



LeadingAge®
Illinois

MOMENTUM
2023 ANNUAL MEETING & EXPO
Renaissance Schaumburg
Convention Center - Schaumburg, IL

March 8, 22H, Strengthen Documentation to Improve Quality
Nell Griffin, Telligen Program Specialist

1

Objectives

- Explain the value of flowcharting the process to identify documentation opportunities
- Use QAPI to improve timely documentation practices
- Review QAPI tools and resources to support documentation process improvement

MOMENTUM
2023 ANNUAL MEETING & EXPO

LeadingAge®
Illinois

2

“If you can’t describe what you are
doing as a process, you don’t know
what you’re doing.”

- W. Edwards Deming

3

Objective 1

Explain the value of flowcharting the process to identify documentation
opportunities

4

What is a Flowchart?

- Diagram that uses shapes to show the types and flow of steps in a process
- Break a process down into individual events or activities and show the logical relationships between them

The National Association of Directors of Nursing Administration of Long-Term Care, <https://nadona.org/wp-content/uploads/2016/04/QAPI-Tool-Kit.pdf>

MOMENTUM
2023 ANNUAL MEETING & EXPO

LeadingAge
Illinois

5

MOMENTUM
2023 ANNUAL MEETING & EXPO

LeadingAge
Illinois

Why Flowchart a Process?

- Facilitates team's common understanding of steps in a process
- Highlights decision points and decision outcomes
- Promotes system-thinking
- Provides visualization of complexity, rework and problem areas
- Helps team see where simplification, elimination of unnecessary steps and standardization may be possible
- Enables comparison of the way the process actually occurs with the planned or ideal flow

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/FlowchartGuide.pdf>

6

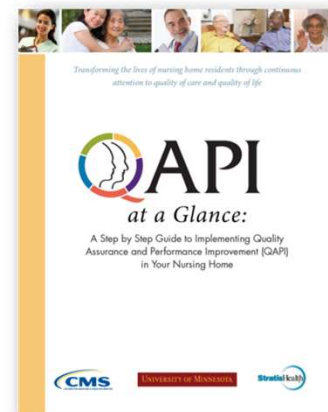
Two Documentation Pathways

1. Resident chart
 - Record of care provided
 - Confidential only certain staff have access
2. Improvement activities
 - Record of improvement activities (PIPs and processes)
 - All inclusive all staff have access

7

Quality Assurance and Performance Improvement (QAPI)

- A data-driven, proactive approach to improving the quality of life, care and services in nursing homes
- The activities of QAPI:
 - Involve members at all levels of the organization
 - Identify opportunities for improvement
 - Uncover gaps in systems or processes
 - Develop and implement improvement plans
 - Continuously monitor the effectiveness of interventions
 - Address adverse events



<https://www.cms.gov/medicare/provider-enrollment-and-certification/qapi/downloads/qapiatagance.pdf>

8

Documentation of Improvement Activities

483.75 Quality Assurance and Performance Improvement

- Maintain documentation and demonstrate evidence of
 - Ongoing QAPI program
 - Includes systems and reports demonstrating systematic
 - Identification
 - Reporting
 - Investigation
 - Analysis
 - Prevention of adverse events
- Documentation demonstrating the development, implementation and evaluation of corrective actions or performance improvement activities

<https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-483/subpart-B#483.75>

9

Systems Thinking

- A perspective that considers how things influence one another as a whole
- Seeks to understand how individual elements connect, intersect and interact

10

Requirements for Long Term Care Facilities

- [483.10 Resident rights](#)
- [483.12 Freedom from abuse, neglect, and exploitation](#)
- [483.15 Admission, transfer, and discharge rights](#)
- [483.20 Resident assessment](#)
- [483.21 Comprehensive person-centered care planning](#)
- [483.24 Quality of life](#)
- [483.25 Quality of care](#)
- [483.30 Physician services](#)
- [483.35 Nursing services](#)
- [483.40 Behavioral health services](#)
- [483.45 Pharmacy services](#)
- [483.50 Laboratory, radiology, and other diagnostic services](#)
- [483.55 Dental services](#)
- [483.60 Food and nutrition services](#)
- [483.65 Specialized rehabilitative services](#)
- [483.70 Administration](#)
- [483.73 Emergency preparedness](#)
- [483.75 Quality assurance and performance improvement](#)
- [483.80 Infection control](#)
- [483.85 Compliance and ethics program](#)
- [483.90 Physical environment](#)
- [483.95 Training requirements](#)

<https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-483/subpart-B>

MOMENTUM
2023 ANNUAL MEETING & EXPO

LeadingAge
Illinois

11

MOMENTUM
2023 ANNUAL MEETING & EXPO

LeadingAge
Illinois

Documentation in Resident chart

483.15 Admission, transfer and discharge rights

- (i) Documentation in the resident's medical record must include:
- (A) The basis for the transfer per paragraph (c)(1)(i) of this section.
 - (B) In the case of paragraph (c)(1)(i)(A) of this section, the specific resident need(s) that cannot be met, facility attempts to meet the resident needs, and the service available at the receiving facility to meet the need(s).
- (ii) The documentation required by paragraph (c)(2)(i) of this section must be made by -
- (A) The resident's physician when transfer or discharge is necessary under paragraph (c)(1)(A) or (B) of this section; and
 - (B) A physician when transfer or discharge is necessary under paragraph (c)(1)(C) or (D) of this section.
- (iii) Information provided to the receiving provider must include a minimum of the following:
- (A) Contact information of the practitioner responsible for the care of the resident
 - (B) Resident representative information including contact information.
 - (C) Advance Directive information.
 - (D) All special instructions or precautions for ongoing care, as appropriate.
 - (E) Comprehensive care plan goals.
 - (F) All other necessary information, including a copy of the resident's discharge summary, consistent with § 483.21(c)(2), as applicable, and any other documentation, as applicable, to ensure a safe and effective transition of care.

<https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-483/subpart-B#483.15>

12

Documentation in the Resident's Medical Record Must Include

The facility must permit each resident to remain in the facility, and not transfer or discharge the resident from the facility unless

- A. Necessary for the resident's welfare and the resident's needs cannot be met in the facility
- B. Appropriate because resident's health has improved sufficiently so services provided by the facility no longer needed
- C. The safety of individuals in the facility is endangered due to the clinical or behavioral status of the resident
- D. The health of individuals in the facility would otherwise be endangered
- E. The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the facility
- F. The facility ceases to operate

<https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-483/subpart-B#483.15>

13

Notice Before Transfer Documentation Requirements

Before a facility transfers or discharges a resident, the facility must

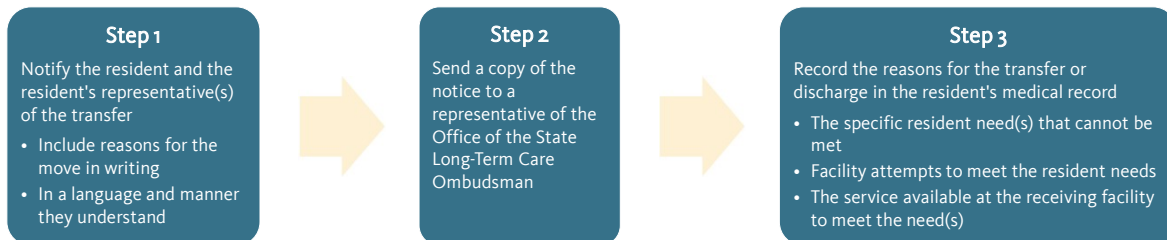
- i. Notify the resident and the resident's representative(s) of
 - The transfer or discharge and the reasons for the move in writing
 - In a language and manner they understand
 - Must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman
- ii. Record the reasons for the transfer or discharge in the resident's medical record
 - The specific resident need(s) that cannot be met
 - Facility attempts to meet the resident needs
 - The service available at the receiving facility to meet the need(s)

<https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-483/subpart-B#483.15>

14

Notice Before Transfer Process Flowchart

Before a facility transfers or discharges a resident



- In which step of the process do you see the greatest improvement need?
- How would you begin the improvement process?

15

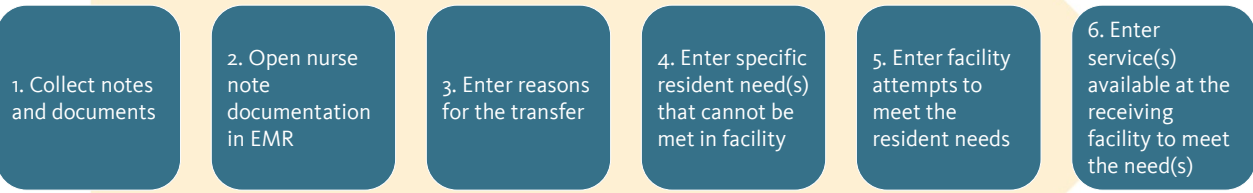
Resident Medical Record Documentation Requirement

1. Record the reasons for the transfer or discharge in the resident's medical record
2. The specific resident need(s) that cannot be met
3. Facility attempts to meet the resident needs
4. The service available at the receiving facility to meet the need(s)

<https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-483/subpart-B#483.10>

16

Resident Transfer: Medical Record Documentation Flowchart



17

Same Process: Different Visual

- **Step 1:** Collect notes and documents
- **Step 2:** Open nurse note documentation in EMR
- **Step 3:** Enter reasons for the transfer
- **Step 4:** Enter specific resident need(s) that cannot be met in facility
- **Step 5:** Enter facility attempts to meet the resident needs
- **Step 6:** Enter service(s) available at the receiving facility to meet the need(s)

18

Flowchart Templates Available in SmartArt

- Microsoft Word
- PowerPoint
- Excel

19

Objective 2

Use QAPI to improve timely documentation practices

20

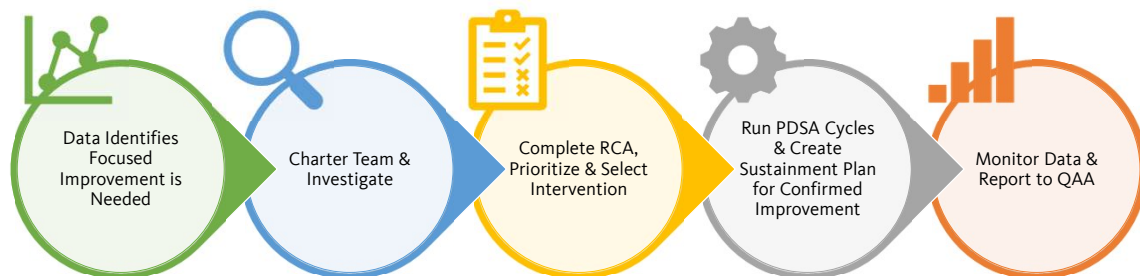
483.75 Quality Assurance and Performance Improvement

- Maintain documentation and demonstrate evidence of ongoing QAPI program
 - Systems and reports demonstrating systematic
 - Identification
 - Reporting
 - Investigation
 - Analysis
 - Prevention of adverse events
- Documentation demonstrating the development, implementation and evaluation of corrective actions or performance improvement activities

<https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-483/subpart-B/section-483.75>

21

★ QAPI Flow Chart



22

Data Identifies Focused Improvement is Needed

Assign persons or teams to monitor specific data

- QM rates above or below the state or national rate
- Ongoing monitoring of rate not remaining within defined parameters
 - Complaints
 - Incidents
 - Near misses
 - Performance compliance audits
 - Documentation compliance audits
 - Feedback from QAA Committee

23

Identify the Problem

- Start with clearly defined problem, not solution
 - What happened that should not have, or the facility doesn't want to happen
 - State the unwelcomed or harmful outcome
- Just the facts, without speculation or assigning blame

Example: Chart audits reveal only two out of 10 nurses are documenting all the required transfer details in resident chart before transfer

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/GuidanceforRCA.pdf>

24

Charter Team & Investigate

- Include report on chart audit data on agendas of next scheduled leadership team meeting and QAA committee meeting
- Identify who should be on improvement team
- Charter Performance Improvement Project (PIP)

25

Performance Improvement Project (PIP)

- Review and analyze data
- Review regulations, policies and practices related to problem
- Seek to understand why and how problem occurred
 - Create a flowchart of the process as it should be performed
 - Create a flowchart of the process as it is being performed
- Identify the gaps between the two flowcharts

26

Resident Transfer: Medical Record Documentation Flowchart Example

Flowchart according to nurse performance

1. Collect notes and documents or recall by memory
2. Open nurse note documentation in EMR
3. Enter reasons for the transfer
4. Enter if transferred by ambulance
5. Enter that family and physician were contacted
6. Enter physician order for transfer

Flowchart according to regulations

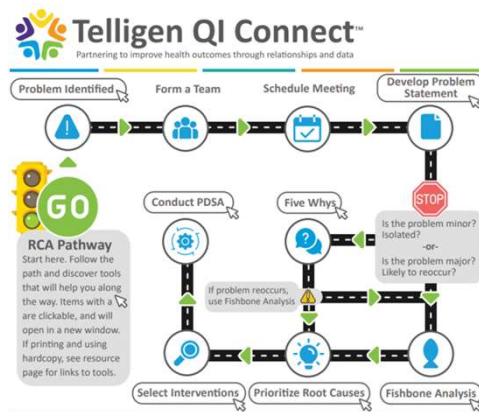
1. Collect notes and documents
2. Open nurse note documentation in EMR
3. Enter reasons for the transfer
4. Enter specific resident need(s) that cannot be met in facility
5. Enter facility attempts to meet the resident needs
6. Enter service(s) available at the receiving facility to meet the need(s)

27

Complete RCA, Prioritize & Select Intervention

- Select tools
- Rank and improve all root causes

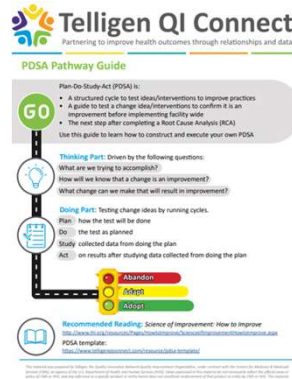
<https://www.telligenqconnect.com/resource/root-cause-analysis-rca-pathway/>



28

Run PDSA Cycles & Create Sustainment Plan for Confirmed Improvement

- PDSA templates to document while running cycles
- PDSA pathway guides steps
- Tool to support improvement sustainment



https://www.telligenqiconnect.com/wp-content/uploads/2022/02/PDSA-Pathway-Guide_FINAL.pdf

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/SustainDecisGdedebdits.pdf>

29

Monitor Data & Report to QAA

483.75 Quality assurance and performance improvement

(g) Quality assessment and assurance

- Must maintain a quality assessment and assurance committee consisting of director of nursing services, medical director, at least three other members of the facility's staff, must include administrator and infection preventionist
- Meet at least quarterly and as needed to coordinate and evaluate activities under the QAPI program
 - Identifying issues with quality assessment and assurance activities, including performance improvement projects (PIPs)
 - Develop and implement appropriate plans of action to correct identified quality deficiencies
 - Regularly review and analyze data collected under the QAPI program and data resulting from drug regimen reviews, and act on data to make improvements

<https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-483/subpart-B#483.75>

30

Objective 3

Review QAPI tools and resources to support documentation process improvement

31

Tools that Support Quality Improvement

- These are tools that help make QAPI processes work:
 - Checklists
 - Templates
 - Flowcharts
 - Reporting forms or outlines
 - Worksheets

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/QAPIAtaGlance.pdf>

32

What Next?

How does this help improve documentation?

35

Action Steps to Improve Documentation

- Review the documentation requirements for each of the [Requirements for Long Term Care Facilities](#).
- Document actual documentation processes using flowcharts.
- Identify gaps in documentation process.
- Use QAPI practices.
- Contact Telligen nursing home team for support and technical assistances at NursingHome@telligen.com.

36

MOMENTUM
2023 ANNUAL MEETING & EXPO

Thank You For
Attending!

Questions
Comments
Compliments



37



LeadingAge
Illinois

MOMENTUM

**2023 ANNUAL
MEETING & EXPO**

MARCH 7-8, 2023

Renaissance Schaumburg
Convention Center - Schaumburg, IL

Thank you for attending!

Nell Griffin | ngriffin@telligen.com

38