Quality Assurance Performance Improve: An Interdisciplinary Approach to Proactive Care
Bill Lampe PT, DPT, MS
Clinical Director, United States SCA/TENA

Objectives

- Why QAPI
- Working knowledge of the 5 Elements of QAPI
- Team Building
- Where/How to start your Performance Improvement Plan (PIPs)
- Guide through implementation and data collection
- Next Steps
A Glance at QAPI

- The Affordable Care Act of 2010
- When QA met PI
  - Why are they are better as one – QAPI
- 5 Elements of QAPI
- Root Cause Analysis
- Communication and teamwork

Five Elements of QAPI

1. Design and Scope
2. Governance and Leadership
3. Feedback, Data Systems and Monitoring
4. Performance Improvement Projects (PIPs)
5. Systematic Analysis and System Action
Key Focus Areas for Interdisciplinary Care

Element 1 – Design and Scope
• Designing a focused approach to proactive problem-solving that utilizes all resources

Element 2 – Governance and Leadership
• Allowing the time and resources for all staff members
• Promoting culture change and accountability
• Focus on process change, not individual issues

Element 3 – Feedback, Data Systems, and Monitoring
• Explore different tools of data collection from each discipline and what tools are used together

Key Focus Areas of Interdisciplinary Care

Element 4 – Performance Improvement Projects
• Incorporate team into the implementation of PIP
• Allow for areas of objective feedback

Element 5 – Systematic Analysis and System Action
• Allow team to review data and offer suggestions for systematic change in each of their areas as well as globally in the care setting
• Allow for open team discussions to improve care, improve communication, and consistently achieve better outcomes
• Incorporate education on the Root Cause Analysis tool/method
QAPI Example in your Community - Falls

INTERDISCIPLINARY APPROACH

Design and Scope

• Continued issues with falls throughout our community
• Ask the team what they are seeing and hearing (try to keep objective data)
  • Resident and family concerns as reported by care staff
  • Decrease in staff morale and internal blaming for the issues as reported by care staff, nursing and therapy
  • Poor quality indicators with decrease in referrals to community seen as reported by MDS coordinator and social work/marketing team
    • Poor Nursing Home Compare Scores
    • Documented decrease in referrals from local hospitals and from family inquiries about admission
How do we design and scope?

- Collect objective measures
- Listen to concerns
  - Resident, family, staff
- Examine resources
  - Who could help?
- Start thinking about culture change
- Create measurable goals

Governance and Leadership

- Initial meeting with department heads
  - Examples: Nursing, Therapy, Medical Director, Social Work, Marketing, Maintenance/House Keeping
- Allocate resources for team members
  - Monthly time allotments to complete QAPI tasks, not just when there is free time
  - Develop roles and responsibilities for team members
    - Helps have consistent plan if turnover of staff occur
- Narrow focus initially and expand as program becomes successful
  - Starting initially with falls related to toileting/continence care
What is needed for Governance and Leadership

- Develop Policy and Procedure
  - Training schedules
  - Roles and responsibilities
- Leadership selection
- Time allocation for committee members
  - Monthly time allocation
  - Expectations from team
- Communication of program
  - Internal and external

Feedback, Data Systems & Monitoring

- Department heads can offer current systems they use to monitor patient/resident outcomes and staff satisfaction
- Identify tools that are used by all departments
  - MDS 3.0 reporting
- Objective Measures
  - Standardized tools and assessments
    - Skin – Braden Scale
    - Cognitive Assessments – Mini Mental, Minnesota (ST used)
    - Functional Measures – Timed Up and Go (gait/transfers), Barthel Index and Lower Extremity Functional Score – LEFS (ADLs), Berg Balance Scale – BBS (mobility), Functional Reach – FR (mobility/ADLs)
- Objective Measure tracking
  - Time frame from Initial assessment to reassessments
    - Monthly, quarterly, etc.
**Braden Scale**

<table>
<thead>
<tr>
<th>Patient's Name</th>
<th>Braden's Score</th>
<th>Date of Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Braden Scale</td>
<td></td>
<td>May 12, 2014</td>
</tr>
</tbody>
</table>

**Timed Up and Go**

May 12, 2014
Performance Improvement Projects (PIPs)

- Focused projects to improve care
  - Specific focus on a current problem area
  - Proactive approach to limit future problems
  - Target areas that matter to your residents, staff and overall community

- Getting Started
  - Locate problem areas of the past
  - Research problems areas of other local communities
    - Survey results or communication
    - Ask referral sources their projects to coordinate better outcomes
    - Ask vendors areas they can assist with improvements

Performance Improvement Projects

- Falls Project
  - Staff and resident/family questionnaire
  - Review your falls over past 1-3 years for patterns
    - Select specific area to focus on – falls related to toileting programs/continence care
  - Implementation and data collection
    - Start small to create a standardized, reproducible program
    - Have the data collection procedure ready
    - Set reasonable goals
Performance Improvement Project

Falls

• Focus – Goal is to reduce the amount of falls that occur when a resident is on their way to the restroom to toilet or in the act of toileting by 5% each quarter
• Data collection – falls form includes continence questionnaire and product usage, toileting patterns
  • MDS, functional outcome measures for therapy, ADL scoring
• Implementation – all residents are screened with standardized tests for baseline data by team, then they are repeated monthly/quarterly

Systematic Analysis and System Action

Falls Program Example:

• Root Cause Analysis
  • 5 Whys method
• Policy and Procedure for correction
• Strategy for ongoing data collection
• Team education on current process
• Open communication for future change
Root Cause Analysis – Falls Program

Mrs. Smith fell and fractured her hip last night on the way to the rest room

1. Why did Mrs. Small fall going into the bathroom at 3 am?
   • She had to void

2. Why did Mrs. Smith have to void at 3am?
   • The last time she was toileted was 6pm after dinner

3. Why was the last toileting time 6pm?
   • Everyone is toileted after dinner for the night

4. Why is everyone toileted at 6pm after dinner?
   • We do not have an individualized toileting time/incontinence program for each resident?

5. Why do we not have a formal program for every resident?
   • We do not have a policy in place?

Systematic Analysis and System Action

Root Cause Analysis

• Various methods and tools
  • 5 Whys
  • Change Analysis (tool)
  • Barrier Analysis (tool)
  • Tree Diagrams (method)
  • Pareto (tool)
  • Fault tree (method)
  • Failure Mode and Effects Analysis (method)
INTERDISCIPLINARY
BREAKDOWN

Example 1

Mr. Smith who suffers from dementia with no history of falls in the past 6 months attends occupational therapy for cognitive assessment related to decline in ADLs and gait assessment due to increased confusion. While in the gym the Mr. Smith has a bowel movement but it is not reported to nursing staff. Early the next morning the resident falls on the way to restroom by himself and suffers a hip fracture. Mr. Smith was incontinent of loose stool during this event, but has not been so in the past.

1. How could have communication possibly prevented this fall

2. What are possible QAPI programs?
Example 2:

The care staff on 3rd shift notices that Mrs. Smith is having more episodes of urinary incontinence/leakage at night and requires multiple changes of briefs at night now. Instead of discussing with 2nd shift staff, they assume they stopped toileting her at 8pm (the optimum time for her) and are not changing her incontinence product before shift change, causing leakage.

In fact 2nd shift has stopped toileting at 8pm and does it at 6pm after dinner because Mrs. Smith has struggled with toileting and requires assist of 2 now at this time, but at all other times she only requires her normal minimum assistance.

Now Mrs. Smith starts to have trouble getting out of bed in the morning and has become combative, requiring medication to calm her.

1. How could communication possibly decrease episodes of incontinence?
2. What are possible QAPI programs?

Interdisciplinary Care and QAPI

- Team involvement
  - Objective input for possible QAPI programs and the tools used to track and measure progress
  - Education for all team members on process
- Increased awareness of each team members day to day roles
- Open and honest feedback
References

- Bakerjian, D; Zisberg, A. Applying the Advancing Excellence in America’s Nursing Homes Circle of Success to improving and sustaining quality. *Geriatric Nursing*, 2013;1-10
- Centers of Medicare and Medicaid. QAPI at a Glance 2012
- Becker, C; Rapp, K. Fall Prevention in Nursing Homes. *Clinical Geriatric Medicine* 2010,(26) 693-704.
- www.stratishealth.org
- www.sdfmc.org

References

- www.APTA.org
- www.CMS.gov