

Welcome Back!!

Quality Improvement


Sherry Longacre, MS, RN

AHRQ ECHO National Nursing Home COVID-19 Action Network



Follow-up on Last week's "leave in Action"

- What process did you investigate?
- What to do if a process is not working?
- What did you learn?



Project ECHO[®]

NATIONAL NURSING HOME COVID-19 ACTION NETWORK

HOW TO STOP THE SPREAD OF COVID-19 IN NURSING FACILITIES

HOW TO MAKE CHANGE STICK

- Focus initially on **KEY PROCESS** rather than on benchmarked outcomes.
- Evaluate if staff **KNOW** the process.
- KEEP IT SIMPLE!**
- Commit to be a **LEARNING ORGANIZATION**.

REASSESS THE GOAL

- The goal is **95%** performance.
- WHY? 95% or better** means it is likely to be **SUSTAINABLE** over time.

KEEP IT SIMPLE

- It is more important that the process be **STANDARD** than it be perfect.
- When you design for perfection - you often get **overly complex** protocols, planning for every contingency.
- A policy and procedure make look great

FOCUS ON PROCESS

If you think a **PROCESS** works pretty well, test the **FIVE ATTRIBUTES**

5

- WHO does it
- WHEN should it be done
- WHERE is it done
- HOW is it done
- WHAT is needed to do it

- Ask **5 staff** to describe the 5 attributes.
- If **5 direct care staff** can describe the work with the 5 attributes, you have a good chance to achieve **95% performance** and **SUSTAIN** the performance over time.
- If they can't, determine which attribute they can't describe and develop a simple process for improvement.

If you have a process that does **NOT** work so well

- Determine if it is a **COMMON** or **INFREQUENT** failure.
- Observation of **ONE PERSON** does not mean it is a common failure.
- Fix **ONE Attribute** (*who, when, where, how, what*) at a time.

COMMON

INFREQUENT

- Don't rely too heavily on education as **THE FIX**.
- Get **CURIOS** to determine **WHY** this is occurring.
 - WHY is this process important.
 - WHY do we do it this way.
- Get **CURIOS** - WHY are they **NOT** following the process.
- Develop a plan to fix **ONE** process, test and refine.
- Keep it **SIMPLE!**

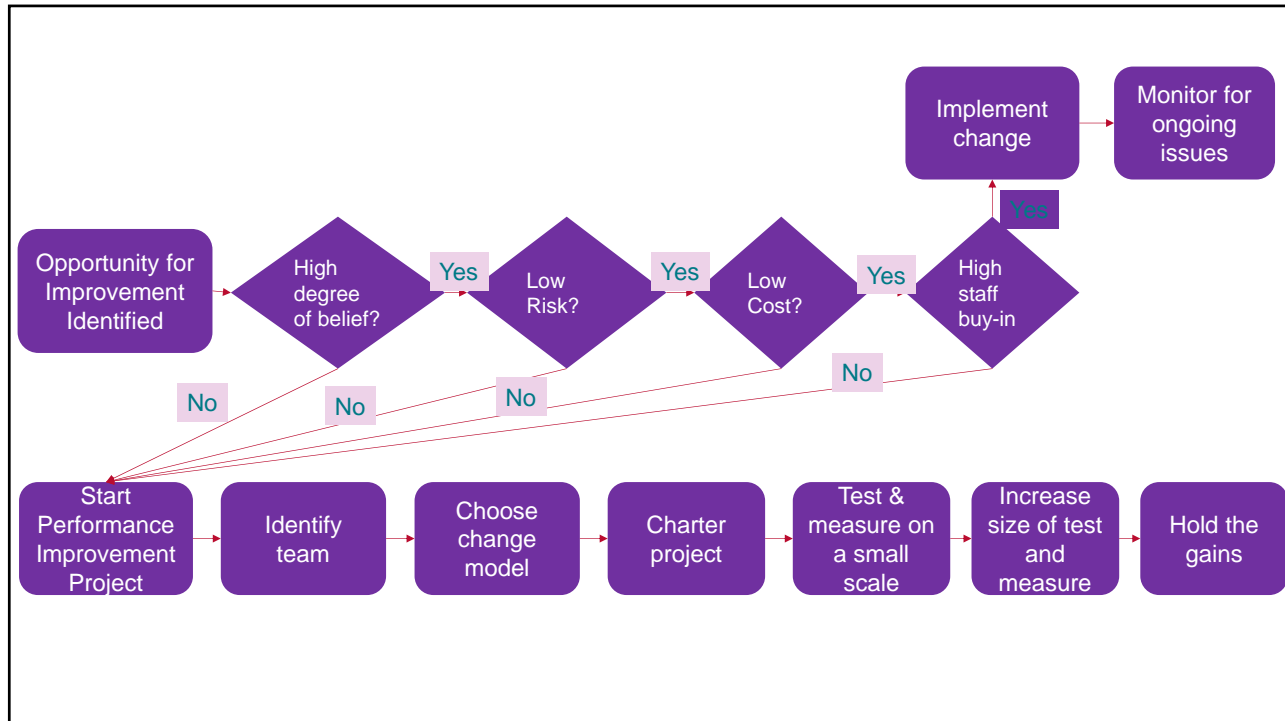
5

- Infrequent does **NOT** mean you have a bad process.
- Don't try to make it perfect - you will use up too many precious resources.
- Talk to that one person to reeducate or determine **WHY** it is occurring.
- Accept defeat & **MOVE ON** to focus on another process.

AHRQ ECHO National Nursing Home COVID-19 Action Network



<#>



Improvement in 5 Steps

1. Get curious about the nature of the problem
 - Observe it
 - Talk to staff (huddles!)
 - Map/diagram/brainstorm
 - Measure it
2. Set a goal for what you want to achieve
3. Decide what you want to try
4. Start by testing/trying it on a small scale...1 day, 1 resident
5. Measure your impact in ways that make sense

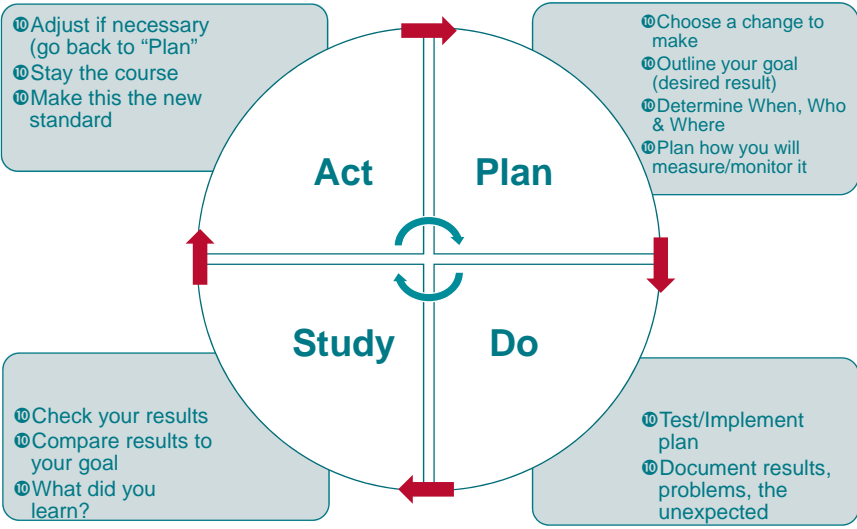
A focus on trauma and isolation?

1. What are staff and residents feeling? How are our current efforts making a difference? What could be better?
2. What is a reasonable goal for our facility
 - All residents have at least 1 meaningful virtual or window visit with family per week by January 31st?
 - All staff report they feel 'heard and supported' at work by January 31st?
3. What can we try?
 - Improving virtual visits
 - Staff huddles
 - Ideas from 'psychological PPE'
 - PTSD Screening?

4. Pick something to test
 - Develop and test a discussion prompt guide for staff to use with residents during virtual visits
5. Measure your impact
 - # of residents engaged in a virtual/window visit at least once/week
 - Staff absentee rates
 - 'Marble measure'



Quality/Performance Improvement: PDSA



1. What are we trying to accomplish?
2. How will we know a change is an improvement?
3. What changes can we test?

Sample PIP

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 Success	Intervention Failure	Lessons Learned

Leave in Action

Think about your conversations, discoveries and observations over the past few weeks and months and identify one area that you might want to focus on through a PIP versus a 'just do it' approach.

Connect with 2 other staff members to ask their opinion on what you might be able to impact in this area?