Building the Capacity for QAPI Plans:

Making Data Work for You-

CASPER Reports
GoToWebinar – The Questions Chat Box
GoToWebinar – Raise Hand Button
Set your audio option

[Image of audio settings interface with microphone and speaker options, one set to MUTED and the other labeled with 'test']
Show-Me Quality Games

On the Way to Show-Me Quality Games Gold

Number of homes at each level:
- Copper: 21
- Bronze: 25
- Silver: 9
- Gold: 443
Gold Level Homes

- Columbia Healthcare Center
- Cuba Manor
- Dixon Nursing & Rehab
- Eldon Nursing & Rehab
- Fulton Manor Care Center
- Hartville Care & Rehabilitation Center
- Lacoba Homes
- Madison Medical Center
- Villages of St. Peters
Show-Me Quality Games

5 Simple Steps to Gold:

1. Select improvement project, a project team, and send us a team photo.
2. Attend Show-Me Quality educational offerings.
3. Fill out the QAPI Self Assessment Tool.
4. Complete the Using PDSA for QAPI worksheet. Because quality improvement projects are always a work in progress, submit a second Using PDSA for QAPI worksheet.
5. Submit a story of your home’s success (or lessons learned).
Going for the Gold

- Find the complete program guide, worksheets for submission, and a short video detailing the program at http://primaris.org/services/quality-improvement-organization/show-me-quality-qapi-in-action

- Contact your Program Manager with questions!
Regional Affinity Groups

Watch for announcements
Keeping You Up-to-Date: Monthly Newsletter

- Emailed
- QAPI-related tips
- Provider highlights: hear from colleagues about what works
- Updates on available tools, resources, and trainings
- Upcoming events
Keeping You Up-to-Date: On the Web

- Newsletters
- Event calendar
- Event registry
- Resources
- Archived webinars

www.primaris.org
Our Show-Me Quality: QAPI in Action
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Objectives

• Explain how to find the CASPER reports
• Understand why they are important to review on a routine basis
• Describe how to read the components of the CASPER reports
• Discuss how to use the CASPER report as a valuable tool to help your organization thrive

Quality Reporting Matters
Poll Question

Q. How often does your facility print the Quality Measure Reports

A. Weekly
B. Monthly
C. Quarterly

QUALITY MEASURE REPORTS

Why They Are Important

Multiple Quality Initiatives

Five Star
Quality Measures
Health Inspection Surveys
QAPI
Compliance & Ethics
Mandated by the Affordable Care Act

(1) IN GENERAL- Not later than December 31, 2011, the Secretary shall establish and implement a quality assurance and performance improvement program (in this subparagraph referred to as the ‘QAPI program’) for facilities, including multi unit chains of facilities. Under the QAPI program, the Secretary shall establish standards relating to quality assurance and performance improvement with respect to facilities and provide technical assistance to facilities on the development of best practices in order to meet such standards. Not later than 1 year after the date on which the regulations are promulgated.

Why Are QMs Important?

• Part of the CMS Nursing Home Quality Initiative
• Takes resident care information directly to consumers via the Internet: www.Medicare.gov/NHcompare
• Market-driven incentive to improve care
• Uses resident outcome information derived directly and solely from the MDS

Why Are QMs Important?

Survey Process
• Indicators of possible problems, used in off-site preparation
  – Must be validated onsite via record review, interviews, direct observation
• Includes
  – The 14 clinical QMs used for public reporting
  – 3 additional survey/clinical QMs
  – No vaccination QMs
Common Acronyms

CASPER
• Certification and Survey Provider Enhance Reporting (CASPER) system

QIES ASAP
• Quality Improvement and Evaluation System (QIES) Assessment Submission and Processing (ASAP) system

EXPLAIN HOW TO FIND THE CASPER REPORT
QM Reports ….Just 19 mouse clicks away!

Accessing the QM Reports
https://qies-east.cms.gov/dana-na/auth/url_default/welcome.cg
Accessing the QM Reports

Access to the Federal Portal

Accessing the QM Reports

Accessing the QM Reports

Accessing the QM Reports
QUALITY MEASURE REPORTS

Basic Calculation

Use of Assessments

Software uses assessments in several different ways to calculate the QMs

- For most QMs, it looks for specific information on the target assessment
- For some, compares initial and a subsequent assessment
- For some, compares target assessment with a prior assessment
- The other method is to look at all assessments in the entire episode – that is the look-back scan

Basic Calculation

Each QM is calculated based on specific MDS items

- When resident's MDS responses indicate resident has the QM condition, that assessment increases the facility score
- Higher scores indicate possible problems, except scores related to vaccinations
- Lower scores indicate less occurrence of the QM condition, considered to reflect better care (except vaccination QMs)
- For vaccination QMs, higher scores reflect better care, because they indicate that a higher proportion of residents received the vaccine
Basic Calculation

Basic calculation is a simple ratio expressed as a percentage that results in an indication of a facility's performance relative to each indicator at a given point in time.

Numerator: The top number of the fraction; the actual number of residents who had the QM condition

Divided by

Denominator: Bottom number of the fraction; the number of facility residents with assessments

\[ \times 100 \]

Equals: Percentage of residents with the QM condition

\[ \frac{26}{60} = 0.43 \times 100 = 43\% \]
Risk Adjustments: Exclusions

- Residents who are not included in the numerator or denominator due to a certain diagnosis or condition
- Example: Long-stay QM Percent of Low Risk Residents who Lose Control of their Bowel or Bladder excludes any resident who is:
  - Comatose (B0100=1) or
  - Who has an indwelling catheter (H0100A=1) or
  - Who has an ostomy (H0100C=1) on the target assessment

Risk Adjustments: Covariates

Adjust for individual resident characteristics or health conditions that are essentially out of the facility's control that may contribute to worse outcomes for a particular QM
- The residents with those conditions are not excluded, levels the playing field when a facility has more residents with the covariate conditions that other facilities have

Risk Adjustments: Stratification

Divides residents into high-risk and low-risk
THE CASPER REPORTS

CASPER QM Reports

Three Important Reports
- Facility Characteristics Report
- Facility Quality Measure Report
- Resident Level Quality Measure Report

Facility Characteristics Report

See sample report in handouts
Facility Characteristic Report

Facility Characteristic Report
Provides demographic information about the facility’s resident population and compares the characteristics to those of other nursing homes in the state and in the nation.

Includes items such as:
• Gender
• Age
• Diagnostic Characteristics
• Prognosis
• Discharge Plan
• Referral
• Type of Entry
• Entered Facility From

Facility Quality Measure Report

Facility Quality Measure Report
Displays:
• Each QM
• Numerator and denominator used for the calculation for each QM
• Facility percentage
• Comparison of facility score with all facilities in state and nation

Assists to identify possible areas for further emphasis in facility quality improvement activities or investigation during the survey process

See sample report in handouts
• Reports default to a 6-month reporting period ending with the most recently ended month
• User’s may change the dates of the reporting period manually
We can't put our heads in the sand!

USING CASPER QM REPORTS TO HELP YOUR FACILITY THRIVE!

Poll

Q. How many Performance Improvement Plans (PIPs) is your facility currently working on?
   a. One to two
   b. Three to Five
   c. More than Five
   d. None
   e. I don't know
Resident Care Systems

Care systems that foster high quality resident care through:

- Facility Policy and Procedures
- Corporate Compliance Programs
- Federal and State Regulations
- QIO resources
- AANAC resources
- QAPI
- Leadership and supervision are the keys to success

Continuous Quality Improvement

Strong programs of Continuous Quality Improvement (CQI), QAPI, and PIPs

- Continuous monitoring of key aspects of care systems
- Correlate related QM scores with each other for clues to causative factors
- Identify and correct problems before they become trends
- Individual accountability for key systems – put someone in charge of the system

MDS Accuracy

Misunderstandings about coding definitions can be disastrous

- QM scores are derived from MDS data
- Inaccurate coding can result in misleading Quality Measure scores
- Inaccurate MDS coding can result in inappropriate resident care
MDS Accuracy

- Use the most current version of the RAI User’s Manual
  - Use it thoroughly
  - Use it OFTEN

Quality Measure Teamwork

Resources

CMS MDS 3.0 Training Materials, including RAI User’s Manual

MDS 3.0 Quality Measures User’s Manual

Quality Measure Identification Number by CMS Reporting Module
Resources (The Secret Website)

QTSO


QUESTIONS

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QAPI at a Glance

Guide for Developing a QAPI Plan
QAPI at a Glance

Element 3: Feedback, Data Systems and Monitoring

- “The facility puts in place systems to monitor care and services, drawing data from multiple sources....review findings against benchmarks and/or targets the facility has established for performance....”
REMEMBER

- YOUR data reflects YOUR organization
- Thank you for attending our webinar today
Next Webinar (#5 in series of 6)

- Building the Capacity for QAPI Plans: Performance Improvement Projects (PIPS)
- Date: March 11, 2014
- Time: 1:00-2:00pm
- https://www3.gotomeeting.com/register/592272998