

# Developing an Effective Quality Assurance Program

## Turning minimum requirements into a comprehensive strategy

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*The U.S. government established the first quality of care legislation with the Omnibus Budget Reconciliation Act (OBRA) of 1987. This landmark legislation defined Quality Assessment and Assurance (QAA) for the first time in regulation F520, as a management process that is “ongoing, multi-level and facility wide.” QAA sought to provide a framework for evaluating a facility’s systems in order to prevent deviation in and correct inappropriate care processes. OBRA ‘87 established an enforcement system for noncompliant nursing homes that incorporated new sanctions, ushering in a new era of accountability.*

Twenty years later, in 2007, a report by the Kaiser Family Foundation<sup>1</sup> recounts that the Administration on Aging’s National Ombudsman System received more than 230,000 complaints in 2005 concerning nursing facility residents’ quality of care, quality-of-life or residents’ rights.<sup>2</sup> Additionally, it reports that more than 90% of all certified facilities were cited for one or more deficiencies in 2006, and that nearly one-fifth of all certified facilities were cited for deficiencies that caused harm or immediate jeopardy to its residents.

But, in 2011, the American Health Care Association (AHCA) released its Annual Quality Report citing cited new strides in quality of care and reporting improvements in nine out of 10 quality measures as well as a steady decline in health facility survey citations and facilities cited for substandard quality of care, all since 2009.

“While things are moving in the right direction and people on average are making improvements, not everyone is making improvements,” said David Gifford, MD, MPH, senior vice president of quality and regulatory affairs at AHCA. In fact, Gifford says the reported improvements are most likely a reflection of those providers that already have quality assurance programs in place.

There is still more to be done.

The Affordable Care Act of 2010 was the nation’s quality of care call to action. Requiring every nursing home to institute a facility-wide compliance program by the end of 2013<sup>3</sup> (see *The Case for Compliance*, Upstairs Solutions, 2011) as well as a comprehensive quality assurance and performance improvement (QAPI) program no later than one year after CMS establishes QAPI regulations.<sup>4</sup>

“Our traditional QA approach, particularly in nursing homes had a lot to do with meeting the minimum requirements, tracking data, doing quarterly reports, but didn’t engage the culture of the organization in using that information in forward-thinking, true process improvement,” said Cheryl Phillips, MD, senior vice president for advocacy, LeadingAge ([www.leadingage.org](http://www.leadingage.org)), a 5,600-member organization representing non-profit providers. “QAPI

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<sup>1</sup> Wiener, Joshua M. Freiman, Marc P. Brown, David (2007). Nursing Home Care Quality; Twenty Years after the Omnibus Budget Reconciliation Act of 1987. The Henry J. Kaiser Family Foundation. <http://www.kff.org/medicare/upload/7717.pdf>

<sup>2</sup> See #1.

<sup>3</sup> Section 6102: “Accountability Requirements for Skilled Nursing Facilities and Nursing Facilities,” HR3590: Patient Protection and Affordable Care Act of 2010.

<sup>4</sup> See #3.

is going to be a vehicle to do that. People need to have the tools and understanding and a roadmap of how to take this regulation and translate it to something exciting that has meaning for their own nursing home.”

Taking a step beyond quality assessment and assurance, as once defined by OBRA '87, CMS' new QAPI regulations will introduce performance improvement as the key ingredient, catapulting the quality assessment and assurance movement from its inadequate assessment of compliance to a movement deep rooted in quality improvement.

“Performance improvement (PI) is the new kid on the block; nursing homes are already required to have quality assurance. PI is a proactive effort to use data to understand and improve your own problems. It includes formal Performance Improvement Projects, root cause analysis and above all, systems thinking,” said Dr. Rosalie Kane, Professor, Division of Health Policy & Management, University of Minnesota ([www.sph.umn.edu/hpm/nhregsplus/index.html](http://www.sph.umn.edu/hpm/nhregsplus/index.html)) and CMS' QAPI demonstration project director (see side bar). “Performance improvement is really an internally-driven effort by programs and services to improve what they do overall and to gradually bring up performance across the board. It's a striving for excellence.”

## **5 Elements of QAPI**

As required by the Affordable Care Act<sup>5</sup> (ACA), CMS released a Quality Assurance and Performance Improvement (QAPI) program framework in July 2011 entitled the “5 Elements of QAPI.” As the first significant QAPI documentation published, the ‘5 Elements’ should be utilized as a guideline when creating individual QAPI programs. The list is the initial predecessor to the official regulations, due to be promulgated by CMS in the next year or two.

“It's not too prescriptive in the regulation; it's going to be survey-driven. At the time of survey, [providers will] need to show the surveyors evidence of what their QAPI approach has been and how their process meets the five elements,” said Phillips. “Maybe falls aren't an issue, but they have an issue with medication dispensing. This gives the nursing home the ability to focus on what their own issues are and to do what works best for them.”

In order to help providers, the ACA stipulates that CMS will be required to “provide technical assistance to facilities on the development of best practices”<sup>6</sup> in order to eventually meet the official QAPI standards.

“In essence, the ACA is mandating that CMS partner with providers by requiring CMS to provide technical assistance. This approach is much more collaborative than the more punitive-like approach CMS takes with nursing facilities during the survey process where surveyors often look for problems and do not offer solutions or helpful suggestions,” said healthcare attorney Paula Sanders, Principal, Post and Schell, P.C. ([www.postschell.com](http://www.postschell.com)), Harrisburg, PA. “These provisions in the ACA are a marked departure from other legislation affecting the long term care industry. Until we see the full draft regulations, we won't know how close to that paradigm the regulations will come.”

In order to provide this technical assistance, CMS is currently developing a variety of materials that will supplement the forthcoming regulations.

“There is substantial development and testing of a variety of materials not only in the demo, but also in other environments in various nursing homes and through some of the professional organizations, QIOs and other entities as well,” said Alice Bonner, PhD, RN, Director, Division of Nursing Homes, Survey and Certification Group, CMS. “We're working

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<sup>5</sup> Section 6102 of the Affordable Care Act, Sec. 11281(c), (1)

<sup>6</sup> See #3.

closely with numerous partners to be sure that information that will be able to help nursing homes, such as technical assistance, is as widely available as possible as we move toward national rollout.”

The following summary of CMS’ 5 Elements of QAPI<sup>7</sup> provide a general framework and starting point for nursing homes in developing their own QAPI program:

**Element 1: Design and Scope**

When fully implemented, a QAPI program should address clinical care, quality of life, resident choice and care transitions, utilizing the best available evidence to define and measure goals. Nursing homes will have in place a written QAPI plan adhering to these principals.

**Element 2: Governance and Leadership**

The governing body and/or administration of the nursing home develops and leads a QAPI program that involves leadership working with input from facility staff, as well as from residents and their families. The governing body is also responsible for establishing policies to sustain the QAPI program and setting expectations around resident safety, quality, rights, choice and respect. While staff is held accountable, they understand they will not be punished for errors so as to not fear retaliation for reporting quality concerns.

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

The facility must put systems in place to monitor care and services, including channels of feedback that use Performance Indicators to monitor a wide range of care processes and outcomes and reviewing findings against facility benchmarks and performance goals. Tracking, investigating and monitoring Adverse Events and implementing action plans to prevent recurrences will be key.

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

The facility must conduct Performance Improvement Projects (PIPs) on a particular problem in one area of the facility or facility-wide. This involves gathering information systematically to clarify issues or problems and intervening for improvements.

**Element 5: Systematic Analysis and Systemic Action**

The facility uses a systematic approach to determine when in-depth analysis is needed to fully understand a problem, its causes and the implications of change. Additionally, facilities will be expected to develop policies and procedures and demonstrate proficiency in the use of Root Cause Analysis. This element includes a focus on continual learning and continuous improvement.

Creating an effective QAPI program will be a challenge for providers. According to Gifford, it will take providers anywhere from six months, for those facilities that are already engaged in real quality assurance, to three years to adopt.

“QAPI programs don’t just spring up over night,” said Kane. “Looking at the 16,000 nursing homes around the country, they have varying abilities to do things and varying emphasis on QAPI. This program emphasizes getting feedback from residents, direct front line staff and benchmarking your nursing home.”

Nursing homes will need to create a facility and corporate-wide infrastructure that supports and effectively strengthens their internal capacities for data collection and analysis, while developing strategies that can identify the causes of both persistent and isolated problems, all while developing plans to prevent them.

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<sup>7</sup> For the full version, visit: [www.cms.gov/SurveyCertificationGenInfo/Downloads/fiveelementsqapi.pdf](http://www.cms.gov/SurveyCertificationGenInfo/Downloads/fiveelementsqapi.pdf)

## **The Making of a Quality Assurance Committee**

While the Affordable Care Act of 2010 heightened regulations for nursing home quality assurance and compliance, a number of regulations from OBRA '87's F520 remain the authority, including its specifications for the creation of a quality assurance committee. As required in F520 483.75(o) Quality Assessment and Assurance, a facility must maintain a QAA committee that consists of, but is not limited to:

- The Director of Nursing (DON)
- A physician
- At least three other members of the facility's staff that may include: the administrator, the medical director, staff with responsibility for direct resident care and services and/or staff with responsibility for the physical plant

According to F520, the committee must meet at least quarterly, to "identify issues with respect to which quality assessment and assurance activities are necessary."

The committee will use a variety of data sources from the facility to identify issues, including open and closed record audits, facility logs and tracking forms, annual surveys, complaints and lawsuits, focused rounds that examine a particular aspect of care, incident reports, sub-committee reports where applicable, family/staff satisfaction surveys and the facility's 800 hotline.

Secondly, the QA committee must "develop and implement appropriate plans of action to correct identified quality deficiencies."<sup>8</sup> Action plans may include, but are not limited to: the development and revision of clinical policies and procedures, plans to purchase new or repair equipment, staff care training and staff procedural training.

The QA committee's action plan should clearly identify and define its mission in writing and be shared across the facility for implementation purposes. Establishing a clear goal is crucial, while benchmarking will provide the method for a facility to carry out its goal, comparing its performance to established standards that are set internally.

Once the plan of action has been set, the QA committee must identify how performance data will be collected and appoint a committee member responsible for carrying out the plan.

## **Discovery and waiver of privilege**

OBRA '87's F520 also remains the standard for the QA committee's discovery and waiver of privilege. According to F520, "Records of the committee meetings identifying quality deficiencies, by statute, may not be reviewed by surveyors unless the facility chooses to provide them." The regulation goes on to say that "the facility is not required to release the records of the QAA committee beyond those that demonstrate compliance with the regulation."

"Facilities don't do a good job at protecting these documents so they may become available to lots of folks for lots of reasons," said healthcare attorney Donna Senft, Principal, Ober/Kaler, Baltimore ([www.ober.com](http://www.ober.com)). "If you don't understand the concept of privilege and how to properly protect documents then you're afraid to put things in writing for fear the documents can be discovered. So, you don't see a detailed analysis of what happened and the development of a comprehensive action plan because people are afraid to provide a road map to what went wrong."

According to healthcare attorney Howard Sollins, Principal, Ober/Kaler, the law makes a distinction between three kinds of documents:

1. Source materials that are routinely created in the ordinary course of events (i.e. charts,

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<sup>8</sup> F520 483.75(o) Quality Assessment and Assurance, Omnibus Budget Reconciliation Act of 1987.

clinical records of events that happen, etc.).

2. Materials that are developed as part of the QA process that are used for analyzing one or multiple cases, i.e. looking for a trend or the root cause of an isolated, significant event.

3. Materials that come out of the QA process like policy changes or new policies and procedures, including training and notices.

While the first and second types of materials are part of the QA process, they are not considered QA materials because they aren't QA-generated documents. The third are QA-generated and are therefore protected.

“If you don't have an organized QA process, all of these types of materials can get blurred together and it becomes more difficult to demonstrate that an effective quality assurance process exists without risking disclosure of otherwise confidential material,” said Sollins. “Then, people are in a position where they need to disclose something and the confidential part is blended in.”

Sollins provides the following example to illustrate his point:

*An issue arises that merits QA review. Materials are gathered that are not protected, such as clinical records. Those materials are evaluated in a confidential process that may result in a wider review. New policies and training come out of the QA process that makes use of the confidential review, but which is a public effort to demonstrate improvements. The proper understanding, identification and handling of QA materials is essential to effectively using this approach.*

In addition to the F520 federal regulation, individual states may also attach an additional privilege to the QA committee. According to Senft, for example, the State of Maryland has a peer review privilege that extends to certain healthcare settings, including hospitals and nursing facilities. This state law, however, requires certain formalities regarding the committee structure to get the state peer review privilege.

Waiver of Privilege TIPS: (mini-side bar in THIS section)

- Documents created by or at the request of the QA committee may be protected
- Once something is done outside the confines of the QA committee, it won't necessarily be protected.
- Mark confidential QA committee-generated documents as such and refrain from widely distributing them; maintain them in a secure location
- Attorneys should be brought in to help structure the process and then consulted in particular instances based on what is identified through the QA process, since the attorney-client privilege adds another layer of protection
- Ensure that consultant reports are done appropriately, taking advantage of the QA, state law and/or attorney/client privileges, as opposed to an Ad Hoc review outside of the QA program without any of these protections
- There should be a strong connection between QA and corporate compliance. This relationship can have implications for operations, including billing and administrative activities.

## **Root Cause Analysis**

Now that the Quality Assurance Committee has been established and protected, how will it identify issues and implement the appropriate plans to meet QAPI's 5 Elements?

In Element 5, QAPI requires nursing homes to "demonstrate proficiency in the use of Root Cause Analysis."<sup>9</sup> Used by a variety of different industries as a tool to identify why something went wrong, Root Cause Analysis (RCA) utilizes a simple five-step process that asks "Why?" at each juncture, digging deeper and deeper until the root cause of the problem is clear (see illustration). The 5 Why's are:

1. Q: Why is this happening? A: Because X.
2. Q: Why did X happen? A: Because Y.
3. Q: Why did Y happen? A: Because Z.
4. Q: Why did Z happen?
5. A: Because of the following root cause: \_\_\_\_\_.

Like peeling the layers of an onion, RCA is the vehicle that will drive nursing homes from surface-level red flags to the discovery of their core problems.

"Root cause analysis is about trying to understand the problem behind the problem," said Kane. "If problems occur repeatedly, it may mean that the system for getting work done is more at fault than any individual problem. Root cause analysis is an important part of the systems thinking CMS hopes to gain with QAPI in nursing homes."

Working through the analysis will lay the groundwork for any QA committee plan of action.

"Most folks are good at figuring out something went wrong and may even be good at figuring out that the system is broken," said Senft. "But, taking the time and understanding how to analyze why did the breakdown occur and how does the system need to be fixed? It's doing that analysis to figure it out, formalizing an action plan and identifying who will be accountable and making sure that it gets done. Sometimes you get to the point of doing the analysis and what needs to be fixed, but the action plan doesn't get developed, isn't detailed enough, etc. You've got this process you've got to follow through from beginning to end. RCA is a powerful tool."

Like any formula, though, when used properly as part of a broader QAPI program, RCA can achieve the desired results, and when used incorrectly, will not provide the needed benefit.

"Quality assurance is comprehensive in its nature. Everyone is looking for the one thing that's going to turn it around, but it's never just one thing," said Gifford. "RCA works if you adopt a philosophy that you want to make improvements in the best possible way. If you do RCA to make sure you don't get punished then you don't look for ways to make things better. RCA is just one component."

## **Quality Assurance Training**

Another crucial element of any QAPI program is effective training. From the Board of Directors and Administrators to front line staff, the continuous training of staff members on the proper ways to perform care as well as the organizational and procedural functions specific to each facility will raise the bar on quality.

Section 6121 of the ACA mandates enhanced nurse aide training, specifically on abuse prevention and care of persons with dementia. To fulfill this mandate, in August 2011, CMS revised the Interpretive Guidelines of OBRA '87's F497<sup>10</sup> to mandate the inclusion of these two

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<sup>9</sup> See #7.

<sup>10</sup> F497 483.75(e)(8) Regular In-Service Guidelines, Interpretative Guidelines, Omnibus Budget

topics in the yearly training program for nurse aides. CMS is currently developing a regulation to mandate training on these topics.

Training can take place through a variety of different mediums, including on-line learning modules, in-services and by reading written materials. Effective training is both interactive and meaningful when the nursing home has the ability to track whether its employees understood the information presented enough to put it into practice.

“Effective training is extremely important,” said Senft. “Maybe you do the staff education, but then don’t go back and ask yourself, ‘Did behavior actually change because the materials you provided in the training actually worked?’”

Senft says the ability of staff members to actually integrate what they’ve learned into their daily work routine is one of the most common training pitfalls, while the inability to tailor training to adult learning styles is another. Other common training challenges include the lack of a dedicated staff member to training and reaching employees on all shifts with in-person training sessions.

Beyond the typical roadblocks, the ultimate goal should be to create a standardized training program with consistent and targeted instruction across all shifts and employment levels.

Ric Henry, President of Pendulum, a risk management consulting firm based in Albuquerque, NM ([www.wearependulum.com](http://www.wearependulum.com)), says in addition to meeting standards, training also helps nursing homes improve their consistency and effectiveness.

“Training is not just what a facility needs to do to comply; it’s a best practice. Training becomes a guide for the staff that should be reflected in the facility’s policies and procedures,” said Henry. “It’s going to minimize the risk of liability. Best practice to us means it covers the quality component and the risk component.”

### **Changing the face of care**

When enhancing the quality of care program in any SNF or LTC facility, nursing homes will need to build new internal infrastructure and in some cases re-create existing policies and procedures, with the quality of patient lives both the ultimate goal and a yardstick for the measurement of success.

“Taking into account quality of life, resident choice and the full range of programs in a nursing home, there’s a lot to do to have a QAPI program. There will need to be a lot of hands on deck to get facilities ready for this,” said Dr. Kane.

America’s nursing homes must look inward to evaluate, modify and upgrade their quality of care, while CMS works simultaneously to further define, develop and prepare the final QAPI regulations and its corresponding literature. Both will remember that establishing a minimum isn’t the goal this time. The quality of life is.

“How do we not just meet compliance or create quality reports?” said Phillips. “What does that care look like to the people we are here to serve? That’s ultimately our purpose.”

#### **SIDE BAR A:**

#### **Medicare Budget Cuts: Effective October, 2011**

Effective October 1, 2011, the Centers for Medicare and Medicaid have cut Medicare reimbursement rates by an average 11.1% for all SNFs as well as refined group therapies.<sup>11</sup> This

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Reconciliation Act of 1987.

<sup>11</sup> Department of Health and Human Services, Centers for Medicare and Medicaid Services. Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities for FY 2012; 42 CFR Part 413.

reduction may be smaller or larger for individual nursing homes, depending on their specific case-mix and geographic location.

This cut in reimbursements comes at a time when heightened quality of care regulations may have already directly impacted quantity of staff and allocated resources, tightening the belt for today's nursing home providers. One common suggestion includes cross-training support staff members on patient care, therefore deepening the pool of employees and elevating the ranks of certified nursing assistants within the facility.

#### SIDE BAR B:

##### **SPOTLIGHT ON/CASE STUDY: AristaCare Health Services**

AristaCare Health Services led its own in-house staff training for years. But, with nearly 1,000 beds in five East Coast facilities, staff members found it challenging to deliver engaging content across three shifts that employees could adopt and retain. AristaCare felt its competitive edge in sub-acute and post-acute training was deficient compared to other homes at all levels of staff care.

“Our training was good, but we struggled to keep it fresh and relevant and at the necessary levels to deliver quality care,” said Renee Pruzansky, AristaCare’s chief operating officer. “We needed a solution that was interactive, engaging, comprehensive and all inclusive of the complex education needed for centers caring for higher acuity level patients and available to our employees 24 hours a day, 7 days a week.”

Upstairs Solutions worked with AristaCare to standardize training by providing comprehensive content and 24/7/365 online instruction to its staff.

By year-end, AristaCare saw a 57% increase in certain areas of patient satisfaction over the previous year and a 42% increase in customer service directly related to the customized training it developed. But, equally important are the improvements AristaCare saw in its annual survey ratings.

“In our annual surveys, we could see that the more streamlined and customized education we provided, the better we did. We examined our survey to see where we were getting hit and saw improvements in the areas where we had focused training,” said Pruzansky. “Now, everyone throughout our facilities understand their impact on care and takes pride in delivering the best care possible.”

#### SIDE BAR C: (Use QAPI symbol)

##### **Preparing for QAPI: Tips for Senior Leaders**

###### 1. Know the facts about QAPI

- Review the QAPI language in the Affordable Care Act (Sec. 6102. Accountability Requirements for Skilled Nursing Facilities and Nursing Facilities<sup>12</sup>, see “additional information from CMS” link below).
- Review the 5 Elements of QAPI (see page X).
- Review additional information from CMS:  
[https://www.cms.gov/SurveyCertificationGenInfo/05\\_QAPI.asp](https://www.cms.gov/SurveyCertificationGenInfo/05_QAPI.asp)

###### 2. Help key stakeholders such as your board of directors, leadership team and staff learn more about QAPI. Get buy-in now!

- Provide facility-wide education on QAPI.

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Visit: <http://www.gpo.gov/fdsys/pkg/FR-2011-08-08/pdf/2011-19544.pdf>

<sup>12</sup> See #3.

- Review key concepts and principals of performance improvement.
  - Review your organization's current improvement or problem-solving model, or identify a model that you will use (examples: IHI's model for improvement with PDSA cycles<sup>13</sup>, Six Sigma/DMAIC<sup>14</sup>, Lean<sup>15</sup> and FMEA<sup>16</sup>)
3. Meet with other leaders about QAPI
    - Visit some of your provider partners that have QAPI programs already in place (hospitals, hospice programs, etc.) to hear more about how they have already implemented a successful QAPI program.
    - Think about other nursing homes that have performance improvements already in place. Visit them to learn more about their approach to improvement.
    - Meet with your corporate office to discuss your approach to QAPI, if applicable.
  4. Think about how to restructure your QAPI program. Some questions might be:
    - Who will lead the program?
    - Will you use a steering committee?
    - Will you adapt your QAA committee to fulfill this function?
    - What process will you use to develop your QAPI plan?
  5. Consider your current culture and how it will promote performance improvement
    - Do all staff, residents and families feel free to speak up to identify areas that need improvement? If so, how do you know?
    - Do you need to promote awareness of performance improvement and create the expectation that everyone in the nursing home needs to be involved?
    - How well does your staff work in teams? How do you know?
    - How good is your organization at drilling down to identify the underlying causes of problems so that you can effectively prevent them from recurring?
    - Have your previous improvement efforts been successful? What contributed to the success? What were the challenges/barriers?
    - How good are you at using data to drive your improvement efforts? What data sources are or could be used to assist in future improvement efforts?
  6. Think about a potential project that can get you an early success

*Source: CMS QAPI program<sup>17</sup>*

#### SIDE BAR D:

#### **CMS initiates 2-year QAPI Demonstration Project**

The Centers for Medicare & Medicaid has contracted with the University of Minnesota (U of M) and its subcontractor, Stratis Health ([www.stratishealth.org](http://www.stratishealth.org)), an independent non-profit quality improvement organization, to conduct a demonstration project that will develop and test materials, including a number of best practice examples for CMS' future national QAPI regulation rollout. The project will include 17 nursing homes in four states that together represent a wide spectrum of facilities in size, location, prior quality assurance experience, chain-owned, non-profit and independent facilities.

<sup>13</sup> PDSA cycle: <http://www.ihl.org/knowledge/Pages/HowtoImprove/default.aspx>

<sup>14</sup> Six Sigma/DMAIC: <http://www.6sigma.us/dmaic-step-one-define.php>

<sup>15</sup> Lean: <http://www.lean.org/WhatsLean/>

<sup>16</sup> FMEA: <http://asq.org/learn-about-quality/process-analysis-tools/overview/fmea.html>

<sup>17</sup> Tips for Preparing for Quality Assurance Performance Improvement (QAPI), Suggestions for Senior Leaders, <http://www.kahcf.org/files/Tips%20for%20Preparing%20for%20QAPI.pdf>

“The demonstration project is going to try to determine what’s involved in implementing QAPI in a variety of different nursing homes with different characteristics,” said Dr. Rosalie Kane, Professor, Division of Health Policy & Management, University of Minnesota and QAPI demonstration project director. “We’re going to try to learn some things that are involved in implementing QAPI and making it happen. It’s one thing to have a list of expectations, but what are the roadblocks? How useful are the various materials that have been created?”

The program began in the fall of 2011 and will continue through August 2013. Participating facilities will receive tools and resources to develop and manage their own QAPI programs, including early access to a developing online QAPI resource library offering training modules, evidence and best-practice case studies. Facilities will receive tailored technical assistance in the form of a personal liaison both in-person and by phone. With four program-wide, in-person meetings and regular webinar and telephone conferences over the course of the two-year program, participating homes will interact with their peers through specific communities of practice.

CMS provided each facility participating in the project with \$5,000 at the time of joining and an additional \$10,000 after October 2011 to help offset travel and other expenses incurred by the facility. Only the facility itself and the QAPI contractor will have access to data developed during the demonstration. CMS surveyors will not be privy to any identifiable facility data.

D’Youville Life and Wellness Community in Lowell, Massachusetts, is one of the few nursing homes chosen to participate in the demonstration project. They are currently working on identifying which aspects of quality care they are going to follow and track first. Although D’Youville already had a quality assurance program in place, including a dedicated performance improvement nurse, the nursing home has a number of internal goals for the project.

“We want to see more direct employee involvement in the entire process and we also hope it connects the dots between the departments so the quality is consistent across the home,” said Kathleen McCarthy, director of Human Resources for D’Youville. “If there are any gaps in performance, we will identify them and have the right people involved to rectify it.”

According to McCarthy, training is an “extremely important” part of achieving QAPI compliance. Already using online training provider Upstairs Solutions, D’Youville has reached close to 100% training compliance with its 300 plus employees.

“Training is essential for assuring quality of care,” said McCarthy. “We basically mandate that they do certain courses on Upstairs Solutions. Every month, there is assigned course work that they have to do on the clock if they’re hourly employees.”

For those that are participating, the QAPI Demonstration Project provides a once in a lifetime opportunity to affect real policy change.

“We have a chance to shape the way the QAPI process will ultimately work for nursing homes across the country,” said McCarthy. “We are very excited about that.”

#### QAPI Demonstration Project Nursing Homes:

##### **California**

Cedar Crest Nursing and Rehabilitation Center, Sunnyvale

Lincoln Glen Nursing Facility, San Jose

Mercy Retirement & Care Center, Oakland

San Miguel Villa, Concord

##### **Florida**

Habana Health Care Center, Tampa

Oak Manor Healthcare and Rehabilitation, Largo  
St. John's Nursing Center, Lauderdale Lakes

**Massachusetts**

D'Youville Life and Wellness Community, D'Youville Senior Care, Lowell  
Julian J. Leavitt Family Jewish Nursing Home, Longmeadow  
Liberty Commons, North Chatham  
Stonehedge Rehabilitation and Skilled Care Center, West Roxbury

**Minnesota**

Benedictine Health Care Center, Duluth  
Ecumen Parmly LifePointes, Chisago City  
Good Samaritan, Ambassador, New Hope  
Perham Living, Perham  
Sterling Park Health Care Center, Waite Park

SIDE BAR E:

**DID YOU KNOW?**

Today, over 16,000 nursing facilities provide services to more than 2.5 million post-acute care patients and long-stay residents admitted to nursing facilities annually.<sup>18</sup>

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<sup>18</sup> Avalere analysis of the 2009 Medicare Healthcare Cost Report Information System (HCRIS) and Point of Service (POS) databases from the Centers for Medicare and Medicaid Services. (Published in the AHCA's 2011 Annual Quality Report.)