



## QAPI PROGRAMS IN THE LTC SETTING

# Participant Agreement

This Participant Agreement outlines both the benefits and estimated time commitment of Kentucky nursing homes that elect to participate in the 2-year grant funded *QAPI Programs in the LTC Setting* project. The project is administered by Proactive Medical Review and Consultants, LLC dba Proactive LTC Consulting.

### Project Purpose

The purpose of this project is to provide nursing facilities with resources, training, and consultation to advance Quality Assurance and Performance Improvement (QAPI) program activities for improved patient care per the CMS Requirements of Participation (RoP) for nursing facilities. The project will focus on identifying gaps in existing QAPI programs, staff development activities related to QAPI, sharing best practices for QAPI implementation, and developing resources and staff skills to drive enhanced and sustained QAPI effectiveness in nursing homes.

### Project Summary

Participants will build skills in designing, implementing, and documenting evidence of QAPI program activities to improve resident quality of care and quality of life. Training, resources, and support are provided at no charge to participating facilities. **The length of commitment to complete this project is 6 months.** The project is tentatively scheduled for August 2023 to February 2024 and will include the following activities:

#### 1. 2-Day Workshop

- A 2-day in-person workshop on designing and implementing a QAPI program in a nursing facility will be held in 4 cities across Kentucky.

#### 2. 90-Day Implementation Period

- Participants will return to their facilities to implement at least one performance improvement project.
- An individual facility phone consultation call with a Proactive consultant will be provided to each participating facility to assist with the facility's QAPI program development & application of the project resources.
- Participants will complete at least 3 of the 7 on-demand training webinars offered on 7 QAPI focus areas as outlined on the following page.
- A self-assessment with program goal setting will be completed following implementation of the initial performance improvement project to identify opportunities, needs and potential barriers to success.

#### 3. 1-Day Workshop

- Following the implementation period, a final 1-day workshop will be held on reviewing best practices, implementation processes, sharing project outcomes, group discussion regarding overcoming barriers, and review of self-assessment of facility learning and project development.

#### 4. Continuing Support

- Proactive will provide continuing support through monthly email newsletters with QAPI program guidance, tips, and strategies.
- Grant funded follow up consultation with a Proactive consultant will be provided should your facility receive survey deficiencies related to QAPI program areas (F865-868).



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The on-demand webinars are accompanied by a resource toolkit for each topic to provide expert guidance on the design and implementation of QAPI program activities in the facility. Webinar/toolkit topics include:

- Abuse
- Pressure Ulcers
- Falls
- Weight Loss
- Catheter Use
- Increased Need for ADL Help/Mobility
- Successful Discharge to Community

Each webinar includes training on the designated topic and a review of best practices for implementing QAPI/PIP in that area. Each toolkit includes:

- PowerPoint slides for staff training
- Resource template for data tracking
- Tool for conducting root cause analysis
- Guidance for implementing facility-specific PIP
- Pre/post-test to use with staff training

This project is wholly funded by a grant from the KY Cabinet for Health and Family Services, Office of Inspector General. Travel expenses including overnight rooms, meals, etc. are at the participant's own expense.

#### Participant Requirements

Current full-time staff members of Medicare and Medicaid certified facilities in Kentucky are eligible to participate in this project.

Participants must commit to complete the full *QAPI Programs in the LTC Setting* project on behalf of their current facility and assist the facility in implementing the project.

#### Support of the Project Goals and Objectives

- The participant agrees to attend all of the project meetings and events.
- The participant agrees to complete assigned follow up activities and submit information requested (i.e., self-study webinars, facility implementation, self-assessment, etc.), in their entirety, at the time they are requested.
- The participant agrees to commit to attend mandatory workshop days (3) and has the support of the Administrator to be out of the facility on these days.
- The participant agrees to communicate to Proactive any issues related to project completion, attendance, or project implementation in the facility. Proactive recommends multiple staff members to participate to overcome obstacles in project completion related to turnover.
- The participant agrees to complete a post-test on the final workshop day to measure knowledge learned.
- The participant and participating facility agree to fully participate in all data collection and project evaluation efforts by submitting all requested information and materials by scheduled due dates, participating in periodic remote assessment and monitoring activities to sustain the project in the facility and follow up consultation by phone in the event of survey deficiencies related to QAPI program areas (F865-868).



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### Benefits

The participant and partner nursing facility will receive the following benefits:

- CE / KBN credit – Continuing education (CE) credit will be offered to those participating in the 2-day QAPI workshops. The project will provide up to 12 hours of Kentucky Board of Nursing approved training and/or up to 12 hours of NAB approved training.
- The project will develop the skill of participants in designing, implementing, and documenting evidence of QAPI program activities to improve resident quality of care and quality of life.
- Proactive consultants will be available to address the questions or concerns of participants or partner facilities; opportunities for ongoing support and communication will be offered to support implementation and sustainability of QAPI program activities in the facility.
- The project will provide 7 competency toolkits in QAPI focus areas for ongoing use in your facility and trainings on how to use them effectively. These toolkits are aimed at facilitating the effective implementation of Performance Improvement Projects in key quality areas. Other resources are provided to assist in QAPI program activities including a Consumer Guide on QAPI Programs booklet, QAPI Program Self-Assessment Tool, and QAPI Toolkit.
- Key project goals include improving your 5-Star Rating, reducing QAPI related citations, and overcoming barriers to QAPI program success.

### Summary of Criteria for Successful Completion

- Attend a two-day workshop on advancing QAPI implementation
- Implement at least one performance improvement project based on facility-specific priority quality measure areas
- Participate in a consultation call with Proactive Consultant
- Complete a minimum of three on-demand training webinars
- Complete a self-assessment tool following the implementation of the QAPI performance improvement project
- Attend a final one-day workshop to share project outcomes
- Complete a workshop evaluation following the live training workshops
- Achieve a passing score of 80% or greater on the post-test

### Disclosures

The QAPI Programs in the LTC Setting project is wholly funded by a grant from the KY Cabinet for Health and Family Services, Office of Inspector General.

Proactive Medical Review & Consultants, LLC will not discriminate against anyone applying for or receiving assistance or services based on race, religion, color, national origin, sex, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity, or any other protected class identified in federal, state or local laws.



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## Authorization

The participant(s) and facility Administrator hereby acknowledge by their signatures that they have read, understand, and agree to all the terms and conditions of this agreement.

Send your completed Participant Agreement to kirby@proactiveltcexperts.com.

\_\_\_\_\_  
Facility Name

\_\_\_\_\_  
Authorized Facility Representative      Signature      Title      Date

Authorized Facility Representative Email: \_\_\_\_\_

Authorized Facility Representative Phone: \_\_\_\_\_

\_\_\_\_\_  
Participant #1      Signature      Title      Date

Participant #1 Email: \_\_\_\_\_

\_\_\_\_\_  
(OPTIONAL) Participant #2      Signature      Title      Date

Participant #2 Email: \_\_\_\_\_

\_\_\_\_\_  
(OPTIONAL) Participant #3      Signature      Title      Date

Participant #3 Email: \_\_\_\_\_

\_\_\_\_\_  
(OPTIONAL) Participant #4      Signature      Title      Date

Participant #4 Email: \_\_\_\_\_

\_\_\_\_\_  
(OPTIONAL) Participant #5      Signature      Title      Date

Participant #5 Email: \_\_\_\_\_