IPRO Learning and Action Network
Learning Session One

A Practical Guide to QAPI:

Operationalizing and Maximizing Performance Improvement

Faculty:
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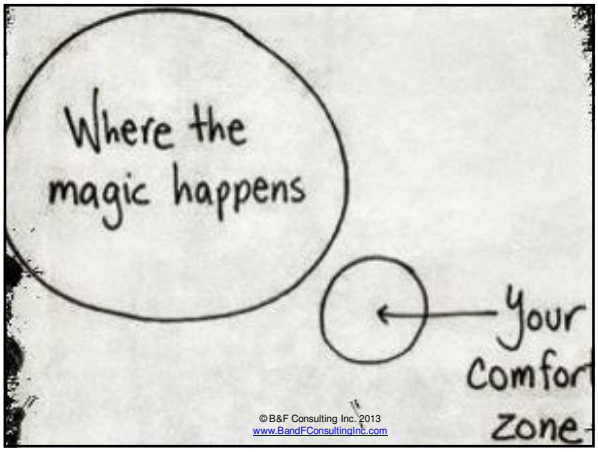
B&F Consulting
March 12-14, 2013



Introduce yourselves to your tablemates

3

- Count off from 1…
- Tennis ball represents a resident
- Each person must touch the resident/tennis ball, one time and in order
- Appoint a timer
- Do NOT drop the resident!

**In a collaborative,
we hear good ideas
and make them our own**

5

Our job in this collaborative

is to help

YOU get ready for QAPI

and use QAPI to prevent "off-label" use of antipsychotic medications

.

6

History of QAPI

Affordable Care Act of 2010:

HHS:

- establish standards relating to quality assurance and performance improvement and
- provide technical assistance to facilities on the development of best practices

Nursing Homes:

- Submit a plan to meet such standards and implement such best practices

"A Bold Initiative"

Old Requirements:

Quality Assessment and Assurance (QAA) specifies the QAA committee composition and frequency of meetings and requires facilities to develop and implement appropriate plans of action to correct identified quality deficiencies.

New Requirements:

Significantly expands the level and scope of QAPI activities to ensure that facilities ***continuously identify and correct quality deficiencies as well as sustain performance improvement***

QA+PI	Quality Assurance	Performance Improvement
Motivation	Measuring Compliance with Standards	Continuously improving processes to meet standards
Means	Inspection	Prevention
Attitude	Required, Reactive	Chosen, Proactive
Focus	Outliers: "bad apples" Individuals	Processes or Systems
Scope	Medical provider	Resident care
Responsibility	Few	All

QAPI at a Glance
CMS Dec. 14, 2014 memo

Quality Assurance + Performance Improvement = QAPI

Quality Assurance:

- Retrospective analysis
- Process to meet standards
- Limited involvement
- Driven by external forces
- Narrow focus on clinical measures
- Needed to stay licensed
- Regulations currently exist

+

Performance Improvement:

- Internal management process
- Proactive analysis designed to detect problems early
- Broad focus on organizational systems and outcomes
- Driven by quality leaders and their search for better ways
- Evidence-based leadership
- High involvement

Lanham, H., et al, 2009

QAPI Context

- OBRA designed with QI in mind
- QIO work in nursing homes for past decade
- Advancing Excellence uses PI approach
- Growing body of evidence
- QAPI in many Federally certified programs
  - hospitals, transplant programs, dialysis centers, ambulatory care, hospice
- QAPI to be consistent with other settings
- Considers issues unique to NH setting

QAPI Development

- University of Minnesota
- Stratis Health
- Activities include:
  - Demonstration project
  - Technical Assistance
  - Learning Collaborative
  - On-Line Resource Library
  - identification of “best practices”
  - Technical Expert Panel to review and advise

A new approach to regulation:

Teach it first

and then require it

13

QAPI works

***best* as a**
business model
and

***worst* as a**
check-off for compliance model

14

QAPI helps Implement OBRA 87's *Aim Statement*:

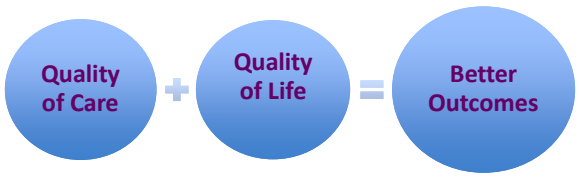
Each nursing home is to provide care and services to:
attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident

Highest Practicable =
No "avoidable" decline

Unavoidable =
natural progression of a
resident's disease or condition

Highest Practicable =
No "avoidable" decline

Avoidable = Iatrogenic = *We caused it*
"Genic" – Beginning/Cause
"Iatro" – We



attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident

Basis for:
Individualized Care
Rethinking restraints and Anti-Psychotic Medications
Culture Change movement
Advancing Excellence framework
QAPI

A Changing World

MDS – "Minimum Data Set" – Resident Assessment and Care Planning

QIS – Quality Indicator Survey

QAPI – Quality Assurance Performance Improvement

Partnership to Improve Dementia Care – "Off-label" Use of Anti-Psychotic Medications

In 2012, CMS launched the Partnership to Improve Dementia Care in Nursing Homes to promote comprehensive dementia care and therapeutic interventions for nursing home residents with dementia-related behaviors.

The goals of this initiative include:
- *a focus on person-centered care and*
- *the reduction of unnecessary antipsychotic medication use in nursing homes* and eventually other care settings as well.

Partnership to Improve Dementia Care

Our Job is to help you fully operationalize

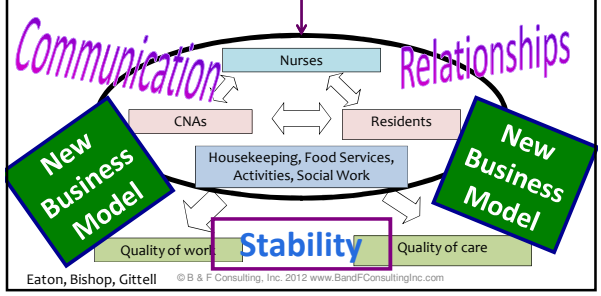
person-centered care
and
*reduction in **off-label** use of*
antipsychotic medications

We'll use QAPI learning to reduce APs

22

Relationships Closest to the Resident Matter Most

Interdisciplinary and
Interdepartmental Collaboration
within and across units and shifts



Eaton, Bishop, Gittell

Definition of a camel…

Still, there are
check-offs for compliance.

We'll guide you through them.

QAPI Self-Assessment Tool

24 Questions

Not Started	Just Starting	On Our Way	Almost There	Doing Great

25

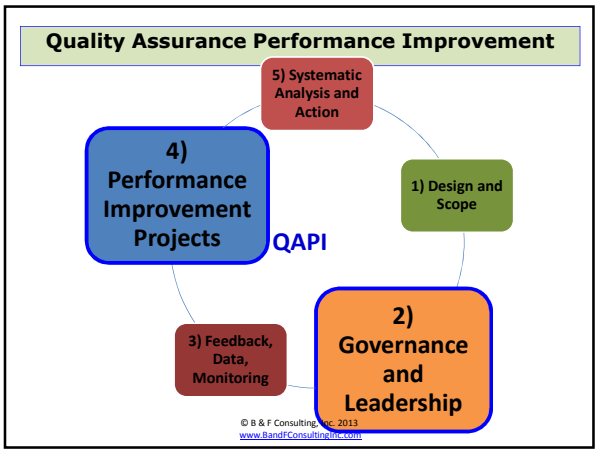
QAPI Self-Assessment Tool

5 Elements

Not Started	Just Starting	On Our Way	Almost There	Doing Great
				Summer 2014

26

Quality Assurance Performance Improvement


Quality Assurance Performance Improvement
5) Systematic Analysis and Action
4) Performance Improvement Projects
1) Design and Scope
QAPI
3) Feedback, Data, Monitoring
2) Governance and Leadership
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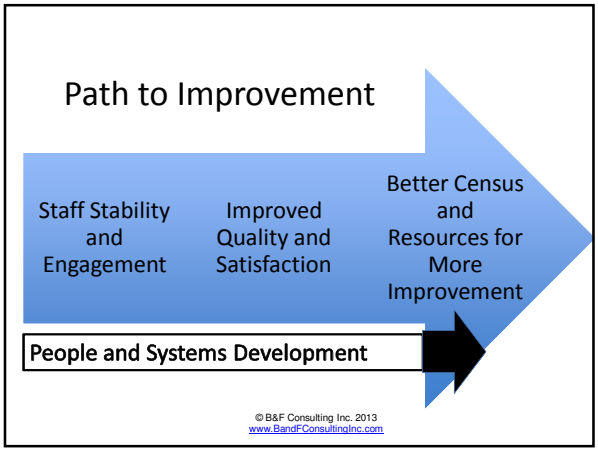
Path to Improvement
Staff Stability and Engagement
Improved Quality and Satisfaction
Better Census and Resources for More Improvement
People and Systems Development
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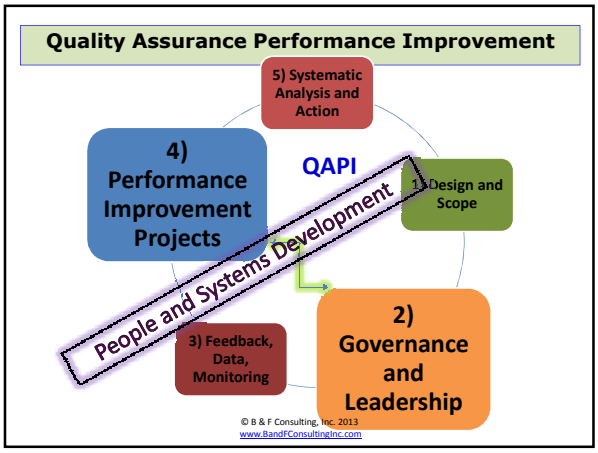
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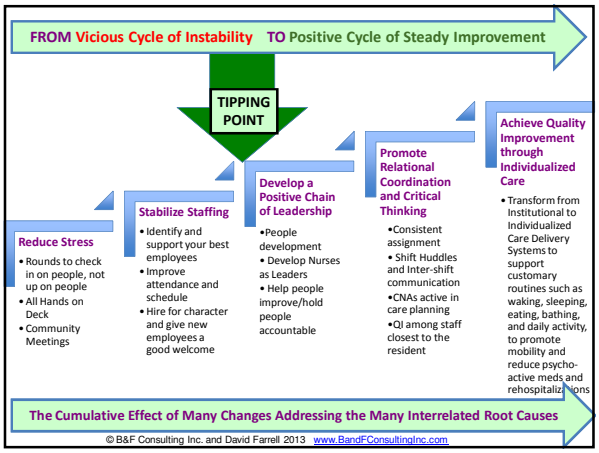
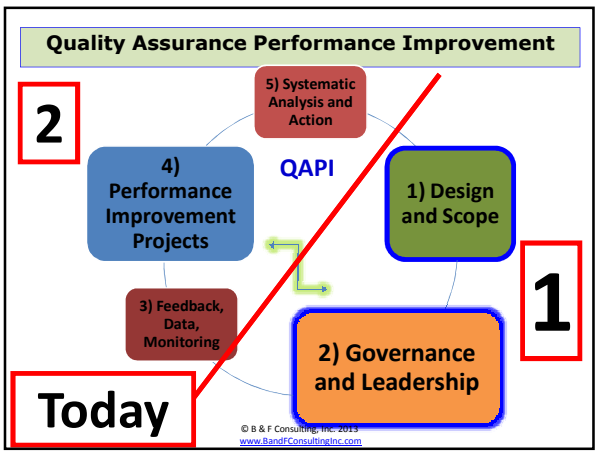
Each organization
will have
your own starting place.

31





Design and Scope sets the framework for QAPI

Governance and Leadership is how you implement that framework

Design and Scope Self-Assessment # 1 - 3

1. Guiding Principles:
   QAPI is a method for approaching decision-making and problem-solving
2. All service lines and departments utilize and are engaged in QAPI:
   All use data to make decisions and drive improvements and measurement to determine if efforts were success
3. Written plan, updated continuously, for continuous improvement in all departments
   Not a written plan just for compliance

Design and Scope Elements

- Be on-going and comprehensive
- Deal with ***full range of services*** and departments
- Address ***all systems*** of care and management practices
- Always include clinical care, ***quality of life, and resident choice***
- *Safety **and** high quality* with all clinical interventions - *autonomy and choice*
- Best evidence to set and measure goals

Design and Scope

People will be cynical if words don't yet match deeds.
Wait to develop the mission, guiding principles, values, etc. until a process has been succeeding for a while,
so words describe what is already happening

37

Design and Scope

You'll be working toward it throughout the collaborative and be able to put it together by the end, based on all the steps you take from now til then.

38

Governance and Leadership Self-Assessment

#4. Governance is engaged in and supportive of QAPI work:

Informed, involved, providing input and resources

#5. QAPI is an organizational priority:

Coverage for staff to participate in QAPI

#6. QAPI integral part of new staff orientation

They understand QAPI and expect to participate

#7. Training is available for all staff on PI tools and strategies

39

Governance and Leadership Self-Assessment

#10. In our culture staff are accountable, but not punished for mistakes or fearful of retaliation for voicing quality concerns:

Process to distinguish between unintentional errors and reckless behavior and to respond accordingly

#11. Leadership can explain QAPI with examples:

Up-to-date information on activities and staff involved

40

Governance and Leadership

- Leadership working with input from staff, residents, and families
- Assures QAPI is adequately resourced
- Point person (s)
- Developing leadership and facility-wide training
- Ensuring staff time, equipment and technical training
- Sustained despite turnover

41

Governance and Leadership continued

- Setting QAPI priorities
- Operationalizing the principles
- Setting expectations around quality, rights, choice, and respect *by balancing* ***both*** *a culture of safety* ***and*** *a culture of resident centered care*
- Accountability and *an atmosphere in which staff are encouraged and to identify and report problems and ideas for improvement*

42

Key Leadership Concepts:

People Development

High Involvement/Inclusion

Finger on the pulse

QAPI will require this kind of high engagement and inclusion.

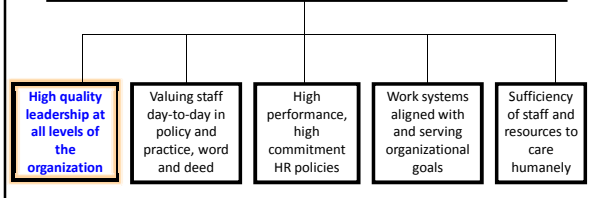
To have high engagement for QAPI, it needs to be part of everyday practice

A Culture Change
in
Leadership

Let's look at the evidence

A Positive Chain of Leadership

What a difference management makes!
Five Management Practices Associated with
Low-Turnover, High Attendance
and High Performance:



Eaton, 2002

Level Five Leaders

Builds enduring greatness through a *paradoxical blend of personal humility and professional will.*

They are a study in duality:

- *modest and willful*
- *humble and fearless*

Jim Collins
Good to Great

Myth:
Leaders are born, not made.

Fact:

Leadership is not in a gene;
it is an observable, learnable set of practices.

The belief that leadership can't be learned is a powerful deterrent to leadership development.

Kouses and Posner
The Leadership Challenge

My InnerView Findings

Staff recommend your place to work if:

CNAs	NURSES
1 Help with job stress and burnout	1 Help with job stress and burnout
2 Management listens	2 Management listens
3 Management cares	3 Management cares
4 Supervisor appreciates	4 Training to deal with difficult residents
4 Adequate equipment/ supplies	4 Training to deal with difficult family members

JUST CULTURE

The single greatest impediment to error prevention in the medical industry is "that we punish people for making mistakes."

Dr. Lucian Leape
Professor, Harvard School of Public Health
Testimony before Congress on
Health Care Quality Improvement

David Farrell 2012

Reflection:

How did I react last time I faced an employee error?

Action:

How can I react in a way that allows us to prevent it from recurring by getting to the *root cause* so we get a real fix?

Governance and Leadership

Governance/Administration develops and leads a program that includes input from staff, residents, and families

- CMS December 14, 2012 memo

People Development

You cannot do it alone!

We have always know this to be true…
and now CMS is mandating an inclusive process

Creating a culture of support begins with leadership

- Give residents, family and staff an opportunity to meet board members and executive leaders to generate support for QAPI
- Tour the organization regularly, meeting with residents and caregivers where they live and work

- CMS December 14, 2012 memo to State Surveyor Directors

This calls for *transformational* leadership

- You're looking for your staff to contribute to on-going performance improvement by:
  - Being critical thinkers
  - Contributing ideas
  - Bringing their questions
  - Looking at data
  - Identifying solutions
  - Being analytical
  - Leading or participating in PIPs

This is a huge shift from
"we have a policy and procedure for everything"

Helping people step into engagement

- Small opportunities
- Time to attend meetings (others may have to cover their duties)
- Guidance
- Feedback

Benefits of Developing Leadership

- Having a deep bench
- Loyalty
- Ensuring succession
- Success with QAPI!

As you are touring your building, be on the lookout to note staff's QAPI potential

Early

Early identification *of staff who show signs of QAPI potential is the first step towards providing them with opportunities*

Consider their life experiences

What leadership opportunities have staff been involved with outside of work?

Remember:

Leadership is a skill;

the more you do it the better you get at it.

Many of your staff have had leadership opportunities outside of work that will be beneficial to you as you take on QAPI.

To develop and support emerging leaders, provide them with **Variety** with **Support**

Variety

- People develop most when change is needed
- Anything new is a change: New people, new skills
- QAPI is new. Consider QAPI a growth opportunity for your staff.

Your organization will become better at QAPI and you will be developing your staff

What **Support** Looks Like

- Pay attention to each person's development. Don't let their development be unplanned.
- Think about: *What will this person have to learn quickly? What will they have to unlearn? Give up doing?*
- Actively help them think through areas they are uncertain of.

Provide lots of feedback

- Feedback is crucial, and should be given regularly. Let them know *what they're doing well because they won't know it unless you tell them*
- QAPI projects will need a lot of attention; talking things through with individuals involved will be essential to your success

Aggressively help them learn from each experience

- Successful people are active learners
- Give them opportunities for reflection by debriefing with them about the project and then by reviewing upcoming opportunities.

Be transparent: Let them know that by taking on a role in QAPI you are giving them an opportunity for leadership development

- *There is no leadership DNA*; like any other skill the more you do it the better you get at it.
- *I am a work in progress* – their success is your success!

Think about the opportunity QAPI presents for your staff

Who comes to mind?
What can you do?

People Development Worksheet

Identify individualized ways to develop your staff

When Staff Are Empowered, They Own the Quality of Care

video featuring the team from Glenridge Living Community Augusta, ME

Tour the organization regularly

Meet with residents and caregivers where they live and work

CMS December 14, 2012 memo

High Involvement/Inclusion

To have high engagement for QAPI, it needs to be part of everyday practice

It's not a program, it's a way of doing business

QAPI Steering Committee

- Leadership chooses the people who will be the QAPI leads on the steering committee
- Overall responsibilities include:
  - Develop and modify the QAPI plan
  - Review data collected and set priorities for Performance Improvement project
- Members must learn and use systems thinking
- Leaders must provide coverage to free up staff to attend

CMS December 14, 2012 memo

Over the course of the year,
think about people development to build your QAPI Committee

Choose Your QAPI Steering Committee Well

- Get the right positions involved (medical director)
- Include decision makers (DoN, admin)
- People who are interested and can help motivate others
  - Tap into potential and give people a chance to show what they have to contribute

CMS December 14, 2012 memo

Leadership Responsibility

Create a *culture of engagement* in problem-solving and performance improvement

Provide resources needed to make it happen

CMS December 14, 2012 memo;
drawing from the research on effective leadership

"Quality is everyone's responsibility."

W. Edwards Deming

Ways for leaders to set the tone, engage staff, and keep a finger on the pulse:

- Community meetings
- Rounds
- Focus groups
- People development – giving people opportunities to participate in and/or lead PIPs (Performance Improvement Projects)

Gemba Walk:

Gemba = "the real place"

The *gemba* walk is much like Management by Walking Around (MBWA), in which management meets with front line staff to look for opportunities to practice *gemba kaizen,* or practical improvement.

In quality management, *gemba* means going where the problem occurs to understand its full impact and gather information and ideas from those closest to it.

Daily management huddles with staff

for everyday engagement

and a finger on the pulse

Video featuring
HarringtonTerrace, Indianapolis

Table discussion
How do you now:

Have your finger on the pulse?

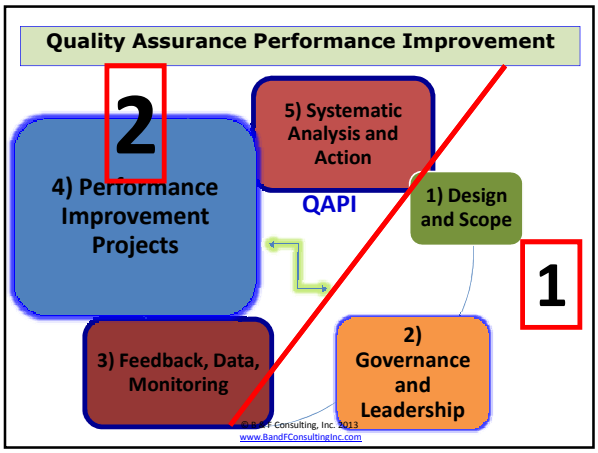
Involve staff, residents, families?

What are you already doing that works?
What does this give you ideas for?

"Not all change is improvement, but *all improvement is change*"

Donald Berwick, MD
Former CMS Administrator

Take a Break



Feedback, Data Systems, and Monitoring

- Systems to monitor care drawing from multiple data sources
- Systems for regular feedback from staff, residents, and families
- Performance Indicators to monitor care and outcomes, measured against benchmarks and performance targets
- Tracking, investigating, and monitoring Adverse Events, with action plans to prevent recurrence

Feedback, Data Systems, and Monitoring Self-Assessment

#12 – Identified all sources of data and information for QAPI including clinical measures, input from residents, families, staff, and stakeholders, and any other relevant information

We've listed all available sources and carefully identified what we'll use.

#13 – For all measures, we've set targets and minimums for performance

Our family satisfaction goal is 100% and our minimum threshold is 85%

Feedback, Data Systems, and Monitoring Self-Assessment

#14 – We have a system to collect, analyze, and display our data, and compare it to benchmarks and targets, to identify opportunities for improvement

Performance Improvement Projects are selected based on performance compared to benchmarks and best practices.

82

Performance Improvement Projects

- PIPs to examine and improve care and services in areas identified as needing attention
- Concentrated on a particular problem in one area or organization-wide
- It involves gathering information systematically to clarify issues or problems and intervening for improvements
- In areas important to services provided

83

PIP Self-Assessment

#17 – When we identify a performance improvement area as a priority, we charter a PIP, describing the scope and objectives so the team knows what it is asked to accomplish

#18 – For our PIPs we have a process to document what we've done, including highlights, progress, and lessons learned

PIP documentation template

84

PIP Self-Assessment

#19 – For our PIPs we measure if changes to systems and processes have been effective. We use process and outcome measures to assess resident are and quality of life.

- We measure if the change occurred and if it had the desired impact on residents

Systematic Analysis and Systematic Action Self-Assessment

#14 – We have a system to collect, analyze, and display our data, and compare it to benchmarks and targets, to identify opportunities for improvement

- Performance Improvement Projects are selected based on performance compared to benchmarks and best practices.

Systematic Analysis and Systematic Action

- Systematic approach for when to use in-depth analysis to understand a problem, its causes, and needs for change
- A thorough, organized, structured approach to see if problems are caused by the current way of operating
- Proficiency in Root Cause Analysis
- Action is:
  - Systemic
  - Comprehensive
  - Preventive
  - Sustained
- Continual learning and continual improvement

Systematic Analysis and Systematic Action Self-Assessment

#15 – Employees are skilled at analyzing and interpreting data to assess our performance and support improvement initiatives

- Regular training for staff on data collection and measurement

#16 – We have a systematic way of picking priority areas to work on, with input from all disciplines of staff, residents, and families. Priority is given to areas of high risk and/or frequency, or that adversely affect safety or quality of life

Systematic Analysis and Systematic Action Self-Assessment

#20 – We use a structured process to identify underlying causes, such as Root Cause Analysis

#21 – Root cause analysis identifies system and process breakdowns, not problems with individual performance

- If a problem occurs, we look at systemic causes so it can be prevented

#22 – Correction consistently links to systemic issues, not individual correction. Corrections are sustainable.

- If problem was caused by distraction to caregiver, work is on reducing distraction or changing staffing level

Systematic Analysis and Systematic Action Self-Assessment

#23 – Use process and outcome measures to see if change is working

- If an intervention is to improve fall prevention, measure whether intervention is being done and if it is preventing falls

24 – When an intervention works, we measure whether the change is sustained

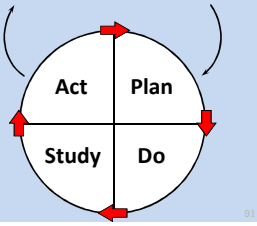
- If a change is made to medication administration, there is a plan to review in 6 months and in a year whether the changes are still in practice and still have a positive effect.

Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?



91

David Farrell, HealthCentric Advisors, and B&F Consulting

Key Systems Concept:

Relational Coordination

QAPI success depends on having systems to support high engagement and inclusion.

Relationships Determine Outcomes

- Quality, the **result**, is a function of quality, the **process**
- Cannot continuously improve interdependent systems and **processes** until you progressively improve interdependent, interpersonal **relationships**

Covey, 1991

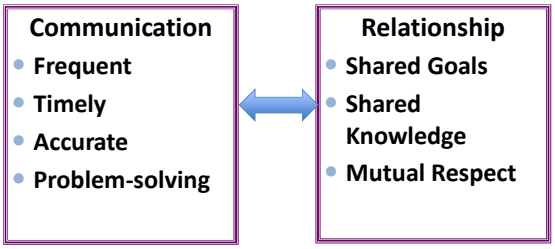
Theory of relational coordination:

- Relationships with the resident are shaped by the relationships among all those who are caring for the resident
- It is the *community* of relationships that shapes the resident experience

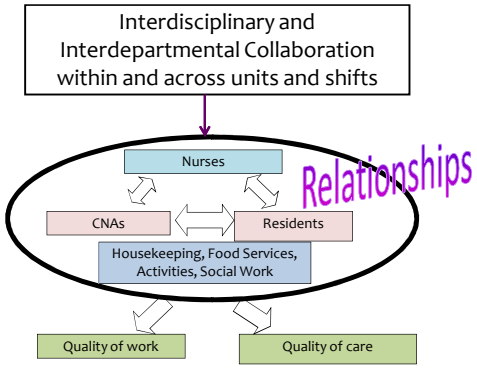
Jody Hoffer Gittell
Brandeis University

Dimensions of Relational Coordination

Interdisciplinary ~ Interdepartmental
Across Shifts and Days

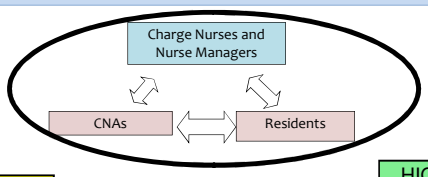


Relationships Closest to the Resident Matter Most



Eaton, Bishop, Gittell

Relational Coordination: Shift Hand-off



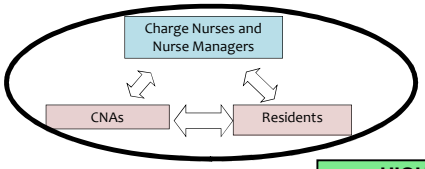
LOW: Tape recorder

HIGH: Person to person with shift overlap

Communication and Relationship Factors

97

Relational Coordination for Quality Assurance Performance Improvement



LOW:
A few senior staff review data in the conference room

HIGH:
Hands-on staff know their data and use just-in-time problem solving with help as needed

Relational Coordination – Huddles

Working Together
to Heal Pressure Ulcers

QAPI Huddle
With Staff Closest to the Resident

- Bring the white board
- Write down all the ideas
- Prompt people
- "No blame"
- Set rules
- Enhance problem solving competence
- Stay with it

David Farrell 2013

The *Process*
is as Important as the Outcome

Sometimes transformation requires no outside control – when people are given the space to open up, they often unravel their own problems and solutions become clear in the process.

Stephen R. Covey

David Farrell 2013

Creating Climate Where the Truth is Heard

Four key practices:

- From data to knowledge to action
- Conduct autopsies without blame
- Engage in dialogue, not coercion
- Lead with questions

Collins, J. 2001

QAPI Huddle Process

- What are possible causes?
- What causes can you do something about?
- What's the easiest to change that has a big impact?
- What help do you need?
- How will you know it worked?
- Who do you need to involve?

Creating Climate Where the Truth is Heard

From data
to knowledge
to action

Collins, J. 2001

What do you need for a good night's sleep?

What happens for you when you don't get a good night's sleep?

What is the clinical importance of sleep?

What is the clinical importance of sleep for mood, cognitive function, distressed behaviors, falls, appetite, healing?

Developing a *PIP* Performance Improvement Project

What data and information would you monitor to determine:

if sleep deprivation is a problem and if it is having an impact on quality of care and quality of life

From list of all data and information sources,

decide which are the best to use:

1. Easy/realistic to collect

2. True indicators

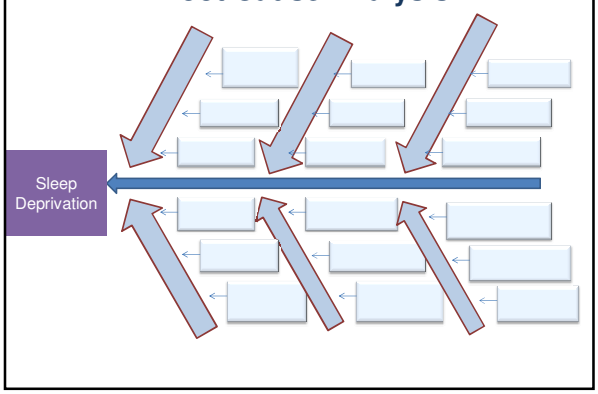
Getting to the Root of the Problem:

There is a danger starting with a solution without thoroughly exploring the problem. Multiple factors may have contributed or the problem may be a symptom of a larger issue. What seems like a simple issue may involve a number of departments. CMS Memo Dec. 14, 2012

What gaps or patterns exist in your system of care that could result in quality problems? CMS Memo Dec. 14, 2012

What are the barriers to a good night's sleep for residents?

Root Cause Analysis



Interventions must be achievable, objective, and measurable.

Strong interventions reduce chances of the event recurring and result in lasting improvement.

CMS Memo Dec. 14, 2012

Prioritize opportunities for improvement:

CMS Memo Dec. 14, 2012

What barriers to a good night's sleep are:

1. easiest to address
and
2. building blocks to a big, lasting impact?

Charter your PIP:

Scope

We will work with __ residents on ___ unit(s) ___ shift(s)

Expectations

We will improve by ___% the number of residents who have _____ outcome by ensuring that ___% of the time, we do the following practice:

Charter your PIP:
Scope
Where to you want to pilot test?
How far do you hope to spread?

Expectations
What you need to know:
1. Current outcomes and practices
2. Best outcomes and practices
3. Goal and minimum threshold

What
process and outcome measures
would you look at to know if
your interventions are working?

Who needs to be involved,
in what ways?

management
staff closest to resident
other departments
residents
families

How can this be a chance to develop people?

What resources/equipment do you need to take this on?

For example:
What information?
What communication to whom?
What supplies and equipment?

Goal Setting Worksheet

Describe the problem to be solved

S – Specific
M – Measurable
A – Attainable
R – Relevant
T - Timebound

The *How* of Change

- Personalize
- Look at what is, what could be
- Talk it through together
- Pilot test, measure, adjust, spread

Problem-solving Among Staff Closest to the Resident Matter Most

Science of Change:

Quality Improvement Practices

Root-cause analysis

Small pilot-tests

Evaluation and Re-evaluation

Mid-course adjustments

Evidence-based solutions

Collaborative Learning, Spread

+

Psychology of Change:

Relationship-Based Practices

Build on Intrinsic Motivation

Holistic Approach - Personalize

Start where people are

Build capacity for change

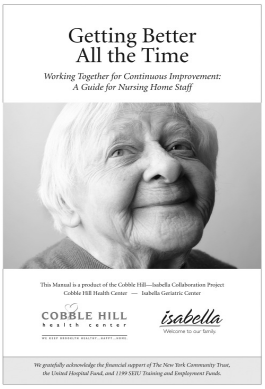
Experiential learning

Climate Where Truth is Heard

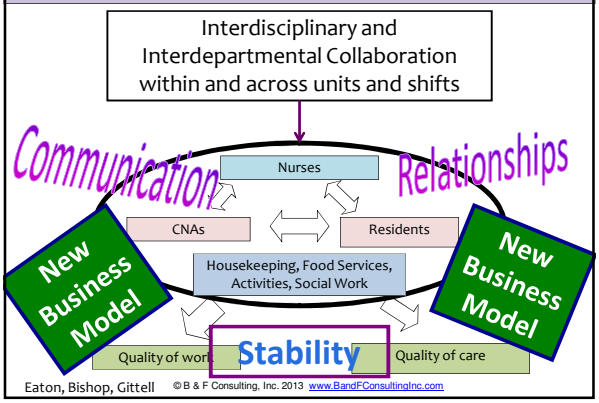
Developed by
Isabella Geriatric Center
and
Cobble Hill Nursing Home

www.isabella.org

www.cobblehill.org



Relationships Closest to the Resident Matter Most



Eaton, Bishop, Gittell

Action Period Discovery Assignment: *Finger on the pulse*

At least one:

- Community Meeting
- Rounds
- Management Stand-up Huddles with CNAs and nurses on the unit

Action Period:

1. **Finger on the pulse:**
   a. identify areas ripe for mini-PIPs
   b. Show you care, you're listening, and you're helping with job stress
2. **People Development Worksheet**
   a. Identify people ripe for people development
   b. Make individual plans to develop them
3. **Gather data on antipsychotic medication use**
   a. Who's using how much, how often?
   b. Why?
   c. What's the impact?

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