



QAPI Programs in CAHs February 26, 2021 Noon - 2 p.m.

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Managing Your QAPI Program

February 26, 2021



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Objectives

- Describe the newest QAPI program requirements from SOM
- Create a gap analysis tool for evaluating your current QAPI program
- Create a program timeline to implement and meet all requirements

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CMS: Why They Changed

- “Because we said so”
- Update QAPI to meet current industry standards
- Slowly moving to Appendix A ‘likeness’ (PPS Hospitals)
- Forcing a more proactive program

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Reading the SOMs



State Operations Manual Appendix W - Survey Protocol, Regulations and Interpretive Guidelines for Critical Access Hospitals (CAHs) and Swing-Beds in CAHs

(Rev. 200, 02-21-20)

[Transmittals for Appendix W](#)

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§485.627 Condition of Participation: Organizational Structure
 §485.631 Condition of Participation: Staffing and Staff Responsibilities
 §485.635 Condition of Participation: Provision of Services
 §485.638 Condition of Participation: Clinical Records
 §485.639 Condition of Participation: Surgical Services
 §485.640 Condition of Participation: *Infection Prevention and Antibiotic Stewardship Program*
 §485.641 Condition of Participation: *Quality Assessment and Performance Improvement Programs*
 §485.642 Condition of Participation: *Discharge Planning*
 §485.643 Condition of Participation: Organ, Tissue, and Eye Procurement
 §485.645 Special Requirements for CAH Providers of Long-Term Care Services ("Swing-Beds")
 §485.647 Condition of Participation: *Psychiatric and Rehabilitation Distinct Part Units*
 Emergency Medical Treatment and Labor Act (EMTALA) - C-Tags - §489.24(l), §489.20(m), §489.20(a), §489.20(r), §489.24(j), §489.24, §489.24(a), §489.24(c), §489.24(d), §489.24(e), §489.24(f)

But Wait...no guidance???



C-1406

(Rev. 200, Issued: 02-21-20; Effective: 02-21-20, Implementation: 02-21-20)

(1) Any discharge planning evaluation must be made on a timely basis to ensure that appropriate arrangements for post-CAH care will be made before discharge and to avoid unnecessary delays in discharge.

Interpretive Guidelines §485.642(a)(1)

Guidance is pending and will be updated in future release.

Survey Procedures §485.642(a)(1)

Survey Procedures are pending and will be updated in future release.

Expectation that QAPI is in place by March 2021!!!
 Anticipate more guidance but for now here we go...

C-1300 (new numbering)



- §485.641 Quality Assessment and Performance Improvement Program
- Includes C-0330 through C-0343
- C-1300 – C-1321

NEW TAG #	CFR	Critical Access Hospital (CAH) Tag Title	Condition of Participation	OLD TAG #	Tag Changes	Tag Changes
				C-0330		
				C-0331		
				C-0332		
				C-0333		
				C-0334		
				C-0335		
				C-0336		
				C-0337		
				C-0338		
				C-0339		
				C-0340		
				C-0341		
				C-0342		
				C-0343		
50 C-1300	§485.641	QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT PROGRAM	Quality Assessment and Performance Improvement		NA	X
51 C-1302	§485.641(h)(1)	QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT PROGRAM	Quality Assessment and Performance Improvement	NA	NA	X
52 C-1306	§485.641(h)(2) and (3)	QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT PROGRAM	Quality Assessment and Performance Improvement	NA	NA	X
53 C-1309	§485.641(h)(4)	QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT PROGRAM	Quality Assessment and Performance Improvement	NA	NA	X
54 C-1311	§485.641(h)(5)	QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT PROGRAM	Quality Assessment and Performance Improvement	NA	NA	X
55 C-1313	§485.641(i)	QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT PROGRAM	Quality Assessment and Performance Improvement	NA	NA	X
56 C-1315	§485.641(d)(1)	QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT PROGRAM	Quality Assessment and Performance Improvement	NA	NA	X
57 C-1319	§485.641(d)(2)	QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT PROGRAM	Quality Assessment and Performance Improvement	NA	NA	X
58 C-1321	§485.641(d)(3)	QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT PROGRAM	Quality Assessment and Performance Improvement	NA	NA	X
59 C-1325	§485.641(e)	QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT PROGRAM	Quality Assessment and Performance Improvement	NA	NA	X

§485.641 A CAH Must:



- Develop, implement and maintain
 - Effective
 - Ongoing
 - CAH-wide
 - Data-driven

Quality Assessment and Performance Improvement Program

Must demonstrate through evidence of the effectiveness of its QAPI program (show me the proof!)



C-0336 Program Design and Scope

§485.641: Quality Assessment and Performance Improvement Program

The CAH has an effective quality assurance program that:

1. Appropriate for the complexity of services provided
2. Ongoing and comprehensive
3. Involve all departments (even those under contract)
4. Use objective measures to evaluate the processes, functions and services (analysis and tracking)
5. Address the outcomes...improved health outcomes; prevention and reduction of medical errors, adverse events, CAH-acquired conditions, transitions of care, readmissions

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Don't forget C-0962 Governance and Leadership

- §485.627(a) Standard: Governing Body or Responsible Individual
- The CAH's governing body or responsible individual (designated in governing manual) for the CAH's QAPI and responsible and accountable that QAPI meets the requirements
- Includes the quality of care provided to patients

Survey Procedures §485.627(a)

- Verify that the CAH has an organized governing body or has written documentation that identifies the individual that is responsible for the conduct of the CAH operations.
- Review documentation and verify that the governing body (or responsible individual) has determined and stated the categories of practitioners that are eligible candidates for appointment to the medical staff.
- Have the facility's operating policies been updated to fully reflect its responsibilities as a CAH (e.g., PA responsibilities, provision of required CAH direct services)?
- What evidence (e.g., minutes of board meetings) demonstrates that the governing body or the individual who assumes responsibility for CAH operation is involved in the day-to-day operation of the CAH and is fully responsible for its operations?



But Wait...C-0962 was not in QAPI section?

- Know the entire SOM!
- Embedded QAPI throughout the guidance
- Several areas with quality reference to ensure compliance

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C-0999

- §485.631 (d) Periodic review of clinical privileges and performance

§485.631(d) Standard: Periodic review of clinical privileges and performance. The CAH requires that—

(1) The quality and appropriateness of the diagnosis and treatment furnished by nurse practitioners, clinical nurse specialist, and physician assistants at the CAH are evaluated by a member of the CAH staff who is a doctor of medicine or osteopathy or by another doctor of medicine or osteopathy under contract with the CAH.

(2) The quality and appropriateness of the diagnosis and treatment furnished by doctors of medicine or osteopathy at the CAH are evaluated by—

(i) One hospital that is a member of the network, when applicable;

(ii) One Quality Improvement Organization (QIO) or equivalent entity;

(iii) One other appropriate and qualified entity identified in the State rural health care plan;

(iv) In the case of distant-site physicians and practitioners providing telemedicine services to the CAH's patient under an agreement between the CAH and a distant-site hospital, the distant-site hospital; or

(v) In the case of distant-site physicians and practitioners providing telemedicine services to the CAH's patients under a written agreement between the CAH and a distant-site telemedicine entity, one of the entities listed in paragraphs (d)(2)(i) through (iii) of this section.

(3) The CAH staff consider the findings of the evaluation and make the necessary changes as specified in paragraphs (b) through (d) of this section.

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C-1010 Re: Policy and Procedures

- §485.635(a)(3) A description of the services the CAH furnishes, including those furnished through agreement or arrangement
- Hint...remember each of these must be part of your QAPI plan

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C-1018

- §485.635(a)(3) (v) procedures for reporting adverse drug reactions and errors in the administration of drugs
- Specifically notes that “the second reporting step is related to the CAH-wide Quality Assurance review as addressed in §485.641(b)
- Whole section related to Quality Assurance/Improvement Reporting in the reduction of medication administration errors and ADRs. (p.131)

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C-1034

- §485.635(c) Services Provided Through Agreements or Arrangements

- *The governing body (or responsible individual) has the responsibility for ensuring that CAH services are provided according to acceptable standards of practice, irrespective of whether the services are provided directly by CAH employees or indirectly by agreement or arrangement*
- *The governing body must take actions through the CAH'S QA program to: assess the services furnished directly by CAH staff and those services provided under agreement or arrangement, identify quality and performance problems, implement appropriate corrective or improvement activities, and to ensure the monitoring and sustainability of those corrective or improvement activities.*

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C-1046 Nursing Services

- §485.635(d) Nursing services must meet the needs of patients
- Interpretive Guidelines §485.635(d) & (d)(1)

Nurse leader is responsible for the overall management and evaluation of nursing care in the CAH ... including, ongoing review and analysis of the quality of nursing care

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C-1142

- §485.639(a) Designation of Qualified Practitioners

Interpretive Guidelines

- *The medical staff appraisal procedures must evaluate each individual practitioner's training, education, experience, and demonstrated competence as established by the CAH'S QA program, credentialing process, the practitioner's adherence to CAH policies and procedures, and in accordance with scope of practice and other State laws and regulations.*

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C-1200

- §485.640 Infection Prevention and Control and Antibiotic Stewardship Programs

The CAH must have active facility-wide programs, for the surveillance, prevention, and control of HAIs and other infectious diseases and for the optimization of antibiotic use through stewardship. The programs must demonstrate adherence to nationally recognized infection prevention and control guidelines, as well as to best practices for improving antibiotic use where applicable, and for reducing the development and transmission of HAIs and antibiotic-resistant organisms. Infection prevention and control problems and antibiotic use issues identified in the programs must be addressed in coordination with the facility-wide quality assessment and performance improvement (QAPI) program.

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C-1210

§485.640(a)(4) The infection prevention and control program reflects the scope and complexity of the CAH services provided.

Note: Be sure this aligns with C-0336 and scope and complexity of services!

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C-1229

- §485.640(c)(1)(ii) Leadership Responsibilities cont.

All HAIs and other infection diseases identified by the infection prevention and control program as well as antibiotic use issues identified by the antibiotic stewardship program are addressed in collaboration with the CAH's QAPI leadership

§485.640(c)(2)(iii)

Communication and collaboration with the CAH's QAPI program on infection prevention and control issues

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C-1248 still going...

- §485.640(c) Leadership responsibilities

(iii) Communication and collaboration with medical staff, nursing, and pharmacy leadership, as well as the CAH's infection prevention and control and QAPI programs, on antibiotic use issues.

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C-0342 (not new)

- §485.641(b)(5)(ii)
- The CAH also takes appropriate remedial action to address deficiencies found through the quality assurance program.

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C-1425

- §485.642(a)(8) In Discharge Planning

The CAH must assist patients, their families, or the patient's representative in selecting a post-acute care provider by using and sharing data that includes, but is not limited to, HHA, SNF, IRF, or LTCH data on quality measures and data on resource use measures.

The CAH must ensure that the post-acute care data on quality measures and data on resource use measures is relevant and applicable to the patient's goals of care and treatment preferences.

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What's Next without Interpretive Guidelines?

- | | |
|-----------------------------------|---------------------------------|
| • Establish key stakeholders | Gap Analysis Tool |
| • This is not a one-person job! | |
| • Create your team | Educate on QAPI |
| • Key leadership | Establish goals of QAPI |
| • Medical Staff (MD, NP, PA) | Align with organizational goals |
| • Managers | Outcomes expected |
| • Staff (the ones who do the job) | Know your improvement process |
| • Maybe an ad hoc board member | |

Revise the QAPI Plan post analysis

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The Gap Analysis Tool



C-Tag Description	Met/Not Met	Gap/Thoughts to Ask Your Team	Responsible Person	Date Completed
Governing Body and Leadership				
Governing Body or responsible individual responsible for CAH's QAPI program and... Responsible and accountable for ensuring that the QAPI program meets the requirements as defined in SOM		<ul style="list-style-type: none"> Who is designated in CAHs bylaws/org 		
Quality Dept Review Tool (a bit older version)				
The Governing Board and Senior Leaders (including Med Staff) are educated and understand the QAPI program		<ul style="list-style-type: none"> Metrics Management and Leadership 		
Note: this will also flow down to staff understanding at dept level		<ul style="list-style-type: none"> Assess and develop organizational quality culture Department mission/vision statement Develop goals and objectives that align with quality Evaluate applicable performance improvement models (PDCA, DMAIC, etc.) Develop and use performance measures (scorecard, dashboard etc.) Develop a performance improvement plan Link performance improvement activities with strategic plan Ability to facilitate change within the organization Demonstrate financial benefits of quality program Operational Facilitate performance 		
Is Quality Director/designee determined by Governing Body?				
How is Quality Director/designee determined?				
Are there enough resources allocated for sufficient QAPI program for this Director/designee?				

Centers for Medicare & Medicaid Services Hospital Quality Assessment Performance Improvement (QAPI) Worksheet

State Agency Name _____

Instructions: The following is a list of items, broken down into separate Parts, which must be assessed during the on-site survey in order to determine compliance with the QAPI Condition of Participation. Items are to be assessed primarily by review of the hospital's QAPI program documentation and interviews with hospital staff. Direct observation of hospital practices plays a lesser role in QAPI compliance assessment, but may still be appropriate. The separate Parts can be assessed in any order. Within each Part there may also be flexibility to change the order in which the various items are assessed. The interviews should be performed with the most appropriate staff personnel for the items of interest (e.g., unit/department staff should be asked how they participate in the hospital-wide QAPI program).

PART 1 – HOSPITAL CHARACTERISTICS

1.1 Hospital Name _____

1.2 Address, State and Zip Code _____

City _____ State _____ Zip _____

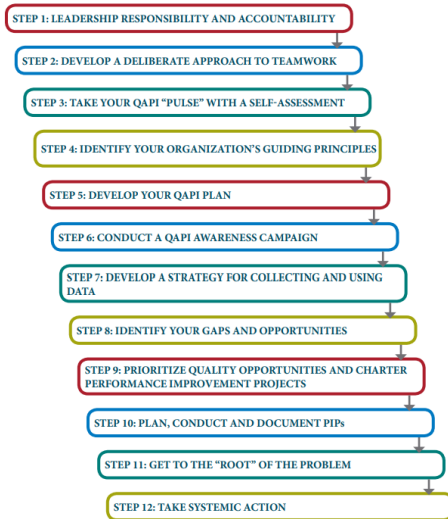
1.3 CMS Certification Number (CCN) _____

1.4 Date of survey site visit: _____

Setting Your Timeline and Expectations



- There is no good rule of thumb
- Angie version... 'just start somewhere'
- Typically have a champion to provide monthly feedback reports
- Completion on most within a quarter (90 days)
- Be sure the ones involved are the ones engaged in change



These steps do not need to be sequential
 Choose a few at a time as you work through your QAPI Review
 Identify key stakeholders and champions
 It is not a race to the finish!
 It takes a team...not one person.
 Start with what you know is working...and understand why it works (create the goals)
 Be prepared for hurdles along the way

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Consider for QAPI Plan

- Organization vision
- Organization mission
- Establish some guiding principles
 - What organization does, why it does it and how...as it pertains to Quality
 - Review the five elements of QAPI to capture the principles
- Define Scope of QAPI
- Guidelines for Governance and Leadership
- Data management, feedback, data systems/collection, monitoring and reporting
- Guidelines to PIPs (or your terminology)
- Overall Analysis (system-wide)
- Communicate and approve
- Evaluation of QAPI
- Plan Implementation

Purpose Statement for QAPI

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Let's Share Some Examples

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Quality Assessment and Performance Improvement Plan

Mission

ABC Hospital exists to serve the health and well-being of the area.

Vision

ABC Hospital will serve the region in the role of a rural regional health provider, by:

- Expanding health services accessible locally, and
- Formally collaborating/partnering with key stakeholders

Values

We at ABC Hospital are committed to the accomplishment of our mission resource. We expect all employees to support and commit to our **Integrity**

Exhibit honest, ethical behavior and "Do the Right Thing".

Commitment to Excellence

Strive to be the best at what we do.

Dedicated Colleagues

Commit to an environment of respect, pride and joy.

Extraordinary Customer Experience

Provide a healing environment for our patients and their families

Approvals:

ABC HOSPITAL Quality Assessment and Performance Improvement Plan 2020

Purpose

The purpose of this document is to describe ABC Hospital's approach to quality assessment and performance improvement and to delineate the roles and responsibilities of the governing board, medical staff, administration, and staff in developing a comprehensive quality management program. In order to meet these obligations, the board of directors, the medical staff and administration have established an improvement plan that is consistent with organization's mission, vision and strategic plan. In addition, the organization's leadership will determine the priorities for improvement and allocate the required resources.

The purpose of the Quality Assessment and Performance Improvement (QAPI) Plan is:

- To support the ABC Core Values of Integrity, Commitment to Excellence, Dedicated Colleagues and Extraordinary Customer Experience.
- To provide an ongoing organization-wide program aimed at delivering outstanding patient centered care and service.
- To continuously improve care and service through improvement of processes, procedures, methods, and systems.

Goals

- Develop QAPI procedures, methods, and systems that positively impact patient care and satisfaction.
 - Establish data-measurement systems for quality, utilization, and risk-review activities.
 - Promote the use of statistical techniques for analysis.
 - Demonstrate improvement in established priorities.
- Communicate the plan throughout the organization.
- Evaluate all services, including contracted services, involved in delivery of care through an annual evaluation of the QAPI plan.
- Comply with policies, standards, regulations, and laws set by the governing board, medical staff, state and federal governments, and other regulatory and accrediting bodies as applicable.

Scope

The QAPI plan applies to all departments, services, practitioners, and staff. Priorities will be directed by ABC strategic plan, as well as opportunities found for improvement related to care delivery and processes.

- All direct patient care departments will report quarterly to the ABC Quality Department.
- All other departments including contracted services will report at least annually.

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Medical Staff

- The Chief Medical Officer(CMO)will be an ad hoc member of the QAPI committee and will act as liaison to and from the medical staff
- The physician quality committee will include the COO, Director of Patient Care, Director of Quality, CMO and 2 family practice physician representatives. This committee will address medical staff quality issues. They meet twice a year and as needed.

QAPI Committee**Members**

The QAPI committee membership will consist of the QAPI committee chairperson (COO), the Chief Medical Officer (ad hoc), the Director of Patient Care, Director of Quality, Director of Sr. Care, Home Health / Hospice Mt designated.

QAPI Committee Chairperson

- Lead the facility's quality program and facilitate a culture of con
- Serve as a facility resource for quality assessment and performa
- Review and approval of meeting minutes
- Provide a quality report to the Board of Trustees monthly.

Director of Quality

- Organize the QAPI committee meetings including scheduling, ag
- Collect and organize data and quality reports from each departn
- for COO to report to the Board of Trustees.
- Ensure quality data is properly submitted to the appropriate reg
- Act as liaison to and from the Sanford Health Network

Role

- Oversee QAPI program as delegated by the governing board.
- Make recommendations to the governing board's quality committee on
- Ensure utilization and quality of services provided is reviewed annually v

Responsibilities

- Ensure the quality efforts of ABC are focused and effective.
- Review, evaluate, develop, and recommend the QAPI plan annually.

Meetings

- The QAPI committee will meet at least quarterly.

Improvement Philosophy

The process of improving organizational performance requires a systematic approach to change. ABC utilizes the Plan Do Study Act (PDSA) method. PDSA is defined as follows:

- Plan:** Plan change by studying a process, determine the causes, deciding what could improve it, and identifying data to know if what you plan to do will help.
- Do:** Test the proposed change on a small-scale trial.
- Study:** Study the results of the change. Measure your results.
- Act:** Adapt, adopt or abandon the process based on your results. If implementing changes, be sure to hardwire them into the workflow and processes to sustain ongoing change.

Data Sources

Data sources are utilized for monitoring the care rendered to patients and shall serve as a basis for identifying problems. Data is taken from a variety of sources.

Confidentiality

All quality assessment and performance improvement data and information will be managed according to ABC's Privacy Policies.

Conflict of Interest

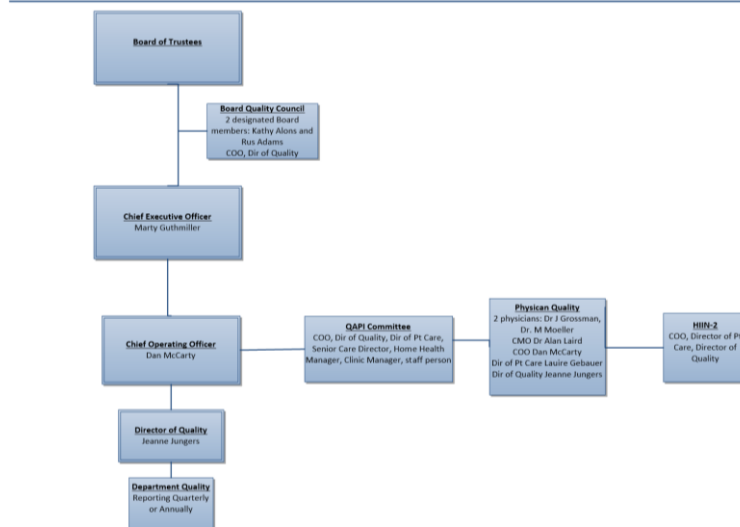
Individuals involved in QAPI action planning might be required to review cases in which they are professionally and/or personally involved. Efforts will be made to reduce involvement in cases of conflict of interest.

Conclusion

The QAPI program of ABC will provide the coordinating mechanisms to ensure that all activities and problems relating to patient and professional practice will be assessed, monitored, evaluated, and improved where possible. This effort requires the involvement of everyone to achieve an efficient, comprehensive and effective quality program.

Annual QAPI Plan Initiatives

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**Quality Reporting Structure**

2020

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QAPI APPENDIX 2020

AIM				MEASURE		
Department or Service	Indicator Title	Problem Statement or Indicator Justification	Objective	Metric	Frequency of Data Reporting	Goal or Target

ABC Overall Priorities 2020	Antibiotic Stewardship Program	Promote appropriate use of antibiotics, improve patient outcomes, reduce antimicrobial resistance, and preserve antibiotics for future.	Develop a practical program to improve the quality of both antibiotic prescribing and patient clinical outcomes.	Meet all 7 core elements of an Antibiotic Stewardship Program	At a minimum of annually to QAPI team/Board	
	Patient Experience – HCAHPS "Would you recommend?"	ABC Inpatient priority	Improve overall patient experience	Numerator: # of patients who answered "definitely would recommend" ABC to friends and family Denominator: total # of response to this survey question	Quarterly to ABC QAPI team/Board	>=95.4%
	Patient Experience – Clinic "Would you recommend?"	ABC Clinic Priority	Improve overall patient experience	Numerator: # of patients who would "definitely recommend" OC Medical Clinic to family and friends Denominator: total # of responses to	Quarterly to ABC QAPI team/Board	>=97%
	Diabetic Eye Exam	Patient Outcome/ Transforming Clinical Practice Initiative (TCPI)	Improve patient outcome increasing the number of diabetic patients who have retinal or dilated eye exam			
	Clinical Pharmacy Referrals	Patient Outcome and Safety.	Improve patient outcome related to medications by increasing referrals for clinical pharmacy			

QAPI APPENDIX 2020

AIM				MEASURE		
Department or Service	Indicator Title	Problem Statement or Indicator Justification	Objective	Metric	Frequency of Data Reporting	Goal or Target
		work regarding fall prevention		Denominator: all patient days inpatient, obs & swing bed (exclude OP and MH)		
	Patient Experience – Inpatient HCAHPS "How would you rate?"	ABC Inpatient priority	Improve overall patient experience	Numerator: # of patients who rated service 9 or 10 Denominator: total # of responses to this survey question	Quarterly to ABC QAPI team/Board	>=92.5%
	Hand Hygiene/Infection Prevention	Hand hygiene is the easiest way to prevent the spread of infection, yet healthcare associated infections complicate 5-10% of acute care hospital admissions (World Health Organization, 2009). Utilizing hand hygiene at the key moments will assist with preventing infection and ultimately keep our patients safe.		Numerator: # of times Hand Hygiene was performed properly Denominator: # of opportunities for Hand Hygiene		100%



ABC Home Health	Patient Experience – HHCCHPS "How would you rate?"	Patient experience is part of Value Based Purchasing CMS program and Star Ratings & ABC priority	Improve overall patient experience	Numerator: # of patients who rated service 9 or 10 Denominator: total # of responses to this survey question	Quarterly to ABC QAPI team/Board	Score = 92% Rank = 80%
	Patient Experience – HHCCHPS "Would you Recommend"	Patient experience is part of Value Based Purchasing CMS program and Star Ratings & ABC priority	Improve overall patient experience	Numerator: # of patients who would recommend (top box = very good)	Quarterly to ABC QAPI team/Board	Score = 85.9% Rank = 71%
	Patient Experience – HHCCHPS "How long did it take for you to get the help you needed?"	Patient experience is part of Value Based Purchasing CMS program and Star Ratings & ABC priority		Numerator: # of patients who answered top box = same day Denominator: total # of responses to this survey question	Quarterly to ABC QAPI team/Board	Score = 82% Rank = 73%
	Reduce Emergent Care with and without hospitalization	This is an area of focus as it improves patient outcomes and transitions throughout the continuum of care		Numerator: all emergent care events Denominator: all cases	Quarterly to ABC QAPI team	ED care with hospitalization = 19.80% ED care without hospitalization = 4.06%

01/29/2020 approved by governing board

ABC Hospice	PRCC		Total Falls (Long Stay)	Resident safety concern	Prevent falls and reduce the percent of long-stay residents that fall	Casper Report data	
	Family Experience – Hospice CHPS "Would you Recommend"	Orange Cit		Focused improvement work regarding fall prevention		Numerator: # of long-stay residents that fell at least 1 time Denominator: # of long-stay residents	Quarterly to ABC QAPI team
	Family Experience – ABC priority		Falls with Major Injury (Long Stay)	Resident safety concern	Prevent falls and reduce the percent of long-stay residents that fall	Numerator: # of long-stay residents that fell that resulted in major injury or death Denominator: # of long-stay residents	Quarterly to ABC QAPI team and PRCC Quality Team??
			Antibiotic Stewardship	Antibiotic Utilization Rates	Percent of initial antibiotic orders for acute therapies exceeding 7 days	Numerator: # of antibiotic therapy days Denominator: # of resident days	Quarterly to ABC QAPI team



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