Creating a Culture of Quality and Compliance

INTRODUCTIONS

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Agenda

• What is QAPI?
• What is Compliance?
• Creating the Culture

What is QAPI?

• Quality Assessment Performance Improvement
• Assess data and improve performance
• Regulatory Requirement, but also the RIGHT thing to do

418.58 CoP: Quality assessment and performance improvement

The hospice must develop, implement, and maintain an effective ongoing, hospice-wide data-driven quality assessment and performance improvement program. The hospice's governing body must ensure that the program: reflects the complexity of its organization and services; involves all hospice services (including those services furnished under contract or arrangement); focuses on indicators related to improved palliative outcomes; and takes actions to demonstrate improvement in hospice performance. The hospice must maintain documentary evidence of its quality assessment and performance improvement program and be able to demonstrate its operation to CMS.
Terms for Quality

• Quality Improvement (QI)
• Quality Assessment (QA)
• Quality Management (QM)
• Performance Improvement (PI)

ALL of these have the same meaning and they ALL have to be CONTINUOUS/ONGOING

Who is responsible for quality?

• Management
• Supervisors
• Field Staff

EVERYONE in the agency is responsible for quality.

QAPI is two different functions that go hand in hand
5 Steps in the QA/PIP Process

1. Identify
2. Analyze
3. Develop
4. Implement
5. Evaluate

Understanding QAPI – PIP

The Blue Ribbon Cookie Bake-Off Challenge

- Make some chocolate chip cookies
- Taste them with friends
- Determine what they are missing and how to make them even better
- Bake some more
- Taste again
- WINNER - Take home the prize!

Examples of Performance Improvement Projects

- IDT Process
- Increase Staff Productivity
  - Technical barriers
- Medication Education
  - CAHPS Scores
- Decreasing Falls
- Decreasing Revocations
Elements to include in a PIP report

• PIP Title:  
• Problem:  
• Rationale:  
• Purpose/Goals:  
• Plan:  
• Findings/Outcomes:

What is Compliance?

“A comprehensive strategy to ensure an organization consistently complies with applicable laws relating to its business activities.”

National Health Lawyers Association

Elements of Compliance

1. Implementing written policies, procedures and standards of conduct.
2. Designating a compliance officer and compliance committee.
3. Conducting effective training and education.
4. Developing effective lines of communication.
5. Conducting internal monitoring and auditing.
7. Responding promptly to detected offenses and undertaking corrective action.
Compliance

Why have a compliance program?

• Helps identify intentional criminal and unethical conduct
• Helps identify weaknesses in internal systems and management structures
• Encourages staff to report concerns internally, rather than externally
• Allows for investigation of potential problems

Compliance

Risk/Focus Areas

• Informed consent to elect the Medicare Benefit
• Admitting patients who are not terminally ill
• Falsified medical records or plans of care
• Untimely and/or forged physician certifications on the plans of care
• Inadequate or incomplete services rendered by the IDG/IDT

Compliance

Risk/Focus Areas

• Insufficient oversight of patients (6 months >)
• Hospice incentives to actual or potential referral services that may violate the anti-kickback statute or other similar regulations, including improper arrangements with SNF's.
• Improper relinquishment of core services and professional management responsibilities to SNF, homes, volunteers, and privately-paid professionals
Compliance

Risk/Focus Areas
• Providing hospice services in a SNF before a contract has been finalized
• Billing for a higher level of care than was necessary
• Knowingly billing for inadequate or substandard care
• Pressure on a patient to revoke the benefit when a patient is eligible for and desires care, but the care has become too expensive for hospice to deliver
• Billing for hospice care provided by unqualified or unlicensed clinical personnel
• False dating of amendments to medical records
• High pressure marketing to ineligible beneficiaries

Compliance

Risk/Focus Areas
• Improper patient solicitation activities such as “patient charting”
  • Allowing the hospice to review records to find their own patients
  • HOSPICE PATIENTS MUST BE REFERRED NOT FOUND
• Inadequate management of subcontracted services
• Sales commissions based on LOS
• Deficient coordination of Volunteers
• Improper indication of the location where hospice services were delivered

Why look at so much?
Outside Agencies Looking at your Hospice Program

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<th>Federal Level</th>
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<th>DHHS</th>
<th>CMS</th>
<th>MedPac</th>
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<td>State Certification Survey</td>
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Integration

Quality → Compliance
Routine Monitoring

- Pre-billing audits
- Referral to Admission Process
- EMR System
- IDT Process
- Communication
  - IDT
  - Office Staff
  - Patient/Family
  - Outside Customers/Vendors

Routine Monitoring

- Satisfaction Surveys (CAHPS)
- Hospice Item Set (HIS)
- Documentation
- On-Call Response Time
- Visit Frequencies
- Care Plans
- Infections
- Falls
- Wounds
- Medications

Now the important part....
How do we create the culture?
Creating the Culture

- Quality and Compliance requires a group effort
- Team Approach Video
- Starts with Leadership Support

CEO ➔ Administrator ➔ Leadership ➔ Managers ➔ Field Staff

Creating the Culture

- Staff buy-in
  - Ensure that your employees care about what you care about
  - Mission, Vision, Values
  - Employees must know these
  - Make sure employees know how they’ll be measured
  - Provide training and education on items to be reviewed
  - Foster open communication
    - LISTEN, LISTEN, LISTEN
    - Complaints
    - Empowerment
    - Give Employees Freedom
  - Get out of their way!

Creating the Culture...

- Show APPRECIATION & give PRAISE often!
  - Thank you goes a long way

- Give Recognition
  - Monthly compliance rewards

- Accountability
  - If issues continue have a disciplinary process you can utilize consistently
  - Encourage safe failure – it’s ok to make mistakes
Creating the Culture...

- Remain POSITIVE – every opportunity is a chance to educate
- Practice what you preach
- Lead by example
- Report results
  - HIS data
  - CAHPS survey
  - Audit Results

BE TRANSPARENT

References

- Dept. of Health and Human Services – www.cms.hhs.gov/Medicaidintegrityprogram.gov
- OIG – www.oig.hhs.gov/

Presentation Finished

Any Questions?