

Our Lady of Prompt Succor Nursing Facility
C'est la Vie Apartments
Newsletter ~ July 2018
A Ministry of the Marianites of Holy Cross

Focus on QAPI (Quality Assurance and Performance Improvement)

The focus of our newsletter this month is the QAPI Program. We hope that this information will educate, stimulate thought, and encourage conversation regarding this process.

The Affordable Care Act of 2010 requires that all nursing homes now have an acceptable QAPI plan in place. The QAPI framework offers a methodology to ensure a systematic, comprehensive, data-driven approach to health care. The goal of QAPI is to decrease the occurrence of adverse events, promote safety and quality, and reduce risks to residents and staff. This methodology is not only about meeting minimum standards—it is about continually improving health care. The methodology includes the 5 elements described in the next section.

Element 1: Design and Scope

A QAPI program must be ongoing and comprehensive, dealing with the full range of services offered by all the departments. When fully implemented, the QAPI program should address all systems of long term care. It aims for safety and quality with all clinical interventions while emphasizing autonomy and choice in daily life for residents. It utilizes the best available evidence to define and measure resident and departmental goals.

Element 2: Governance and Leadership

In QAPI, the governing body and administration develops a culture that involves input from facility staff, residents, and their families and/or representatives. Their responsibilities include, setting expectations around safety, quality, rights, choice, and respect by balancing safety with resident-centered rights and choices. The governing body ensures staff accountability, while creating an atmosphere where staff is comfortable identifying and reporting challenges and problems as well as opportunities for improvement.

Element 3: Feedback, Data Systems and Monitoring

The facility puts in place systems to monitor care and services, drawing data from multiple sources. Feedback systems actively incorporate input from staff, residents, families, and others as appropriate. This element includes using Performance Indicators to monitor a wide range of care processes and outcomes, and reviewing findings against benchmarks and/or targets the facility has established for performance. It also includes tracking, investigating, and monitoring adverse events that must be investigated each time they occur, and action plans implemented to prevent recurrences.

Element 4: Performance Improvement Projects (PIPs)

A Performance Improvement Project (PIP) is a concentrated effort on a particular problem in one area of the facility or facility wide. It involves gathering information systematically to clarify issues or problems, and intervening for improvements. The facility conducts PIPs to examine and improve care or services in areas that the facility identifies as needing attention. Areas that need attention will vary depending on the type of facility and the unique scope of services they provide.

Element 5: Systematic Analysis and Systemic Action

The facility uses a systematic approach to determine when in-depth analysis is needed to fully understand the problem, its causes, and implications of a change. The facility uses a thorough approach to determine whether and how identified problems may be caused or exacerbated by the way care and services are organized or delivered. This approach looks comprehensively across all involved systems to prevent future events and promote sustained improvement. This element includes a focus on continual learning and continuous improvement.

PSNH PIP Project

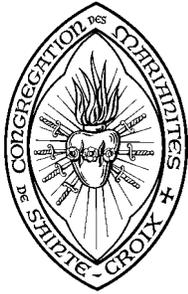
We have chosen the reduction of Urinary Tract Infections as our Performance Improvement Project for this quarter. The urinary tract is one of the most common sites of healthcare-associated infections, accounting for up to 20% of infections reported by long-term care facilities (LTCFs). Risk factors for developing bacteriuria and UTI include age-related changes to the genitourinary tract, comorbid conditions resulting in neurogenic bladder, and instrumentation required to manage bladder voiding. The point prevalence of asymptomatic bacteriuria in LTCF residents can range from 20-50%. Although the incidence of symptomatic UTI is lower, it still comprises a significant proportion of infections manifesting in LTCF residents and results in a large amount of antibiotic use. Consistent tracking and reporting of symptomatic UTIs using surveillance criteria will help identify opportunities to examine, understand, and address differences between surveillance events and clinically identified events. After examining our data from the first quarter of 2018 and determining that this was an issue in the facility, we are focusing our efforts on decreasing these infections over the next 6 months. We have developed an action plan that involves residents, families, visitors, and staff. We are meeting regularly to determine the effectiveness of our efforts and to assess our challenges and look for progress in our efforts. We will keep you posted on the results of this project!

☪ **Celebrating Birthdays in July** ☪

Sr. A. Fontenot	7/13	G. Porter	7/30
M. Francois	7/14	Sr. M. Spotorno	7/10
P. Helton	7/24	D. Mitchell	7/23
A. Jagneaux	7/25		

— **Recently Deceased Residents** —

Gurcie Roberie	6/24/2018
Emma Ardoin	6/27/2018



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The governing body assures adequate resources exist to conduct QAPI efforts. This includes designating one or more persons to be accountable for QAPI; developing leadership and facility-wide training on QAPI; and ensuring staff time, equipment, and technical training as needed. The Governing Body should foster a culture where QAPI is a priority by ensuring policies are developed to sustain QAPI despite changes in personnel and turnover