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Performance Improvement Project (PIP) Guide			
Start Date	Review Date(s)	Complete Date	PIP Squad Members
12/1/2020	1/12/2020	3/12/2021	1. Administrator 2. DON 3. QA/IP Nurse 4. Laundry Supervisor 5. Resident Care managers 6. MDS Nurse 7. CNA
<b>Project Leader</b>	1/12/2020	Click or tap to enter a date.	
DON /IP			
<b>Key Area for Improvement</b> Store and transport of clean reusable gowns /linens	Store and transport Linens while maintaining cleanliness, clean linens out of reach of Residents and protected from contamination		
<b>Goal:</b> Specific Measurable Action-Oriented Realistic Time Bound	Store, Transport Linens in a safe manner to prevent contamination		
<b>What is the Root Cause(s) for the problem? Ask 'Why is this happening?' 5 times. If you removed the root cause, would this event have been prevented?</b>			
Quick decisions made during crisis without an IP "time out" to allow reassessment, see root cause assessment attached			
<b>Barriers:</b> Limited number of isolation carts Limited number of covered storage containers in accessible areas Extremely high number of Covid-19 infections all at once			
Brainstorm possible solutions and start your PDSA [PLAN DO STUDY ACT] Cycle - see page 2			

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**Brainstorm:**  
During infection outbreaks IP "time out" daily and/or weekly to review processes, increase number of covered storage containers

Plan	Do		Study and Act		
List the tasks to be done	Responsible Team Member	Start Date	Actual Completion Date	Comments/Lessons Learned	Adopt/Adapt/Abandon
Inspect storage areas of clean linen for improvements	Administrator / Laundry Supv.	12/01/2020	12/03/2020	Modify storage to maintain cleanliness	done
Evaluate needs for in hall storage devices / containers	DON / IP	12/01/2020	12/10/2020	Additional storage needed	done
Evaluate Policies for modification	DON / Home Office Clinical Quality Nurse	12/01/2020	12/20/2020	Modified Policy to include storage	done

Study and Act					
Benchmarks/metrics [how will we measure progress?]	Baseline Date	First Measurement Date	Second Measurement Date	Final Measurement Date	Comments
Audit storage of Linens	12/03/2020	12/03/2020	12/15/20	Click or tap here to enter text.	1/ week x4, 1/monthly x3
		Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	

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Case Study

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## Case Study and Questions

- ▶ Your interdisciplinary team developed a goal to improve the COVID screening process.
- ▶ Now that the goal is set it is time to evaluate/determine next steps in the PIP process.



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## Interventions

- ▶ **Step 1**
  - ▶ Review **root cause** of the issue
    - ▶ x-ray tech not properly screen,
    - ▶ food service vendor delivers food at facility's back door and not screened
    - ▶ Asymptomatic staff member caused COVID outbreak
  - ▶ Which area of improvement will provide biggest overall impact?



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## Interventions

- ▶ Review current policy on screening for COVID
- ▶ How to come up with interventions?
  - ▶ **Explore evidence**, reach out to staff for suggestions, identify best practices through peers, QIOs, consultants, ECHO group, academic programs like UND, literature search on PUB MED.



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## Interventions

- ▶ **Ask** what needs to be more clear about screening
  - ▶ For example, do questions need to be added about recent exposure ?
- ▶ **Pilot** a staff member to conduct COVID screening instead of staff completing forms
- ▶ Determine area/group to test change
  - ▶ Designated screener will test this change for vendors ONLY



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## Interventions: Who What Where How When and Why

- ▶ Step 2
  - ▶ Outline the test change
    - ▶ 1. WHO will run the test
      - ▶ Designated screener
    - ▶ 2. WHEN will they run the test
      - ▶ At time of entry to the facility for 1 week
    - ▶ 3. WHERE will the test be done
      - ▶ Lobby



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## Interventions

- ▶ 4. WHAT will be used to run the test
  - ▶ **New screening form** and policy
- ▶ 5. HOW will the test be run
  - ▶ **Record # of vendors** who enter facility , were screened and # that have to be turned away due to exposure and/or observed symptoms



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## Data Collection

Vendor name	Date at SNF	Screened for COVID symptoms ?	Bianax test ?	Denied entry to SNF ?
X ray tech	Jan 21, 2021	Yes	No	No
DJ's cleaning	Jan 22, 2021	Yes	No	No
Medical director	Jan 23, 2021	Yes	Yes	No



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## Interventions

### ▶ Step 3

- ▶ Test (try out) the change
  - ▶ Screener will begin using new screening tools and record findings.



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## Interventions

### ▶ Step 4

- ▶ Evaluate Results with small group
  - ▶ Screener and project lead review the log
  - ▶ Project lead ask screener the following questions
    - ▶ What worked well?
    - ▶ What did not go well?
    - ▶ What would you change when you do this again?



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## Interventions

### ▶ Step 5

- ▶ Make changes needed
- ▶ Retest with changes (reminder: only small group and time frame)
- ▶ Continue to seek feedback and change idea as needed
  - ▶ Repeat step 4 with additional staff designated to conduct screening




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**Institute for  
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**Project  
ECHO**



## THE FIRST "TRY OUT"

**PROFILE**

**Reliable Design for Process Improvement**

- Use high level flow charts to design a process.
- Select one box at a time to design.
- The goal is to refine the process to develop a STANDARD process that is replicable.
- You know it has become STANDARD WORK when you "ASK 5" people to name the 5 attributes and they can.

**Keep it Simple**

- Keep the test small.
- 1 CNA will use the checklist on a few residents.
- A "try out" can be done and feedback given during **regular work activities**.
- You can quickly modify the checklist to refine as many times as needed until you have a STANDARD process

**SIMPLE...DOABLE...MINIMAL RESOURCE USE**

**ADJUST AS YOU GO**

**BE OPEN TO CHANGING ALL ASPECTS OF THE TRY OUT, USUALLY 3 OR 4 TRYOUTS AND ADJUSTMENTS END UP CREATING A GOOD PROCESS.**

**STEP 1**

**FINALIZE THE FIRST IDEA YOU ARE GOING TO TRY OUT**  
The 2-person dyad finishes the tasks to do the "try out":

- Build the first version of the protocol or guideline.
- Gather any supplies needed for the try out.
- Dyad arranges for willing participant to try out the idea.
- Deliberately keep the "try out" very small (1 area, 1 nurse, a few residents).

**STEP 2**

**DYAD DESIGNS THE 5 ATTRIBUTES OF THE "TRY OUT"**

- WHO will run the test.
- WHEN will they run the test.
- WHERE will the test be done.
- WHAT will be used to run the test.
- HOW will the test be run.

**STEP 3**

**PERFORM THE "TRY OUT"**

- The initial "try out" is carried out by the designated tester.

Try-out

**STEP 4**

**EVALUATE WITH A HUDDLE**


- After the initial "try out" the dyad meets with the person who did the test to review these three questions:
  - What worked well?
  - What did NOT go well?
  - What would you change when you do this again?
- Make changes to the idea based on feedback.



**STEP 5**

**EXPAND THE TRY OUT**



- Make changes based on the first tests.
- Retest using the changes.
- If few to no changes are needed, proceed to try out the idea on more residents.
- Continue to seek feedback and change idea as needed.

The First Try Out by Roger Passer and Frank Federico, IHL, Maria DeVries, THE GREEN HOUSE™, Princeton, and Arkansas COVID-19 Action Network












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### Performance Improvement Project (PIP) Guide

Start Date	Review Date(s)	Complete Date	PIP Squad Members
1/13/2021	1/27/2021	02/10/2021	<ol style="list-style-type: none"> <li>Click or tap here to enter text.</li> <li>Click or tap here to enter text.</li> <li>Click or tap here to enter text.</li> <li>Click or tap here to enter text.</li> <li>Click or tap here to enter text.</li> <li>Click or tap here to enter text.</li> <li>Click or tap here to enter text.</li> </ol>
<b>Project Leader</b>	Click or tap to enter a date.	Click or tap to enter a date.	
Director of Nursing			
<b>Key Area for Improvement</b>	Screening for COVID-19.		
<b>Goal:</b> Specific Measurable Action-Oriented Realistic Time Bound	In one month, we will reduce new COVID-19 outbreaks by 75 percent, by adapting screening policy and procedure.		
<b>What is the Root Cause(s) for the problem? Ask 'Why is this happening?' 5 times. If you removed the root cause, would this event have been prevented?</b>			
Outbreak of COVID-19 due to asymptomatic vendor (x-ray tech): Why does this occur: <ol style="list-style-type: none"> <li>WHY? Screening indicated exposure but vendor still entered facility.</li> <li>WHY? Facility staff reviewing screening form did not report exposure to appropriate leadership.</li> <li>WHY? Facility policy did not indicate no entrance for exposure but only for symptoms.</li> <li>WHY? Vendors are required to wear N-95 masks with full PPE when entering facility.</li> <li>WHY? N-95 mask was not fit-tested and vendor unclear on PPE policy.</li> </ol>			

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**Brainstorm possible solutions and start your PDSA [PLAN DO STUDY ACT] Cycle - see page 2**

Review screening policy and add exposure questions.  
Designate screening staff to conduct screening for all vendors.

Plan	Do			Study and Act	
List the tasks to be done	Responsible Team Member	Start Date	Actual Completion Date	Comments/Lessons Learned	Adopt/Adapt/Abandon
Create new screening log. (and tracker for testing change)	ADON/Screeener	1/26/2020	1/28/2020	Click or tap here to enter text.	Click or tap here to enter text.
Update screening policy to include exposure.	ADMIN	1/26/2020	1/28/2020	Click or tap here to enter text.	Click or tap here to enter text.
Hire/designate staff to conduct screening for all vendors	Staffing Coordinator	1/26/2020	1/28/2020	Click or tap here to enter text.	Click or tap here to enter text.
Track/Test Change	ADON/Screeener	2/1/2021	2/5/2021		

