A Systems Based Approach to Performance Excellence

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Outline

- The CMS 5 Elements of QAPI
- The Model QAPI Program
  - A new approach
  - Components
- A systems based approach to quality
  - Setting key performance measures
- Strategic planning
CMS Five Elements

• **Design and Scope**
  ◦ The systems and processes

• **Governance and Leadership**
  ◦ Leaders are committed and supportive

• **Feedback, Data Systems and Monitoring**
  ◦ Set Measures and monitor outcomes

• **Performance Improvement Projects**
  ◦ Develop a team to improve systems and processes

• **Systematic Analysis and Systemic Action**
  ◦ Analyze and take action on results
Some Definitions

- QAPI (Quality Assurance & Performance Improvement)
- Quality Assessment
- QA Methodology
- Root Cause Analysis (RCA)
- Systems and Process thinking
- Just Culture
A Systems Based Approach

• **Work Systems**
  ○ How the work of your organization is accomplished; coordinate the internal work processes and external resources necessary for you to develop, produce, and deliver your health care services; involve entire workforce.

• **Work Processes**
  ○ Your most important internal value creation processes such as, health care system design & delivery, supply chain management, business processes and more; frequently and relate *core competencies*.

• **Core Competencies**
  ○ Your organization’s areas of greatest expertise; central to fulfilling your mission; may involve unique service offerings and more.
  ○ Workforce refers to people actively involved in accomplishing the work of your organization – all levels; all departments; all paid contractors or outside agents.
Process

- Work is process – goal directed activity
A system is a group of processes interacting to achieve a goal.

Managing activities and resources as a process leads to desired results with the right resources. Identifying, understanding, and managing interrelated processes as a system contributes to an organization's effectiveness and efficiency in achieving its objectives. As part of systems thinking, managers understand that an activity in one part of the organization affects other parts of the organization. By improving processes and systems, the people's work and outcome of that work also improve. The goal of systems-thinking is to optimize the system as a whole. No process excels at the expense of another or the organization.

“Efficient and effective work systems require effective design; a prevention orientation; and linkage to patients (residents), stakeholders, suppliers, partners, and collaborators, as well as a focus on value creation for all key stakeholders; operational performance improvement; cycle time reduction; emergency readiness; and evaluation, continuous improvement, innovation, and organizational learning.” (Baldrige Health Care Criteria for Performance Excellence, 2011-2012).
<table>
<thead>
<tr>
<th>SYSTEMS</th>
<th>PROCESSES</th>
<th>CORE COMPETENCIES</th>
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<tbody>
<tr>
<td>Assessment and Care Planning</td>
<td>- Resident changes of status</td>
<td>- Ability to assess complex conditions</td>
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<tr>
<td></td>
<td>- MDS / CAA</td>
<td>- Perform accurate comprehensive MDS &amp;</td>
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<tr>
<td></td>
<td>- Care Planning to encourage resident voice</td>
<td>CAA’s</td>
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<tr>
<td></td>
<td></td>
<td>- Care Plan Conferences</td>
</tr>
<tr>
<td>Pharmacy Services</td>
<td>- Delivery Storage of Meds</td>
<td>- Understands standards</td>
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<td></td>
<td>- Medication Administration</td>
<td>- Medication pass competency</td>
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<tr>
<td>Dietary Services</td>
<td>- Meal Preparation</td>
<td>- Knows how to cook &amp; follow menu</td>
</tr>
<tr>
<td></td>
<td>- Food Storage</td>
<td>- Understands standards</td>
</tr>
<tr>
<td>Environmental Services</td>
<td>- Equipment Maintenance</td>
<td>- Cleaning &amp; Maintenance</td>
</tr>
<tr>
<td></td>
<td>- Environmental safety</td>
<td>- Hot water temps</td>
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Other Systems and Processes

- Leadership
- Quality Improvement
- Corporate Compliance
- Changes of Condition
- Abuse & incident/accident investigations
- Skin Prevention and Treatment
- Behavioral and Psychopharmacological Drug Use
- Safety (includes environmental safety and infection control)
Other System Examples

- Clinical Records
- Rehab and Restorative
- Finance (office management)
- Communication and Training
- Activities
- Social Services
- Physician Services
- Use of outside resources (hospice, or other)
- Satisfaction
- Planning for the future (strategic planning)
IMPROVING OUR SYSTEMS
What is Performance Excellence?

The term “Performance Excellence” refers to an integrated approach to organizational management that results in

1. Delivery of ever-improving value to patients and stakeholders, contributing to improved health care quality and organizational sustainability
2. Improvement of overall organizational effectiveness and capabilities
3. Organizational and personal learning
# A New Approach

<table>
<thead>
<tr>
<th>Traditional Methods</th>
<th>Root Cause Analysis</th>
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<tr>
<td>Staff expected to perform flawlessly 24/7 &amp; individuals blamed when they did not</td>
<td>Encourages the development of systems that are designed to compensate for human limitations &amp; looks to system fixes when an error occurs</td>
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<td>Expected staff to adapt their practice to available equipment &amp; regular procedures</td>
<td>Stresses the development of equipment &amp; procedures that are designed for safety</td>
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<td>Relies on chain of command in a facility to investigate errors &amp; impose corrections</td>
<td>Relies on teamwork among all staff to analyze problems &amp; to propose &amp; implement solutions</td>
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<td>Punishes errors without a fair decision making process</td>
<td>Stresses “Learning” from errors</td>
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A Different Way of Thinking

**Linear Thinking**
Individual (Staff Member) is sloppy, careless, inattentive

Action

Adverse Event
(arising from the employee being the sole safeguard against errors and resulting in a lucky rescue, injury, death)

**Systems Thinking**
CF=Contributing Factor

Action

Adverse Event
(arising from a number of factors that are part of the normal delivery of care)
Core Components of QA Methodology

- Identify the process to improve
  - Either project wise or you did not reach a goal
  - Can be resident specific or system/process specific
- Identify the team
- Clarify what is known about the process and how it currently works
- Identify and verify root cause(s) of the problem(s)
Core Components of QA Methodology

- Determine the solution
- Implement plan
- Check to see if plan worked (evaluate)
- Maintain improvements and/or determine next steps
- Document and communicate
Implementation

- Conduct a Self-Assessment of your current QAPI program
- Identify gaps
- Develop a plan based on gaps identified in Self-Assessment
- Develop policies and guiding principles
  - Utilize resources available
  - Establish a QA Methodology
Implementation

- Establish measures
  - Those that will be monitored routinely
- Conduct training
- Identify projects
“The best way to predict the future is to create it.” –Unknown
YOU NEED A PLAN!
# Planning

<table>
<thead>
<tr>
<th>What is it</th>
<th>Why important</th>
<th>What it includes</th>
<th>How to Implement</th>
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<tbody>
<tr>
<td>● Developing a systematic approach</td>
<td>● Effectiveness and Sustainability</td>
<td>● Mission &amp; Vision / guiding principles</td>
<td>● Develop policies</td>
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<tr>
<td>● Establishes Resources</td>
<td>● Develops a Unity of Purpose</td>
<td>● Strategic Planning</td>
<td>● Develop training</td>
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<td>● Includes all Senior Leaders</td>
<td></td>
<td>● Determining what, how, and when to measure, as well as who will do what</td>
<td>● Develop a strategic implementation plan</td>
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<tr>
<td></td>
<td></td>
<td>● Choosing a QI methodology</td>
<td>● Implement QI teams</td>
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What is it?

- Process to establish priorities on what you will accomplish in the future
- Prioritizes choices
- Pulls entire organization together around a single game plan for execution
- Broad outline on where resources will get allocated
What is it?

- Asks the following:
  - Where are we now? (Assessment)
  - Where do we need to be? (Future)
  - How will we close the gap? (Gap analysis)
  - How will we monitor our progress? (Scorecard)
“You've got to be very careful if you don't know where you're going, because you might not get” there.” - Yogi Bera
Model - ABCDE

- Assessment
- Baseline
- Components
- Down to Specifics
- Evaluate
Strategic Planning Model

A B C D E

Where we are  Where we want to be  How we will do it  How are we doing

Assessment  Baseline  Components  Down to Specifics  Evaluate

• Environmental Scan  • Situation – Past, Present and Future  • Mission & Vision  • Performance Measurement  • Performance Management

• Background Information  • Significant Issues  • Values / Guiding Principles  • Targets / Standards of Performance  • Review Progress – Balanced Scorecard

• Situational Analysis  • Align / Fit with Capabilities  • Major Goals  • Initiatives and Projects  • Take Corrective Actions

• SWOT – Strength’s, Weaknesses, Opportunities, Threats  • Gaps  • Specific Objectives  • Action Plans  • Feedback upstream – revise plans

Matt H. Evans, matt@exinfm.com
Strategic Objectives Considerations

- Should address challenges and advantages
- Innovation of services (systems and processes)
- Core Competencies
- Balance short term and long term challenges and advantages
- Consider the needs of all your stakeholders
- Enhance your ability to adapt to sudden shifts in the marketplace
A Chinese Proverb

“If you are planning for one year, grow rice.
If you are planning for 20 yrs grow trees.
If you are planning for centuries, grow men.”
Major Components of the Strategic Plan / Down to Action

- **Mission**: Why we exist
- **Vision**: What we want to be
- **Goals**: What we must achieve to be successful
- **Objectives**
  - O1
  - O2
- **Initiatives**
  - AI1
  - AI2
  - AI3
- **Measures**
  - M1
  - M2
  - M3
- **Targets**
  - T1

**Indicators and Monitors of Success**
- Desired level of performance and timelines
- Planned Actions to Achieve Objectives
- Specific outcomes expressed in measurable terms (NOT activities)
Setting Measures / Indicators / Goals
**Performance Measures and Indicators**

Refers to numerical information that quantifies performance dimensions of processes, programs, projects, services and the overall organizational outcomes.
Why Measure?

- Know how processes are performing
- Know if you are achieving results
- Identify areas for improvement
- Determine the effect of a change you made
- Provide data for decision making
- Management oversight
- Meet regulatory requirements
- Provide evidence of quality
Data Collection Steps

- Define
  - Operational definition
- How will it be measured
  - Tools needed?
- Determine when will be collected
- Determine where data will be collected
- Determine who will collect
- Determine if training is needed
How to Plan & Set a Measure

- Start by asking these questions
  - What will you measure & why is it important?
  - What is the overall goal?
  - How will you specifically define it?
    - Definition
    - Numerator & Denominator
  - How are you going to collect the data?
  - How will you display and analyze it?
  - Who will review it and when
How to Measure

- Prioritize according to services
  - High risk
  - High volume
  - Problem prone
  - Life threatening
  - Contractual requirement
  - Cost/financial
  - Customer satisfaction
  - Ethics and rights
  - Infection control
  - Mission, vision, values, and organizational objectives
  - Outcomes
  - Regulatory
  - Risk management/liability
  - Safety
  - Issue involves more than one of the above impact areas
How to Measure

- As part of your planning process you have identified your key services & processes
- Start by asking these questions
  - What will you measure
  - Why do you want to measure something?
  - How are you going to collect the data?
  - How will you display and analyze it?
  - Who will review it and when
Example of a Measure / Goal

• Definition

“All falls as defined by the RAI that occurred in the past month”

“All residents receiving an antipsychotic medication with only the diagnosis of Dementia”

“All residents with hospital readmissions who have been admitted within the last thirty days”

• Overall Measure

“Falls no greater than 25% of average daily census. No major injuries (RAI definition)

“Will decrease current antipsychotic use in residents with dementia by 15% of current rate in 2013 (35%) – to 32%

“Will decrease current avoidable hospital readmission rate by 15% in 2013”
Example of a Measure / Goal

• Numerator

“Total number of falls”

“Total number of residents receiving antipsychotics with only the diagnosis of Dementia for the year (2012)”

“Total number of residents discharged to hospital within thirty days who were admitted within that thirty day period for the year (2012).”

• Denominator

For falls = “Average daily census for the past 30 days X 100”

For Meds & Hospital readmissions: “Average daily census for the year (2012) X 100”
Example of a Measure / Goal

• Exclusions
  “Falls related to resident:resident behaviors”
  “Residents receiving antipsychotics with diagnosis of schizophrenia”
  “Residents who required discharge due to extreme medical conditions.”

• How / When will data be collected
  “Data will be collected monthly from incident reports/pharmacy report/census information by the 5th of the next month”

• Who is responsible
  “Director of Nursing or other”
What to Measure

- Admissions/Discharges
- Care Transitions (Services and information flow across settings of care)
- Ethics and Compliance activities (OIG Guidance)
- Restraint use
- Activity Programs
- Palliative Care and End of Life
- Resident Satisfaction
- Family Satisfaction
What to Measure

- Medical record review, closed and open – Assessment timing and completion
- Medication use and management (including medication errors)
- Pressure Ulcer rates
- Resident Safety Issues
- Sentinel events (such as death or serious injury due to a fall, medication errors, or other facility identified events)
- Resuscitation and its outcomes
What to Measure

- Staffing
- Absenteeism
- Employee satisfaction
- Dietary/food services – weight loss
- Physician visits
- Rehabilitation services
- Utilization management
- Infection control
- Housekeeping
- Environment of care/safety/plant/facilities
What to Measure

- Financial services/business office
- Employee turnover & retention rates
- Staff competencies & training
- Performance improvement teams
- Radiology and other diagnostic services (provided by facility or under agreement)
- Laboratory (including blood and transfusion services) (provided by facility or under agreement)
- Staff views related to career development
- Contract and agreement services (includes dental, pharmacy, others)
- Risk management
What to Measure

- Centers for Medicare and Medicaid Services improvement initiatives or QIS measures
- Aggregate outcome data
- Physician, Discharge Planner, Vendor Satisfaction
- Peer review trends
- Publicly reported data and comparative databases
- Regulatory issues
- Specific processes – such as medication pass and other competencies
Where to get Data

- Quality Indicators/Quality Measures Profile and Resident Level Summary
- Publicly reported quality measures
- The QIS QCLI dictionary has indicators and measures for QIS survey
- OSCAR/CASPER and other CMS databases and reports
- Complaints and survey history
- Facility internal clinical reports such as recent falls, other accidents, skin breakdown, weight loss, reasons for discharges, infection control (e.g., overall infection rates), and medication errors
Where to get Data

- Other facility reports such as employee and resident satisfaction surveys, grievances, financial reports, employee retention and turnover reports, and corporate compliance and/or other risk management reports.
- Corporate scorecards, dashboards, or other data provisions.
- Reports available from outside resources and organizations such as Ombudsmen, Resident Advocates, AHCA, AAHSA, State Quality Programs, State QIOs, Advancing Excellence, and others.
- Outside the industry.
How do you analyze and solve problems / improve systems effectively within your organization?
## Analyze

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<tr>
<td>● Putting data in a structure that can be used to analyze and determine conclusions. A graphical picture allows one to identify at a glance any patterns, trends, or priorities that emerge.</td>
<td>● Processes and systems rarely operate in isolation and must always be considered in relation to other processes and systems that impact them. ● Finding the root cause will increase the likelihood of resolving the problem.</td>
<td>● Root cause analysis ● Run charts ● Flow charts ● A QI methodology – see enable ● Data-driven decision making</td>
<td>● Develop policies ● Develop training ● Develop a strategic plan ● Implement QI teams ● Communicate findings</td>
</tr>
</tbody>
</table>
Multi-Causal Theory “Swiss Cheese” diagram (Reason, 1991)
Root Cause Analysis

- Root cause is the most basic reason for an undesirable condition or problem which if eliminated or corrected, would have prevented it from existing or occurring.

- RCA helps you to determine:
  - The series of events that actually happened
  - What parts of your system worked well
  - What parts of your system lined up to allow an error
  - What meaningful steps your system can take to improve safety
  - Prioritization of causes & therefore assists with prioritizing action plans
  - Resident specific and employee specific problems
Root Cause Analysis Key Concepts

• The focus is on safety and prevention: immediate & long-range

• Everyone has a voice and the voices all ask “why?” – five times & more

• All available evidence is used to analyze the situation

• The analysis is used to develop a goal and make an action plan
  ◦ Uses Tools for analysis – such as flowcharts to understand processes and variation from processes; cause and effect diagrams (fish bone) to explore cause and effect variations in a process

• The plan is reassessed (evaluated / re-evaluated) and tweaked until it works

• Quality Improvement is a proactive process, not a reactive event
Root Cause Analysis

Why?

Why?

Why?

Why?

Why?

5 Whys
Ask “why” something happened at least five times, going deeper with each “why.”

It is likely that the last answer will be the actual root cause.
Figure 3: RCA/Causal Tree Diagram

- Resident fell in bathroom
  - Why?
  - Cognitive decline during evening not identified on care plan
    - Why?
    - Not assessed
      - Why?
      - Staff did not report evening decline in cognition
        - Why?
        - Staff did not equate decrease in cognition w/ increased fall risk
          - Why?
          - Lack of consistent staffing
            - Why?
            - Not clearly identified in risk levels
    - Why?
    - Resident functioning decline not identified
      - Why?
      - Staff not familiar w/ residents' pattern
        - Why?
        - Lack of consistent staffing
          - Why?
          - Maintenance unaware of problem
            - Why?
            - Problem not reported to maintenance
              - Why?
              - No system in place to report problems
                - Why?
                - Management did not establish process

- History of not calling for help not addressed in previous falls investigations
  - Why?
  - Assessment of all risk factors related to resident autonomy not included in investigation process
    - Why?
    - No systematic investigation process for staff to use

Develop an Action Plan

- Use a team
- What will keep this from happening again?
- Focus on the root causes
- Develop short range and long range goals
- Document the plan
- Implement – start small
Evaluation of the Results

- You have defined your goals earlier on, such as for a resident: Those measures we already discussed
- How successful have we been?
- Do we need a new plan?
  - Develop a PIT?
Celebrate
QAPI Example

Medication Error Issues
Medication Errors
# Medication Errors Action Plan

<table>
<thead>
<tr>
<th>Action Item</th>
<th>Responsible Person(s)</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Implement competency checks on hire and annually</td>
<td>Staff Education</td>
<td>9/1/12</td>
</tr>
<tr>
<td>- Complete competency checks on all current medication aides</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Place pictures of residents in all tackle boxes</td>
<td>Resident Coordinator</td>
<td>8/15/12</td>
</tr>
<tr>
<td>3. Add communication specifics related to resident meds and packaging to admission packet.</td>
<td>Executive Director in collaboration with Admission Coordinator</td>
<td>9/1/12</td>
</tr>
<tr>
<td>- Enforce medication packaging in 30 days of admission</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Contact pharmacy for Tallman lettering – review implementation date</td>
<td>Director of Nursing</td>
<td>8/15/12</td>
</tr>
<tr>
<td>5. Implement consistent med pass procedure</td>
<td>Director of Nursing</td>
<td>9/1/12</td>
</tr>
<tr>
<td>ITEM / IDENTIFIED ISSUE</td>
<td>ACTION / STEPS</td>
<td>RESPONSIBLE PERSON(S)</td>
</tr>
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<td>-------------------------</td>
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</tbody>
</table>
| Care Plans              | 1. Develop new short page care plan for falls  
                            2. Ensure accessibility in room or other  
                            3. Develop communication system for changes  
                            4. Train staff on new processes  
                            5. Identify those residents with repeat falls & review care plans | | |
Discussion and Questions
Resources


