



QAPI Plan Workshop: Session 5

Data Is Not Voodoo



Review From Session 4

- Goals clarification – directions on writing goals
- Top Level Management (TLM) responsibilities and accountability, including role details
- Who will report to TLM and how
- Who TLM is and who is on the Steering Committee
- Steering Committee details
- Education plan statement
- QAPI priority statement
- Resource list statement, addressing adequacy, etc.
- Caregiver proficiency statement

Data Systems, Monitoring and Feedback (Oh MY)

- Identify data sources that will analyze performance
 - All departments (that's why you brainstorm lists)
 - Great use for the facility assessment (coming up)
- Monitor for risks (and successes)
 - USE the data collected
 - Benchmarks/targets?
- Solicit feedback/input (from who and how often?)
 - Both way communication (to and from stakeholders)

Data Systems

- We hear data is important
- We hear data is the future
- We hear data is linked to our success

But really... what is data??



Data in the Dictionary

da·ta ('dadə, 'dādə)

noun

Definition: Facts and statistics collected together for reference or analysis

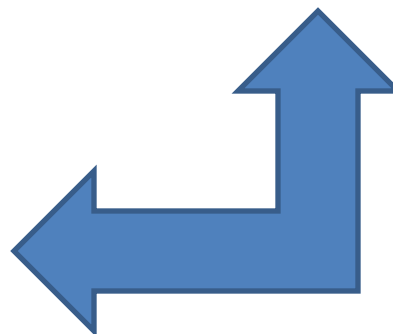
synonyms: facts, figures, statistics, details, particulars, specifics.....

Okay....



Data is how we express observations in usable forms

Usable.



Means you need to USE these numbers to help you see where you have been, where you are, where you want to be

So What Data Will YOU Use?

Good question....

Let's move on to some Action Steps.



Data Information Sources (Action Steps)

- Steering Committee brainstorm a list of data sources you will monitor
 - Input from residents, families, staff, vendors, etc.
 - Adverse events
 - Performance indicators (QMs, VBP reports)
 - Survey reports
 - Complaints
 - Facility assessment
 - And... and...

Feedback/Input and Monitoring

- This includes how you are going to
 - Analyze
 - Communicate
- Describe HOW this data will be collected, by whom, how often, how it will be communicated, etc.
- Or...



Dashboard

- “...(A) system to track key performance indicators within an organization.”
- Easy to read
- Quick to understand
- Shows positives and negatives
- Shows milestone (short term indicators) AND goals (long term outcomes)

Dashboard

- Resource “How to Develop a Dashboard”
- Step-by-Step procedure on developing a dashboard
- Fluid document in itself. Will forever be changing as your facility changes.



Dashboards?

- More than just one – is that possible?
 - BOD dashboard for overall monitoring of Five Star, Finances, survey activity....
 - Steering committee dashboard for charter teams?
 - Unit dashboards for specific unit related issues?

Example Dashboard

Data Sources	Data collection frequency		Benchmarks to analyze this data source	Who will analyze the data?	Data analysis frequency	Data will be communicated with	Communicate data analysis via	Frequency of communication
	Suggestions							
	<ul style="list-style-type: none"> • weekly • monthly • quarterly • annually 		<ul style="list-style-type: none"> • applicable clinical guidelines • identified best practices • national data • organizational (chain) data • state data 	<ul style="list-style-type: none"> • HR • Leadership Team • QAA committee 	<ul style="list-style-type: none"> • weekly • monthly • quarterly • annually 	<ul style="list-style-type: none"> • board members • caregivers • community • executive leadership • families • residents • volunteers 	<ul style="list-style-type: none"> • board meetings • bulletin boards • dashboards • newsletters • posters • interdisciplinary meetings • staff meetings 	<ul style="list-style-type: none"> • weekly • monthly • quarterly • annually

Example Dashboard

Data Sources	Data collection frequency		Benchmarks to analyze this data source	Who will analyze the data?	Data analysis frequency	Data will be communicated with	Communicate data analysis via	Frequency of communication
	Suggestions							
		<ul style="list-style-type: none"> weekly monthly quarterly annually 	<ul style="list-style-type: none"> applicable clinical guidelines identified best practices national data corporate data state data facility identified performance indicators 	<ul style="list-style-type: none"> HR leadership team QAA committee 	<ul style="list-style-type: none"> weekly monthly quarterly annually 	<ul style="list-style-type: none"> board members caregivers community Executive leadership families residents staff volunteers 	<ul style="list-style-type: none"> board meetings bulletin boards dashboard newsletters posters QAPI meetings staff meetings 	<ul style="list-style-type: none"> weekly monthly quarterly annually
Abuse, Neglect, Maltreatment reports		weekly	Identified best practices	Leadership team	weekly	Board members, QAPI committee, state reporting agency,	Reporting requirements, meetings	As needed, weekly
CMS Quality Measures (long-stay and short-stay)		monthly	state and national data	Leadership team	monthly	Executive leadership, board members, staff	QAA and IDT meetings	Monthly and quarterly
Complaints		weekly	Identified best practices, organizational data	Leadership team	weekly	Board members, QAPI committee	meetings	As needed, weekly
Falls		weekly	Organizational data	Leadership team, QAA committee	weekly	Residents, families, staff,	Bulletin boards, dashboard, QAA and IDT meetings	Monthly
Medication errors		monthly	Organizational data	Leadership team, QAA Committee	Monthly or asap if adverse drug event	Board members, staff	Staff meetings, dashboard, QAA Meeting	Monthly or sooner if needed
Rehospitalization Rates		monthly	Organizational, state and national data	Leadership team, QAA committee	monthly	Board members, Exec. leadership, staff	Staff meetings, dashboard, QAA meetings	Monthly

Sample Dashboard for Data Compilation

Dashboard Example

QM	Baseline Goal	Baseline Rate	Q3 2017 Metric	Q3 2017 Rate	Q4 2017 Metric	Q4 2017 Rate	Q1 2018 Metric	Q1 2018 Rate	Q2 2018 Metric	Q2 2018 Rate
Antipsychotic (L)	Below Natl Average	23.9%	20%		18%		16%		14%	
Catheters	Below Natl Average	8.4%	7%		6%		4%		2%	

Sample Dashboard for Data Compilation

Dashboard Example

QM	Baseline Goal	Baseline Rate	Q3 2017 Metric	Q3 2017 Rate	Q4 2017 Metric	Q4 2017 Rate	Q1 2018 Metric	Q1 2018 Rate	Q2 2018 Metric	Q2 2018 Rate
Antipsychotic (L)	Below Natl Average	23.9%	20%	18.9	18%	18.0	16%	17.2	14%	12.9%
Catheters	Below Natl Average	8.4%	7%	.5	6%	.5	4%	.5	2%	0

Action Items

- Write a list of data sources
 - Write how the data will be collected
 - Write how often the data will be collected
 - Write how the data will be communicated
- OR
- Develop the Overall QAPI Dashboard

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Discussion



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