Intro to QAPI

Guide to Basic Principles

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QA + PI = QAPI

- QAPI takes a systematic, comprehensive, and data-driven approach to maintaining and improving safety and quality in nursing homes while involving all nursing home caregivers in practical and creative problem solving

Quality Assurance

- Measure compliance with standards
- Required, reactive
- Outliers, bad apples
- Few take responsibility

Performance Improvement

- Continuously improve processes
- Chosen, proactive
- Processes, systems
- All take responsibility

QAPI in the Final Rule

- Phase I – Continues to require participation in QAA Committee and maintain existing QAA requirements

- Phase II – QAPI plan as required by ACA in place and available to share with surveyors

- Phase III – Full implementation of QAPI program (implementing performance improvement initiatives)

Five Elements of QAPI

Design and Scope

- Ongoing and Comprehensive
- Includes all systems of care
- Aims for safety and high quality with all clinical interventions
- Emphasizes autonomy and choice for resides
- Evidence based
- Addressed in written QAPI plan

Governance and Leadership

- QAPI is a priority
- Leadership seeks input from staff, residents and families
- Ensures adequate resources
- QAPI training
- Sustainability through staff turnover
- Just Culture
- Education
- All voices heard

Feedback, Data, Monitoring

- Systems to monitor care and service
- Data from multiple sources
- Use of Performance Indicators and benchmarks
- Tracking, investigating and monitoring Adverse events
- Action plans to prevent adverse event reoccurrence

Performance Improvement

- Concentrated effort on a particular problem
- Involves gathering information to clarify issue
- Intervening for improvement
- Examines and improves care and services in identified areas

Systematic Analysis and Systemic Action

- Organized approach to decide causes of problems
- Policies and procedures on the use of Root Cause Analysis
- Look across all involved systems to prevent future events and sustain improvement
- Focus on continual learning and continuous improvement

Design and Scope

- Ongoing, include all services and all departments
- Address all systems of care and management practices – QAPI self assessment tool
- Aims for safety and high quality with all clinical care
- Utilize best available evidence to define and measure goals
- Written QAPI plan should adhere to above principles

Governance and Leadership

- Foster a culture where QAPI is a priority

- Ensure adequate resources to conduct QAPI efforts and education – staff, residents, families

- Develop policies to sustain QAPI despite changes in personnel and turnover

- Set expectations around balancing safety with resident-centered rights and choice

- Create atmosphere where staff are comfortable identifying and reporting quality problems

Feedback, Data, Monitoring

- Use data from multiple sources to identify what you need to monitor (Composite Score, QMs)

- Make data meaningful – use it to drive decisions, prioritize what you will work to improve, and identify gaps and opportunities

- Set goals, benchmarks, thresholds

- Collect the data that enables tracking and monitoring measures

- Track, investigate, and monitor adverse events

Performance Improvement

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Drafting a Charter

- What is a charter?

- What is the purpose of a charter?

- How is a charter organized?

Worksheet to Create a Performance Improvement Project Charter

QAPI

What is a project charter? A project charter clearly establishes the goals, scope, timing, milestones, and team roles and responsibilities for an Improvement Project (PIP). The charter is typically developed by the QAPI team and then given to the team that will carry out the PIP, so that the PIP team has a clear understanding of what they are being asked to do. The charter is a valuable document because it helps a team stay focused. However, the charter does not tell the team how to complete the work; rather, it tells them what they are trying to accomplish.

Use this worksheet to define key charter components.

PROJECT OVERVIEW

Name of project:
Example: Reduction in use of position change alarms

Problem to be solved:
Example: Alarms going off frequently detract from a homelike environment and may give staff a false sense of security.

Background leading up to the need for this project:
Example: Residents and families have complained about the sound of alarms going off frequently. Staff feel pressure to do "something" when a resident falls.
[Tip: Reference specific background documents, as needed.]

The goal(s) for this project:
Example: Decrease the percentage of residents with position change alarms used on XX unit by 25% by XX/XX/XX.
[Tip: See Goal Setting Worksheet]

Scope—the boundary that tells where the project begins and ends.
The project scope includes:
Example: Use of position change alarms on XX unit.

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Recommended Project Time Table:

PROJECT PHASE	START DATE	END DATE
Initiation: Project charter developed and approved		
Planning: Specific tasks and processes to achieve goals defined		
Implementation: Project carried out		
Monitoring: Project progress observed and results documented		
Closing: Project brought to a close and summary report written		

Project Team and Responsibilities:

TITLE	ROLE	PERSON ASSIGNED
Project Sponsor	Provide overall direction and oversee financing for the project	
Project Director	Coordinate, organize and direct all activities of the project team	
Project Manager	Manage day-to-day project operations, including collecting and displaying data from the project	
Team members*		

*Choice of team members will likely be deferred to the project manager based on interest, involvement in the process, and availability.

Material Resources Required for the Project (e.g., equipment, software, supplies):

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Barriers

What could get in the way of success?	What could you do about this?
Example: A resident could fall and staff could automatically blame the lack of an alarm.	*Example:* Educate staff on the lack of relationship between alarms and falls; collect data on removal of one alarm at a time.
Example: Staff complaints of need for additional staff to watch everyone if alarms are removed.	*Example:* Focus on anticipation of resident needs, and assess if additional hands-on-deck are needed during busy times on unit.

PROJECT APPROVAL

The signatures of the people below relay an understanding and approval of the purpose and approach to this project. By signing this document you agree to establish this document as the formal Project Charter and sanction work to begin on the project as described within.

TITLE	NAME	SIGNATURE	DATE
Administrator			
Project Sponsor			
Project Director*			
Project Manager*			

*May not always have both roles.

Performance Improvement Projects (PIP)

- What are they?

- Three questions for Improvement:
  - What are we trying to accomplish? (AIM statement)
  - How will we know the change is an improvement? (Measurement)
  - What change can we make that will result in improvement? (RCA and PDSA)

AIM Statement

- What is an AIM Statement?
  - EXAMPLE: We will decrease falls with injury on the Dementia unit 10% by March 30, 2017 under the direction of Ivy Gotanidea, Unit Manager
  - This includes population involved, measureable goal, time frame and under who's guidance
  - Well-defined, easy to understand

SMART Worksheet for AIM writing

Goal Setting Worksheet ⊛API

Directions: Goal setting is important for any measurement related to performance improvement. This worksheet is intended to help QAPI teams establish appropriate goals for individual measures and also for performance improvement projects. Goals should be clearly stated and describe what the organization or team intends to accomplish. Use this worksheet to establish a goal by following the SMART formula outlined below. Note that setting a goal does **not** involve describing what steps will be taken to achieve the goal.

Describe the business problem to be solved:

Use the SMART formula to develop a goal:

SPECIFIC

Describe the goal in terms of 3 'W' questions:

What do we want to accomplish?

Who will be involved/affected?

Where will it take place?

MEASURABLE

Describe how you will know if the goal is reached:

What is the measure you will use?

What is the current data figure (i.e., count, percent, rate) for that measure?

What do you want to increase/decrease that number to?

ATTAINABLE

Defend the rationale for setting the goal measure above:

Did you base the measure or figure you want to attain on a particular best practice/average score/benchmark?

Is the goal measure set too low that it is not challenging enough?

Does the goal measure require a stretch without being too unreasonable?

RELEVANT

Briefly describe how the goal will address the business problem stated above.

TIME-BOUND

Define the timeline for achieving the goal:

What is the target date for achieving this goal?

Write a goal statement, based on the SMART elements above. The goal should be descriptive, yet concise enough that it can be easily communicated and remembered.

[*Example:* Increase the number of long-term residents with a vaccination against both influenza and pneumococcal disease documented in their medical record from 61 percent to 90 percent by December 31, 2011.]

Tip: It's a good idea to post the written goal somewhere visible and regularly communicate the goal during meetings in order to stay focused and remind caregivers that everyone is working toward the same aim.

Goal Setting Worksheet

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How Will We Know the Change is an Improvement?

- Describe the measureable outcome you want to see

- 3 types of outcomes
  - Outcome Measurement - focus on individual event
  - Process Measurement - focus on system performance
  - Balance Measurement - focus on assessing unintended change

- EXAMPLE using AIM "We will decrease falls with injury for newly admitted residents on the dementia unit 10% by March 30, 2017"
  - Outcome: Number of fall events decrease by 4
  - Process: Number of falls with injury within 30 days of admission has decreased 11%
  - Balance: Newly ordered psychotropic medication for residents on the dementia units within 30 days of admission has risen 25%

What Change Can We Make to Improve?

- Define the current process. Consider flowcharting or process mapping to assist
- Identify opportunities for improvement
  - Points where breakdown occurs
  - Places where workarounds have developed
  - Places where variation occurs
  - Duplicate or unnecessary steps
- Complete Root Cause Analysis for identified opportunities
- Decide what change in the process you will test based on root cause analysis
- Develop a Plan-Do-Study-Act Cycle to test change

Root Cause Analysis

- Clearly state event to be analyzed
  - **Poor statement:** *Falls are increasing on the dementia unit*
  - **Better Statement:** *Falls with injury are increasing in the hour before dinner on the dementia unit.*
- Often there will be more than one root cause identified
- Avoid focusing on individuals, keep concentration on systems
- Complete with various team members
- You have arrived at the root cause when the following questions can be answered "No"
  - Would the event have occurred if this cause had not been present?
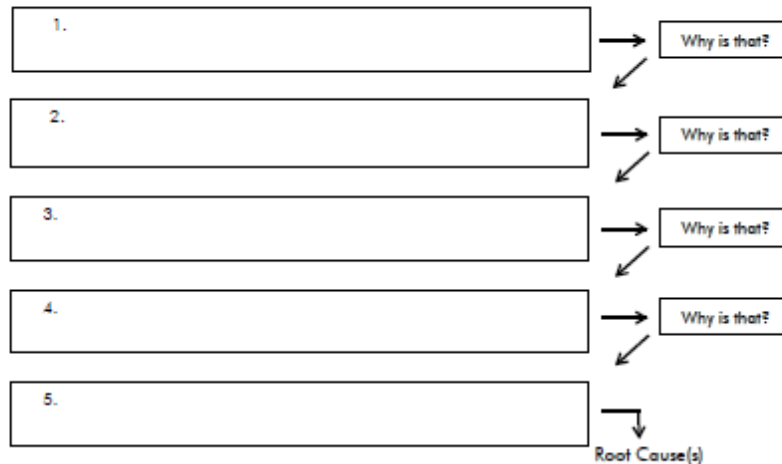 - Will the problem reoccur if this cause is corrected?

The 5 Whys

The 5 Whys tool aids in the identification of the root cause of a problem. To begin, identify a specific problem and ask why this is occurring. Continue to ask "Why?" to identify causes until the underlying cause is determined. Each "Why?" should build from the previous answer. There is nothing magical about the number five; sometimes a root cause may be reached after asking "Why?" just a few times; other times deeper questioning is needed.

STEPS

a) Define a problem; be specific.
b) Ask why this problem occurs and list the reasons in Box 1.
c) Select one of the reasons from Box 1 and ask "why does this occur?" List the reasons in Box 2.
d) Continue this process of questioning until you have uncovered the root cause of the identified problem. If there are no identifiable answers or solutions, address a different reason.

THE PROBLEM:

1. → Why is that?

2. → Why is that?

3. → Why is that?

4. → Why is that?

5. → Root Cause(s)

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Root Cause(s)
1.
2.
3.

To validate root causes, ask the following:
If you removed this root cause, would this event have been prevented?

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Root Cause Analysis Takes Practice

- When asking a person why *Falls with injury are increasing in the hour before dinner on the dementia unit*, a typical response might be "because they are confused and don't remember not to get up."

- This is not a root cause and will lead down a "dead end Why path." (Why are they confused?).

- The person administering the analysis must be skilled in leading the team member back to the purpose of the exercise without leading the response. In this case, rephrasing the Why statement to be "Why are people who can not remember to stay seated falling at dinner time?" allows the process to continue.

- With practice this process becomes easier for both those asking the questions and those providing the responses.

Plan-Do-Study-Act (PDSA)

- Form of rapid cycle improvement

- Small tests of change rather than system wide until proven

- Cycles are intended to be short in duration, evaluated then adopted, adapted or abandoned

- Many times you will need multiple PDSA cycles to effectively improve a system

PDSA Worksheet

Aim Statement: _____

PLAN: Area to work on:

Describe the change you are testing:

What question does this test seek to answer? (If I do 'x', will 'y' happen?)

What do you predict or expect the result will be?

What measure will you use to learn if this test is successful or has promise?

Plan for change or test: who, what, when, where

Data collection plan: who, what, when, where

Team
Facilitator:
Members:

DO: Report what happened when you carried out the test. Describe observations, findings, problems encountered, special circumstances

STUDY: Compare your results to your predictions. What did you learn? Any surprises?

ACT: What will you do next? Adopt, adapt or abandon the change?

Systemic Analysis and Systemic Action

Systematic Analysis

- Root Cause Analysis

- Structure to Evaluate

- Systems perspective

- Focus on system gaps

- Purpose is to understand why events occur and plan to correct cause

Systematic Action

- PDSA

- Sustain change

- Weakest link in process

- Without Systemic Action, changing the system, a band aid is applied and change can not last

Common solutions do not impact the system and are based on 2 assumptions. (1) lack of knowledge contributed to the event and (2) if the person is educated the mistake wont happen again. Determining what systemic action to take can be difficult, but the time devoted to this process will pay dividends moving forward. To be effective, action should target the root cause, be achievable, objective and measurable.

Weak Actions- depend on staff to remember their training or policy. Enhance or reinforce existing processes	Intermediate Actions- provide tools to help staff, modify existing processes	Strong Actions- Detect and warn before error reaches resident. Change or redesign the process
Double checks	Checklists, enhanced communication	Physical changes such as grab bars
Warning labels	Decreased workload, such as adding an activity aid to the common area at meal times	Forcing functions such as designing lines so that only o2 can connect to o2 tubing
New policy, memos	Software enhancements	EMR – cannot continue charting unless all fields complete
Training education		

Celebrate Success

- Do not forget to share your progress with your team.
- As staff become more a part of the problem solving process and begin to see the positive effect they are helping to achieve you will begin to see a snowball effect, in which more people want to become part of the process.
- You may need to be a cheerleader at first.
- Remember, the process NEVER ends, that's the fun of it! Poor process can meet the standard, average process can be superior and superior processes can be built upon and shared... the sky is the limit.
- Finally, remember to share your journey with your project coordinator and to reach out if you have any questions related to anything we have discussed today.

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