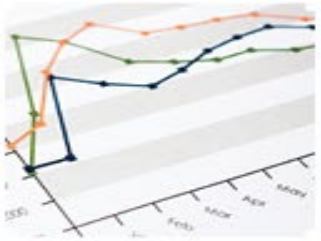
Oklahoma Dementia Care Network

QAPI Continual Learning



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Learn More in 2024!

A New Year for Learning

- ❑ Learn more Quality terms
- ❑ Learn more Quality methods
- ❑ Learn more Quality care procedures
- ❑ Learn more about your staffs needs/wants
- ❑ Learn more ways to Connect

PDSA CYCLE WORKSHEET

AIM STATEMENT: (Overall goal you would like to reach)

Every goal will require multiple smaller tests of change.

PLAN:

Describe your first (or next) test of change	Person Responsible	When to Be Done	Where to be Done

List the tasks needed to set up this test of change	Person Responsible	When to be Done	Where to be Done
1- 2- 3- 4- 5-			

Predict what will happen when the test is carried out	Measures to determine if prediction succeeds
1- 2- 3- 4-	1- 2- 3- 4-

DO: (carry out the plan)

Describe what happened when you ran the test

STUDY: (review the results)

Describe the measured results	How does this compare to the prediction?

ACT: (make- a- decision based on what was learned)

Describe what modifications (if any) will be made for the next PDSA cycle based on what was learned:		
Will we adopt the plan as it is?	Will we adapt the plan for the next PDSA cycle?	Will we abandon this plan and start a whole new one for the next PDSA cycle?

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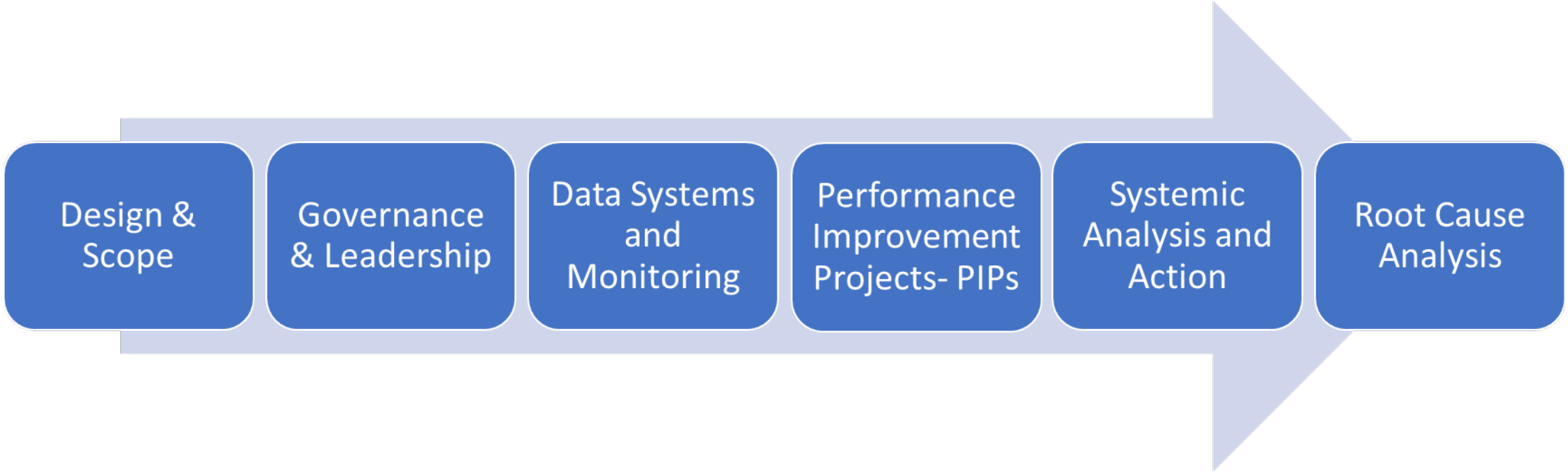
Quality Assurance/Performance Improvement (QAPI)

- Information to assist in problem solving
- Support Staff wellbeing
- Tap into creativity of staff
- Promote joy in work and healthy relationships
- Build a more robust system

Elements of QAPI



If I had an hour to solve a problem, I'd spend 55 minutes thinking about the problem and 5 minutes thinking about solutions."

- Albert Einstein

QAPI – Performance Improvement Project (PIP)

- PIP team should have the following:
  - One person from the QAPI committee - Must be interdisciplinary - No more than 5-6 people (3 if a small) facility
    - Pharmacist , CNA, nurses, Activities, Maintenance, Laundry, etc. (closest to the problem)
    - Consider having residents or families as subject matter experts
- Leadership support
  - Resources, encouragement, available

✓Clear purpose

- Share the SMART goal with them – Team Charter

✓A plan

- Conduct an RCA
- Help them develop and test a PDSA weekly
- Measurement and data collection daily

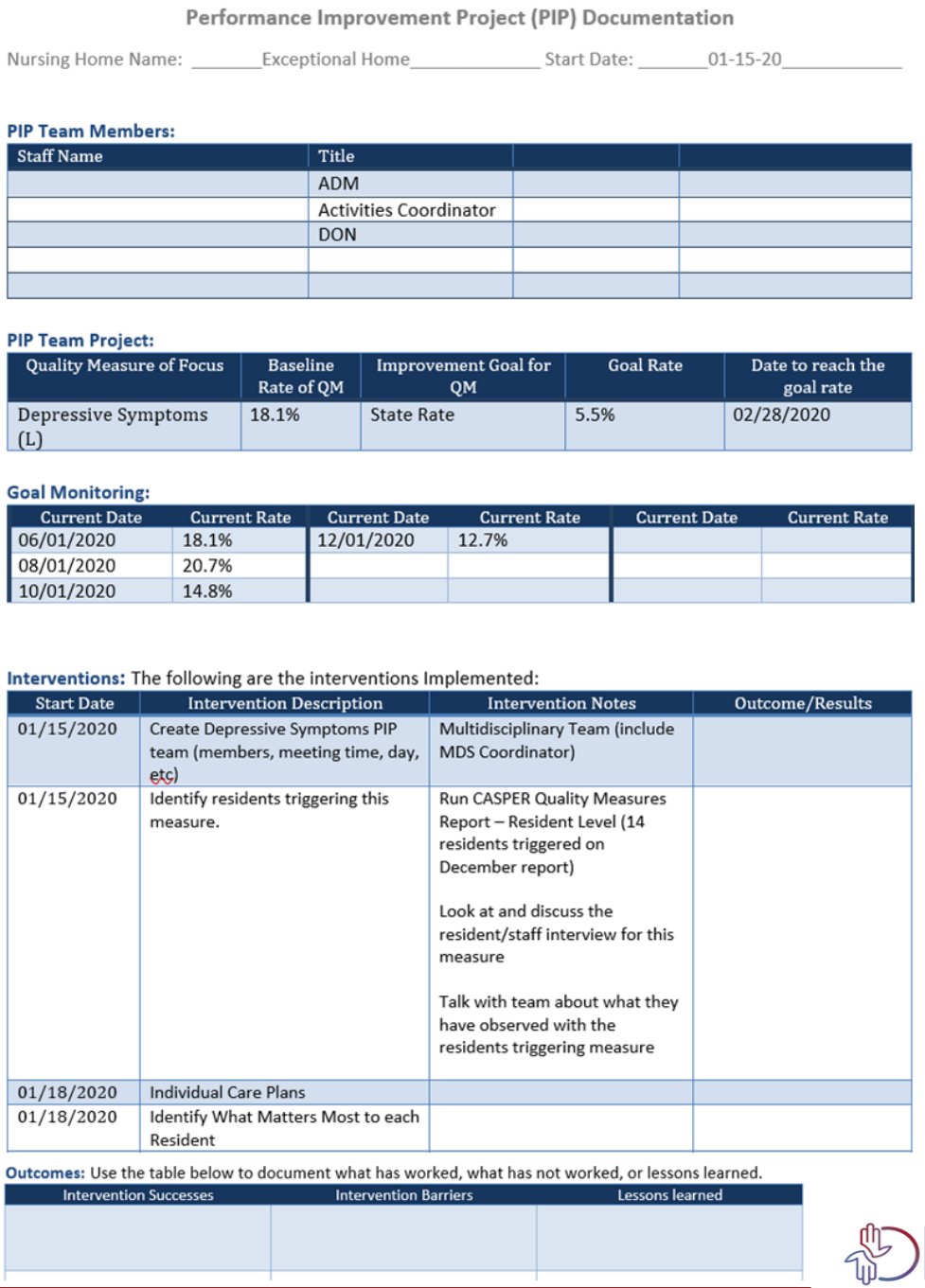
Follow up

Should be meeting frequently, at least weekly
Use Huddles

Performance Improvement Project (PIP)

- List team members
- What do you want to focus on
- Detail the baseline %, Goal% and the achievement dates
- Detail specific Interventions
  - Always including individual care plan descriptions
- Most Important piece of the PIP is to detail the Outcomes
  - Successes
  - Barriers
  - Lessons Learned*

- *Most importantly



Performance Improvement Project (PIP) Documentation

Nursing Home Name: _____Exceptional Home_____ Start Date: _____01-15-20_____

PIP Team Members:

Staff Name	Title		
	ADM		
	Activities Coordinator		
	DON		

PIP Team Project:

Quality Measure of Focus	Baseline Rate of QM	Improvement Goal for QM	Goal Rate	Date to reach the goal rate
Depressive Symptoms (L)	18.1%	State Rate	5.5%	02/28/2020

Goal Monitoring:

Current Date	Current Rate	Current Date	Current Rate	Current Date	Current Rate
06/01/2020	18.1%	12/01/2020	12.7%		
08/01/2020	20.7%				
10/01/2020	14.8%				

Interventions: The following are the interventions Implemented:

Start Date	Intervention Description	Intervention Notes	Outcome/Results
01/15/2020	Create Depressive Symptoms PIP team (members, meeting time, day, etc)	Multidisciplinary Team (include MDS Coordinator)	
01/15/2020	Identify residents triggering this measure.	Run CASPER Quality Measures Report – Resident Level (14 residents triggered on December report) Look at and discuss the resident/staff interview for this measure Talk with team about what they have observed with the residents triggering measure	
01/18/2020	Individual Care Plans		
01/18/2020	Identify What Matters Most to each Resident		

Outcomes: Use the table below to document what has worked, what has not worked, or lessons learned.

Intervention Successes	Intervention Barriers	Lessons learned

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Root Cause Analysis Supports Sustained Quality of Care

- QAPI Plan Review – LTC Survey Pathway
  - Identify issues and make a “good faith attempt”
  - Monitoring Positive change is being sustained
  - Planning for improvement: QAPI and Root Cause analysis
  - Analyzing underlying cause

- RCA
  - “CMS is also providing Directed Plans of Correction, including use of Root Cause Analysis, to facilitate lasting systemic changes within facilities to drive sustained compliance”

- https://www.cms.gov/medicare/quality/nursing-home-improvement

Steps to RCA

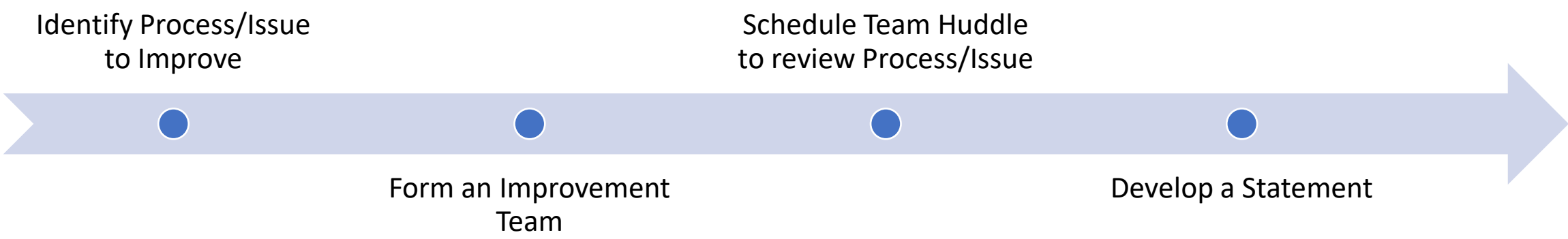
Identify contributing factors

- Asking, “What was going on at this point in time that increased the likelihood the event would occur?”

Identify the root cause

- Dig deeper into understand “why” the contributing factor occurred
- Discover the mismatches and gaps in the process

Pathway for Root Cause Analysis



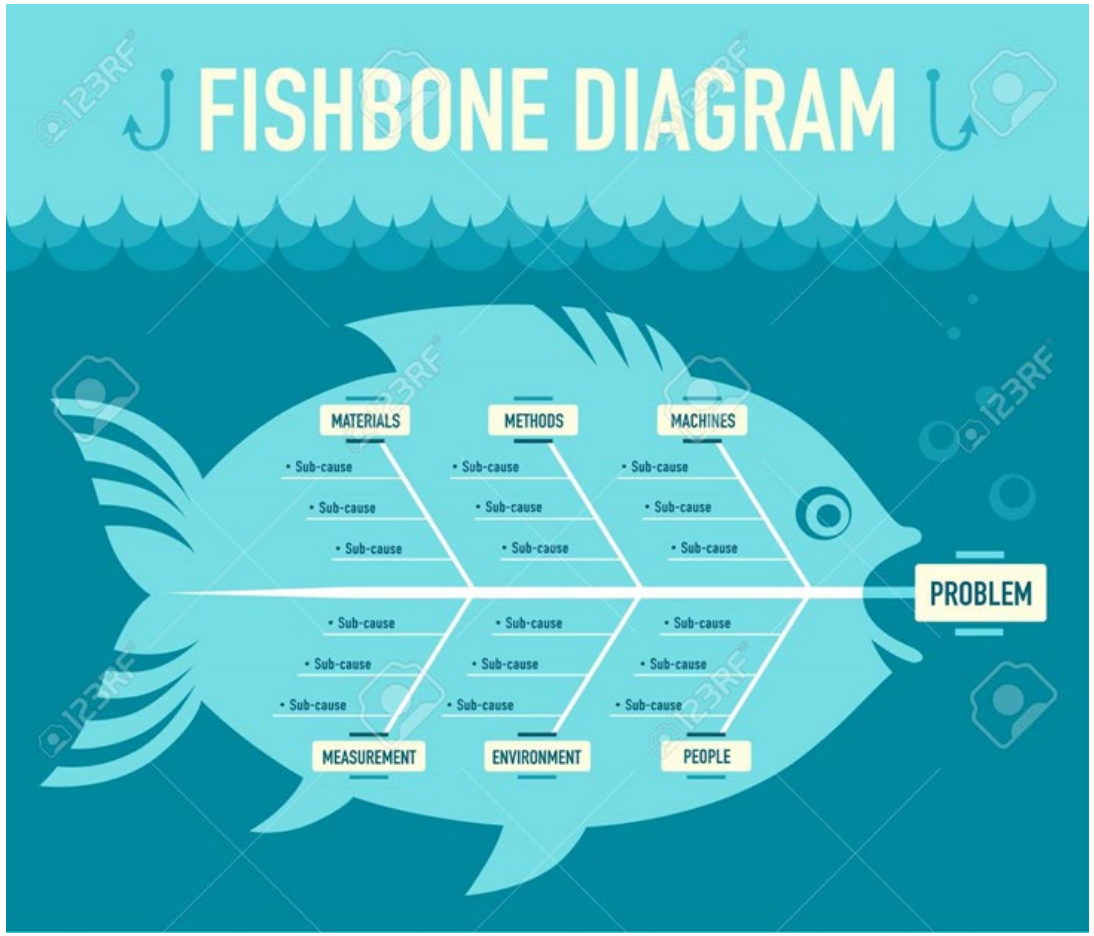
Is the Problem Isolated?

- Ask the 5 whys
- Conduct a PDSA

Is the Problem Reoccurring?

- Conduct a Fishbone Analysis
- Review Root Causes and Prioritize
- Select Interventions for Improvement
- Conduct a PDSA

Fishbone Diagram a tool for Root Cause Analysis



- https://www.youtube.com/shorts/iHAb945B5a0

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Project ECHO