



QAPI Affinity Group Session IV

Performance Improvement Projects

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Receiving the PIP Charter

- Data has been gathered that has identified the need for a performance improvement project
- A charter has been completed
 - A goal has been established
 - Scope determined
 - Initial time line set
 - Team has been created
 - Resources needed identified and gathered
 - Potential barriers have been identified

The Performance Improvement Team

- Appropriate team members have been selected
- All team members understand the problem
- Team understands how the project aligns with the goals of the facility
- Initial resources needed have been identified and secured (**time** is a resource)



Performance Improvement Projects (PIP)

- Three components needed for an effective Performance Improvement Project Plan, this session will cover the first two
- 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)

Goal Statement



- Remember that the Problem Statement as identified by the charter and the AIM statement are different
- The Charter problem statement identifies the area of concern
- The Goal or AIM statement is a “zeroed in” or focused statement as to what area of the identified problem the PIP will focus on
 - EXAMPLE: Employee turnover exceeding 40% a year
- The data collection used to identify employee turnover as a problem to be prioritized revealed multiple potential areas of concern. A performance improvement team may develop an AIM statement that focuses on a narrow aspect of the problem, such as new hire turn over.

Creating an Goal or AIM Statement

- Integral to a successful PIP
- An effective goal statement will include:
 - The involved population
 - A measurable outcome
 - A time frame to complete
 - A project leader
 - A reader should be able to easily understand the purpose of the PIP by reading the Goal statement
 - Consider ways to announce your project to staff and residents. This helps to create a unified purpose and shared vision as well as promoting the concept of team ownership of shared problems and success.

Goal Setting Worksheet



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?

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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?
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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.

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GOAL Worksheet

- S- Specific
 - Describe **WHAT** you want to accomplish, **WHO** will be involved and **WHERE** it will take place
- M- Measurable – how will you know the goal was met
 - Describe What **DATA** you are measuring, What is the **CURRENT** data, what do you want to **MOVE THE DATA TO**
- A- Attainable – defend where you want to move data
 - What benchmark was used, is the measure too low and not a challenge, is it a stretch without being unreasonable
- R- Relevant – how will reaching the goal address the business problem set by the charter
- T- Time Bound – what is target date for achieving goal

Measurement – How will you know that change is an improvement?

- The data that you choose to collect your baseline with must be reproducible and specific to your goal
- To identify change as an improvement, compare baseline data against assessment measures. Consider what you expected to happen.
- Three commonly-used types of assessment measures:
 - Outcome measures – How does the system impact the patient?
EXAMPLE number of falls
 - Process measures – Is the process performing as planned?
EXAMPLE: falls increasing at meal time
 - Balance measures – Is change in one system impacting a separate system?
EXAMPLE: falls decrease but antipsychotic use increases

Measurement



- Consider all three types of measurements as they relate to your GOAL
 - EXAMPLE: Falls will decrease by 10% on the dementia unit for newly admitted residents by May 31, 2017 under the direction of Bea Acheerleader, RN. (Population, Measurable, Time, Leader, clear and concise)
 - Outcome measure: Number newly admitted residents who fall
 - Process measure: Time from admission to creation of individualized care plan
 - Balance measure: Newly ordered psychotropic medication for new admits.

Flow Charting

- Goal statement has created a focus for the process to be improved
- Flow charting helps to identify areas in a process that can be improved upon
- Areas identified through flow charting as needing improvement should be moved to the root cause analysis process
- A process may have more than one area to improve
- Consideration will need to be given to potential areas for improvement
 - May identify more than one area for improvement
 - Will need to prioritize areas and determine feasibility of correcting without PDSA
 - Use caution when correcting without PDSA, this should be reserved for obvious solutions. EXAMPLE: falls caused by loose floor tile in a bathroom

Summary

- Understand steps needed before initiating PIP
- Created a PIP team
- Created a goal statement
- Discussed flow charting as preparation for root cause analysis

What's Next



- Using process mapping to perform root cause analysis
- Getting to the root of the issue
- Barriers to effective RCA
- Things to consider for next week:
 - Are the processes in your facility well defined?
 - Would flow charting common process prior to the identification of an issue be useful?
 - What barriers do you see in implementing RCA?
 - Where is your facility in creating a sense of just culture?

Discussion



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