Winter Conference
Thursday, February 9, 2023
2:45pm-4:15pm

3b. Pediatric QAPI Compliance: How to Avoid Costly QAPI Fines by Collecting Relevant Pediatric Data

Presented by:
Beverly Sepulveda, MBA, BSN, RN, CEO, Founder, Principle Consultant, SynerImages Healthcare Consulting

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Winter Conference

Vesta®
Pediatric QAPI Compliance: How to avoid costly QAPI fines by collecting relevant pediatric data

Beverly Sepulveda, BSN, RN, MBA
www.synerimages.com

Agenda

- Review the required elements for QAPI documentation
- How to write a QAPI program for pediatrics
- How to document and collect the required QAPI data elements
- How to document identified areas for performance improvement in your QAPI meeting minutes

§558.287
What is QAPI?

- QAPI is the merger of two approaches to quality management:
  - Quality Assessment (QA)
  - Performance Improvement (PI)

Quality Assessment

- **Quality standards** - Are established identifiers for improving patient outcomes, i.e., clinical records, medication administration
- **Acceptable Care** – It is all about the results!
  - **Reactive** – How effective was the Plan of Care or Individualized Service Plan is effective
  - **Retrospective** – A review regarding how the patient responded to services provided
Performance Improvement

The purpose of PI is to

1. Prevent incidents
2. Decrease the probability of future incidents by
   • Implementing
     • Proactive measures
     • Continuous monitoring

55.287(a)(1)
What is Required and How Do You Implement?

• Must have a written QAPI program that includes your data collection forms.
• Collect data as written in your QAPI plan each month or at the stated policy frequency.
• Analyze the data before each QAPI meeting to report on the results of the data collected.
55.287(a)(1) What is Required and How Do You Implement?

- Make sure the required QAPI members participate
- At the QAPI meetings, review, discuss and write corrections (if necessary) for each required element and document in the meeting minutes.
- Do this at least two times per year for QAPI compliance

It Starts With Planning

2/6/2023
The Annual Meeting Calendar

- Create an annual meeting calendar for all of the committee meetings your agency needs to hold for the year.
- Send out meeting invites to all of your committee members
- Meetings may be held by video conference calls
- Member participation may be signed electronically
- Meeting minutes may be signed electronically

Schedule The Entire Year
Select Your Committee Members

Sample QAPI Committee: Example 1

HCSSA Agency: Speech Therapy Services Only

- **Administrator:** Betty Sue Anderson, SLP
- **Supervising Therapist:** Betty Sue Anderson, SLP
- **Speech Therapy:** Julie Franklin, SLP
- **Biller:** Debbie Davis
Sample QAPI Committee: Example 2

HCSSA Agency: Therapy Only Services

*Administrator: Betty Sue Anderson, SLP/ Alternate Administrator
*Supervisor: Betty Sue Anderson, RN
*Speech Therapy: Julie Franklin, SLP Assistant
*Occupational Therapy: John Smith, OTA
*Physical Therapy: Nancy Garcia, PT

Sample QAPI Committee: Example 3

HCSSA Agency: PAS services only

*Administrator: Martha Anderson
*Personal Assistance Supervisor: Martha Anderson
*Personal services: Rose Melancon, RN
Sample QAPI Committee: Example 4

HCSSA Agency: Private Duty Nursing services only

- **Administrator:** Martha Anderson, OT
- **Supervisor:** Martha Anderson, OT
- **PDN services:** Kathy Luna, LVN
- **Office Manager:** Sarah Sanchez

Committee Confidentiality

QAPI documents must be kept confidential and be made available to HHSC staff upon request.
Company Name
Committee Member

Statement of Confidentiality

The undersigned agrees never to reveal committee meeting information to non-authorized person confidential or proprietary information during and after the term of his/her employment, without the express written consent of his/her service.

The undersigned understands and agrees that revealing confidential or proprietary information to a non-authorized person is grounds for immediate termination for cause and the seeking of injunctive and such other legal and/or equitable remedies, as may be made available during or subsequent to the undersigned’s duration of service.

The undersigned hereby acknowledges that he/she has thoroughly read, understands, and agrees to the above.

Member Signature ______________________ Print Name ______________________
Title: ______________________ Date: ______________________

Witness Signature ______________________ Print Name ______________________
Title: ______________________ Date: ______________________

2023 COMMITTEE PARTICIPATION E-SIGNATURES

• Agency Name
• All committee meetings minutes will be stored electronically
• Validation signatures of participation are listed herein
• Committee members

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<thead>
<tr>
<th>Title</th>
<th>Print Name for E-Signature</th>
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<td>Other:</td>
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Sample QAPI Meeting Guidelines

**Attendees:** The committee representatives **Required** to participate are the Administrator or Alternate Administrator, a Supervising Therapist or Alternate Supervising Therapist, and a therapist from each discipline of service offered. **Optional** participating attendees may be therapy assistants, registered nurses and other administrative personnel.

**Function:** A QAPI program will be ongoing and focused on client outcomes that are measurable and have a written plan of implementation. The QAPI program will include a system that measures significant outcomes for optimal care. The QAPI Committee will use the measures in the care planning and coordination of services and events. The measures will include the following as appropriate for the scope of services provided by this agency:
Review the following QAPI Information: Chart Audits

Analysis of a representative sample of services furnished to clients in both active and closed records —Chart Audits

Here you will need a chart audit form for each of the services you provide. This is where you review compliance with documenting all of the Plan of Care or ISP evaluation report and all other items required.

Review the following QAPI Information: Chart Audits

Review of negative client care outcomes —Chart Audits

Here is where you will review when reading the charts how the clients are responding to the services provided. Are the clients responding to the services provided? Are client getting discharged for goals met?
Review the following QAPI Information: Complaints and Incidents

Complaints and incidents of unprofessional conduct by licensed staff and misconduct by unlicensed staff —Compliant form and Incident form

Here you will need to have a Compliant form and an Incident form. All staff must be aware of these forms and encouraged to use the forms. The Administrator or Alt. Admin. must address issues at the time they are reported.

Copies of the completed forms are then reviewed to identify areas for improvement and recommend new avoidance measures.
Review the following QAPI Information: Infection Control

Infection Control activities—Infection Control Report and Chart Audits

An Infection Control Report Log as well as an infection report the provider in the field may complete to document infections reported by the clients.

Review the following QAPI Information: Medication Administration

Medication administration and errors—Medication error report form

- If any errors were reported, the reports must be discussed at this committee meeting.
- Note* Medication administration and errors will not be tracked as required by HHSC secondary to no administration of medication will be administered in this Therapy only HCSSA.
Review the following QAPI Information: Quality of Plan of Care

Determination that services have been performed as outlined in the plan of care —Chart Audits

- If a practitioner orders skilled treatment, then the appropriate health care professional must prepare a plan of care.
- The plan of care must be signed and approved by a practitioner in a timely manner.
- The plan of care must be developed in conjunction with agency staff and must cover all pertinent diagnoses, including:
  - Mental status
  - Types of services
  - Equipment required
  - Frequency of visits at the time of admission
  - Prognoses
  - Functional limitations
  - Activities permitted
Review the following QAPI Information:
Quality of Plan of Care

• Medications
• Nutrition Requirements
• Treatments
• Any safety measures to protect against injury
• And any other appropriate items.
• The plan of care must be revised as necessary, but it must be reviewed and updated at least every six months.

Review the following QAPI Information:
Quality of Plan of Care

If a practitioner has not ordered skilled care for a client, then the appropriate health care professional must prepare a care plan. The care plan must be developed after consultation with the client and the client’s family and must include:

☐ services to be rendered,
☐ frequency of visits or hours of service,
☐ identified problems,
Review the following QAPI Information: Quality of Plan of Care

- methods of intervention,
- and projected date of resolution.

The care plan must be reviewed and updated by all appropriate staff members involved in client care at least annually, or more often as necessary to meet the needs of the client.

Review the following QAPI Information: Grievance and Patient Satisfaction

An analysis of client complaint and satisfaction survey data—Grievance/Complaint Form and Patient Survey Report Form.

Review and discuss if there are any correlations between the grievances/complaints received and the results of the patient satisfaction reports received.
Review the following QAPI Information: Performance Evaluation and Competencies

Effectiveness and Safety of all services provided, including Competency of clinical staff—Performance Evaluation and Competencies

Core competencies need to be completed annually for all staff who treat clients.

The surveyor will also confirm performance evaluations were done on all staff. Discuss the how well the staff is performing and if there are any updates to competency training needed. Consider new staff training to improve performance and competency for services provided.

Review the following QAPI Information: Promptness of Services Delivery

Promptness of service delivery —Chart Audits

Review and discuss how quickly the agency is able to on board new clients. Is the agency properly staffed to handle new referrals and make recommendations to improve.
Review the following QAPI Information:
Promptness of Services Delivery

Promptness of service delivery — Chart Audits

Review and discuss how quickly the agency is able to onboard new clients. Is the agency properly staffed to handle new referrals and make recommendations to improve.

Review the following QAPI Information:
Annual Evaluation

Review the annual evaluation of the total operation, including services provided under contract or arrangement.
Sample Program Evaluation Report for each discipline of service provided:

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Review the following QAPI Information:
Annual Evaluation

The program evaluation report is used to correct identified problems and if necessary, revise policies and document corrective action to ensure improvements are sustained over time.

- Review and discuss the report to document outcome of services provided by agency staff such as:
  - Are the clients discharging for goals met or other reasons?
  - Is the agency staff appropriately for current case loads
  - Are their too few staff and not enough clients?
Review the following QAPI Information: Patient Safety

The Administrator or designee will immediately correct identified problems that directly or potentially threaten client care and safety.

Upon review of the program evaluation, it is important to comment on how your EP drills went for the year.

If there were any safety issues identified, document how it was handled by management?

How effective were your EP drills for client care and safety?

Were there any new disasters in your service areas that needs to be added to your EP training or drills?

Review the following QAPI Information: Proposed QAPI Information

Make any recommendations or changes to the proposed QAPI information.

- Document is this area of meeting minutes any corrections that were identified and is being monitored.

- This could be identified chart audit non-compliance.

- Here you can also write about your “Plan of Correction and On-going monitoring” results, if you have violations from your last site survey.
Review the following QAPI Information: Approval of Information

Approve the information contingent on changes as recommended by the committee.

- This is where you will document the “Motion to approve” and by who, then “Second the motion to approve” and by who for the findings of the meeting.

- Be sure to write the motion carries.

Example for how to write meeting minutes discussions:

12. Approve the information contingent on changes as recommended by the committee.

   Discussion of findings:
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
   ________________________________
   Motion to Approve: ________________________________
   Seconded by: ________________________________
   Follow up Action and by whom:
   ______________________________________________________
   ______________________________________________________
**Sample closing statement for QAPI meeting minutes:**

**VI. ADJOURNMENT**

The QAPI policies will continue to be reviewed annually. These minutes will be presented at the managing board meeting scheduled for: ______________________

A motion to adjourn the meeting was made by ______________________

The motion was seconded by ______________________

The motion carried and meeting was adjourned.

- QAPI documents will be kept confidential and be made available to HHSC staff upon request.

- All information will be reviewed and update or revise the plan of implementation at least once within a calendar year, or more often if necessary. The QAPI committee will meet twice a year. This committee is comprised of the administrator, the supervising therapist, and an individual representing the scope of services provided by this agency at all times.

- Record meeting minutes, attendees and present to Administrator and Board of Directors for final approval at the next board meeting scheduled for: __________

<table>
<thead>
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<th>Meeting Minutes Accepted:</th>
<th>Date:</th>
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Committee Chair
How do you write a compliant QAPI plan?

1. Obtain a copy of TAC code 558.287 regulation.
2. Write your own plan exactly as it is written in the regulation and in the same order.
3. Consider your services offered for pediatrics and what you would like measured, monitored and reported on in QAPI.
4. For each required element, then add how your agency is going to gather data to “measure, implement and review the outcomes for each element.

How do you write a compliant QAPI plan?

- If a required element does not apply to your agency, such as Medication Administration, then write next to that element: “This element does not apply because we are a Therapy only HCSSA and do not administer Medication.”
- For the elements that do apply to agency, create the form that you will be using to track measurement, implementation and outcome.
- The results of the information obtained on the forms will be then presented at the QAPI committee meetings.
(a) Quality Assessment and Performance Improvement (QAPI) Program.

(1) An agency must maintain a QAPI Program that is implemented by a QAPI Committee. The QAPI Program must be ongoing, focused on client outcomes that are measurable, and have a written plan of implementation. The QAPI Committee must review and update or revise the plan of implementation at least once within a calendar year, or more often if needed. The QAPI Program must include:

(A) a system that measures significant outcomes for optimal care. The QAPI Committee must use the measures in the care planning and coordination of services and events. The measures must include the following as appropriate for the scope of services provided by the agency:

(i) an analysis of a representative sample of services furnished to clients contained in both active and closed records;

(ii) a review of:

(I) negative client care outcomes;

(ii) complaints and incidents of unprofessional conduct by licensed staff and misconduct by unlicensed staff;

(iii) infection control activities;

(iv) medication administration and errors; and

(V) effectiveness and safety of all services provided, including:

(a) the competency of the agency's clinical staff;

(b) the promptness of service delivery; and

(c) the appropriateness of the agency's responses to client complaints and incidents;

(iii) a determination that services have been performed as outlined in the individualized service plan, care plan, or plan of care; and

(iv) an analysis of client complaint and satisfaction survey data; and

(B) an annual evaluation of the total operation, including services provided under contract or arrangement.

(i) An agency must use the evaluation to correct identified problems and, if necessary, to revise policies.
How do you implement the data collection?

- The QAPI data collection must be on-going
- Focused on client outcomes that are measurable and
- Have a written plan of implementation
How to Implement a QAPI plan

Develop a standard QAPI data collection form to track required elements

Remember to keep it simple and manageable

All of the elements listed in TAC section 558.287 apply to your agency regardless of services offered or category of services provided

Create a one sheet Data Tracking Report

• This is the time to get creative
• It can all be done electronically by using:
  • EMR
  • Scanning paper
  • Storing your reports in a “cloud-based system”
  • Project sharing software programs
Summary Comments

§558.287 (b)

- The QAPI Committee must meet twice a year
  - There is no rule as to which months of the year it must be held
  - You choose which months in the year works best for your agency
  - Most agencies choose the June or July for the 1st meeting and November or December for the 2nd meeting.
§558.287 (b) & §558.287 (c)

- The QAPI Committee must meet twice a year
- Committee must include
  - Administrator [or Alternate]
  - Supervising nurse or therapist or PAS supervisor [or Alternate]
  - Individual representing the scope of services provided by the agency [not receiving services]

§558.287 (a)(1)(c)

- Frequency of QAPI Committee Meetings
  - The QAPI Committee must review and update or revise the plan of implementation at least once within a calendar year, or more often if needed
  - The QAPI Committee must meet twice a year or more often if needed
How often must the QAPI Committee meet?

A. Quarterly  
B. Annually  
C. Twice a year  
D. Twice a year or more if needed

Summary

Frequently cited  
Committee  
Review Document
Get your answers from the source

- For policy and rule questions:
  - HHSC LTCR Policy
  - LTCRPolicy@hhs.Texas.gov
  - 512-438-3161

Questions?
References

• Texas Health and Human Services (1/2023). “Quality Assessment/Performance Improvement for HCSSAs ” presentation by Kendra Beal.

• Texas Health and Human Services (2022). Texas Administrative Code, Part 1, Chapter 558, Subchapter C, Division 4, Rule §558.287.

• SynerImages Healthcare Consulting (2023) Forms presented in talk.

Thank you!

Presented by Beverly Sepulveda, BSN, RN, MBA

We do QAPI consulting!
Contact us at:
(281) 942-9162 or (956) 618-5300
to schedule a consultation

To view all our services, go to:
www.synerimages.com