

# CMS Updates the QAPI Interpretive Guidelines

May 18, 2023



The webinar will start at the top of the hour.

---

---

---

---

---

---

---

---

---

---



## MONTHLY CLINICAL QUALITY INSIGHTS

### Webinar Schedule & Topics

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

**JUNE**  
Putting Your Best Foot Forward during State, CMS, and Accreditation Surveys

**JULY**  
Daunting Challenges Facing Psychiatric Hospitals and Units

---

---

---

---

---

---

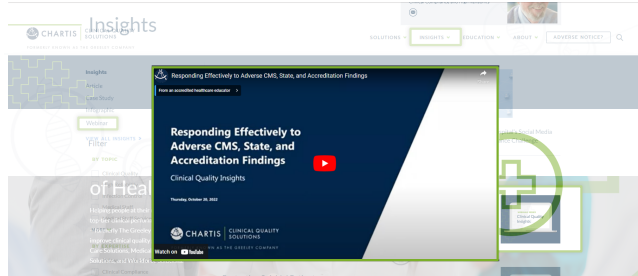
---

---

---

---

### Past Webinars Available for Streaming



---

---

---

---

---

---

---

---

---

---

### Past Webinars Available for Streaming



#### 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
- TIC's Emerging Model for New Standards

#### TODAY: New CMS Interpretive Guidelines for QAPI

- Putting Your Best Foot Forward During Survey
- Compliance and Safety Challenges for Psychiatric Hospitals and Units
- More ...

---

---

---

---

---


---

---

---

---

---



FORMERLY KNOWN AS THE GREELEY COMPANY

**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
- Chartis Workforce Solutions
- External Peer Review

Chartis Clinical Quality Solutions  
888.749.3054  
chartisquality@chartis.com

© 2023 Chartis Clinical Quality Solutions. All Rights Reserved.

### 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

---

---

---

---

---

---

---

---

---

---

### What is your role?

- ① Chief Quality Officer \_\_\_\_\_
- ① Other Executive Leader \_\_\_\_\_
- ① Quality Manager \_\_\_\_\_
- ① Patient Safety Officer \_\_\_\_\_
- ① Risk Manager \_\_\_\_\_
- ① Accreditation/Regulatory Compliance \_\_\_\_\_
- ① Consultant \_\_\_\_\_
- ① Other \_\_\_\_\_



© 2023 Chartis Clinical Quality Solutions. All Rights Reserved.

---

---

---

---

---

---

---

---


---

---


### TODAY'S Discussion

How and why CMS is refocusing State surveyors on medical error reduction and a comprehensive quality program.


© 2023 Chartis Clinical Quality Solutions. All Rights Reserved.




**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*



**J'Neil Bogren, MSN, MBA, RN**  
*Senior 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?

- ① The Joint Commission \_\_\_\_\_
- ① The Accreditation Commission for Health Care (ACHC) \_\_\_\_\_
- ① Det Norske Veritas (DNV) \_\_\_\_\_
- ① Center for Improvement in Healthcare Quality (CIHQ) \_\_\_\_\_
- ① Non-Accredited \_\_\_\_\_
- ① Other \_\_\_\_\_



© 2023 Chartis Clinical Quality Solutions. All Rights Reserved.

---

---

---

---

---

---

---

---

---

---

## Objectives

- ✓ Understand the context of and motivation for the new (March 2023) interpretive guidelines for the Quality Assessment & Performance Improvement (QAPI) Program "Condition of Participation."
- ✓ Obtain a thorough understanding of what's actually required for QAPI ... dispelling some common myths along the way.
- ✓ Identify and avoid common QAPI Pitfalls.

Program slides, CMS interpretive guidelines, and the OIG report are shared as a PDF in the Chat function.

---

---

---

---

---

---

---

---

---

---

## TODAY'S Agenda

- 01 Why New QAPI Guidelines?
- 02 What's Different?
- 03 Common QAPI Pitfalls and How to Avoid Them

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

---

---

---

---

---

---

---

---

---

---

## 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.



---

---

---

---

---

---

---

---

---

---

## Why New QAPI Guidelines?

### PART 1: CONDITIONS OF PARTICIPATION AND DEEMED STATUS

---

---

---

---

---

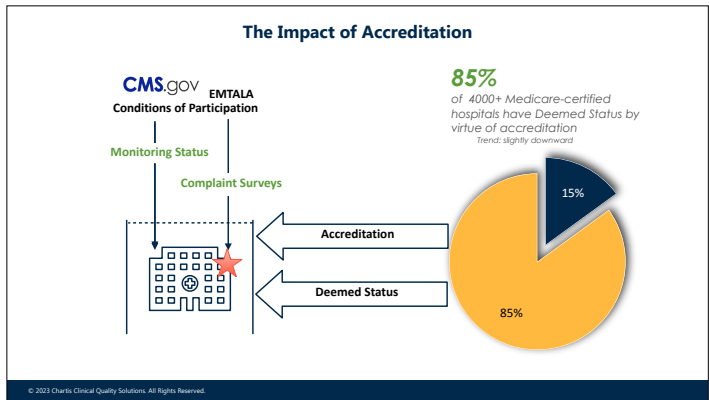
---

---

---

---

---




---



---



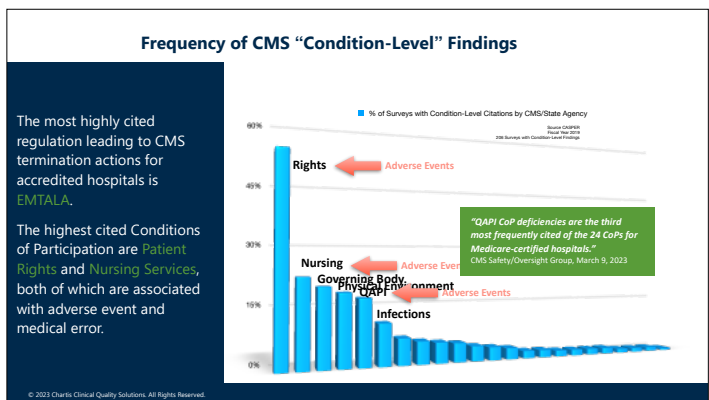
---



---



---




---



---



---



---



---

## Why New QAPI Guidelines?

**PART 2: FOCUS ON QUALITY AND SAFETY**

---



---



---



---



---

**PSNet**  
PATIENT SAFETY NETWORK

**Impact of the COVID-19 Pandemic on Patient Safety**

- Delayed and Deferred Care
- Supply Shortages
- Mental Health Challenges
- Impact on Care Givers
- Delayed or Misdiagnosis
- Human Factors
- Infection Prevention and Control

**TRACIE**  
TRIAL RESEARCH AND CLINICAL EVALUATION

**COVID-19 Healthcare Delivery Impacts**

- Supply Chain
- Deferred Care (Reduced ED Visits)
- Delayed Elective Procedures
- Delays in Care
- Reproductive and Maternal Health
- Shortage of Healthcare Professionals

© 2023 Charis Clinical Quality Solutions. All Rights Reserved. 16

---



---



---



---



---



Provided as a handout to this webinar.

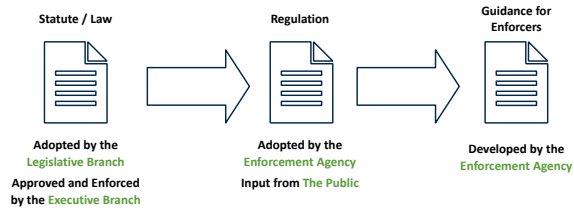
- The Office of Inspector General (OIG) of Health and Human Services reviewed the medical records for a random sample of 770 Medicare patients who were discharged from acute care hospitals during October 2018.
- Study Results: May 2022
  - 25% of study patients experienced events resulting in harm during 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.

### March 9, 2023 Interpretive Guidelines to the Quality Assessment & Performance Improvement (QAPI) Condition of Participation

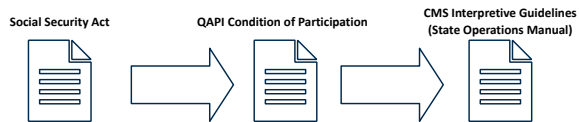
### What is the impact of an interpretive guideline?

#### Bureaucracy 101



### What is the impact of an interpretive guideline?

#### CMS Interpretive Guidelines



- **Versions of the QAPI Interpretive Guidelines**
  - **2014** ... Standards and Elements under the QAPI Condition of Participation were clustered together to avoid duplication of findings. No Interpretive Guidelines.
  - **2020** ... Regulation added to address system-wide QAPI programs.
  - **2023** ... Comprehensive QAPI Interpretive Guidelines.

## QAPI Interpretive Guidelines

Provided as a handout to this webinar.

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop C2-21-16  
Baltimore, Maryland 21244-1850



Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

Ref: QSO-23-09-Hospital

**DATE:** March 9, 2023  
**TO:** State Survey Agency Directors  
**FROM:** Director, Quality, Safety & Oversight Group (QSOG)  
**SUBJECT:** Revision to State Operations Manual (SOM), Hospital Appendix A - Interpretive Guidelines for 42 CFR 482.21, Quality Assessment & Performance Improvement (QAPI) Program

## Major Focus of the QAPI Guidelines

In response to the OIG study and the growing number of adverse-events-related State Agency Findings, CMS has made it very clear that the hospital is expected to demonstrate a comprehensive, data-driven QAPI program that reduces medical error and ensures compliant performance for all hospital services and departments.

- Although interpretive guidelines are, in theory, for surveyors, CMS encouraged hospitals to implement these expectations BEFORE the survey team arrives to investigate a complaint or self-reported adverse event.
- The Governing Body must play an active role in the development and implementation of the data-based QAPI program ... broadening its focus beyond Hospital Compare, US News, or other benchmarks.
- The QAPI program must collect, analyze and improve performance data for the ENTIRE scope of care and services, including services rendered at off-campus locations and services rendered through contract or agreement.
- QAPI data must demonstrate sustained compliance and measurable improvements in service-specific functions.
- Preventable harm events (not just "sentinel events") must be identified and meaningful steps to prevent or reduce recurrences must be implemented, monitored, and sustained.

## Common QAPI Failure Points

- 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.

## Scope of the QAPI Program

Your plan, approved by the governing body, should specify performance measurement strategies touching all hospital service locations, and departments.

Definition

Quality Assessment and Performance Improvement Indicators							
No.	Name	Definition	Target	Accountability	Publication/Status	Reporting	Comment
Medical Error Reduction and Risk Assistance							
Significant Adverse Occurrences							
		Event leading to death or significant HI Risk, HI Vol Problem Prone		R, P, C	QC, MEC, BOARD (Monthly)	Each sentinel event is reported. The root cause analysis and prevention interventions are also reported.	
2	Event Reporting Frequency (PCA)	Number of events reported of the following types: Medication-Related, Other Significant/Reported Reporting	N/A	Risk Manager	R, P	QC, MEC, BOARD (Monthly)	The focus will be to increase reporting of issues.
Compliance Issues							
3	TAC Violabilities	LIE TAC MOE	N/A	Quality Director	P	QC, MEC, BOARD (Monthly)	Quality Council oversee the effectiveness of compliance actions.
		List of any significant violations related to the OIG study, participants, or other focus areas				QC, MEC, BOARD (Monthly)	Quality Council will oversee the effectiveness of corrective actions.
5	Other compliance violations	Any items related to compliance with state or local statute or regulation	N/A	Quality Director	P	QC, MEC, BOARD (Monthly)	Quality Council will oversee the effectiveness of corrective actions.
Compliance/Overseas							
6	Patient Grievance Rate	Number of all patient grievances (overseas) 100 percent days	100	Patient Advocate	R, P, S	QC, MEC, BOARD (Monthly)	Quality Council will oversee the effectiveness of corrective actions.
7	Clinically Related Patient Grievance	Number of all clinically related grievances 100 percent days	100	Patient Advocate	R, P, C, S	QC, MEC, BOARD (Monthly)	Quality Council will oversee the effectiveness of corrective actions.
Health Outcomes / Complications -1							
8	Ag	Number of readmissions per patient	0%	Risk Manager	R, C, S	QC, MEC, BOARD (Monthly)	Quality Council will oversee the effectiveness of corrective actions.

## Scope of the QAPI Program

Your plan, approved by the governing body, should include an analysis of all hospital services and which indicators apply to them.

No	Indicator	1	2	3	4	5	6	7	8	9	10
1	Contract or Direct	C	C	D	D	C	D	D	D	D	D
2	Total Indicators	31	21	20	20	47	34	38	26	35	35
3	Total Non-Contracted	21	11	10	10	37	24	48	18	25	25
4	Sentinel Event	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Near Miss	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Event Reporting Frequency	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
7	UACHO Vulnerabilities	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
8	CMS Vulnerabilities	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
9	Other compliance vulnerabilities	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
10	Rate of Appropriate Patient Identification					✓	✓	✓	✓	✓	✓
11	Average time of reporting of critical non-laboratory results: STAT Testing					✓	✓	✓	✓	✓	✓
12	Average time of reporting of critical non-laboratory results: Routine Testing					✓	✓	✓	✓	✓	✓
13	Inpatient Falls per 1000 patient days					✓	✓	✓	✓	✓	✓
14	Patient falls leading to injury requiring treatment					✓	✓	✓	✓	✓	✓
15	Focused Surgical Site HAI rate	✓				✓	✓	✓	✓	✓	✓
16	Ventilator Related Pneumonia Rate								✓	✓	✓

© 2023 Charis Clinical Quality Solutions. All Rights Reserved.

## Scope of the QAPI Program

Your plan, approved by the governing body, should include an analysis of all hospital services and which indicators apply to them.

No	Indicator	1	2	3	4	5	6	7	8	9	10
1	Contract or Direct	C	C	D	D	C	D	D	D	D	D
2	Total Indicators	31	21	20	20	47	34	38	26	35	35
3	Total Non-Contracted	21	11	10	10	37	24	48	18	25	25
4	Sentinel Event	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Near Miss	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Event Reporting Frequency	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
7	UACHO Vulnerabilities	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
8	CMS Vulnerabilities	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
9	Other compliance vulnerabilities	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
10	Rate of Appropriate Patient Identification					✓	✓	✓	✓	✓	✓
11	Average time of reporting of critical non-laboratory results: STAT Testing					✓	✓	✓	✓	✓	✓
12	Average time of reporting of critical non-laboratory results: Routine Testing					✓	✓	✓	✓	✓	✓
13	Inpatient Falls per 1000 patient days					✓	✓	✓	✓	✓	✓
14	Patient falls leading to injury requiring treatment					✓	✓	✓	✓	✓	✓
15	Focused Surgical Site HAI rate	✓				✓	✓	✓	✓	✓	✓
16	Ventilator Related Pneumonia Rate								✓	✓	✓

© 2023 Charis Clinical Quality Solutions. All Rights Reserved.

## Scope of the QAPI Program

Your plan, approved by the governing body, should include an analysis of all hospital services and which indicators apply to them.

13	Rate of use of dangerous abbreviations and entries	✓	✓		✓	✓	✓	✓	✓		
15	Average time of Critical Laboratory Value Reporting: Routine Testing					✓		✓			
16	Average time of Critical Laboratory Value Reporting: STAT Testing					✓		✓			
17	Average time of reporting of critical non-laboratory results: Routine Testing					✓	✓	✓	✓	✓	✓
18	Average time of reporting of critical non-laboratory results: STAT Testing					✓	✓	✓	✓	✓	✓
21	Inpatient Falls per 1000 patient days					✓	✓	✓	✓	✓	✓
22	Patient falls leading to injury requiring treatment					✓	✓	✓	✓	✓	✓
23	Focused Surgical Site HAI rate	✓				✓	✓	✓	✓	✓	✓
25	Ventilator Related Pneumonia Rate								✓	✓	✓

© 2023 Charis Clinical Quality Solutions. All Rights Reserved.

## Contract Monitoring

- Participation in the QAPI program is required for contracted services (NOT purchase agreements).
- Contracted services must be provided in compliance with federal regulations, including the Medicare Conditions of Participation.
- The Board must oversee the degree to which individual contractors meet regulatory and internal expectations.
  - Inventory of contracted services.
  - Very brief annual review of each contract:
 

<input type="checkbox"/> Meets expectations in the contract.
<input type="checkbox"/> Does not meet expectations (Explain)
Actions Taken when Expectations Not Met
- Do not** make indicators part of the contracting process. Leave that to the quality and safety program. Instead, require that contractors fully participate in QAPI, including the collection and reporting of indicators and other information required by the approved QAPI plan.

**Myth:** the contract or an attachment to the contract must include indicators.

**Reality:** the contract must include the scope of services provided and performance expectations (NOT indicators).

Examples:

*"participate in the QAPI program"*

*"provide services in compliance with the Conditions of Participation"*

© 2023 Charis Clinical Quality Solutions. All Rights Reserved.

## Poor Performance

Don't measure it if you don't intend to improve sub-threshold performance. Better to have one concurrent and overarching monitor than 10 retrospective chart review indicators that do not get to the actual safety issue.

Example: Monitoring of Restraint

**Documentation of Monitoring** (retrospective chart review)

April: 75%, May 80%, June 90%, July 75% ... etc.

**Face to Face Evaluation within 1 hour of initial application / Violent Restraint** (retrospective chart review)

April: 75%, May 80%, June 70%, July 75% ... etc.

**Appropriateness of Restraint** (concurrent care facilitation)

"Yes" plus "No-Corrected"

April: 97%, May 95%, June 98%, July 100% ... etc.

**Safety of Restraint Method** (concurrent care facilitation)

"Yes" plus "No-Corrected"

April: 100%, May 100%, June 100%, July 100% ... etc.



Board Quality Ctte

Medical Executive Ctte

Quality and Safety Ctte

Environment Ctte

Emergency Mgmt Ctte

Health Equity Ctte

VTE Reduction TF

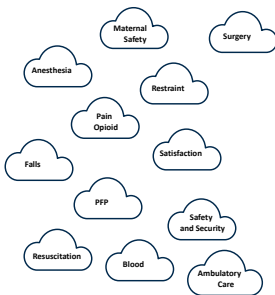
Medication Safety Ctte

Nursing Quality Ctte

Risk Management Ctte

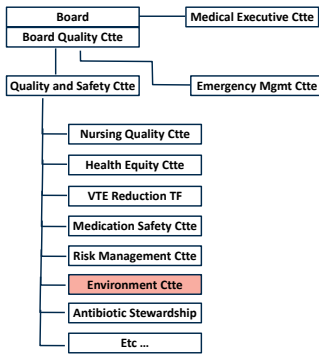
Antibiotic Stewardship

Etc ...



## Fragmentation

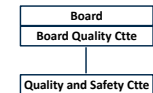
All performance-related monitoring and improvement should be part of an overarching quality and safety plan.



## Fragmentation

All performance-related monitoring and improvement should be part of an overarching quality and safety plan.

## Involvement of the Governing Body



Scope of Services

Service	Indicator	Frequency	Owner	Reporting	Review	Improvement
Cardiac Care	...	...	...	...	...	...
...	...	...	...	...	...	...

Indicator Inventory

Indicator	Category	Frequency	Owner	Reporting	Review	Improvement
...	...	...	...	...	...	...



Contracts for Services



Sentinel Events  
Near Miss Sent Evt  
Common Cause Analysis



The Board must expand its focus beyond benchmark Indicators.



## Involvement of the Governing Body



### Data-based Analysis of Performance



Conclusion/Recommendation:

- Stay the Course
- Change Course
- Change Indicator

The Board must expand its focus beyond benchmark Indicators.

## Oversight

The size and number of committees renders them ineffective for the purpose of performance oversight.

We recommend an executive team to oversee performance before issues go to the Board.

- Quality and Safety Oversight Committee
- Executive level - a quality and safety focused "A Team"
- Assign Accountabilities
- Prioritize
- Allocate Resources
- React Quickly to Threats and Opportunities
- All agenda items are "action ready."
- If there is no recommended action, the issue is not ready to go to the committee.
- This is not a problem-solving group.
- QSOC acts on recommendations and ensures accountabilities are realized.
- Tools:
  - Each agenda item with
    - Objective: why is this on the agenda
    - analysis-based recommendation
  - Accountability tracking tool with follow-up
  - Agenda becomes minutes at the end of the meeting
  - Twice as much accomplished in half the meeting time.
  - Issue TAT decreased by 70%.



Feb 2023 Webinar Available for Streaming

## 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.



## Discussion Questions

# CMS Updates the QAPI Interpretive Guidelines

May 18, 2023



---

---

---

---

---

---

---

---