

# ECHO CAN Quality Improvement

## Agenda

- How to determine an area of improvement using Quality Measures (QM)
- Interactive Root Cause Analysis (RCA) activity
- Peer presentation of QI tool



1

## How to determine an area of improvement

- Quality improvement begins with determining and/or identifying an area for improvement
- How do you identify areas for improvement (chat in responses)?
  - Survey deficiencies
  - Employee and/or family complaints
  - Observations from rounding
  - Quality Measures
  - Etc.



2

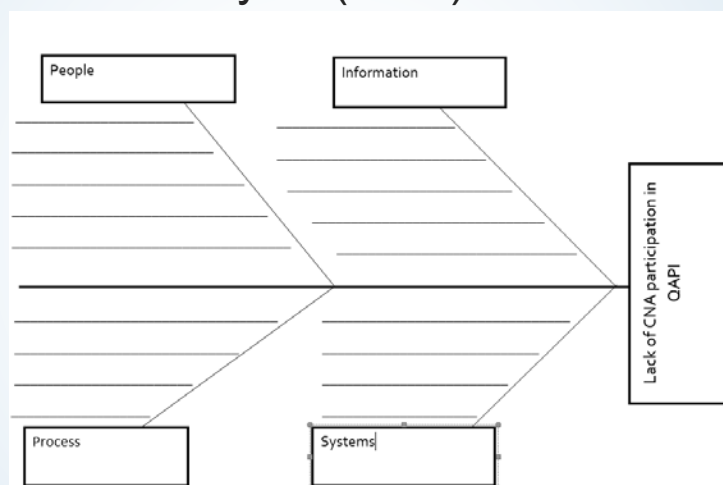
## Quality Measures

	Pressure Ulcer	ADLs	UTIs	Falls w/ major injury
UND Cohort	4.9	15.6	3.0	4.8
ND/SD/MN Avg.	5.6	15.3	2.8	4.7
National Avg.	7.4	15	2.5	3.4



3

## Root Cause Analysis (RCA)



4

# Peer Presentation

- ▶ Alison Huether, RN
  - ▶ Quality and Staff Development
- ▶ Rosewood
- ▶ QI Tool - Audit Tracker



5

Indicator		Identified Goal (enter # between 90 and 100)	Month											
			Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	De		
Hand Hygiene after resident contact	Performance	90%	96%	0%	0%	0%	0%	0%	#####	#####	#####	#####	###	
	# of Audits Passed		26	0	0	0	0	0						
	# of Audits Completed		27	0	0	0	0	0						
Non communal dining	Performance	95%	100%	0%	0%	0%	0%	0%	#####	#####	#####	#####	###	
	# of Audits Passed		12	0	0	0	0	0						
	# of Audits Completed		12	0	0	0	0	0						
PPE- Donning/doffing full PPE	Performance	90%	0%	0%	70%	0%	0%	0%	#####	#####	#####	#####	###	
	# of Audits Passed		0	0	69	0	0	0						
	# of Audits Completed		0	0	98	0	0	0						
Wearing Faceshields/Mask within care area of	Performance	90%	0%	0%	0%	100%	88%	#####	#####	#####	#####	#####	###	
	# of Audits Passed		0	0	0	13	14							
	# of Audits Completed		0	0	0	13	16							
	Performance		#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	###	
	# of Audits Passed													
	# of Audits Completed													
	Performance		#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	###	
	# of Audits Passed													
	# of Audits Completed													

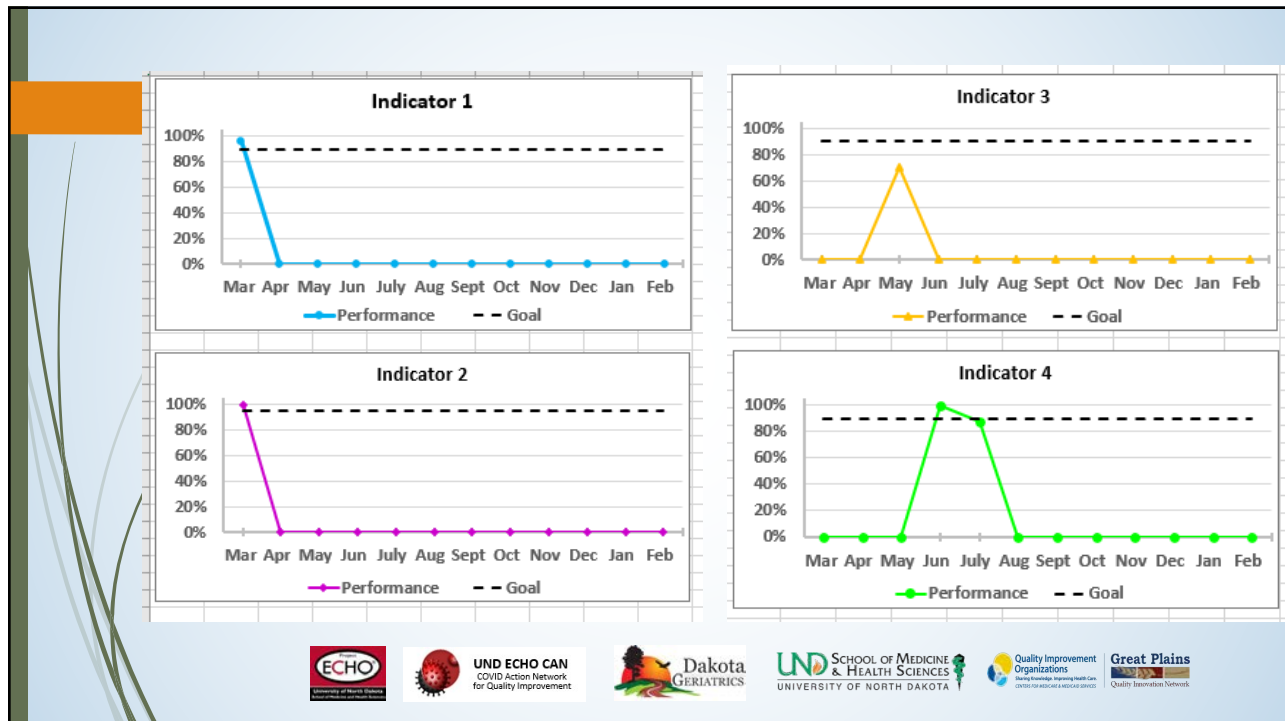
6

Indicator		Identified Goal <i>(enter # between 90 and 100)</i>	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
			Performance	Performance	Performance	Performance	Performance	Performance	Performance	Performance	Performance	Performance	Performance	Performance
Hand hygiene after resident contact	Performance	90%	96%	0%	0%	0%	0%							
	# of Audits Passed		26	0	0	0	0							
	# of Audits Completed		27	0	0	0	0							
Non communal dining	Performance	95%	100%	0%	0%	0%	0%							
	# of Audits Passed		12	0	0	0	0							
	# of Audits Completed		12	0	0	0	0							
PPE: Donning/doffing full PPE	Performance	90%	0%	0%	70%	0%	0%							
	# of Audits Passed		0	0	69	0	0							
	# of Audits Completed		0	0	98	0	0							
Wearing Faceshields/Mask within care area of	Performance	90%	0%	0%	0%	100%	80%							
	# of Audits Passed		0	0	0	13	14							
	# of Audits Completed		0	0	0	13	16							
	Performance													
	# of Audits Passed													
	# of Audits Completed													
	Performance													
	# of Audits Passed													
	# of Audits Completed													
	Performance													
	# of Audits Passed													
	# of Audits Completed													

*If your auditing results fall below your set monthly goal, document what mitigation tactics were done to ensure goal will be met the following month.*

Indicator	Month Below Goal	Mitigation Tactic	Date Completed
Hand Hygiene before and after resident contact	March-	Education and return demonstration of properly donning and doffing gloves with hand hygiene. 1:1 education provided for staff who did not complete the task correctly. Will review hand hygiene at the RA meeting in August.	March 11 & 12th
Non-communal dining audit	March-		
Donning/Doffing Full PPE (Face shield, mask, gloves and gown)	March-	1:1 education to staff at time of audit. Will review PPE donning and doffing at RA/Nurses meetings in August and repeat audit after re-education.	
Wearing face shield/mask	April-	1:1 education to staff at time of audit. Will review use of face mask/shield at RA/Nurses meetings in August and repeat audit after re-education	

7



8

