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CMS and QAPI: A Deeper Dive

August 17, 2023

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The webinar will start at the top of the hour.

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MONTHLY CLINICAL QUALITY INSIGHTS

Webinar Schedule & Topics

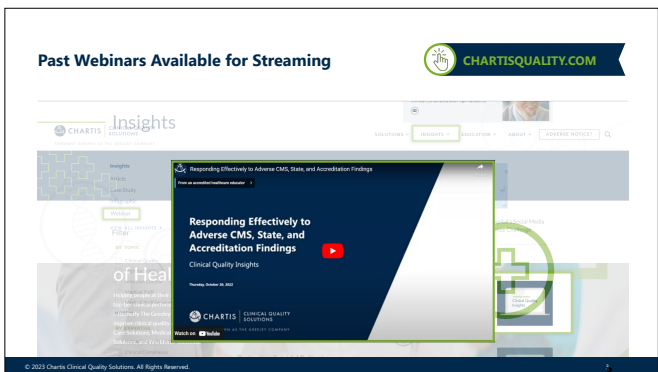**THE 3RD THURSDAY OF EVERY MONTH:**
10AM Pacific, 1PM Eastern

TODAY
CMS and QAPI: A Deeper Dive

SEPTEMBER
Mid-Point Update: Focusing on Regulatory Changes

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Past Webinars Available for Streaming

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Insights
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SOLUTIONS · INSIGHTS · EDUCATION · ABOUT · ADVERSE NOTICE

Responding Effectively to Adverse CMS, State, and Accreditation Findings

From an accredited healthcare educator

Responding Effectively to Adverse CMS, State, and Accreditation Findings
Clinical Quality Insights

Thursday, October 20, 2022

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Past Webinars Available for Streaming

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AVAILABLE FOR STREAMING

- Practical Approaches to Ace Regulatory and Accreditation Surveys
- EMTALA Made Simple
- Protecting Suicidal Patients
- Responding Effectively to CMS, State, and Accreditation Findings
- Avoiding Infection Prevention Survey Catastrophes
- Survey Smarts: Looking Forward to 2023
- Increasing Nurse Efficiency: Documentation Simplification
- Better Meetings Better Results
- Overcoming Persistent Challenges in the Physical Environment
- TJC's Emerging Model for New Standards
- New CMS Interpretive Guidelines for QAPI
- Putting Your Best Foot Forward During Survey
- Connecting Hospital Rankings to Outcomes
- Compliance and Safety Challenges for Psychiatric Hospitals and Units
- CMS and QAPI: A Deeper Dive
- NEXT MONTH: Mid-Point Update … Focusing on Regulatory Changes

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We are a partner to healthcare organizations nationwide, helping to advance patient safety and clinical quality for the past 30+ years. We help healthcare providers achieve top-tier clinical performance through our four lines of business:

- High Reliability Care Solutions
- Medical Staff Services Optimization
- Education Solutions
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Chartis Clinical Quality Solutions
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Readiness, Response, Reliability

- Rapid Response to Regulatory Emergencies
- Resolving CMS and TJC Adverse Actions
- CMS and Accreditation Survey Readiness
- Environment of Care, Life Safety, and Emergency Preparedness
- Hospital-CMS Systems Improvement Agreements …the National Leader

- Emergency Department/EMTALA
- Behavioral Health
- Infection Prevention
- Patient Safety
- Process/Policy Simplification
- Streamlined Health Records
- Process Implementation
- Quality Monitoring and Improvement

Integration with other best-in-class consulting services offered by Chartis

SIMPLIFY & COMPLY

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What is your role?

- Chief Quality Officer
- Other Executive Leader
- Quality Manager
- Patient Safety Officer
- Risk Manager
- Accreditation/Regulatory Compliance
- Consultant
- Other

Frequency of CMS "Condition-Level" Findings

The most highly cited regulation leading to CMS termination actions for accredited hospitals is EMTALA.

The highest cited Conditions of Participation are Patient Rights and Nursing Services, both of which are associated with adverse event and medical error.

% of Surveys with Condition-Level Citations by CMS/State Agency

Source CASPER
Fiscal Year 2019
20K Surveys with Condition-Level Findings

Rights → Adverse Events

Nursing → Adverse Events
Governing Body
Physical Environment → Adverse Events
QAPI
Infections

TODAY'S

Discussion

An introduction into the complexity of required measures, plans, and evaluations.

Chipping away at the Mount Everest of requirements and offering field-tested tips and advice.

Lisa Eddy MSN, MHA, RN, CPHQ
Vice President,
Clinical Compliance and High Reliability

Cherilyn Ashlock DNP, RN, NE-BC
Advisory Consultant
Clinical Compliance and High Reliability

Bud Pate
Vice President – Content/Development,
Clinical Compliance and High Reliability

"

Keeping up with Change

Planning for Tomorrow

"

Who is your primary accreditor?

? **The Joint Commission**

? **The Accreditation Commission for Health Care (ACHC)**

? **Det Norske Veritas (DNV)**

? **Center for Improvement in Healthcare Quality (CIHQ)**

? **Non-Accredited**

? **Other**

Objectives

✓ Ensure all required metrics are part of your hospital's QAPI program and learn practical methods for collecting and analyzing the data.

✓ Implement an efficient and meaningful adverse event collection/screening/investigation mechanism that consistently distinguishes between harm and non-harm events, enabling the correction of broken systems BEFORE resultant errors reach the patient.

✓ Effectively cope with the mountain of data to be collected, analyzed, and acted on in hospitals of all sizes: from small rural institutions to gigantic academic medical centers.

✓ Develop, enhance, and have immediate access to all documents CMS instructs surveyors to review on full book and for cause (e.g., complaint) surveys.

Program slides, CMS interpretive guidelines, the OIG report, and other materials are shared as a PDF in the Chat function for live attendees.

Handouts will be linked to the Chartis Website for post-webinar streamers.

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TODAY'S

Agenda

01	**Overview**
02	**Materials to Have Survey-Ready**
03	**Practical Considerations: How to Cope**
04	**Required Measures, Plans, and Evaluations … an introduction**

Questions should be posted in the webinar interface throughout the presentation. We will respond to any unanswered questions in writing following the webinar.

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Sustained compliance is a byproduct of quality, safety, and efficiency.

Simply implementing a process to meet a requirement does not always result in quality, safety, or efficiency. However, implementing systems that support and sustain all three - quality, safety, and efficiency - leads to sustained compliance.

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Quality

Most Challenging Survey Findings

Safety ---- ---- Efficiency

Stable Processes

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Overview

U.S. Department of Health and Human Services
Office of Inspector General
Report in Brief
May 2022, OEI-06-18-00400

Provided as a handout to this webinar.

- The Office of Inspector General (OIG) of Health and Human Services reviewed the medical records for a random sample of 770 Medicare patients who were discharged from acute care hospitals during October 2018.
- Study Results: May 2022
  - 25% of study patients experienced events resulting in harm during their hospitalization. About half of these were "temporary harm events" and half were "adverse events."
    - An "adverse event" is an event leading to longer hospital stays, permanent harm, life-saving intervention, or death.
    - A "temporary harm event" is a MERP "E" event: requiring intervention.
    - 41% of these occurrences (impacting 11% of study patients) were preventable.
  - CMS Hospital-Acquired Condition (HAC) payment incentives only address about 5% of adverse and temporary harm events.
  - OIG estimates the combined cost of October 2018 harm events was hundreds of millions of dollars
- OIG Recommendations
  - Update and broaden the list of HACs to capture common, preventable, and high-cost harm events.
  - **Develop and release interpretive guidance to surveyors for assessing hospital compliance with requirements to track and monitor patient harm.**

Millions of hospital patients per year encounter a preventable adverse or temporary harm event.

Common QAPI Failure Points

... it's a big lift

- **SCOPE**: Lack of attention to the performance of all parts of the organization, not just those with public benchmarks.
- **CONTRACT MONITORING:** Due to pervasive misunderstandings of the actual requirement, contracted services are not monitored correctly.
- **POOR PERFORMANCE**: Tolerance for persistently poor performance on departmental or service indicators.
- **FRAGMENTATION**: Lack of integration of non-clinical services (e.g., environment of care) and functions with specific monitoring requirements (e.g., medication safety, antibiotic stewardship, workplace violence, maternal safety) within the QAPI structure.
- **BOARD FOCUS**: Absence of an effective mechanism for the governing body to oversee all aspects of the QAPI program.
- **OVERSIGHT**: Ineffective oversight meetings without a credible process for data analysis (conclusions), accountability for actions, and follow-up to make sure actions taken were effective.

Modern QAPI programs tend to focus on Hospital-Acquired Conditions (HAC penalties) and other Hospital Compare and Pay for Performance indicators rather than the entire scope of services.

Medical error reduction (patient safety) programs often suffer due to a priority on analyzing significant harm events rather than permanently fixing the underlying process flaws that caused them.

Materials to have "Survey Ready"

Begin your journey with the end in mind …

Dipping our toe into a vast sea of requirements …

TJC
DNV
Requirements

CMS QAPI
Requirements
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145

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BETA: Summary of Required M... ...d Evaluatio...

Regulatory Reference

Full Text

	Event Reporting / Patient Safety				
	– In General			
	CMS	A-0286 42 CFR §482.21(a)(2)	The hospital must measure, analyze, and track…adverse events…	

190 Separate CMS and TJC Requirements

QM.7 SR.1 | [The organization measures] Threats to patient safety (e.g., falls, pt. identification, injuries);

...JC | LD.03.09.01 EP01 | The leaders implement a hospitalwide patient safety program as follows:
- One or more qualified individuals or an interdisciplinary group manage the safety program.
- All departments, programs, and services within the hospital participate in the safety program.
- The scope of the safety program includes the full range of safety issues, from potential or no-harm errors (sometimes referred to as close calls ["near misses"] or good catches) to hazardous conditions and sentinel events.

...86 42 CFR §482.21(c)(2) | Performance improvement activities must track medical errors and adverse patient events, analyze their causes, and implement preventive actions and mechanisms that include feedback and learning throughout the hospital.

...4.01.01 EP01 | The hos...

CAUTION: The summary provided to attendees is an Excel snapshot of the beta (testing) version of our living analysis tools. We anticipate changes as the data is refined and validated. Further development and integration with our indicator inventory and program scope tools remains *in progress*. So, please, review and understand the requirements yourself before making changes.

DNV, CIHQ, and ACHC Under Development

Materials to Have On Hand, Part 1
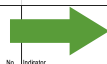**Plans: Approved by Leadership/Governance**

- Quality Assessment and Performance Improvement
  - Patient Safety
  - Data Inventory
  - Improvement Priorities
  - Improvement Projects
- Nursing
- Infection Prevention and Control
- Antimicrobial Stewardship
- Complaints / Grievances
- Health Equity
- Workplace Violence

- Environment of Care
  - Safety
  - Security
  - Hazardous Materials / Waste
  - Utilities
  - Equipment
  - Fire Prevention
- Water Management
- Emergency Management
- … others?

Data Inventory (approved by the Governing Body)

- Proactive Indicators and Categories of Adverse Events
  - Numerator
  - Denominator (if any)
  - Sample Size
  - Reporting Frequency
  - Reporting Path
  - Services Covered (recommended)
  - Contract? (Yes/No) … (recommended)

Materials to Have on Hand, Part 2
Governance / Leadership Evaluations

- **Annual**
  - QAPI Plan
  - Patient Safety
  - Data Inventory
  - Improvement Priorities
  - Improvement Projects
  - Infection Prevention and Control
  - Workplace Violence
  - Health Equity
  - Evaluation of EoC Plans

- **Biennial**
  - Emergency Management
- **Frequency Not Specified**
  - Culture of Safety
  - Services Provided through Contract
  - Antibiotic Stewardship
  - Infection Prevention to Patient Safety Communication
  - Flu Vaccination Declinations

Part 3: Other Materials to Have at Hand

- Performance on Metrics
  - Actions for sub-threshold performance
  - Post-improvement, Post-implementation monitoring
- Adverse Events / Patient Safety Analysis
- Minutes (Actions!!!)
- Root Cause Analyses
- Failure Mode Effects Analysis
- Analysis of Indicator/Measure Coverage Across all Services (including contracted services)
- Required Plans and Evaluations

CMS Guidelines indicate that the larger and more resourced the institution, the higher the expectation.

Practical Considerations: How to Cope

The longest journey begins with a single step.

The enormity of the task is beyond the capacity of even the most robust programs to manage … UNLESS they have a comprehensive understanding of the actual requirements and employ smart tactics.

- Optimize the review of adverse events.
  - Emphasis on reporting
  - Accurate and comprehensive categorization
  - Distinguish between harm and non-harm events
- DO NOT proactively measure things you don't intent to maintain at threshold or better performance levels.
  - Abandon valueless indicators.
- Resist the tendency to voluntarily add more and more proactive (rate based) indicators.
- Do not over-complicate the monitoring of contracted services … they should be treated exactly the same as if the service was provided directly (by hospital employees).

About Adverse Events

The organization may rely on adverse event/situation reporting instead of proactive data collection ONLY to the extent that reporting, analysis, and improvements are credible.

...gh **Adverse Events**

Event categories should correspond to required measures, e.g., restraint, sedation/anesthesia, escalation of clinical concerns, critical values, etc.

Score at the highest applicable level.

	Description	Infrastructure	Harm?	Analysis
	...or suspected error ...es recommendation	✔	No Harm	Fact Finding
	...creased capacity ...e error was	✔	No Harm	Fact Finding
B	**Captured:** An error occurred but it did not reach a person or infrastructure.	✔	No Harm	Fact Finding
C	**No Monitoring:** An error occurred that reached a person or the infrastructure, but there was *no need* for monitoring or intervention.	✔	No Harm	Fact Finding
D	**Monitoring** was necessary to look for potential signs of harm or damage. Monitoring includes non-invasive diagnostic testing.	✔	No Harm	Fact Finding
E	An **Intervention** was necessary to avoid further harm to the patient or infrastructure.	✔	Harm	ACA* (Sample)
F	The error lead to an initial or prolonged **hospitalization.**		Harm	ACA (Sample)
G	The error contributed to **permanent harm**	✔	Harm	RCA*
H	**Resuscitation:** Intervention necessary to sustain life that involved advanced life support protocols.		Harm	RCA
I	**Death**		Harm	RCA
S	Defined **Sentinel Event**		Harm	RCA

☀ Reporting of all adverse events
➕ Number of "harm" events

To optimize the value of incident reports as a credible monitor of quality and safety there <u>MUST be a high level of inter-rater reliability</u> (consistency) in the designation of incident categories *and* level of harm/*analysis.*

Required Measures, Plans, and Evaluations
… an introduction

Dipping our toe into a vast sea of requirements …

TJC Requirements

Categories of Required Metrics ⊕

Required Data Collection

⊖ QAPI ...ents

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Review of Required Indicators:
Handout ⊕

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Discussion Questions

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