement www.ihi.org
- Agency for Healthcare Research and Quality www.ahrq.gov
- Pioneer Network www.pioneernetwork.net
- The Institute for Health Care Improvement’s Model for Improvement: www.ihi.org/resources/Pages/HowtoImprove/default.aspx
QAPI Tools

In a collaborative effort with the University of Minnesota and Stratis Health, subject matter experts, consumer groups, and nursing home stakeholders, CMS created "process" tools that may be used to implement and apply some of the basic principles of QAPI.

A Process Tool Framework has been created to crosswalk each CMS Process Tool to the QAPI Five Elements. This framework includes a description of the purpose or goal for each tool that is hyperlinked within the framework. Click here for A Process Tool Framework.
QAPI Resources

http://hsag.com

http://qioprogram.org
Thank you!

Contact Information

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