

Step 9: Prioritize Quality Opportunities and Charter PIPS & Continue Social Isolation PIP

Continuation Phase, Session 9

1

Poll: Our Next PIP

Safety

2

Over the
Past Week

What did you learn
from walk rounds
from this past week?

Any other PIP
Related Revelations

3

Today

IHI Curriculum

- **Strategies for Risk Mitigation and Adherence to Core Principles of COVID-19 Infection Prevention**

Step 9: Prioritize Quality
Opportunities and Charter PIPS

PIP Next Step: Continue with
PDSA

4

Strategies for Risk Mitigation and Adherence to Core Principles of COVID-19 Infection Prevention

Screening

Active Screening for symptoms AND for contact with someone with COVID-19 infection in the prior 14 days—regardless of the visitor's vaccination status!



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5

Step 9: Prioritize Quality Opportunities and Charter PIPS

NOT EVERYTHING NEEDS TO BE A PIP!

6

[https://qioprogram.org/sites/default/files/editors/141/C2 Change Package 20181226 FNL 508.pdf](https://qioprogram.org/sites/default/files/editors/141/C2%20Change%20Package%2020181226%20FNL%20508.pdf)



APPENDIX A: Need Ideas for Where to Begin? Focus Here First



Establishment of foundational components of a safety culture (leadership, resident and family engagement, committed staff that communicate and work together as a team, and strategies to continuously learn and improve) and staff implementation of specific actions to prevent resident adverse events, harm, abuse and neglect involves many strategies and actions, as described in this Change Package.

A common question is 'what is most important to focus on first?' Nursing homes participating in the development of this Change Package provided the following suggestions on priorities for preventing all cause harm for residents. Without focus on these areas, you are putting residents and staff at risk for adverse events, harm, injury, errors, neglect.

Harm Prevention in Nursing Homes: Ideas for where to start.

1. **Shore up staffing.**
 - a. Ensure you have the right people in key positions.
 - b. Ensure you have adequate mix and number of staff on the units – use the facility assessment as a guide.
 - c. Define the specific competencies and skills needed by your organization in order to ensure staff competence (nursing, therapy, dietary, etc.).
 - d. Focus on staff development, training, and continuing education.
 - e. Be clear about standards of behavior for staff, have those in writing.
 - f. Decrease or eliminate use of pool staff that do not know your residents and organizational processes.
 - g. Take care of the staff and build resiliency – happy, stable staff leads to happy, safer residents, and contributes to improved safety.
 - h. Partner with local academic organizations and community to enhance nursing assistant training and nursing assistant referral process.
 - i. Consider your census and be bold enough to hold admissions in response to staffing issues.

7

Prioritization Worksheet for Performance Improvement Projects



Directions: This tool will assist in choosing which potential areas for improvement are the highest priority based on the needs of the residents and the organization. Follow this systematic assessment process below to identify potential areas for PIPs. This process will consider such factors as high-risk, high-volume, or problem-prone areas that affect health outcomes and quality of care. This tool is intended to be completed and used by the QAPI team that determines which areas to select for PIPs. Begin by listing potential areas for improvement in the left-hand column. Then score each area in the following columns based on a rating system of 1 to 5 as defined below:

1 = very low	2 = low	3 = medium	4 = high	5 = very high
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Rating is subjective and is meant to be a guide and to stimulate discussion. Finally, add the scores across the row and tally in the final column. Potential improvement areas with a higher score indicate a higher priority.

POTENTIAL AREAS FOR IMPROVEMENT resident areas identified through: Dashboard(s) Feedback from staff, families, residents, other Incidents, near misses, unsafe conditions Survey deficiencies	PREVALENCE The frequency at which this issue arises in our organization.	RISK The level to which this issue poses a risk to the well-being of our residents.	COST The cost incurred by our organization each time this issue occurs.	RELEVANCE The extent to which addressing this issue would affect resident quality of life and/or quality of care.	RESPONSIVENESS The likelihood an initiative on this issue would address a need expressed by residents, family and/or staff.	FEASIBILITY The ability of our organization to implement a PIP on this issue, given current resources.	CONTINUITY The level to which an initiative on this issue would support our organizational goals and priorities.	TOTAL SCORE TALLY

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/PIPPriorWkshtdebedits.pdf>

8

PROJECT APPROACH

Recommended Project Time Table:

PROJECT PHASE	START DATE	END DATE
Initiation: Project charter developed and approved		
Planning: Specific tasks and processes to achieve goals defined		
Implementation: Project carried out		
Monitoring: Project progress observed and results documented		
Closing: Project brought to a close and summary report written		

Project Team and Responsibilities:

TITLE	ROLE	PERSON ASSIGNED
Project Sponsor	Provide overall direction and oversee financing for the project	
Project Director	Coordinate, organize and direct all activities of the project team	
Project Manager	Manage day-to-day project operations, including collecting and displaying data from the project	
Team members*		

*Choice of team members will likely be deferred to the project manager based on interest, involvement in the process, and availability.

Material Resources Required for the Project (e.g., equipment, software, supplies):

Worksheet to Create a Performance Improvement Charter

• <https://www.cms.gov/Medicaid/Provider-Enrollment-and-Certification/QAPI/downloads/PIPCharterWkshtdebedits.pdf>

Social Isolation PIP

Continue with PDSA

Action Plan

Objectives	Process Steps	Responsible Person	Date/Timeline	Measurement
Objective 1				
Objective 2				
Objective 3				
Objective 4				

11

Performance Improvement Project (PIP) Guide



Start Date	Review Date(s)	Complete Date	PIP Squad Members
4/5/2021	Click or tap to enter a date.	6/5/2021	1. Alison Huether, RN 2. Chelsea Ertelt, DON 3. Liz Letness, CCO 4. Staci Kouba, CM Coordinator 5. Click or tap here to enter text. 6. Click or tap here to enter text. 7. Click or tap here to enter text.
Project Leader Alison Huether	Click or tap to enter a date.	Click or tap to enter a date.	
Key Area for Improvement	Improve <u>residents self reported</u> loneliness on the UCLA loneliness scale. <u>Specifically</u> 41.66% of residents interviewed reported 3 or 4 to question #1 "How often do you lack companionship?"		
Goal: Specific Measurable Action-Oriented Realistic Time Bound	Reduce the percentage of residents interviewed who report 3 or 4 to question #1 to 25% or less by providing facility wide and/or individualized interventions that address companionship by 6/5/2021.		

Rosewood PDSA (cont.)

12

Brainstorm:
Video visits with l pads, outdoor visits, increased pastoral care visits, meals in main dining room when available, increased 1:1 visits with staff, assist with scheduled weekly phone calls for residents who can't manage on their own

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
Review care plans of 12 residents interviewed for current interventions to address psychosocial impact of isolation and suggest additional individual interventions if needed.	Care managers (CM's)	4/16/2021	5/11/21	One resident has since discharged. 3 others indicated they prefer to be alone. Identified additional interventions to add to promote companionship for the remaining residents.	We will adopt these new interventions and implement over the next month. We will repeat UCLA Loneliness interview with these residents to determine if they were effective in reducing resident reported lack of companionship.
Meeting to discuss ideas for potential systemic changes to address loneliness.	Quality nurse, activity staff, and CM's.	4/20/2021	4/20/2021	Brainstormed additional facility wide interventions to address loneliness and companionship. Suggested men's group, library stories online, YouTube videos of musicians/polka party projected on screen with group of residents	Plan to pick two facility wide activities to trial.

13

Pick two facility wide activities to trial and develop plan to roll out. Will meet in two weeks to discuss plan.	CM's, Staci Kouba, Alison Huether	5/4/2021	5/11/2021	CMS changes to communal dining and activities will allow for increased activity offerings and resident participation.	Chose to implement two new group activities. One during the day and one in the evening.
Implement afternoon movie with popcorn and root beer weekly. Implement evening tour of the united states with food/snack that is common for the area "traveling to" weekly. Include the 12 residents interviewed as well as other residents in the building.	Activities and care managers.	5/11/2021			

Study and Act					
Benchmarks/metrics [how will we measure progress?]	Baseline Date	First Measurement Date	Second Measurement Date	Final Measurement Date	Comments
Complete the UCLA Loneliness Scale the same 12 residents throughout the PIP.	41.66% reported 3 or 4 to question #1.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
	4/5/2021	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	

This material was prepared the Great Plains Quality Innovation Network, the Medicare Quality Improvement Organization for North Dakota and South Dakota, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. 12SOW-GPQIN-13/0320

14

If you would like additional technical assistance, please let us know.

You can work with our mentors one-on-one.

15

Homework

QIO PIP Tool

- Continue with PDSA

Submit Homework via Dropbox

- Now on our website (direct link to dropbox with instructions)
- <https://www.dakotageriatrics.org/project-echo-can/phase-2-continuing-education>
- Please note we might share your work with the group (if you don't want to share, please let us know)

Phase 2 – Continuing Education

Our team at Dakota Geriatrics in collaboration with [Center for Rural Health](#) is participating in the [Project ECHO COVID-19 Action Network](#) as an official training center for nursing homes. If you have questions, please email us at: dakotageriatrics@und.edu.

Dropbox Information

- [Dropbox How To](#)
- [Access Dropbox](#)

Curriculum Resources and Recorded Sessions

Phase 2, Week 5:

Phase 2, Week 4:

16