8-4-2025 Weekly Clinical Update

Lots of providers have questions about the changes implemented on April 28, 2025 related to QAPI programming. There have also been some questions presented related to surveyors requesting to see QAPI meeting minutes. So, let's talk QAPI including the newest requirements for inclusion.

Inclusion in QAPI should include:

- Data-driven quality indicators
    - Clinical outcomes:
        - Falls
        - Pressure injuries
        - Infections
        - Medication errors
    - Behavioral health metrics and adverse events
    - Staffing data from PBJ reports
    - Resident satisfaction and quality of life measures
- Performance Improvement Projects (PIPs)
    - Identification of new PIPs based on trend analysis
    - Chartering of PIP teams with defined goals, timelines, and measures
    - Updates on ongoing PIPs & barriers to progress
- Regulatory compliance monitoring
    - Review of F-tags received in last survey and any compliant surveys and survey readiness
    - Updates on CMS guidance and Appendix PP revisions
    - Internal audit results & policy updates
- Health Equity Integration (New Requirement)
    - Review Health Equity Confidential Feedback Reports from CMS
        - You can find the official CMS fact sheet here for a deeper dive into methodology and report structure.
    - (Annual reports designed to help nursing homes & other post-acute care providers identify disparities in care outcomes among different resident populations. They are part of CMS's broader push to embed health equity into quality improvement efforts and include:
        - Discharge to Community Health Equity Report
        - Medicare Spending Per Beneficiary Health Equity Report
        - Stratification of performance data by:
            - ❖ Race/Ethnicity

            - ❖ Dual Enrollment Status
        - Measure:
            - ❖ Resident that are successfully discharged back to community
            - ❖ Medicare spending per resident, reflecting care efficiency & cost
        - Comparisons include:
            - ❖ Across-provider comparisons between facility's performance vs national averages
            - ❖ Within-provider comparisons indicating the differences in outcomes between subgroups within facility
            - ❖ Geographic & demographic peer comparisons of facility outcomes vs facilities with similar resident profiles or locations
    - Collect & analyze data on sub-populations
        - Race
        - Language
        - Socioeconomic status
        - To access your facility's CMS Health Equity Confidential Feedback Report, log into iQIES
            - ❖ ⍰ **Go to** iQIES
            - ❖ **Log in** using your CMS credentials
            - ❖ Navigate to the **"Reports"** menu
            - ❖ Select **"My Reports"**
            - ❖ Open the folder labeled **"Health Equity Confidential Feedback Reports"**
            - ❖ Click on the report name to view or download the data
            - ❖ If you run into access issues, you can contact the **iQIES Help Desk**:
            - ❖ 📧 Email: iQIES@cms.hhs.gov
            - ❖ 📞 Phone: (800) 339-9313
            - ❖ For more details on what's inside the reports and how to interpret them, CMS offers a fact sheet that breaks down the methodology and comparison types.
            - ❖ Would you like help reviewing your report or building a QAPI action plan around the findings? I'd be happy to walk through it with you.
    - Discuss disparities in outcomes & targeted interventions
    - Incorporate equity considerations into PIP prioritization
- Resident & Staff Engagement

    - Feedback from Resident & Family Councils
    - Staff observations & suggestions
    - Communication strategies for sharing QAPI outcomes
- Systemic Change Planning
    - Identification of systemic issues
        - Staffing
        - Documentation gaps
    - Assignment of champions & timelines for resolution
    - Monitoring tools & follow-up strategies
- Documentation & Reporting
    - Detailed meeting minutes with measurable goals
    - Updates to written QAPI Plan
    - Distribution of findings to stakeholders
- Tips:
    - Use PBJ Staffing Data Reports to evaluate RN coverage, weekend staffing & DON availability
    - Ensure Medical Director involvement in care policy development & psychotropic medication oversight
    - Review Admission Agreements for noncompliant language regarding third-party payment guarantees
    - Audit CPR training to confirm alignment with national standards

F865 defines what QAPI documentation a surveyor can request. Verbiage in the regulation indicates: “Upon the request of a State Survey Agency, Federal surveyor or CMS, the facility must present evidence, including documentation, of its ongoing QAPI program’s implementation and the facility’s compliance with requirements… The survey process is intended to be an objective assessment of facility compliance with the requirements of participation. This assessment is guided by facility performance and outcomes as reported by Quality Measures (QMs) and Minimum Data Set (MDS) data, as well as complaints and surveyor observations, interviews, and record reviews. The surveyor task to review QAPI/QAA is intended to occur at the end of the survey, after completion of investigation into all other requirements to ensure that concerns are identified by the survey team independent of the QAPI/QAA review. Surveyors must use critical thinking and investigatory skills to identify noncompliance, rather than using information provided during the QAPI/QAA review as a source to identify deficiencies.

Surveyors may only require a facility to disclose QAA committee records if they are used to determine the extent to which the facility is compliant with the provisions for QAPI/QAA.

Protection from disclosure is generally afforded documents generated by the QAA committee, such as minutes, internal papers, or conclusions. However, if those documents contain the evidence necessary to determine compliance with QAPI/QAA regulations, the facility must allow the surveyor to review and copy them. The key point is that the facility must provide satisfactory evidence that it has, through its QAA committee, identified its own high risk, high volume, and problem-prone quality deficiencies, and is making a "good faith attempt" to correct them… CMS supports and encourages nursing homes to work on a confidential basis with an Agency for Healthcare Research and Quality (AHRQ) approved Patient Safety Organization (PSO) to obtain technical assistance in identifying, analyzing and preventing quality deficiencies and adverse events. The Federal Patient Safety and Quality Improvement Act of 2005 (PSQIA), Public Law 109-41, established a voluntary reporting system designed to enhance the data available to assess and resolve patient safety and health care quality issues. PSQIA has afforded privileged and confidential status to "patient safety work product" (PSWP). PSWP includes data, reports, records, memoranda, analysis, or written and oral statements assembled and developed for reporting to a PSO and have been submitted to a PSO approved and listed by the Department of Health and Human Services (HHS), AHRQ.

In other words, the surveyors, under specific circumstances can request specific documentation to prove the facility's system, but that would be very unusual in the survey process.