Welcome to Phase II

ECHO CAN

Who's Here

Good Samaritan Society - Mott	Missouri Slope
Lutheran Home of the Good Shepherd	Eventide Fargo
North Dakota Veterans Home	Lutheran Sunset Home
GSS Woodland	Good Samaritan Society - New Underwood
Richardton Health Center	Good Samaritan Society
Ave Maria Village	Dakota Alpha
Wishek Living Center	Griggs County Care Center
	Rosewood on Broadway

Peer Mentors
Providing Insight & Examples

Missouri Slope Lutheran Care Center
Bismarck

Leann Hokanson, Vice President of Resident Services/DON

April Peyer, Infection Preventionist/QAPI Nurse

Wishek Living Center
Wishek

Cindy Gall, Infection Preventionist/QAPI Nurse

Melissa Piatz, DON

Rosewood on Broadway
Fargo

Liz Letness, Chief Clinical Officer

Alison Huether, Quality and Staff Development

About Your Facilities & QAPI

12 with QAPI Charters (updated in either 2020 or 2021)

13 faculties conducted PIPs in 2020

Number of PIPS	Number of Facilities
1	1
2	3
3	2
4	4
6+	2

Your recent PIPs have focused on:

Safety
- hand hygiène, PPE, & disinfection

Quality Care
- fall prevention, UTI prevention, & infection control

Welcome Back

The Same, but a little Different…for all of us.

- Polls, QI, & Case Study

Together for the next 36 Weeks: We're always open to your input on these sessions; just contact us.

We are primarily focused on Quality Improvement, while also addressing issues related to infection control, CDC Updates, and COVID

Upcoming Topics

This Week: QAPI 101 and Walking Rounds

Next Week: How to Implement Change

The following weeks we start the **12 Steps** (*QAPI at a Glance*); 1 Step/Week

Step 1: Leadership Accountability & Flexibility

Step 2: Develop a Deliberate Approach to Teamwork

Step 3: Take your QAPI "Pulse" with a Self-Assessment

Step 4: Identify your Organization's Guiding Principles

Step 5: Develop your QAPI Plan

Step 6: Conduct a QAPI Awareness Campaign

Step 7: Develop a Strategy for Collecting and Using QAPI Data

Step 8: Identify your Gaps and Opportunities

Step 9: Prioritize Quality Opportunities and Charter PIPS

Step 10: Plan, Conduct, and Document PIPs

Step 11: Getting to the "Root" of the Problem

Step 12: Take Systemic Action

Applying Lessons Learned (Homework)

This week is to read *QAPI at a Glance and* review your walk round procedure

Starting in Week 3 we're asking you to engage in QAPI at your facility and share your experiences with the group.

Initial plan is a monthly rotation

First session will be based on Resident Centered Care, we will walk you through
- Conduct Root Cause Analysis (RCA)
- Following Week: Review RCA & Structure PIP
- Following Week: Review PIP & Implement PIP
- Following Week: PIP Check-in & Data Collection & Analysis

QAPI 101

Michelle Lauckner, RN-BA, RAC-CT, IP-BC

Quality Improvement Specialist

Great Plains QIN/Quality Health Associates of ND

March 17, 2021

Questions to Run On . . .

Refresh my memory . . .

1. What is QAPI again?
2. Why do we care?
3. Didn't we already do this?
4. What do we do next?

*Supporting IHI NH QAPI Video - Alice Bonner
https://www.unmc.edu/publichealth/centers/cbbeid/Project_ECHO/SessionMaterials/Project-ECHO-Bonner_QAPI_9-11-2020-2.mp4

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Refresh My Memory . . .

- F520 (OBRA 1987) – QAA
  - Purpose: To provide a framework for facility to evaluate their systems in order to prevent deviation in and correct inappropriate care processes
  - **Focus:** Meeting the minimum requirements
- Section 6102(c) of Affordable Care Act (2010)
  - Purpose: Strengthen a facility's capacity for data collection and analysis, strategy development, and action plans
  - **Focus:** Proactive effort to improve performance

    (QSO S&C: 11-22-NH)

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Quality Assurance/Performance Improvement (QAPI)

"Transforming the lives of nursing home residents through continuous attention to quality of care and quality of life"

QAPI
Quality Assurance & Performance Improvement

QA + PI = QAPI

	Quality Assurance	Performance Improvement
Motivation	Measure Compliance	Continuously Improve Processes
Means	Inspection, Audit driven	Prevention
Attitude	Required, Reactive	Chosen, Proactive
Focus	Outliers, "Bad Apples" Individuals	Processes, Systems
Scope	Medical Provider	Resident Care
Responsibility	Few	All

Why Do We Care?

QAPI As A Foundation
- For person-centered care
  - Relies on the input of residents and families
  - Measurement of not only process but also outcomes
- For defining quality as "how work is done"
  - Broad scope—Entire organization (all staff and all departments)
  - Leadership expected to be a model
- For systems thinking
  - Proactive analysis
  - Data and measurement driven
  - Supported by tools

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5 Elements of QAPI

Source: QAPI at-a-Glance

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Design and Scope

Characteristics of how QAPI is designed and the scope of what it includes:

- Vision, Mission and Purpose
- All staff/All departments
- Safety and best evidence for clinical practices
- RESIDENT CHOICE

Governance and Leadership

Leadership actively engaged with setting expectations and priorities, including:

- Systematic approach to gather input from staff, residents, families and stakeholders
- Adequate resources—Time, money, other
- Ongoing and consistent staff training
- Accountability for process and results
- Balance culture of safety and rights
- Non-punitive culture

Feedback, Data Systems and Monitoring

Systems to monitor a wide range of care and service drawing from multiple sources:

- Data from staff, residents, stakeholders and others
- Use of goals and benchmarks
- Ability to analyze, interpret and translate data into meaningful and actionable information
- Using data to systematically prioritize and select performance improvement projects (PIPs) appropriate for the nursing home

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Great Plains

Quality Innovation Network

Conduct Performance Improvement Projects (PIPs) to improve care or services in areas relevant for your residents:

- Gather information systematically to clarify issues and identify opportunities
- Test and implement changes
- Data
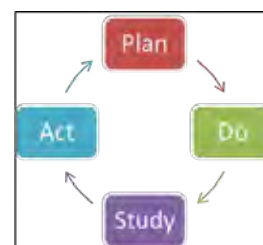
Systematic Analysis and Systematic Action

Create real impact and long-lasting improvement as the result of QAPI through:

- Taking into consideration all aspects of the organization when making changes
- Addressing errors at the systems level rather than looking for an individual
- Linking outcomes of QAPI efforts to policies and procedures, staff orientation and ongoing education, performance expectations and strategic planning

Action Steps to QAPI

- Step 1: Leadership Responsibility & Accountability
- Step 2: Develop a Deliverable Approach to Teamwork
- Step 3: Take your QAPI "Pulse" with a Self Assessment
- Step 4: Identify Your Organization's Guiding Principles

Action Steps to QAPI

- Step 5: Develop your QAPI Plan
- Step 6: Conduct a QAPI Awareness Campaign
- Step 7: Develop a Strategy for Collecting and Using QAPI Data
- Step 8: Identify Your Gaps and Opportunities
- Step 9: Prioritize Quality Opportunities & Charter PIPs
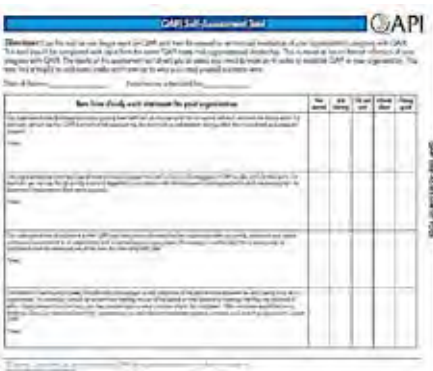
Action Steps to QAPI

- Step 10: Plan, Conduct and Document PIPs
- Step 11: Getting to the "Root" of the Problem
- Step 12: Take Systemic Action
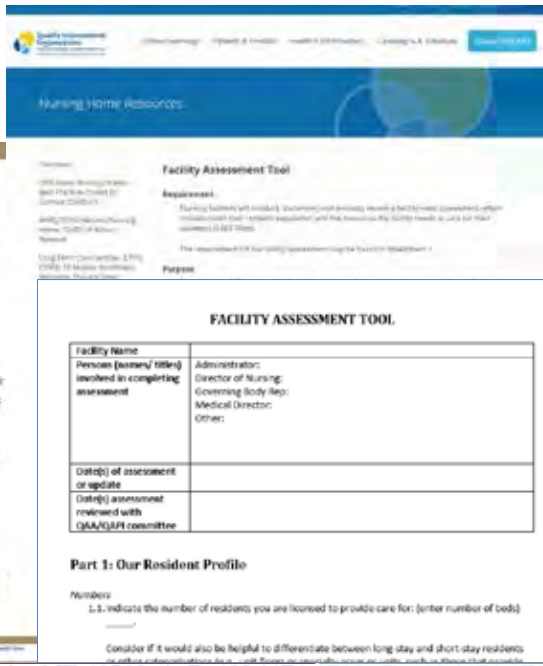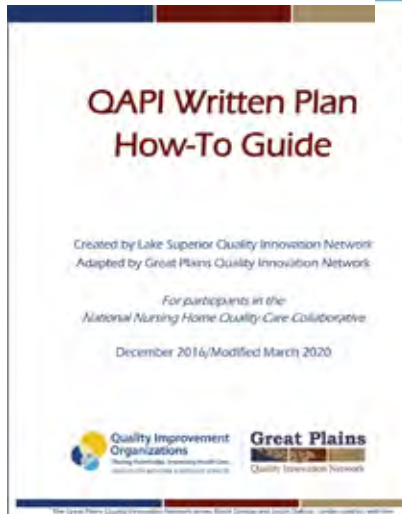
What do we do next?

QAPI Self-Assessment -

- Evaluates the components already in place
- Identifies "gaps"
- Completed by leadership
- Review examples
  - Not gold standards
- Discuss strengths/ weaknesses of examples

What Does "Doing Great" Look Like?

Not started	Just starting	On our way	Almost there	Doing great
				✖

What does "*doing great*" look like?

Self Assessment Question: Culture

Our organization has established a culture in which caregivers are held accountable for their performance, but not punished for errors and do not fear retaliation for reporting quality concerns. For example, we have a process in place to distinguish between unintentional errors and intentional reckless behavior, and only the latter is addressed through disciplinary action.

Self Assessment Question:
Goals and Thresholds

For the relevant sources of data we identify, our organization sets targets or goals for desired performance, as well as thresholds for minimum performance. For example, our goal for residents' rating for recommending our facility to family and friends is 100% and our threshold is 85% (meaning we will revise the strategy we are using to reach our goal if we fall below this level.)

QAPI Ed for Staff

- QAPI for CNAs: Inservice Facilitator's Guide: https://healthinsight.org/component/jdownloads/send/345-qapi-for-certified-nursing-assistants/1185-qapi-for-cnas-inservice-facilitator-s-guide
- QAPI- Making a Difference (youtube): https://www.youtube.com/watch?v=UOoVUkSyEpE
- QAPI – Quality Assurance & Performance Improvement (1 CE): https://www.medlineuniversity.com/medline/viewdocument/qapi-quality-assurance-performan-1?CommunityKey=d15198e2-e041-4be7-be2b-1cc2c8291f86&tab=librarydocuments

Tools & Resources

- QAPI At A Glance: http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/QAPIAtaGlance.pdf
- QAPI Self-Assessment: http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/QAPISelfAssessment.pdf
- IHI QAPI NH video – Alice Bonner: https://www.unmc.edu/publichealth/centers/cbbeid/Project_ECHO/SessionMaterials/Project-ECHO-Bonner_QAPI_9-11-2020-2.mp4
- CMS QAPI Webpage: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/NHQAPI
  - Nursing Home QAPI Tools: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/Downloads/ProcessToolFramework.pdf
- GPQIN QAPI Plan How To Guide: https://greatplainsqin.org/wp-content/uploads/2020/04/QAPI-Written-How-to-Guide.pdf
  - QAPI Plan Fillable Form: https://greatplainsqin.org/wp-content/uploads/2020/04/QAPI-Plan-Template-Worksheet.docx
- QIO Facility Assessment resources: https://qioprogram.org/facility-assessment-tool

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Walking Rounds
Poll

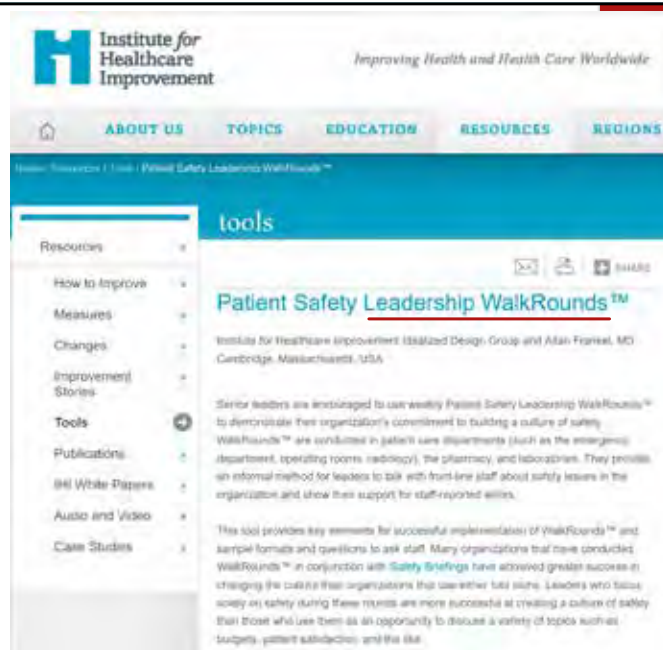## Walk Rounds as a QAPI tool

Walk Rounds
(a conversation)

versus

Audit Rounds
(observation and surveillance)

In chat box, list your best experience with walk rounds

▶ Discovered a safety issue ?
▶ Recognition / Complimented staff ?
▶ Got a good idea ?

Walk Rounds

▶ Alan Frankel at IHI in 2000

▶ Specific, actionable knowledge about safety and quality

www.ihi.org/resources/pages/tools/patientsafetyleadershipwalkrounds.aspx

Leadership Walk Rounds

▶ Developed by Alan Frankel at IHI in 2000

▶ Specific, actionable knowledge about safety and quality

▶ Informal means for leadership to identify issues in the trenches

Toolkit

▶ Structured conversations

Ground rules of walk rounds

▶ Decide daily or weekly
▶ Let staff know
  ▶ Schedule of rounds
  ▶ Confidentiality
▶ Use check list
▶ Establish leaders who conduct rounds: Admin Director, DON, Q/I officer, Infection Control, Medical director, Department directors (e.g. environmental).
▶ Unit "host", e.g., RN unit director

Walk rounds format

- Where ?
  - Room to room
  - Bathroom
  - Dining room
  - Activities room
  - Common room
  - Kitchen
  - Laundry

Walk rounds format

- Hallway conversation
- Small group versus one – on – one discussion
- Pre – identified spot

3 Steps

▶ Opening statements
  ▶ Why we are doing the rounds
  ▶ Icebreaker ? (story about someone who identified a concern or solution to a problem)
▶ Ask the questions
▶ Wrap up / Action plan

Walk round starting script (and handout)

▶ "As a group, we want to open communication and create a blame-free environment to make everything safer for you and your residents."

▶ "We wish to focus on the system and not individuals (no names are necessary)."

▶ "We would like the discussion to be confidential — purely for patient safety and improvement;

▶ "The questions we want to ask are very general, to help us think of areas where the questions might apply

▶ Topics might include miscommunication between individuals (including arguments), do you have the resources to do your work, distractions, inefficiencies, falls, protocols not followed, etc."

Ask the questions

- Can you think of any incident recently where a resident was harmed or almost harmed ?
- Is there anything we can do differently to improve safety or infection control ?
- What would make walk rounds more effective ?

Walk rounds summary

- We will work on your comments and observations
- Please tell two other staff members with whom you work about our conversation today

In the chat box, list one "pro" and one "con" of walk rounds
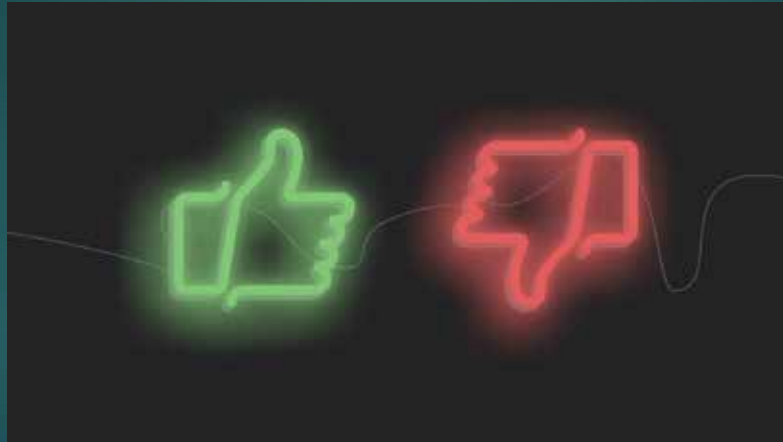
Walk rounds can be good or bad

Pros

- ▶ Culture of change
- ▶ Educational opportunities
- ▶ Promote trustfulness
- ▶ Innovations
- ▶ Improve communications

Cons

- ▶ Alienate frontline staff
- ▶ Surveillance anxiety
- ▶ Resentment
- ▶ No good if no follow up
- ▶ Staff "look good" during rounds and lapse into old ways afterwards
- ▶ "seagull management," in which managers "fly in, make a lot of noise, dump on everyone, then fly out."

Enhancing work rounds

- Don't watch people doing their work (surveillance), rather get their feedback
- Create separate "observational" audits as another source of Q/I information

Knowing if walk rounds work ?

- Qualitative survey of leadership and staff

Case Study

- The DON was called into two rooms on the same unit that has slip/fall incidents.
- Discovered Housekeeping has not been adequately drying the floors following cleaning

Questions

▶ What are the interventions to prevent future adverse event?

▶ How can you promote no blame culture in the incident reporting?

▶ How could a walk round be optimized to avoid future adverse event?

Homework

Check out Resources including *QAPI at a Glance*

Review your walk round procedure

Questions