

QAPI Plan Workshop Session 7: Woo Hoo!

Krista: Good afternoon and welcome to today's webinar, the final QAPI Plan Workshop webinar presented by Quality Insights Quality Innovation Network. We will get started with today's program in just a few minutes, but first a few housekeeping items. All participants entered today's webinar in listen only mode. Should you have any questions during today's webinar, we ask that you please type it into either the chat or the Q and A box to the right of your screen. Questions will be addressed at the end of the webinar.

Today's webinar is also being recorded. The recording and the slides you will see today as well as the recordings and materials from the previous six QAPI Plan Workshop webinar sessions will be posted on My Quality Insight in the nursing home quality care collaboration section. Following the conclusion of today's webinar, you will 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 program. Today's speaker is Quality Insight Nursing Home Project Coordinator from West Virginia, Pam Meador, to whom I would now like to turn the program over. Pam?

Pam Meador: Thank you, Mitzi a.k.a. Krista. I'm so happy that we are able to meet again with our last session, session seven of the QAPI Plan Workshop and the title is a very appropriate Woo Hoo! It's entitled that because, again, this is supposed to be a celebration session and we decided last time to turn this into more of a little bit further educational and some tools that are available out there. That's how come you should have received an entire email full of these different handouts and resources. If you did not get those, never fret, we will make sure that you do or these are all available on My Quality Insights, which we'll talk about in just a little bit. We'll go ahead and get this started. Those three ladies that you see there that's been standing there for the past seven sessions, once this one is over, they are able to stop smiling, go down the hall and get some stuff done. Here we go.

If you have completed all the tasks, your plan is finished. It's a very exciting thing to have it done. It's a very exciting thing that you have now something in your hands that you are on November 28, 2017 or after when your surveyors come in and they ask for it. You are able to present to them as a finished product or as I have said several times throughout this entire workshop, is it ever really finished? The answer to that is no. It's a living document. It's something that you are forever going to be changing. You are forever going to be adding to. You are going to be forever be taking away from. You are going to be learning from. As you learn, it's going to get better and better. As your folks learn within your facility or within your centers, it's just going to get better and better as long as you continue to understand it and work on it.

One of the things that I want to address is the fact that this does seem like an overwhelming task and that's the reason we wanted to break it down into little bits and pieces and it's still overwhelming and there's no question and there's nothing except working on it, trying to understand it, trying to work through it that can make it any less overwhelming. Use your resources. Use the folks that can help you. I know myself and I

could probably comfortably speak for my other colleagues in the QIO world. We are not experts on this either. It's a learning process. We are all experts in it together. We need to reach out to each other, work with each other and try to make the best of it and try to understand it and work with it to where it benefits your facility and it's not just something else to do.

Now that your plan is written, now what do we do? What do we do with it? I want to address another thing. Folks were asking if we had a plan that we could send out as an example. I'm not been able to find one that folks are willing in the facility level they are willing to share as an example for QAPI Plan, a completed written out QAPI Plan. I do want to suggest that folks who want some more examples log on to My Quality Insights and get in those resources and look for the different examples. All of these examples that we've given to you as we've done the various workshops. They're all in there. There's different places that you can look and we'll talk about some of those other websites and things in just a few minutes, but a good place to start is that My Quality Insights. I promise you if I come across somebody that has a QAPI Plan that's written that they are willing to share, you're going to be the first to get it, or maybe not the first. I'll be the first. You know what I mean.

What are we going to do? What some of the first things that we need to do? Remember when we very first started, there were things that were not part of writing the plan, but it was definitely things that you needed to do in order to make this an effective plan. Those to do's that if you've been working on them like we suggested from the beginning, you should be on your way to getting them completed or at least getting them to where you are able to get them completed. Some of those examples were putting QAPI related items in job descriptions and that's something that maybe is above your pay grade or above your ... There's other leadership or corporate leadership or whatever that does your job descriptions, but they need to realize whoever has that power or that responsibility. They need to realize that including quality improvement and the jobs within the QAPI framework has to be put in a persons' job description if they are to be committed to it. That's one of the things that needs to be on your to-do list.

We need to be communicating this plan to everyone and I mean everyone, your residence, your families, your contractors, your new employees, your old employees. It needs to be communicated to the folks that are expected to live by this foundation. They have to understand it too. It's not just a facility leadership or an administrator or a DON that has to know what QAPI is. Everyone has to know it. They have to be committed to it and they have to understand it. The third thing is the finding your true culture. That was something that when we talked about the satisfaction surveys. There's a few resources associated with that that we are going to talk about in a little bit more detail in just a minute.

One of the hardest things that I found is for people to really understand their true culture, to understand where they're at and to accept it and to be honest with it. If you ask pretty much anybody, if you are an on-hands leader, they'll say, "Yes, I'm on-hands. I'm a hands on leader." If you ask the staff members or the residents, will they be able to say the same thing? One of the things that we do when we make a tour of facility or

we go in, one of the things that I look at is when I'm touring that facility, is it normal that that resident knows that administrator's name? Does that director of nursing or whoever is taking me on the tour stop and speak to the residents, speak to the staff, speak to the people that they are passing? What is your culture and are you able to be honest? Is it something that are you willing to work on if there's improvements that need to be made? There's always improvements to be made. Nobody is perfect. You have to understand and be willing to work on the culture within your facility.

Educating yourself, your team and your leaders on QAPI, it's a never ending education battle. If there are changes in your QAPI Plan, those things need to be educated. Leaders need to go to as such as what you are doing right now. This is the first step in really making yourself a committed to the QAPI process. That's something that's ongoing. Examine closely your QAPI self-assessment. If you haven't turned in your QAPI self-assessment to your project coordinator by now, please do that because, first off, it's something that helps us help you. We are able to look at that self-assessment. We are able to see where you are maybe not started yet and help you get started. Number two, it keeps us from having to call you and ask you for it. That's a waste of time. I know what you need. If you have not sent that to your QIO project coordinator, please take a few minutes to do that.

When you are doing this QAPI self-assessment, I want to remind you to please be brutally honest. If you haven't started something, don't think it looks better that you are putting on there that you are almost there because it does not help you. Nobody outside of like when you send us this stuff, if it looks pretty shoddy and yucky, nobody is going to look at that and sent it to the powers that be or the survey team or whatever and say, "Look where they're at on this section." That's not going to happen. We use this for education purposes and to help you help yourself. That's what we are here for. Your success equals our success.

Lastly on there is add your plan into orientation and training. One of the biggest mistakes that we make is we put in all these policies and procedures or these changes and these things and we don't add it to orientation process. Our leaders don't commit to orientation. We need that nurse on the floor so we are going to cut their orientation down to eight hours to get the mandatory two hours Alzheimer's training and this, this, this and this. That's the orientation they are going to get and we are shooting ourselves in the foot every time we do that. Orientation and education is a lot of times the first thing to go when cuts are made. In long-term care, it is a death sentence. We need to really focus on orientation, education, training and make sure that that's a priority.

Anything else that your facility needs to do, there's things about teamwork. How is your teamwork within your facility? Do you have the open door policy actually written and out there and do you live by it? All of these different things that we've talked about in all six sessions are the things that you need to put on your to-do list. One of the next thing that you are going to look at is your gaps and opportunities. Those data sources that you listed, we listed them not just to have a list of data sources. We listed those because that's the information that we are going to use in order to make sure we see where our gaps are and our opportunities are. Where are you with the data that you are

collecting? Where are you at? Are you good in this area? Are you really meaning to focus on this area? Where do you want to be based on the data that you are looking at?

Prioritizing these gaps and opportunities. That's an important part of making sure of where you are going next. There was a tool that we shared on prioritizing PIPs. Great way to look at to see which ones you need to start with. Of course, we have the high ones, the ones that are called [inaudible 00:13:25], ones that are called extra harm. Those ones that we talked about last time are the ones that we want to hit first, but you also want to have ones that are what we call low-lying fruit. Things that might be a little bit easier to start with so we can see some quick successes and our team can see some quick successes. Things that maybe obvious answers or we think is obvious answers before we get into the actual work, but most likely it's an obvious easy answer. When you have a successful tip out of something like that, sometimes it changes the tide. People realize how to use these things and how to make them work and make them positive.

You want to take action on the things that you see. You want to really make a commitment to what you are doing and work on these gaps and opportunities and be diligent in using the QAPI process with your problem solving issues or your ideas and your performance improvement. Begin using your plan, reading through it, going through step by step on what you need to do when you are doing the charter when you are making a charter plan for a PIP. All of those things that used to be foreign language, you are now understanding. When I say you need to make a charter for your PIP, if you are on the last training and if you were did, recorded for you on My Quality Insights. If you listen to that, making a charter for your PIP is not foreign language. It's not French as we started out in the beginning. It's now understandable or at least it's starting to be understandable.

Let's get into some of these tools, tools, and more tools. I want to reiterate that none of these tools are mandatory, not even that self-assessment is really mandatory based on CMS, but it is an extremely valuable tool. You have to do a self-assessment. It gives all the information straight out CMS. None of these tools are mandatory or do they imply compliance with the program. I want to talk about input, how you can get input from your data. You get input from all of these different sources, but the tools that I wanted to share with you first are these survey tools. Everybody does satisfaction surveys or most facilities have some form of satisfaction surveys. What we wanted to share with you is some examples and there's tons and tons out there.

In West Virginia, we are a QIF survey state as of right now until they merge the traditional, the QIF. As of right now, we are a QIF survey. If you go to cms.gov and you type in the QIF survey, it will give you these assessment tools, interview tools for the residents and the for the families. The residents and the families and their staff interviews on there as well, but that's not the one that we shared on here. The resident interview resource that you have and the family interview resource that you have are straight out of the QIF survey. These are questions that our survey is here in West Virginia and I'm not sure if the other states are QIF at Louisiana or Pennsylvania or Delaware or New Jersey. I'm not sure if your states are QIF or traditional, but you all have access to these interview tools. These tools are the questions that the surveyors

ask the residents word for word and in the QIF world, it leads to other survey questions or it leads to other survey areas or it totally stops the survey in that area. It just depends on what they ask.

If we as a facility took these tools and we did these surveys to the residents and the families and it ask the questions, if we get a negative answer and we move on that negative answer and we try to fix that what we perceive as the negative answer. We try to fix the problem and then the next time we ask them it's not a negative response. Most likely, when the surveyors come in and they ask that question to that resident or that family member, they're not going to get the negative response. I know some of you guys are eye rolling. I can hear it straight down into the state West Virginia. I can hear them eye rolled. Sometimes, no matter what, you are always going to get that negative answer, but for the most part, if you solve a problem and it sustains, it remained solved. When that question is asked, it's going to be fixed on no matter who asked it.

These interviews are a good way to get input from the residents. There's input from families and there's input from staff. The one thing that if you don't take away anything else about these interviews from this training is to be honest and don't take the stuff personal even though sometimes it's personal, even sometimes if you ask, "How is the teamwork? How does Pam Meador help as far as teamwork goes? How is she? As the director of nursing, how is Pam Meador?" Their response is, "She does not help on the floor. When we need her and it's short, she is doing other things." I might take that personal, but if that's how they see it, perception is reality. I need to figure out what I need to do if anything on educating them on what actually I'm doing or maybe I need to take to look at myself and see what I need to do to improve the way that I do help with teamwork. Taking these things personally is dangerous and it doesn't help the facility. These interviews are a good way to get input on where your QAPI PIPs may need to start.

Another input tool that we sent to you. It was entitled Leadership Rounding. It's very important for leaders to make rounds. When I say making rounds, I do mean you want to make sure that everything is being done up to code and up to standards and above standards actually. You also want to make rounds to listen. You want to get input. You probably heard this a thousand times. People don't get up in the morning and say, "I think I'm going to go to work today to do crappy job, not listen to anybody. I'm not going to get half my stuff done and I'm just going to make the lives of every residents that I touch miserable." Most likely, that's not the reason that they're there for whatever position they hold within the facility. It's our job as leaders to listen to our staff. If they are having troubles, then it's our troubles to listen to.

These rounds need to be done all shifts, all days and every little bit of input is important. Even Mr. Hateful who constantly complains about everything that goes on, you can give him a candied apple and he'd complain because he had dentures and it pulls his teeth out. We need to figure out what we need to do to help Mr. Hateful be Mr. Happy and that's just the best way to put it. I know I sometimes wonder about myself. This leadership rounding tool is something that you can initiate to help those who are even new to leadership roles. People don't come out the box good leaders. There's a lot that even a seasoned leaders needs to learn and we learn that from each other.

This tool can help people who are new leaders learn how to do that. It also helps them to learn that we are not just there to crack the whip. That leaders are not just there to crack the whip. We are there as a support. We are there to make sure that their needs are being met and that we make this job as easy on them, as easy as a job like this can be. It's also important to leadership listens to the QAPI self-assessment. I can't stress the importance enough about how using these input tools and being honest with yourselves is to your QAPI success. Let's see what the next one holds.

When we are making these rounds and talking to folks, who has answers to all these questions? If you've been in this for a while, you are probably not surprised, but sometimes you would be surprised who has the answers. Sometimes your staff that's out there doing the actual job. Sometimes your residents have the answers or the family members have the answers. It's so important to not just block them out or to ignore the fact that putting a resident or a family member on these PIPs is a dangerous thing to do. Sometimes they have the answers and the answers is right there within your grasp. You just have to be willing to listen to it.

One of the ways that you can find some of these answers is something called the Learning Circle. It's something that I've had to learn about because I've never actually use a learning circle and I know that several of my colleagues have. This resource actually talks about how to take these learning circles where you have a group of folks and it's just like a gap session on quickly solving a problem or quickly getting together and getting input from people in that learning circle [inaudible 00:24:56] and there's rules to it to where one person has a certain amount of time to give their opinion on that subject and it goes around to each of the people in the learning circle.

They had a certain amount of time depending on how long that you want to do it and nobody can interrupt. Nobody comments on what other people say. You give your input and then once everybody has had a chance that wants to speak, then you go back around and you comment and you make decisions and you determine some of the best and you build on each other's answers. It's a really good team building exercise. I'm not going to get into the details, but it's something that in your neighborhoods or your halls or whatever you call them, you might be able to use. I don't think building silos is a really good idea. If you have a learning circle on hall A, you've got your housekeeper involved and you've got the floor guide that works on hall A involved. You've got your CNAs and you've got your nurses and you've got med techs or whatever else you have for that hall. You've got everybody that is involved in that area together. You would be surprised who comes up with some of the best answers to some of these hardest problems.

The next resource talks about team ground rules. This is just a resource that we found when we were doing this that lots of people don't understand the rules when it comes to working in a team. Things like and we are going to talk about brainstorming next, but you've heard the idea there is no such thing as a stupid question. I question that, but there really isn't in a brainstorming situation or in a team situation. When people are taken seriously and all opinions are equal and everybody understands that if the administrator has an idea and the night shift housekeeper has an idea, they are given equal weight in the aspect of a team. You are going to want to develop some team

ground rules and I'm not saying that this resources all the rules that you want to put in place or even any of them, but you're going to have to come up with some team ground rules for your group.

You get there on time. The meeting is to start on time. Nothing is more irritating than waiting on people to get there. I know as well as you do, walking down the hall, you can't pass a light, but it doesn't matter that meeting starts on time. There's just tons of ideas that you could put in your ground rules and make sure that everybody understands them. That's just some ideas there. Then, the next resource is a brainstorming. It's an actual how to do brainstorming. While most people think they understand brainstorming, you really don't. You might. Take this and read it and understand that this brainstorming session is so important when you are doing your PIPs. It's important for everybody to have a say. It's important for all of the stuff to be written down. It's not important that it's neat and pretty and well-written and all that. It tells you exactly how to perform brainstorming accurately.

I know a lot of people are not into scientific methods and you just do what you got to do and you do it. Just bear with me and read over some of the suggestions and put them to practice. I guarantee you when you put some of these ideas to practice, you realize that when you don't read these things and you don't put these things into practice. That's how come you have a PIP or whatever you called it before you did PIPs, your meetings or your problem solving workshops or whatever you called them, that's why they would go on for six months because you did not have team ground rules. You did not know how to brainstorm. You did not know how to move forward after you brainstorm and that's what these different tools will teach you.

Now, we are moving into some PIPs. The next resource is a PIP checklist. When you are doing your PIPs, this little tool right here will help you make sure that you have covered all the bases and did all the steps that you needed to do to have an effective PIP, again, so that it doesn't last for six months and that nothing get solved. It's intended to be used by the person that is leading the PIP. They are just going to make sure and eventually you're an old hat at doing these PIPs, this is not something that you're going to have to use forever. This is something that you are going to pass onto the next generation of leaders that are coming into to do these PIPs. If you use your QAPI correctly, then it's going to be everybody within your organization. You may have a CNA running a PIP. You may have your housekeeping director running a PIP. You may have your medical director running a PIP. If it's their first time, they need to make sure that they are covering all the bases. This PIP checklist is something that can help you do that.

I put root cause analysis resource here, but I'm going to move on and we'll talk about the root cause analysis on this one. Root cause analysis and all of these different things, root cause analysis, fishbone, the five whys, the PDSA, the flowcharts, all of these things are tools that you are going to learn how to use in your PIPs. We had a request for some examples of these things and that type of education is coming down the line. We are going to be developing some different examples on how to do a complete PIP, brainstorming to root cause analysis to your PDSA, successful approaches versus "unsuccessful" approaches. All of these things we are going to be eventually teaching you guys how to use. If not as an entire five state group, individually. If you have a

question about this stuff, give your project coordinator a call. We can help you with some of these tools and help you with some of these processes.

The first tool there is the root cause analysis tool. Everybody has heard the big buzz about root cause analysis, but what exactly is it? When I'm educating on root cause analysis, I use the grass mowing analogy and I'm sure you guys have heard this a thousand times, but those of you who haven't, if you want to get rid of patch of grass and you take your lawn mower and you go over it with your lawn mower and you shore off the top of it. What's going to happen? Very obvious, it's going to grow back and it's going to grow bigger and it's going to grow taller. You're going to have to keep mowing it again and mowing it again and mowing it again.

If you want to get rid of that grass, you have to go out there and you have to pull it up by the roots. You have to find that blighted grass. You have to find that root and you have to get rid of the root and hopefully no grass seeds falls out while you are pulling the root. That's the only way that you're going to get rid of a problem and we also call that putting out fires. We constantly are putting out fires. When you have a problem and you find the root of it and you find effective approaches to help minimize that root, that's the way you stop putting out fires.

This resource that I've given you from CMS, it's actually a pretty long one and there's a couple of parts to it. It's how to do root cause analysis. It gives you a very, very specific step by step process on performing appropriate and effective root cause analysis. There's helpful hints in here. There's all kinds of tips on performing root cause analysis. Right now, this workshop is on writing a plan. This stuff is getting a little bit deeper in how to use the plan. Take the time and read this root cause analysis how-to guide. It will help you too begin your root cause analysis with any problem that you have. It could be a systemic problem, which is an overall facility issue or it could be a systemic problem that results in an individualized resident issue or it can even be an individualized resident issue.

Again, when we do training with root cause analysis here in West Virginia, we did a training with our healthcare association a couple years back where we did examples on an entire PIP. We used root cause analysis. We used flowcharting. We used PDSA. We used all of these things and we did it in order to show folks how to do a proper root cause analysis and to take those root causes in order to determine their appropriate approach. One of the tools that we used was one of the ones that was requested last week and it is the fishbone exercise. This is a way to determine the root and what the area or what causes that root.

In My Quality Insights, you'll find two documents actually. The first one is how to use the fishbone diagram for root cause analysis. The second one is actually a blank exercise for fishbone exercise analysis tool that you are able to go in and download and make it adjusted to however you want to use it and you can put in those blue headings there. This one example has policies, people, environment and equipment or supplies. You can change those, anything that you want them to be. Those headings don't have to be those areas. If you are trying to root cause specific resident issue, you can change those to be whatever you want them to be and that's what's important is to understand how

do we do that, why do we do that, what do we put under those, and then what do we do with them once we have the root causes listed out.

Then, the next one there is the five whys. This is another root cause analysis tool. In this resource is an explanation on how to do it and then another blank tool. I'm going to be honest. Five whys have been around for a very, very long time. The reason I know this was bad way back in the '90s when I was working in a facility. I was handed a five whys tool and it looks like this exercise, the actual bank form. They said, "You got to get to the root cause of that problem." They handed me that form and it said, "Why ask the question why five times? Why did they fall? Because they had to go to the bathroom. Why they have to go to the bathroom? Because that's how we are made." It's not that confusing. That's why with the instructions it's not that confusing. Again, don't just take these forms and hand them to your folks and say, "By the way, we are going to be doing root cause analysis and here's the five whys tool."

Take the time to educate them on how to use these tools, how to use the fishbone diagram, how to use this one if this is what you choose to use. If you wanted too, if you don't like any of these, there are tons of other tools in the WebSphere that you can find. You can Google root cause analysis tools and you come up with literally thousands and thousands of ideas of ways you can use different tools and how to use these things. That's what you got to do. I can't tell you which one is you're going to want to use. I can't tell you which one is going to best use work in your facility. You have to educate yourself a little bit more. When we do decide to have some more training on this, we are going to educate you on the ones that we know. There's absolutely no way for us to educate you on all of them, but that's what you need to choose to do for yourself and your team.

The next one that I have there is plan, do, study, act. This tool is actually one of the worksheet that's available out there and this is the one that's available on My Quality Insights. It's just a way to document your PDSA, your plan, do, study, act. If you are not familiar with how to do a plan, do, study, act, then again that's some training that we need to do with you individually or with your facility or as a group later on down the road. Plan, do, study, act is basically those of you who are nurses and some nursing process. We plan what we are going to do. We actually do it based on and we do it rapidly. We use one approach. We don't throw a bunch of spaghetti on the wall to see if it sticks.

We are going to use one approach that we've chosen to fix that one area in that root cause analysis that we did. We are going to try it. We are going to then study it to see if it works. If it worked, yay! We are going to make sure that we act upon that and we make sure that it's ingrained and it's sustainable. If it didn't work, then it's still a success and we learned from it. We are going to go back to our root cause analysis to see what other approaches we've decided might work. We are going to go right back to it. That's why it's a circle. We are going to go right back to doing that approach, studying that approach and determining if it was effective or not and acting upon it and then just keep working until we solve those problems. That's just a very simple explanation of plan, do, study, act.

Then, the flowchart guide is the last resource that we have right here and I probably would have like to put this one first, but what is if it's not completely wrong. Flowchart is where we look at a process and we take it from the start to beginning and we flowchart it, med path. This is how it begins. You start with this and you move on to this and you move on to this and then you move on to this. Then, you look at each one of those steps and you determine where could there be a breakdown in the process that could have caused the problem. There's a very good example on how to do the flowcharts, but a lot of people think that this one is a step that they could skip. This is something that they could just not even consider doing. To be honest, that was one of the my thoughts also back before I started looking at it and thinking about it.

If you are having a process, say, with your med path and you sit down with your team, your PIP team and you say, "Okay, guys, we are going to brainstorm the process for a med path." You've got everybody [inaudible 00:42:48]. "First thing we do is get the keys to the med room. Second thing we do is wash our hands. Third thing we do is prep the meds. Third thing we do ..." They start brainstorming the flowchart, what's going to go inside the flowchart. Then, you're going to see this person does it different than this person and there's a step there that this person does that this one doesn't do. There's a choice here this one chooses this way and this one chooses that way.

You can see why there could be so many places for errors where you might not have known that had you not flowcharted and got input from every single person that deals with this task. You might have missed that area. You might not have known that this is what this nurse does, pulls all the meds and puts them in the cup. Writes the room number on. They might not realize that that's not acceptable when they cannot do that. Thank goodness you are the one who found it and not the surveyors. There's all kinds of positive things that can come from flowcharting processes and that includes solving the problem based on the root cause.

Once again, here is the list of the project coordinators, the contact project coordinators. There are other project coordinators throughout the states. You can get in touch with any of us with any problems, questions, issues, snide remarks, whatever you want to do. Get in touch with us and we will do our best to help you in your journey. I'm going to turn it back over to our little friend, Mitzi, and she will read me any questions that we have.

Krista: Thank you so much, Pam. Again, I would just like to remind anyone that if you have a question, go ahead and type it into either the chat or the Q and A box to the right of your screen right now. We do have one question. This questions asked, "If QAPI is integrated into the orientation of employees, this takes a long period of time and our orientation period is so limited, do you have any suggestions for how to streamline this?"

Pam Meador: I'm so glad you asked that. Orientation was my baby. When I worked in the nursing facility, I come to the QIO in 2010 and prior to that, I was director of nursing, but prior to that my longest tenure was in education and then staff development. Orientation is something that is very dear to my heart. To make sure that every employee is properly orientated is everyone in that organization's responsibility. It's the leadership that has to

make sure that orientation is a priority before it is. In order to do that, leadership have to have a commitment to this. They have to be committed to the fact that QAPI is something that in everything we are doing. It doesn't matter what you are orienting these people to. QAPI is going to be a part of it.

If you are orienting them to abuse and neglect, which is mandatory orientation information, QAPI has to be in on that because your incidence and your accidents and your abuse grievances and all of those things are part of your QAPI plan. They are part of your QAPI data sources. Everything that we do is going to be related back to QAPI. My suggestion is that leadership and everybody begins by understanding that QAPI is not going anywhere and it has to be part of orientation. Otherwise, you are setting your team up for failure if you don't. I also want to mention and I remember something that I did, I have failed to go over and I know that shocks everybody on this telephone, but I did. It's the staffing interview. I did not mention where we got that one.

Most of you guys may have remembered Advancing Excellence and they have now changed that to the National Nursing Home Quality Improvement Collaboration. That's where we got that staff interview thing and I was hoping maybe my partner in crime, Sheila, would put that up on either the chat or the Q and A, the website where you can go and find all kinds of good tools including that staff interview document. I apologize I've just look in through my notes here and I remember, "I went to residents and family, but I did not hit staff." I apologize for that and including that into your question answered. If I didn't, it would totally grow out of my brain and then that would be it. It would be gone and dead.

As far as orientation goes, a very structured orientation I found making sure that there's an orientation manual. Making sure that all leadership is involved in the orientation and that QAPI is absolutely integrated into it is a priority and it would show that you are committed to the QAPI process.

Krista: Thanks, Pam. We have another question. Please ask, "How prepared are state surveyors with the implementation of the QAPI plan this coming November? They have very limited resources also."

Pam Meador: Yes, they do. I don't know how well prepared they are. The surveyors are very limited with their resources as far as they've got what you've got. If you all ever go to the CMS website and go to the surveyor training webinars, I'm not even sure if QAPI is one of the surveyor training films that are on that website. If it is, then I would definitely as a provider watch that because CMS has training on the final rule on that website. I'm not sure if they have QAPI training or not. We can definitely look at that. If we find something on it for surveyor training on QAPI, then we will send that to you. I'm thinking that that will come later because right now the only requirement for November 28, '17 is to have the plan, not have it implemented effectively, but to have a written QAPI plan is what the regulations state. I'm looking forward there to be further training and further information for the surveyors later on down the road. Right now, they are learning about all the other things that are going to be required come November 28th.

Krista: We have another question. This one asked, "Can you please explain PDSA one more time?"

Pam Meador: Sure. Plan, do, study, act. This is a rapid cycle of improvement is basically what it is. It is a process where you make a plan, what you're going to do based on your root cause analysis, based on your brainstorming, based on all of those different things that you've done. You are going to make a plan on what you're going to do to help to solve this problem. You take one area that you can quickly act upon or do. You're going to do that approach. You're going to make every step available and you're going to do the things that you need to do and to make that approach work. You're going to do what you're going to do.

For example, if you are going to ... I'm trying to think of a PDSA really quick right off the top of my head. Let's say a resident is not sleeping at night and there's all kinds of reasons that that resident may not be sleeping at night. You're going to brainstorm a what are all the potential possible reasons that this particular resident is not sleeping at night. You're going to look at those reasons and you're going to find the one reason that you're going to work on first and let's say that would be pain. The first approach that you are going to try is we are going to try to relax this resident with a bath at night because she is hurting. She is already on routine pain medicine. We've already done that. That's already done, but we are going to try to give her a bath at night.

That's our approach that we are going to try. We are going to try it for, say, three nights in a row. There's where you're doing, you are doing the approach. We've given her a very warm bath to relax her. Then, we are going to study it. We are going to look at the ... and I said three nights. There's no regulation that say it has to be three nights, it has to be five nights, it has to be ... Whatever you are doing and what your team chooses. We are going to study it. Did this approach help? If it did, then we are going to act upon it. We are going to implement it. If it did not, we learned that it helped maybe for two hours. She rested for two hours, but then she was right back awake and up and whatever.

We have to go back then to plan looking at our root causes, figuring out which approach we are going to use. We are going to try that next one. We are going to do it. I keep saying act upon. We are going to do it. We are going to figure out did it work? Study it and then act upon it. That's what PDSA is. We have several examples of that. I did an entire days training workshop on plan, do, study, act by itself. It's not something you're going to learn about in five minutes. This is something that you're going to have to learn how to use and how to, and they all work together. They all mesh together, the root cause analysis, the flowcharting. All of those things worked together in unison in order to help you solve these problems and solve them for good.

Krista: One more question. It says, "At this point, the only requirement is that we will have a plan developed, but not yet implemented. Is that correct?"

Pam Meador: That's the way I read it. I don't have the final rule right in front of me, but the final rule itself says that by November 28, '17, you have to have a plan written. That's the reason we've done this to where you can have a plan written and one that's ready to show

either state or federal surveyors when they walk in. You have to be able to say, "My plan is written. There it is." That's a good thing that we have a couple of years to implement this because this is not something that you just roll out the box and folks know how to do it. You learn from your mistakes. You learn from your successes, but basically you have to learn.

Krista: One more question. "Are there any upcoming trainings in New Jersey?"

Pam Meador: I don't know and I'm sure our project coordinator in New Jersey can let you know that. Whenever we get finished and Mitzi can send her the question, we will let you know.

Krista: I believe that's all the questions that we have in the Q and A box at this time. Pam, do you have any closing remarks? We've got a couple minutes left.

Pam Meador: I absolutely do. I want to thank everybody on this call for taking the time and learning how to write your plan. It's been educational for me. I've learned more about QAPI than I ever thought I'd ever know. I hope and pray that it has been helpful to everybody within the sound of my voice. I thank you for your time.

Krista: Thank you, Pam. This concludes our webinar for today. Thank you for joining us. Have a great afternoon.



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