

QAPI Plan Workshop Session 6: PIP, PIP!

Krista: Good afternoon and welcome to today's QAPI Workshop Webinar, PIP, PIP! Presented by Quality Insights quality innovation network. We will get started with today's program in just a few moments but first a few housekeeping items. This is the sixth of seven sessions that will take place this summer. If you have not yet registered for the last session which will be a celebration of all your efforts, please contact your local Quality Insights project coordinator and he or she will help you. Contact information will be included later in the presentation.

All participants entered today's webinar in listen only mode, should you have a question during today's webinar, we ask that you please type into either the chat or the Q&A box on the right side of your screen. Questions will be addressed at the end. Today's webinar is being recorded, the recording and the slides you see today will both be posted on My Quality Insights in the Reducing Healthcare Acquired Conditions in Nursing Homes section. Following the conclusion of today's webinar you'll be asked to complete a short evaluation. We thank you in advance for your completion of the evaluation as it helps us know how we did and how to shape future programs.

Today's speaker is once again Quality Insights Reducing Healthcare Acquired Conditions in Nursing Homes project coordinator from West Virginia, Pam Matter, to whom I would now like to turn the program over. Pam ...

Pam: Thank you Krista and it is Pam again and I am so glad everybody could join us today for session six out of seven. Let me say that again, six out of seven sessions you have muddled through with me and I appreciate it greatly. And the name of this session is PIP, PIP! And if I could do a even a little bit convincing British accent you would be listening to this entire session with a British accent presenter, accented presenter, but I can't that's not one of my talents so we will be doing it in West Virginia mountaineer accent, just like you've listened to the other five. So let's get started, the name of this session is PIP, PIP! And you'll see the reason for that in just a few minutes.

Okay, review of last session like we do in all of them, we review the last thing and when we completed the last session we talked about your list of data sources that your facility is going to be using in your QAPI work or the ones that you think as of right now you're going to be using. You should have either written some statements on how your data will be collected, how often the data will be collected, how the data will be communicated and all of those fine little points associated with those. Or you did yourself a QAPI dashboard, a general overlook of those items that we just discussed. So hopefully you've gotten all that completed or your draft version done and we are now ready to move on to the very last writing session.

This session is going to be talking about PIPs or known as Performance Improvement Projects, and we're going to be calling them PIPs throughout the entire program so that's what it stands for, Performance Improvement Projects. What is a Performance Improvement Project? It is a concentrated effort on a particular problem in one area of a facility or facility wide. Now when you do a PIP there are some reasons that you're

going to be doing this PIPs, and one of the reasons is you're wanting to clarify issues through a systematic gathering of data, you're wanting to dissect your problems and you're wanting to get to the root of the problem.

And you're going to be hearing things like that getting to the root of the problem and you've probably, if you've been in long-term care for very long, or nursing or anything like that, you've heard of getting to the root of a problem in order to solve it, otherwise you're continually trying to solve the same problem because you're not getting to the actual root cause of that problem. And we're going to talk about that a little bit more in detail a little bit later but that's what a PIP is designed to do, to clarify these issues that you're having. It's also to identify challenges that you're having. In these problems that you have and we're going to talk about cause and effect and all of those things in just a few minutes, but doing a formalized PIP helps you identify certain challenges associated with other issues that you're having. And it's also designed to intervene for improvement as needed with specific tested and effective solutions using plan do study act, or PDSA, or similar processes.

Now, I do not want folks getting scared about all of these scientific tools and all of these things that we're talking about because, and I say that from experience. But before I started studying this stuff, root cause analysis, fish bone diagram, flow charting, PDSA, all of these things were, they're kind of intimidating because especially if you don't know what they are or how to use them. And that's one of the good things about this entire process is yes you have to have your plan written by November 28th or 17 but then we don't have to have it completely implemented until 2019, November of 2019. That gives us a chance to work on our processes, work on the plan that we have, practice this stuff and get good at it. And it's a positive thing, so do not be freaked out if you don't know what PDSA is, how to use the tools associated with it, how to do the root cause analysis tools, don't get freaked out about that just yet. Because you will learn how to do this, that's part of the entire process of the QAPI.

Okay, so what we're doing, and I want to remind everybody that everything that we're talking about are general guidelines. If I give a specific example about a PIP or about an idea of a data source, that's not something you want to include in your general statement. Specific situations does not belong in the QAPI plan. You want generalized statements, items that every single person who is going to do a PIP, is going to follow that guideline. So these things are all general guidelines and I also want to remind you, they can be as specific as you want them to be or as generalized as you want them to be. I've told you before, I'm a very detail oriented person, sometimes I put just a little bit more in this stuff than what some other person would do, and that is just fine. As long as you cover the areas that is required in your QAPI, then you should be fine. As long as folks can pick this up and use it, it's designed to be used, it's not designed to look pretty, it's designed to be used.

So we're going to do a generalized statement for the overall plan to begin with. What you want to keep in mind when you're writing this general PIP guideline is that this is going to summarize the reasons why you're going to be using PIPs. Why are we going to use them? Well, some of the reasons that you could include is that this is a systematic approach to solving problems or identifying issues or whatever. But it is systematic, it's

not spotty, it's not this person's doing it this way and this person's doing it that way. It is a systematic approach and it looks at systems, it looks at general overall ways things are being done.

It is a, another reason that you're going to be using PIPs is as a mechanism for positive changes which is exactly what we're looking for when we're using the QAPI process. We're looking for positive changes within our organization. And sometimes with QAPI, it's not just changes of things that are going wrong or that have went wrong, it's changes of things that not only that we're doing well, but we could even do better. Best practices that we've already got that we could even improve on and become more prominent in that area, whatever it is.

We're using PIPs because we want everything that we do to have an impact on residents and staff, well residents quality of life, and quality of care. And then also what impact of quality are we giving to our staff and our visitors and our vendors and just our stakeholders, what kind of quality impact are we having? And that's one of the other reasons that we use PIPs because we want to impact that quality. We also want to use PIPs because we want to focus on our high level goals, maybe looking at your missions and their visions statements that you wrote way back in session, I believe it was one, maybe two, I can't remember. But anyway, looking at those high level goals we're wanting to reach the milestones to meet those goals.

And we also use PIPs because we not only want our work to be effective, but we want it to be sustainable. We want whatever changes we make that are positive, to stick around no matter what. Through staffing changes, leadership changes, resident changes, whatever, we want the positive impacts to be sustainable. And that's one of the main reasons that you're going to be using PIPs and you want to put that in your general guideline.

And here is a overall PIP statement example. Now before we go into the statements of the examples, I do want to point out that if you plan on using these examples, be very careful using them verbatim mainly because they are very detail oriented and that I've already covered. But anything that you put in your plan, eventually you have to do. It's not something that you just, again, put it in there to look pretty, if you put it in there be ready and willing and able to follow through on that general overall statement. It again, can be as specific as you want, can be as general as you want. Take out stuff, add stuff, move stuff, whatever you feel like you need to do, or totally redo it. It is completely up to you and your team how you want to write your statements within your QAPI plan.

But this overall statement states, "Our organization will conduct a performance improvement projects that are designed to take a systematic approach to revise and improve care or services in areas that we identify as needing attention". And then it goes on and I'm not going to sit here and read it to you, I just want to give you an idea, it goes on to talk about each of those areas that we just discussed, why are we using these PIPs and how are we going to, and why are these important to us and our organization?

Okay, the next one is PIP topics, we want to include how topics within our PIPs will be chosen. And again it's overall statements, this is not the place that you want to put the

areas that your facility is looking at. If my facility is really high in antipsychotics on my quality measures I wouldn't put that in there, I would put the data list, your quality measures, that's an area that you would want to maybe include in where you're going to be looking for you PIP topics. How about input from residents, staff, families, volunteers, whatever where are you going to be looking for your topics in your PIPs.

And there's another example of how to write a general statement for how you're going to be obtaining these topics. Now one of the things I want to mention is, remember how I said this is a fluid document, after you've written your plan and you've determined that you, in let's say next year, March of 2018, you find another source of input that you want to use in your PIP, drawing your PIP topics, you can absolutely add that to your plan. You can take away things that you put in there and you're not going to use, it's a very fluid document so don't think the things that you're writing in there right now is in stone, it's not. You can change this as your facility changes and you should change it as your facility changes. Plus as evidence changes, as the availability of data changes, as the things that come up within our facility changes you want to make these things fluid.

Okay, the next area that we want to be sure to include in our PIP section is how we're going to prioritize our PIPs. I've said this before and I will say til the day I die, everything in long-term care is a priority. Whether or not the meds are being passed timely is a priority, whether or not hands are being washed across the facility is a priority, whether the broccoli is too tough is a priority, making sure there's no duct tape on wheelchairs. Everything is a priority. However, you have to put in your statement a way that your steering committee or your team are going to prioritize the priorities and there are ways to do that.

We've included some of the ways that you might want to put within in your general statement. First one being your high risk areas. IJ's or your immediate jeopardies, anything that could potentially be an immediate jeopardy. All of those things of course are high risk issues. Things that occur that could be or are actual harm, is a high risk area. Substandard care areas, hopefully you guys were able to be on the Emma Lin call yesterday regarding the phase two implementation and the new survey guidelines that are coming up. So there was some things in there that could be overall, talking about the substandard care areas and those are the high risk areas that could be a priority in your PIP.

Another area is your high volume area, your widespread areas. And an example that I wanted to use for that one is like hand washing. If you're doing your due diligence and you're going out and you're monitoring your hand washing and you're making sure on all shifts, on all days, over all departments, that everybody is doing proper hand washing and you come across one person who doesn't do it accurately or doesn't do it in a time that he was supposed to do it or she was supposed to do it but everybody else has. And this is one facility, in another facility you're doing that same thing but you've come across 20 people who have not done the accurate hand washing procedure or they're not doing it at the times that they're supposed to. The first building with the one person, that's not considered high volume, that's something that's an education issue potentially. Whereas the other one is a potential systems issue and it is a high volume and it could be a widespread infection control tag.

So anything high volume really needs to be addressed, potentially in a PIP. And then of course your areas that are problem prone. And I want you to think, just real quick in your head, what were the top three issues that you felt like you are always putting out that fire? And whatever it is, whether it be staffing, whether it be a continual issue with med paths, nurses going to the dining room on time, whatever is your potential problem prone issue is the one that you will want to address. Now does that mean you put nurses attending dining room duty timely, in your plan? No. You're going to put that problem prone areas will be addressed through PIPs.

And wouldn't it be nice to stop putting out those fires, how much time would be back into your day or your home life if you're on call, how much time would be put back in your day if you're not always having to put out the same fire over and over again? And that is what this is designed to do, this is to help stop putting out these fires. There's going to be fires you have to put out, I'm not going to lie, but hopefully this will help eliminate lots of the repeat offenders.

And this first resource, this entire training is just [inaudible 00:18:07] full of good resources and the first one is prioritizing worksheets for performance improvement projects. This is a CMS designed tool that again, and I want to mention that none of these tools are mandatory, none of them say that you will be in compliance if you use it, none of them say that you have to use them but they are there to help you and they're very very well done. And the ones that you decide to use, use them and put them within your plan. If you want everyone to use them with, and I'll show you that in just a few minutes, what I mean by that, but if you don't want to use them don't include them, it's very simple.

So this first one is a prioritization worksheet and basically what it is is where you are going to put your potential area for improvement down and then you're going to rate it under prevalence, risk, cost, relevance, responsiveness, feasibility, continuity, and then you're going to have a total, continuity I'm sorry if I was British I would be saying it right but I'm not so there you go. And then you're going to use all of those scores and you're going to add them up to a total score at the end and that's going to tell you where it lies priority wise.

So it's a good tool if you're kind of wishy washy like me and not sure if this one is more priority than that one. Or if you're not sure, or if you're having a discussion and I think mine is more of a priority than yours and you think yours is more of a priority than mine. This is a way that it could be done kind of democratically and everybody would agree that this would be the way to choose the priority level. So just a resource that you could use within your facility on how to prioritize priorities.

And here's an example of a written generalized prioritization example and I told you that you can actually include these documents within the example and you can see it in italicized, it's in italics, where this facility chose to actually put the document within their example and if it's in there, you best make sure that you're using it. Just because, thus it be written thus it be done, make sure that you're going to be using it if you're putting it in there. And it's a good way to make sure within your facility that you are

using the tools or that your team is using the tools that you want them to use to make sure this is a success.

Okay, let's talk about charters. Do all PIPs need charters? And the answer to that is yes if you want them to succeed. But the first question is, what is a charter? Well I'm so glad you asked me that because a charter is a document that provides an overview of the project and it serves as a guide to the desired project outcome. So basically it's a roadmap, it tells you all about the PIP that you're going to be doing, it give you lots of good information, and the steering committee completes it, and it's given to the team so they know exactly where they're at where they're going where they've been and when they got to get there, and all of that good information in between it. And there is another resource associated with that, it is the worksheet to create a performance improvement project charter.

Now this worksheet gives you a clear overview of the entire project, there is no question as to the areas that the steering committee would like addressed, when they would like it addressed, the goals, all of those things associated with the PIP would be included in this worksheet. Now this sucker is what, three pages long? And as I said, you can adjust these to where they work the best for your facility. On this certain one it talks about the name of the project, it talks about the problem that you're going to be solving, and it talks about the background leading up to the need for this project. And that may be an area, and I'm not saying that it's not important because knowing where you have been is very important to knowing where you're going.

But let's just say the background is not something that your team decides they want to include in their charters. So take that out, don't use that part. Make it yours, make it to where it makes sense for your facility and it might take the first couple of PIPs to determine where you want your charter document to be or if you even want a charter document, if you just want to go by the fly and write your own charters and the goals and all that stuff, that's perfectly fine. But this example worksheet gives you some really good pointers on what you probably need to include when you're preparing your team to do a PIP.

So, and here's an example of the generalized overall statement for developing a PIP charter. And I want to show you here, this is an example that was written without mentioning the actual worksheet that I just showed you. This is an example of where more generalized, it's not as specific, doesn't give you exactly what form will be used and what's included in it. It gives you a little bit of what they're going to include in it, but it's not as specific.

Okay, now this one is some ideas that you might, when you're doing a charter, that you might want to include on your charter worksheet. Because when the steering committee's giving this PIP to the folks that are going to be doing it, they need to be familiar with all the things that are out there for them. If there's any existing standards or guidelines that they need to be looking at with whatever area they're looking at, so let's use the antipsychotic one that we just talked about. If my facility has issues with antipsychotic use, then I need to know where I can go to to look for standards associated with antipsychotic administration. I need to know if there are guidelines out

there that are accepted as evidence based practices and things that are accepted for long-term care especially. I need to know where those things are located and as the steering committee, that's your important job to give this to your PIP so that they don't have to go searching for something that's already out there.

And if you're not sure what standards or guidelines you could use, your QIO is a great place to start because if we can help you with standards or guidelines or any of the publicly reported data that's out there and can point you in the right direction or for any of this stuff, your QIO can really point you in the right direction or if we can't, we know who to get you to in contact with that may be able to help you.

Another tool is other measures that can be used to monitor your progress, like if there's any for the antipsychotic, for example if there's any GDR tools or Gradual Dose Reduction tools out there that you could use in order to monitor your progress in that situation. The quality measures on Casper or even on Nursing Home Compare, whether there are evidence based practices out there that you need to be familiar with whenever you're doing your PIP. And then you also need to know if these PIPs are focused on systemic changes, if they're environmental changes, if it affects staff, it affects residents. Those are just things that you might want to include in your charter when you're completing your general statement.

All right, designating the PIP, how are we wanting to make sure that the PIPs are exactly the same across the board? This is so that if I do a PIP or the housekeeper supervisor does a PIP or if the medical director does a PIP, we are all doing it in the same way. The fundamental characteristics of our facility's PIPs are the same. So we want to designate that in a statement. The first thing you want to talk about is the characteristics of your PIPs, do you want them to be interdisciplinary, all of them? Do you want family and resident representation when it's appropriate? Do you always want to designate a team leader? What are some characteristics of the PIPs that you want to use?

How are you going to assemble the team? Our beloved supervisor uses baptism by fire or to where it's not who wants to volunteer but I volunteer Pam Manner, and then Pam Manner is volunteered. Or do you want to, does the steering committee want to assemble the teams? Do you want to choose the team leader and the team leader chooses their team? How are you going to do this across the general PIP guideline? You also want to make sure within this PIP designation statement that there is a commitment. It proves that your, the leadership who is very important in this plan writing process, leadership is absolutely committed to the success of the QAPI process.

So examples such as replacing team members out on the floor during meetings so that these meetings get as much priority as everything else. And these meetings, and this is one of the things you'll learn later on down the road, how to do these things. These meetings are not designed like our old meetings where we meet to meet about the meeting that we had about the meeting and they last for six months. That's not how they're designed, they're designed to be rapid, they're designed to be effective, and they're designed to be everybody involved. Everyone is empowered to be involved in these meetings. And they're to be active meetings, action based meetings.

So here is our example of a designating the PIP team. Talking about all of the things we talked about, and you can even put more detail in here. Talking about, when you talk about replacing staff who need to come to these meetings, you can be a little bit more specific if that's what you choose to be but just to make sure there is a true commitment to this happening.

And then there's the expectations of the PIP team. You have to have expectations written into your plan because people need to be held accountable for these things and that includes leadership. And in order to make sure that there is accountability, of course there is the charter which is the roadmap, but you also have to have the general statement about the expectations. There are lots of tools out there that, I've really thought about including in session seven, lots of the other tools that are available that we have not went over in here. I thought about that being part of session seven such as, I was looking through the stuff, there's brainstorming tools out there, guidelines for team meetings.

There's root cause analysis tools out there, things that teach folks how to actually do a very quick and effective root cause analysis. And of course there's lots of PDFA tools or PDFA like tools that you can use. And are there any tools that your organization absolutely want to use in every single PIP? Is PDFA mandatory? Is that something that your organization is requiring folks to do when they're having a PIP? And if so, that needs to be in the expectations portion of this document. And here is an example and it talks about just exactly what we just said, some of the items and again, you do not have to be this specific. And I know sometimes I flip it and you don't have time to read it but you have a copy of it, so we're good. I just like to get enough time for question and answers and this is a big one.

Okay, we also want to talk about how PIPs are going to be communicated. Not just communicating the results but also documenting. How many of you guys have done so many QAPI PIPs that you're thinking about but you just didn't write down the work that you did? And that's a big problem in long-term care, lots of time we just want to get it done and dust our hands off and move on to the next. But we've got to learn to document our PIPs, document the work we've done, and show our commitment to this quality improvement project. So how can we do that and what's some to the quickest ways and the best ways to not just document it but to communicate the results? And how are you in your facility going to communicate this stuff to everyone? Are you doing to use your dashboard that we talked about last time? Do you use posters throughout your facility? Do you have a QAPI board that you're going to be using? Do you have newsletters? What are you going to be doing to communicate the results of your PIPs to folks?

And then how will you document all of your PIPs for easy reference? And again there's a resource and it's called performance improvement project inventory. And on this one, it's just basically a way for, if not your leadership or your steering committee or whoever, to keep up with all the PIPs that are going on. And you add the name and where they're at and the purpose of the, and all of the things that you want to add on this inventory and it keeps track of all the PIPs that you have in one pretty little table. And here's your PIP communications example. Now please remember, if you're going to

put this PIP inventory in here, you need to use it, same thing with the rest of the information. If you're going to put up a quarterly newsletter which is what this example says, they're going to use a quarterly newsletter, provide it to all residents, families, and staff, that's what you need to do.

Okay, systemic approach. It's very important that QAPI is, you use a systemic approach. When I do a lot of my trainings I like to talk about the spaghetti approach versus the systemic approach to problem solving. Spaghetti approach is those of you that are Italian or know an Italian or have eaten Italian or cooked Italian, how do you know if spaghetti is ready? You take it and you throw it against the wall and if it sticks it's done, if it doesn't, if it slides down the wall it's not done. And we do that a lot of times with problem solving. We find a problem, we throw an approach at it and we move on to the next hoping that that spaghetti was done and that it's sticking to that problem and it's dealing with it. But it lots of times doesn't and it comes back and it bites us later on when we realize we didn't solve that problem, all we did was throw spaghetti at it. And what we want to do is we want to do a systemic approach to these problems. We want to fully understand the root cause of a problem and all the systems that are involved in that problem.

When I first started with Quality Improvement, and this was way back in the day when I was actually working in the nursing facility, they started us on something called total quality management. And I really didn't understand the fish bone diagramming and all of this root cause analysis and the flow charting and I didn't understand how that was going to help me, all it did was cause me to have just a little bit more paperwork to do in order to try to solve a problem that I could throw some spaghetti at, call it solved, and move on. But I've always said I wish I had this job before I had my other job because I've learned that if you invest in learning about these scientific methodologies and you learn how to use them in a rapid and effective manner, that you will save yourself so much time at the end of the day. Investing time to save time is totally worth it.

And what is your facility going to use as far as a scientific methodology? And there are so many out there, I've just listed a few, they're coming to get me. One of them is the model for improvement, another is the sixth sigma process which the Motorola company apparently developed and I just learned that when I was researching for this. There's the Lean Approach, there's total quality management, there's so many out there and so many ways that your team can approach these issues or approach your problems or approach your PIPs that whatever you choose is the best for your facility or whatever your leadership chooses, is what you're going to go with in your plan.

And in each one of these there are lots of tools that's associated with it. Things like, we talked about the fish bone diagram and these are the things that maybe next time, I'm not sure if that's exactly the way I'm going to go with it but these are the things that I'm going to show you and then you can determine whether or not these are the things that you wish to use. And if that's something that you would like for me to do is to show you some of these different tools, I can definitely do that you just need to maybe chat it up there and let us know if that's something that you're interested in. There's the flow charting guidelines, the five flies, there's just tons and tons and tons of things that we can go over and I can show you some direction on things that you can choose.

And what you're going to do then, is you're going to then write a generalized statement about what approach you're going to use in your organization. And what if you do choose one and then you decide to go to another or what if you decide to mix them all up? That is completely up to you, there's no anything that says thou shalt use this, but the only thing it is, is you do have to have a systematic approach to solving these issues. And here is an example of how this facility is going to use, and this is a very generalized, they did not name a sixth sigma that they were going to use, they didn't name anything like that but they did name a few of the forms that they are going to want to use within every PIP they do. So just an example of how to write a systemic approach generalized statement.

Okay, this is a sustainability of effective approaches. When you solve a problem you want it to be sustainable, you want it to be effective, and you want to make sure that this problem that you've solved doesn't cause 72 other problems. And you do this through certain approaches and through the things that we just talked about, your PDFA cycles, the flow charting and that kind of thing, you do that through those processes. But you want to write a general statement that addresses the sustainability and some potential cause and effect issues. And I want you to think big, I want you to think, and I put a chair alarm example just for me so I remember exactly which example I wanted to tell you to talk about cause and effect. You know when a resident falls, what do you have to do every time a resident has a fall? You put in a new approach, that's just something we've always done, we've always put in a new approach every time to help prevent falls.

So what we do is resident falls, we put a chair alarm on that resident because that alarm is going to help us prevent that fall right? It's going to keep that resident, it's going to notify everybody that this resident is attempting to get up and the chair alarm goes off and we all go and set them back down and make it a restraint instead of, you know, but that's neither here nor there, we put alarms on this resident and that's our approach. But the cause and effect of that is once everybody has fallen on a certain hall or we've had five people who have fallen on a certain hall, five people now have alarms, five alarms are going off, people tune those alarms out.

And another problem is an alarm goes off, the resident that's in the other bed has never heard a chair alarm, they think the place is on fire and they get up and fall, they get a chair alarm because we don't know that's why they got up and fell because that other chair alarm was going off or my chair alarm is defective and I move and it goes off and it scares me so I try to stand up even faster. Cause and effect is, the chair alarms seem like a good idea but in the end it turns out there was certain issues associated with it. And that's just an example, I'm not saying chair alarms are bad I'm just saying there are cause and effect issues that we need to be aware of when we're trying to solve problems.

We need to be sure we put in our generalized statement ideas that impact the sustainability. Such as the PDFA cycles to identify unintended results. I had one of my bestest friends in the entire world, she's a director of nursing, and she, make a very long story short, she wanted to solve a dining room problem that she was having. So she come up with this issue and she come up with a solution and she took the time and

educated her entire staff, she made all the changes for the entire dining room, she did it within a week's time and everything changed and she did it all herself and she was so proud because this was going to solve whatever problem it was. And I think it was a nurse coming to the dining room issue.

But anyway, to make a very long story short, she went through all of this work and come to find out there was a reason that, when she made all these changes dietary could not accommodate those changes so she had to go back and redo her issue and try to find another solution after she'd taken the time to educate everybody when if she'd have known about the PDFA cycles and how to work through these issues by testing the solutions on small samples and not trying to do it all at once, she would not have spent all of that time solving a problem with a solution that did not work. And if she'd also included other folks, and I hope she's not on here, and if she is I love you Sherry, but if she would've included all of her other dietary managers or her other disciplines in the solving process, then this would not have been an unintended result.

You also want to include policy procedure changes, that's always a way to impact sustainability because if it's in the policy and procedure it has to be done. You always want to include education of your staff and updating of orientation. Does no good to have new staff come on that are not educated on the most recent results of a problem solving process. If you don't update your orientation you're missing a huge piece of this. And you're also wanting to include how you're going to evaluate the sustainability which we'll talk about in just a second. And here is a statement giving an example, and we're kind of, it's 15 minutes til so I want to kind of run through this a little quicker. Talking about how to do a generalized statement for your sustainability portion of this.

And how you're going to evaluate the work that you've done, how are you going to evaluate all of it, not just the PIPs but all of your QAPI work that you've done? And I'd like to bring to your mind that wonderful little QAPI self-assessment that most everybody has done and turned into your local friendly neighborhood QIO representative and if you have not, please do that as soon as possible so we don't have to call and bug you about it, because we will we're like little chihuahuas. If you have done it and you were brutally honest with it, you could see where you're at now with all of these different areas in QAPI within your facility. And then if you decide to do it in six months or whenever you've initiated your plan or however you choose to do it, you'll be able to see what you have accomplished. Where have you moved up in that QAPI self-assessment? Is that a way that you're going to evaluate your plan and I believe it's a very good idea to incorporate this into your plan as one of your evaluation methods.

And you want to do a generalized statement about how you plan to do it, how often are you going to do it? Who is responsible for making sure that it gets done and that's it's completed accurately? And who's going to communicate the results and when and all of that? And we've also included a tracking form for you to include in the front of your QAPI plan. This is just the same [inaudible 00:46:14] as probably many of you administrators have seen for policy and procedure manuals. Any changes that you make to your QAPI plan, you want to use some kind of form to track it so that you'll know what kind of changes you've made and when and where those changes can be located

on that kind of form. We just wanted to give you an example of a tracking form that you're welcome to adjust or use as is, however you choose to do it.

And here is an evaluation example on how your plan will be evaluated by the steering committee or whoever, the leadership, whoever's going to be doing it. Please again be sure to know, it says right in this example, the QAPI plan is a living tool, it's designed to be updated and changed as our improvement evolves. I love that statement, it's not something that's to be stagnant, it's not something that goes on the shelf and gets dusted off when surveyors walk in, this is absolutely something that you guys need to be teaching your entire team on how to use.

Okay, now you're going to establish your plan and here's your action steps. You're going to date your completed plan, put the date for your review on your calendar for next year ... Oh wait a minute, did I say completed? Oh my gosh yes I did yay! It's completed, once you finish this portion, your QAPI plan is completed. We have eaten the elephant and it is time to take a breath. Time to breathe, time to get it all together, time to start understanding how to use your plan.

And here's our list of action steps, and I even put breathe at the bottom. We're going to write a PIP generalized statement, we're going to write a PIP topic statement, we're going to write a prioritizing statement, a charter statement, a designation statement, an expectation statement, a communication statement, a systemic approach statement, a sustainability statement and evaluation statement. And please don't forget to put on your calendar to remember to update it and make sure that everything, because you shouldn't have to do it just annually, again it's a living document. But just to be sure, don't forget to put it on your calendar and then take yourself a little breath. Here are your project coordinators and I want to turn it over to Krista for 10 minutes of questions and answers.

Krista: Thank you Pam, and once again if you have any questions for Pam please feel free to type them in the chat or the Q&A boxes on the right side of your screen. And we do have a few questions waiting. The first one is, is the steering committee and the PIP team two different teams? Will some of the same people be in both teams?

Pam: That is a very good question. Yes, the steering committee is an entirely different entity to the PIP teams. The steering committee is the ones who are responsible for the overall QAPI process. They're the ones that, it's kind of like your QAA committee, they're the ones who are responsible to make sure they're looking at all the PIPs that are being done. They're looking at all the processes that are being done, they're looking at the topics to see which ones are prioritized. They're the, this is the team that is currently like your QAA committee. The PIP team are the ones who are just designated out to solve your problems. They're the little team, and yes absolutely the ones that are on the steering committee can absolutely be on the PIP team as well. Most likely most administrators will be on a steering committee. And they're going to be involved in some PIPs as well.

So they are two different folks but they can be intermingled, however your team decides to do it. And what was the second part of that question? I blanked out.

Krista: Can people be on the same, the same people be on both teams?

Pam: See I answered it, I'm better than I thought I was. Okay, go ahead.

Krista: Okay, our next question is, how many PIPs can a facility handle? There are so many priorities to take care, are there any requirements for this?

Pam: No, there are no requirements for how many PIPs you have to have. I believe, and I'm not sure if Julie's on right now, but I'm pretty sure you have to have a QAPI project underway. I'm pretty sure that there just has to be at least one. I'm not sure, I'll check on that. I'm pretty sure you have to have at least one project going on, don't take that for gospel yet, we'll get back to you. But there is not a minimum number as far as you have to have five or ten going on at one time, no. It's individualized and how many your facility can handle is completely up to your facility and your staffing and your problems. And once you get better at them, you're going to realize that having a PIP is so much better than doing the spaghetti approach to problem solving. Okay, go ahead.

Krista: Okay. Our next question is for a better explanation of the fish bone diagram tool and Pam, if you like I could probably throw a blank one up.

Pam: Oh yeah, that would be great. That'd be great, and what we'll do, if you guys are interested in some of these examples like the fish bone diagram and things like that, I can definitely pull several of those things out for the seventh, the big we're finished and congratulations, just to make it just a little bit more than a celebration, make it a little bit educational to where you'll be able to see a lot of the tools and things that we have not had time to go over in our training session here. So if that's something, and the fish bone diagram is basically a way to determine what's the root of the problem? Is it person centered, is there a systems problem, is it a policy and procedure problem? And you list out the different situations and the different characteristics that would put it under each one of those and then you can determine if it's environmental, if it's you know, different fish bone examples, break it up in different ways.

And what we'll do is next time I'll take some of those and make it even a little bit more specific for you.

Krista: Okay. I'll have that example up in just a moment. But if you can maybe go on to answer the next question, and that is whether we will see an example of a completed QAPI plan at the final session.

Pam: I don't have a completed QAPI plan mainly because with it being, with me not having a facility to actually determine how we're going to be doing all these things for it to be so generalized, I don't have one. But I will definitely do a little research and see if there's any that I can potentially steal and put up next time. I'll try my best to find something. And I bet you're not, you're multitasking aren't you Krista?

Krista: I am, I'm getting ready to put it up right now. I actually found one that we, an example that we did for falls.

Pam: Oh, okay great. Look at her, she's so fabulous. Okay, so here's the example and where she, at the very tip of the fish where the fish's head would be, it talks about your goals, where you're wanting to be and what are some of the issues hindering? And there's people issues, there's policy issues, there's environmental issues, and then there's equipment and supply issues. And with this particular example, you go through and you brainstorm and you throw out ideas and you determine where each one of these ideas fall under. And then you look at each one of these issues and you determine which one of these do we want to follow up on? Do we want to start with, under people it says CNA shortage, is that the problem that we want to hit head on first in order to become restraint free? Or is there another issue here that's maybe a little bit more easy to solve to get us to that goal quicker, such as a policy change, such as time to read, no something change policy. No, what does that say? I'm sorry. Under policies, no culture change policy?

Krista: No culture change policy, no alternative device policy, no policy to investigate falls.

Pam: Okay.

Krista: [inaudible 00:56:08] and lack of fall policy.

Pam: Okay. Do we want to address one of these policy issues and maybe grab a low lying fruit which is what we call easy issues to cover or to solve? Do we want to grab one of those before we hit one of the others that are harder to solve? So that's basically a fish bone exercise or fish bone diagram. And like I said, we'll do that a little bit more in session seven.

Krista: Thank you, and there are currently no further questions in the queue.

Pam: All right, well I really, really appreciate everybody's attendance. Please take a few minutes to do the evaluation that we send to you after this is over. The response has been fabulous and I appreciate you guys greatly and we look forward to talking with you all on, what, August the ninth? Thanks Krista.

Krista: Thank you very much Pam and thank you all for attending, this session has now closed.



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