2D. QAPI for PAS Agencies

Presented by:

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Objectives for PAS Providers

Upon completion of this activity, the participants....
• Will be able to list the essential components of a compliant QAPI program
• Can describe the who and what of a Quality Committee Meeting
• Can explain why the COVID 19 Pandemic created many changes in the PAS agency’s approach to QAPI
• Can describe the role of the Emergency Preparedness Plan (EPP) in responding to a Public Health Emergency
• Can list required documentation to demonstrate compliance with the EPP
Quality Assessment and Performance Improvement

The QAPI Program  Reg. 588.256

• There must be an ongoing program focused on reasonable client outcomes
• Must have a written plan of implementation
• Must be implemented by a QAPI Committee
• Committee must review plan at least annually and revise if necessary
Who is on the committee

The committee may be as large as necessary to review the agency’s program but include at least:

• The Administrator
• The Supervisor (Nurse, Therapist, or Attendant Supervisor if no professional services offered)
• A representative provider of each service or discipline offered.
• Committee meets to conduct QAPI activities at least biannually or more often if needed.

Mandatory Monitors

• Records to determine that service conforms to ISP
• Negative Outcomes and incidents
• Complaints and reports of unprofessional conduct and misconduct
• Infection control
• Satisfaction Surveys (offered to ALL clients)
• Annual Evaluation of total operation with recommendation for policy and procedure changes as needed
Incidents

• Include client incidents such as falls
• Include staff incidents such as injuries on the job
• Describe events surrounding the incident including anything that might have been done to prevent it
• Motor vehicle accidents of workers on duty are agency incidents.
• Some say “anything you could get sued for should be considered an incident”

Negative Outcomes

• Unintended consequences of care
• May be revealed through documentation – failure to follow the ISP, etc.
• May be revealed through supervisory visits
• May be revealed through other monitors, eg the incident log or the complaint log
Complaints

• May come from anyone involved-client, family, physician office, neighbor, attendant, supervisor, etc.
• May be received by anyone but must be received and processed following established, known process
• Any complaint that creates a belief that Abuse, Neglect, or Exploitation may have occurred must be self-reported to DFPS and HHSC within 24 hours
• Be sure that receipt and subsequent actions are properly documented and timed

Client Satisfaction

• 100% of clients/families must be given an opportunity to express degree of satisfaction.
• Document that your process involves all clients – either all discharges or all clients at defined length of service
• May be done through written survey, telephone canvas, by supervisors at supervisory visits.
• Document questions asked and responses gained, generally a Likert scale is employed
Infection Control

• All infections should be recorded and categorized – respiratory, urinary, etc.

• May be discovered by client report or through screening process or by assessment of attendant – confusion, fever, client complaint etc.

• Document the outcome – recovered, treated, got referred for skilled care, etc.

PAS Changes Due to Pandemic

• PAS providing attendant services only rarely collected much data related to client infections unless they were brought to the attention of attendant or supervisor

• Now required screening prior to visits brings many more infections to the attendant’s attention. These should be reported and followed up to the level of understanding of the staff involved.

• Still do not require medical definition, knowledge of drugs and treatment, etc.
More Pandemic Changes

• Many agencies, PAS and otherwise, historically did not record accurate data about employee infections despite this being best practice.
• Now the required employee self-monitoring and pre-visit screening should result in more reports of various infections experienced by employees.
• All infection reports should reflect the outcome of the infection or why this is not known.

What Does the EPP Have to do With This

• Texas requires each agency to conduct at least one emergency response to test their Emergency Preparedness Plan each year.
• This response can be an activation of the plan in a true disaster or emergency or, if none occurs, can be a drill performed for a “pretend” disaster.
• Infections due to SARS-CoV-2, a disease named COVID-19, caused the Federal Government to declare a Public Health Emergency followed by the WHO declaring that a world-side Pandemic was in progress.
EPP Reflection in QAPI

• Client and staff member infections must be tracked within infection logs.
• Those that reflect COVID should be so identified
• Patterns of cross contamination should be sought and discussed in committee
• This, like all QAPI logs and discussions within the committee must be held completely confidential.

EPP Activation continued

• Training provided to clients and staff regarding their responsibilities at the current phase of the plan implementation and what is expected of them
• Any events experienced and what actions were taken in response e.g. supply shortages, infections or incidents experienced by staff members or clients etc.
• Any actions taken or declarations made by federal, state, or local governing jurisdictions e.g. shelter in place orders, essential service declarations, etc.. Include agency response to comply with these orders.
EPP Activation Continued

• Ongoing updates as directives from authorities change or interpretations of local conditions change
• Close communication with staff and clients to maintain ways to know what is going on and what parts of the plan implementation may not be having intended consequences

Steps Following the Emergency

• Evaluate the agency response
  • Was call tree effective, staff and client communication efficient
  • Did events occur that agency was unable to manage, could they have been anticipated, what changes are suggested to the plan
  • Was support available from state and local authorities, could better support be arranged next time
  • Did administration and staff meet the requirements of each phase
• Debrief Staff Members regarding the results of the evaluation
• Revise Emergency Preparedness Plan to reflect needed changes.
Further and Future Questions

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