

# Nursing Home Huddle – April 8, 2021: Revisit, Renew and Revitalize your QAPI Program

## Webinar Transcript

Mitzi Vince: Good afternoon and welcome to our first webinar for the month of April. Today we focus on Revisit, Renew, and Revitalize your QAPI Program. We'll get started in just a few moments, but first, a few housekeeping items. All participants enter today's webinar in "listen only" mode. If you have a question or comment during today's call, we ask that you please type it into the chat Q & A box, to the right of your screen. If you're unable to locate your chats box, hover over the bottom of your screen and click on the word "chat" with the speech bubble in the bottom right corner of your screen. I'll now turn things over to Patty Austin, project specialists with Quality Insights.

Patty Austin: Thanks, Mitzi. And hi, and welcome to each of you today. As Mitzi said, my name is Patty Austin, one of the project specialists with Quality Insights. Joining me today are my fellow specialists, Penny Imes, and Kristen Carson. We are now more than a year into dealing with COVID, one of the largest challenges ever to face our industry. Keeping up with the frequency of changing recommendations, handling outbreaks, and managing staffing issues has for many, many months become an all-consuming focus for a lot of us. The reality of the situation is that despite the added responsibility and pressure that COVID brought with it, normal nursing home life does go on. Today's huddle is the first in the series designed to move us back into thinking about our more routine concern.

We have many new leaders in our facilities, and even those of us who were very grounded in the QAPI process may have fallen off the bandwagon so to speak because we went into crisis management mode. We know that QAPI is the framework that keeps us grounded in quality improvement and understand that our current situation may find us needing to revisit, renew, or revitalize our efforts to improve. This series is designed to start with as the foundation and then move into specific focus areas. All of which have been impacted in very specific ways by the COVID pandemic. Our format will be a 30 minute WebEx followed by coaching calls designed to explore topic related tools, problem-solve barriers, and finally, to highlight some of the individual successes that we as a group encounter.

So I mentioned that we needed to revisit, renew, and revitalize our efforts and all of those areas that may have taken a back seat during the pandemic. As we move through the slides today, consider keeping those overarching ideas in mind. Do you want to revisit the QAPI process and then re initiate those standard practices back into daily life? Or maybe you have some new staff members that might not be familiar with quality improvement techniques. Or maybe even more likely you need to reinvigorate your team by returning to that vision that you had for your staff in your facility before the COVID changes

began. Let's take a little bit of a closer look. Revisiting and renewing your efforts is going to be so much easier to accomplish with a revitalization of your vision for your facility. The term "shared vision" is often used without giving a lot of thought to what it really means.

Patty Austin:

A shared vision, builds the sense of commitment in a group by developing a mutual shared image of what the future for your facility might look like. It fosters mutual understanding of the principles and guiding practices that you'll use to reach your goals. Achieving shared vision will help your team to become inspired and committed to your goals. I think as you, the management team, prepare to reinvigorate your QAPI process, especially in these stressful times, it's important to recognize that sustainability can't be achieved by the leadership team alone. Sustainability requires the commitment of each and every person within your facility; employees, residents, families, physicians. Everyone who is touched by your processes, shares a responsibility to move toward a mutual goal. For this to happen. You as the facility leaders need to decide what your shared vision is.

In its simplest form, a shared vision addresses three areas. First, where do we want to be? What does our ideal facility look like? For example, is your ideal facility grounded in a sense of warmth and family? Or maybe your ideal setting would be that of reciting dignity. Divisions include serving appealing, nutritious meals. However, considering the differences they might bring to the meal part itself. One facility might serve meals "family style" with staff and residency together, and the other may have waitstaff taking orders and presenting plated meals with "fine dining" style. Neither scenario is right or wrong. However, if either vision permeates a facility, two very different cultures are created.

Second, why do we want to go where we want to go? What purpose do our actions serve? When considering this question consider the perspective of the customer, taking that even a step further, who is your customer? Of course your residents are your primary customer, but you're also creating a place to serve your employees and your community. And third, how are we going to get there? That seems simplistic, but really it's not. A well-made plan will lead to success while minimizing stress. So if we took the answers to those three questions and use them as the foundation of our work, the philosophy that we want our care to take and the culture that we want to foster within our buildings becomes pervasive. And before we know it, the vision of what our facility could be, becomes reality.

We mentioned a few minutes ago that one person or one group of people can't create sustainable change. As you consider your QAPI process, it's important to recognize the importance of including the entire team and creating processes that are going to be sustainable. Often we consider areas for improvement, kind of an isolation. How many times have you heard, "it's a nursing issue" or "dietary needs to fix that"? Many times, while the bulk of the process may lie

within a particular area, we do ourselves a great disservice and create additional work for ourselves by not considering those other areas that are adjacent to the processing question, or play a minor role in the item being improved. Understanding that success in one area is success for the facility and that shortcomings in an area impacts the entire facility can help us understand the value of culture and creating diverse teams to look at areas that may benefit from change.

Patty Austin:

Also, vital to remember is that residents and families are a part of the problem solving team. They have perspectives and information that's look to their role within the facility. Looking back to the past, we know it wasn't long ago that we wanted to kind of spare it away in shortcomings we had from our families and our residents. We believed that we needed to present the picture of a perfect facility to absolutely everybody. I would put forward today that many of our most successful efforts are achieved when we bring those same residents and families onto our team, we acknowledge our areas of weakness and we work together on finding solutions.

Okay, data. It's a word that we have begun to use so much more frequently, and it can be so easily misunderstood. Really, that is just the latest label was given to a much more common term, "information". When we have a shared vision and a strong team, we use information gathered in a systematic reproducible way to make decisions. We collect this information from outside sources like QM reports and five star ratings, internal sources like insert reports. And when we need to, we develop ways to capture information that we might not already be collecting when you're determining what information or data you need to collect, remember to keep the "why" and the "how" as part of the decision making process. Why do I need this? And how will I collect it? Valuable time can be wasted collecting data that doesn't bring any value to the table. Before dividing time to collecting any data set, consider what you're going to gain from it and how you're going to use it. Remember that the only way to really measure your success is to compare the data you had pre-intervention, to that very same data set, post intervention.

So having a bunch of information to base the decision on is a great thing. It helps ensure that you base your decisions on fact, rather than conjecture. However, just having data doesn't do much for us. Consider, we might know that we've had an increase in falls based on QM data. We have the incident reports that provide more information and our staff has even more information. Just having that information it can't help us. Data wants to talk to us. It has something to say, but it's our responsibility to give it a voice and to listen to what it's telling us. We have to listen to in different ways and speak its language to understand its message. The numbers that reflect the falls within a facility are rising and are categorized to tell us so much more than that. 10 falls to 20 falls is for sure an increase. We can move in place interventions based only on that, but that's only scratching the surface, don't you think?

Patty Austin:

If we organize the data in a different way, the message becomes more clear. Using our instant reports, we can see that falls are occurring with much higher frequency during second shift on the dementia hall. We can also see that the hour after dinner keeps showing up. If we pull our staffing data, we might also notice that falls don't seem to be attached to specific employees. So when we look at the big picture, the information in a way that shows us not only what's different about the situation, but also highlights what the commonalities of that situation reveal. We can move from simply saying that falls are increasing, to falls are increasing on the dementia unit after dinner, regardless of staff assigned. These are examples of objective data. Subjective data can be just as valuable. Observations on that dementia unit might reveal that after dinner, the residents seem to be restless and that they are left unattended in the dining room for short periods of time. These observations add the detail to the picture painted by the hard data, and provide context for where you begin the process of looking for appropriate intervention.

Another data point we sometimes overlook are process flow charts. They can be super important to effectively managing your project and can function as a tool for your facility while increasing the sustainability of a process. Everything has a process, even something as simple as staff leaving the floor to use the restroom. You may not have it written down anywhere, but there is a way that that would occur ideally. And then there's a way of actually happening. Both sides of that coin needs to be looked at to effectively improve the process. Begin with detailing how the team believes the process should occur in an ideal situation. Next you'll need to detail how the process is working in the real world. This can't be done accurately just by asking someone. The response that you get can be clouded by how the respondent thinks you want them to answer. A real process map should be completed using direct observation at more than one time and in different circumstances to create the actual picture of everyday practice.

So once you have the real and the ideal on paper, you can compare the two and see where the real is not meeting the ideal. These variances are where your opportunity for improvement lie. Flow charts can also be helpful as you try to reinforce new processes, or process changes, and have those changes become the norm. Readily accessible flowcharts leave little doubt to the expectation in any situation. It can also be easily updated when processes undergo changes that you want to solidify and normalize within your culture. And that lead to sustainability. Although maps like the one on the screen look fancy and they do easily show where decisions and the processes lead to different next steps, they can feel a little bit confusing. In reality, it's really just three simple ideas. You use an oval to represent the beginning and end of a process, a square for any task or activity within the process, and a diamond means that it's a point where a decision needs to made. It's really not important to use a graphic like this. It's only important to define what is happening in the process.

Patty Austin:

So now we have tons of information and it can feel a little bit overwhelming. And without a plan, it is. If we remember that by regulation, we have to have a system in place to prioritize the area that we've identified as needing improvement. We can bring organization to the chaos. Prioritization chiefs are available for your use, or you can determine your own method of prioritizing. The important thing isn't what form or method you use, but that method is applied consistently. Prioritization lists are intended to be very fluid and ever changing. They're those sheets that when the survey team arrives and they identify an area of non-compliance, you pull it out and you're able to say, yes we identified that we're working through it now. Or yes, we do know about that, and we're going to be working on it in the near future. Or even thank you for pointing that out, we're going to add it to our prioritization list.

Now all of those things are going to support your QAPI process. And while they might not say the citation, they will highlight your dedication to quality improvement. Now that we've used data to determine where we are, it's time to decide when we want to get there. And that can be a stumbling block on our road to improvement. A SMART worksheet can help to eliminate some of the common pitfalls that we encounter. If you remember that your goal needs to be SMART, and that means specific, measurable, attainable, relevant, and time-bound, you'll find it's much easier to have success that you can build on. Using a SMART acronym to write a descriptive concise goal that's easily communicated and remembered, will serve you well. This is one of the tools that may be reviewed during next week's coaching call.

In the same way that we develop care plans for our residents that are designed to address specific areas related to their care. We developed performance improvement projects that are designed to address specific systems or areas for improvement within our facility. And we use kind of the same framework to do so. Let's look at the two processes, care plans, identify problem statements in a PIP. We just call those statements, AIM statements; care plans set in goals. And much like care plan goals, your PIP is going to be time bound, measurable goals. Care plans develop intervention. In a PIP, interventions are determined using root cause analysis and tested using "Plan-Do-Study-Act" cycles. Care plans need to be evaluated and revised. And just like a care plan, a PIP is never complete, continued analysis and potential revision are always needed. That's really all there is to it. Remember all improvement requires us to ask three questions; what are we trying to accomplish? What's our AIM statement? How will we know the changes of improvement? What are we measuring? And what change can we make that will result in improvement? And we determined that using root cause and "Plan-Do-Study-Act". Let's talk about those AIM statements for a minute.

One question that we have to ask as we start a quality improvement project is, what are we trying to accomplish? Again, we use AIM statements that clarify that. An AIM statement defines our project, and it should include the following

information while being concise and easy to understand. We need to know what population is involved, what our measurable goal is, what the timeframe to complete our project is. And who is going to guide our efforts? It's really easy to want to skip this step, but it's actually integral to the success, not only of the PIP, but to your quality efforts overall. This is a statement that you can use to promote what you're working on to those who aren't on your performance improvement team. And it's going to provide a clear direction for those that are on the team. A simple example might be, "we will decrease falls with injury on the dementia unit, 10% by March 30th, under the direction of Ivy, the unit manager".

Patty Austin:

That statement includes the populations involved, a measurable goal, a timeframe, and under whose guidance. It's well-defined and easy to understand. Again, it's another one of the tools that we may take a look at as we move forward.

So far, we have analyzed our data. We have compared our real time ideal processes, prioritize areas for improvement. We've selected an area to improve and written a name statement. Now for my absolute favorite root cause analysis. This tool is such an easy way to build a team. It's really the mortar that holds a solid PIP together. It's simply the process of figuring out why something unexpected or unwarranted happened. Without understanding the true "why" of a problem occurring, you can't determine an effective "how" to prevent it in the future. Many tools exist to help you accomplish root cause analysis on the screen now is my personal favorite, the five why's.

Doesn't matter what tool you use, only that you understand the principle behind the technique, and then apply it consistently. This process when done with different people with different experiences can lead different causes. Sometimes more than one cause might be viable as a potential route. And you would then need to prioritize on which to correct first. The important thing is to arrive at an answer that when corrected will prevent the problem from happening again in the most effective way. And we will surely look at this tool in more detail on our coaching calls. While they are invaluable, they can take a little bit of practice to become skilled at. So let's quickly look at some of the barriers that they can present. It's important to recognize that the questions asked, are just as important as the answers given. With practice, you'll find that you can ask questions that are designed to determine the cause of a very specific problem without guiding your response to somewhere you expect or hope to get to. Again, we're going to take a look at this in great detail next week.

Root cause analysis can and should become routine in your facility. It provides the ability for those who wouldn't normally participate to have a voice. It broadens the landscape of potential interventions, and it creates stronger teams. Try using this process on something that's going well. It lends a whole

different feel to the toll and it can help others move from thinking of the technique in a negative way. Consider walking onto a hall and finding it looking in great condition. Everybody's up and ready for the day, the rooms are all neat, not one call light on, the hallway isn't cluttered and your staff is engaged in social interactions with the residents while they're waiting for lunch trays. You stop and remark on how great everything looks and start a root cause on why the morning ran so smoothly today. Let's say you find that the root of the successful morning was the fact that activities was on the hall, interacting between breakfast and lunch, and that resolves into your call bells needing CNA attention. That allowed them to have more time to accomplish their routine tasks. You might know, have an intervention to travel routinely or to spread the other unit. Your staffing will certainly be thankful for the opportunity to be congratulated on their hard work and let you know why they think it was such a great morning.

Patty Austin:

So once the root cause is determined, we'll need to complete a "Plan-Do-Study-Act" cycle to correct that cause. This is the intervention that we'll trial to correct our problem, or to improve our process. First, during the plan phase, we have to lay out the who, what, when and where of what we'd to try and decide what data we're going to use to measure our success. Don't forget to predict what you think will happen so that you can dissipate problems and correct them before trialing a re-plan. Then we'll trial the intervention using the "do things". During this phase, we're going to document what you see paying particular attention to things that you didn't think were going to happen, those unexpected occurrences that we always find.

Now we study what happened during that trial and compared to what we wanted to happen. We consider those unexpected changes and problem solve them again using root cause analysis. Finally, we "act", either adopt the plan as is, adapt it and try again or abandoned the plan as not viable. These cycles are by nature intended to be done on small samples over short timeframes. When a plan is adopted, don't forget to change that process map to reflect the change. This will help sustain the changes you make by providing clear directions to those implementing the process. Additionally, doing a root cause analysis after you complete your final PDSA on why your staff feels the intervention was successful, can be a great way to formally close that trial stage as well as to identify any potential problem areas you might've met during the study phase. Remember the cause of the problem will be the basis for your first PDSA.

We know that celebrating success is needed when we finished the hard work of process improvement. We also know that in healthcare, everybody loves food. It's kind of our go-to as a reward for our staff, right? Let's get pizza or even an ice cream social. Celebrating success should be about so much more than that. Acknowledging the hard work of your team with pizza, and then making sure that you provide information about the project completed is a great way to build collective power. It changes the concept from this was done to, we did

this. Use your celebration to tell the story of your project, highlight successes and barriers that were overcome. Give those individual shout-out's and allow other project participants to share their experience. It's also a great time to introduce what might be coming next and how what you learned during this project will help you with the next one.

Patty Austin:

Quality improvement, in a nutshell is prioritizing your needs, creating a care plan to address your needs, creating the right team, finding and using the right data, setting the goal, defining the process at its best, determining how the process really works, getting to the root of the problem, interment implementing intervention to sustain what you've put in place and celebrating your success in a meaningful way. Boy, that sounds like a lot of work. Why would you ever want to do all that work? What feels like a lot of extra work in the beginning if consistently used well become routine. Once QAPI is routine, you will soon find that to implement a change without using that process actually leads to more work.

So that concludes today's broad overview of the QAPI process. And I hope that you consider how you might need to revisit, renew, or revitalize this valuable process in your facility. Next week, we are going to have a coaching call that's going to look a lot more closely at some of the tools we talked about today, particularly root cause analysis, "Plan-Do-Study-Act", and prioritizing. If during the call you decide you want to review any of the other concepts that we've talked about today, I'll have the tools ready to show, and we'll happily dig into the nuts and bolts of those with you as well. The calls going to be scheduled for an hour, feel free to jump in and out as you see fit. We're happy to talk with just one of you or 100 of you, if you would like to forward specific requests for information to review prior to the meeting, please feel free to do so. Over the next couple of days, you will receive a copy of this PowerPoint along with some additional resources that we may discuss on our coaching calls. Many of the resources we've looked at today are available on the quality insights website, if you have any difficulty accessing any those resources, just reach out to one of us and we'll be happy to help.

We are surely looking forward to talking about all of these things in more detail next week. Before I close out I will ask Penny and Kristen, if we have any questions in the chat or if that has anything to add. Okay, seems like we are on mute and I don't see any questions in the chat. So I will thank you all for attending today. Keep your eyes open for your next invite or the coaching sessions and look forward to talking to you then.