Effective Leadership and Communication

QAPI can lead to effective leadership strategies- an Overview

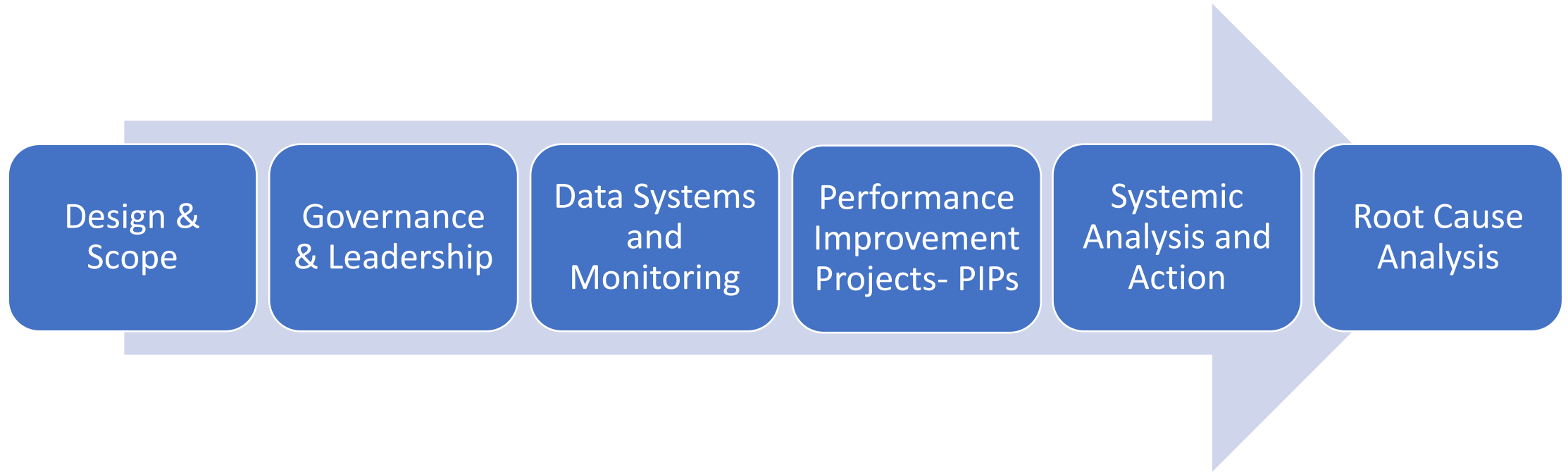DAWN JELINEK   SENIOR CLINICAL CONSULTANT   OKDCN & OFMQ

QAPI Elements

| Design & Scope | Governance & Leadership | Data Systems and Monitoring | Performance Improvement Projects- PIPs | Systemic Analysis and Action | Root Cause Analysis |

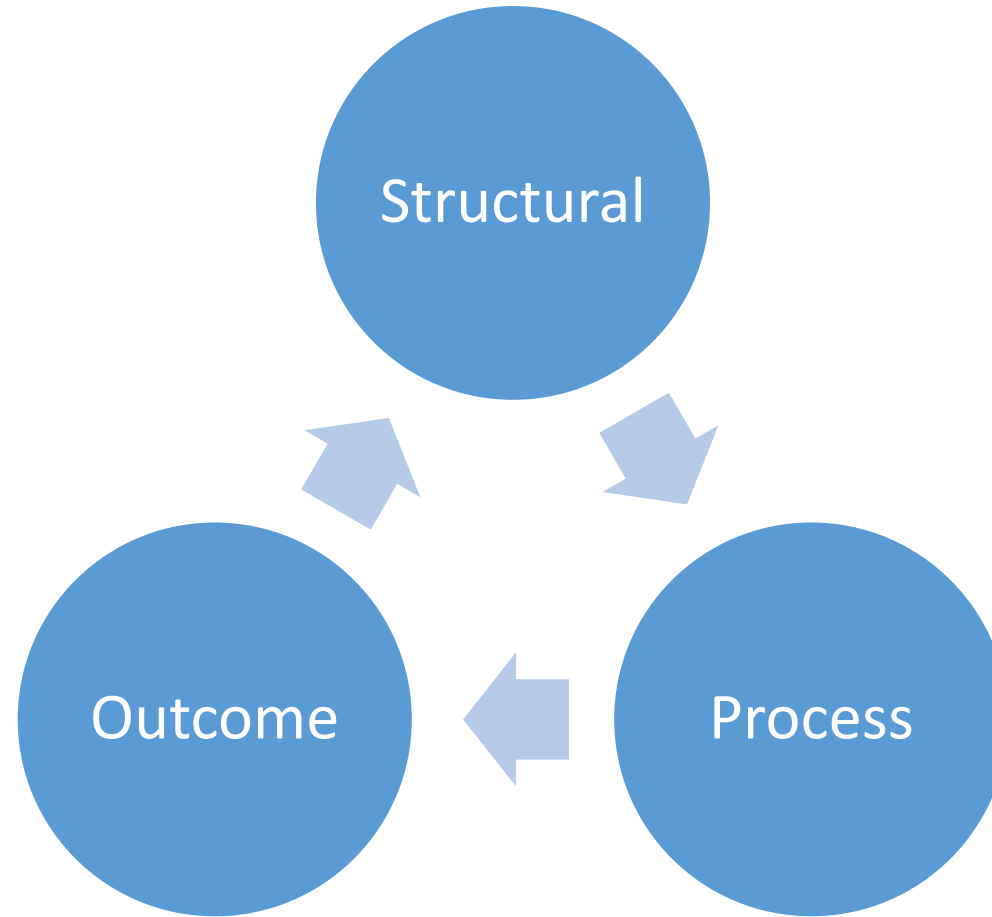**Small changes eventually add up to huge results.**

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

Using what we have learned from COVID to Improve Measures

Prioritizing Quality Measures

Steering Committee

- Monitor Metrics
- Utilize Formal Prioritization Process
- Reflect on Potential Scope and Severity
- Considering Residents, Families, & Staff
- Select and Assign PIPs according to Priority
- Ensure Staff is engaged in identifying Root Causes & Solutions
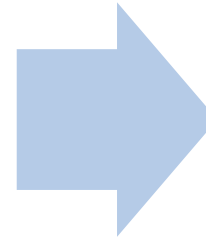
Interdisciplinary Quality Committee

- Assigned by QAPI Steering Committee
- Gather Information for Root Cause Analysis
- Recommend Changes
- Implement and Test Changes
- Report back to QAPI Steering Committee

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┌─────────┐          ┌─────────┐                    ┌─────────────────────────┐
│  Plan   │          │   Do    │                    │  Team Analysis of Data  │
└────┬────┘          └────┬────┘                    └────────────┬────────────┘
     │                    │                                      │
     ▼                    ▼                                      ▼
┌─────────────┐     ┌─────────────┐              ┌───────────────────────────┐
│ Plan Test & │     │  Run Test   │              │  Summarize Outcomes &     │
│ Collect Data│     │on Small Scale│             │  Document                 │
└──────┬──────┘     └──────┬──────┘              │  Lessons Learned          │
       │                   │                     └─────────────┬─────────────┘
       ▼                   ▼                                   │
┌─────────────┐     ┌─────────────┐                            ▼
│State Question&│   │Carry Out the │                      ┌─────────┐
│Predict Outcomes│  │    Test      │                      │   Act   │
└──────┬──────┘     └──────┬──────┘                      └────┬────┘
       │                   │                                  │
       ▼                   ▼                                  ▼
┌─────────────┐     ┌─────────────┐               ◇ Adopt ──Yes──► ( Standardize )
│Develop a Plan│    │Document Outcomes/│                │
│to Test Change│    │  Results     │                   No
│(who,what,when,where)│└─────┬─────┘                    ▼
└──────┬──────┘            │                    ◇ Adapt ──Yes──► ( Plan* )
       │                   ▼                            │
       ▼            ┌─────────────┐                     No
┌─────────────┐     │Collect and Document│             ▼
│Collect Data on│   │  the Data    │          ◇ Abandon ──Yes──► ( Plan )
│Current Process│   └──────┬──────┘
└──────┬──────┘            ▼
       │             ┌─────────┐
       ▼             │  Study  │
┌─────────────┐     └─────────┘
│Develop AIM  │
│Statement    │     ┌─────────────┐
└─────────────┘     │Compare Results to│
                    │ Predictions  │
                    └─────────────┘
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Plan

Do

Team Analysis of Data

Plan Test & Collect Data

Run Test on Small Scale

Summarize Outcomes & Document Lessons Learned

State Question & Predict Outcomes

Carry Out the Test

Act

Develop a Plan to Test Change (who, what, when, where)

Document Outcomes/ Results

Adopt — Yes → **Standardize**

No

Collect Data on Current Process

Collect and Document the Data

Adapt — Yes → **Plan***

No

Study

Abandon — Yes → **Plan**

Develop AIM Statement

Compare Results to Predictions

QI ESSENTIALS TOOLKIT: PDSA
Worksheet http:www.ihi.org
ABCs of the PDCA Cycle,
http://www.phf.org/pmqi/resources.htm

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?

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

https://www.patientsafety.va.gov/professionals/onthejob/rca.asp

Root Cause Analysis Pathway

Identify Process/Issue
to Improve

Schedule Team Huddle
to review Process/Issue

Form an Improvement
Team

Develop a Statement
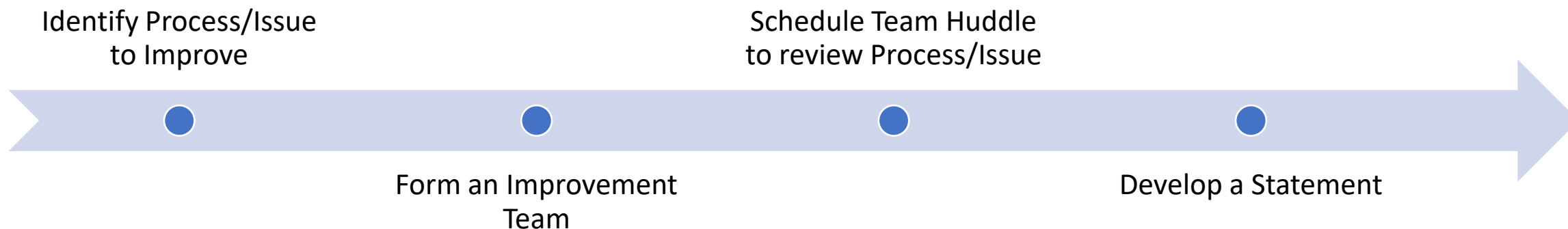
Is the Problem Isolated?

- 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

Tools for Root Cause Analysis

FISHBONE DIAGRAM

- 5 Whys
  - How to Videos
    » https://www.youtube.com/watch?v=BEQvq99PZwo
    » https://www.youtube.com/watch?v=SrlYkx41wEE

- Fishbone Diagram
  - How to Video
    » http://www.ihi.org/education/IHIOpenSchool/resources/Pages/AudioandVideo/Whiteboard16.aspx
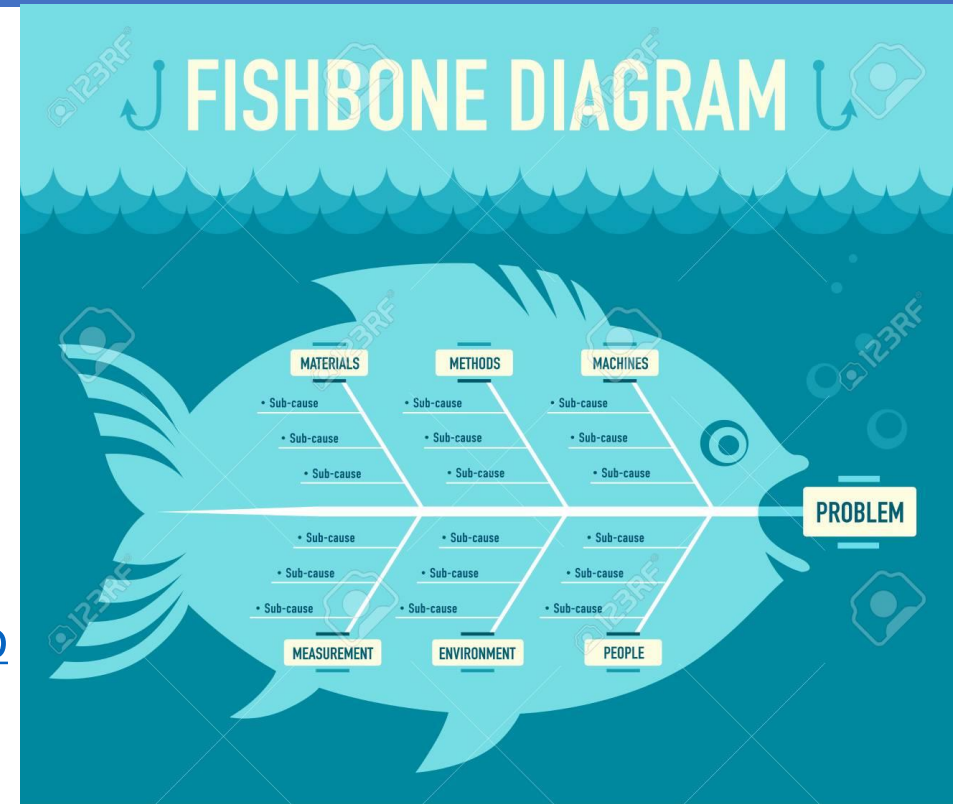
COVID-19 outbreak 100% resident positivity rate during Jan. 3-9 weekly test cycle

Environment

high positive COVID-19 rate in community +

lack of space for designated COVID unit

multiple entrances to unit

lack of separate entrance to COVID unit

outdated signage for PPE & hand hygiene

Not keeping informed of surveillance tr +

Staff & People

resident status unknown at admission ti +

asymptomatic staff

sick policy doesn't cover needed time t +

improper hand hygiene practices

lack of dedicated staff for COVID unit

residents not being trained in rationale +

Equipment & Supplies

lack of adequate PPE

fear that PPE supply will become low

inaccessible PPE due to fear of running +

lack of scheduled equipment cleaning

EPA product dry time not being followed +

outdated signage for PPE & hand hygiene

Rules, Policies & Procedures

uncertain adherence to hand hygiene

need procedures for adequate staffing +

need policy that allows staff to self-qua +

staff & mgt. not QSEP trained/incomple +

IPC policies/procedures not updated

IPC lack of surveillance of community

Sample PIP

- Team Members
- Project Focus
- Goal Monitoring
- Interventions
- Outcomes

Performance Improvement Project (PIP) Documentation

Nursing Home Name: _____ Start Date: _____

PIP Team Members:

Staff Name	Title		

PIP Team Project:

Quality Measure of Focus	Baseline Rate of QM	Improvement Goal for QM	Goal Rate	Date to reach the goal rate

Goal Monitoring:

Current Date	Current Rate	Current Date	Current Rate	Current Date	Current Rate

Interventions: The following are the interventions Implemented:

Start Date	Intervention Description	Intervention Notes	Outcome/Results

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

Intervention Successes	Intervention Barriers	Lessons learned

Sample PIP

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

Key Leadership Behaviors that Support Improvement

- Help staff prioritize
- Use daily 'check-in boards' – Post important resources
- "Stockpile Compassion!"
- Psychological PPE = safe workplace
- NORMALIZE asking for help.
- Creating rest spaces- encourage mindful breathing
- Discussion Sessions- *Ask staff what they need!!*
- "Buddy" System
- Validate staff for accomplishments each day.
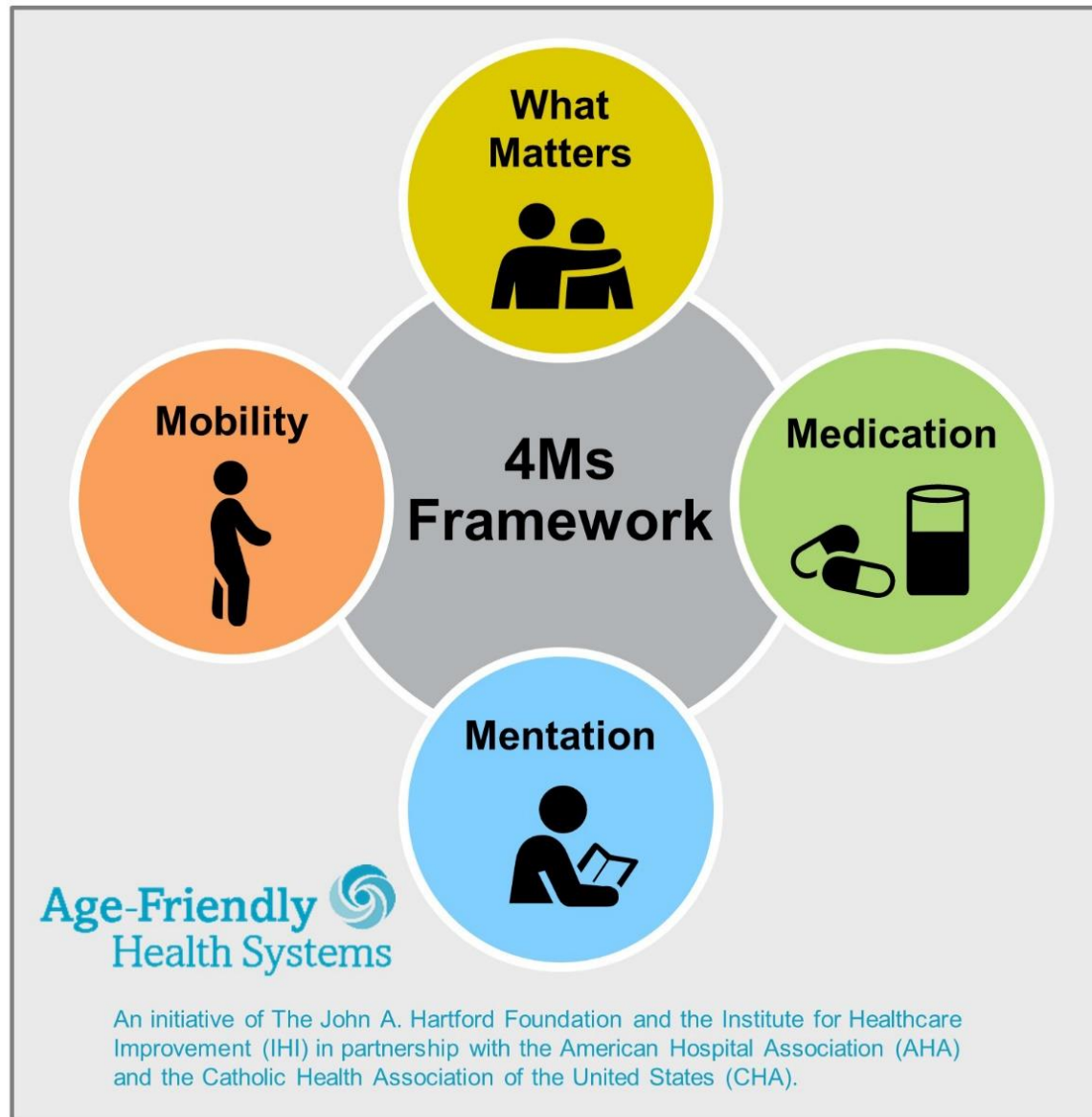- Positivity Board

https://dcn.ouhsc.edu/OkDCN-ECHO

Post these Resources for your Staff

NATIONAL DOMESTIC VIOLENCE HOTLINE

1-800-799-7233

Or, if unable to speak safely,
text LOVEIS to 22522

NATIONAL SUICIDE PREVENTION LIFELINE™

1-800-273-TALK (8255)

suicidepreventionlifeline.org

AHRQ ECHO National Nursing Home COVID-19 Action Network

NM HEALTH SCIENCES · Project ECHO · AHRQ Agency for Healthcare Research and Quality · Institute for Healthcare Improvement

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What Matters

Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to, end-of-life care, and across settings of care.

Medication

If medication is necessary, use Age-Friendly medication that does not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care.

Mentation

Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care.

Mobility

Ensure that older adults move safely every day in order to maintain function and do What Matters.

Celebrate Resilience
(Residents and Staff!)

People are natural story tellers and stories are powerful

Share their stories (for those who wish to do so)

- Post them on facility social media sites and website
- Invite people to read their stories (1-2 per day)
- Make plays, skits, monologues
- Get local theatre groups involved!

Reflection and Action

Share Successes and Challenges

Identify one or more ideas to try

Action: QAPI, PDSAs, RCAs, PIPs

https://dcn.ouhsc.edu/OkDCN-ECHO

AHRQ ECHO National Nursing Home COVID-19 Action Network

HEALTH SCIENCES | Project ECHO

AHRQ Agency for Healthcare Research and Quality

Institute for Healthcare Improvement

OkDCN Oklahoma Dementia Care Network

OFMQ ADVANCING QUALITY ★ IMPROVING LIVES

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Contact OFMQ

Dawn Jelinek

OFMQ

Senior Clinical Consultant

djelinek@ofmq.com

405-651-4796