Objectives

- Describe the five key elements of Quality Assurance Performance Improvement (QAPI) in nursing homes
- Describe the steps and processes needed to apply QAPI elements to your facility’s rehospitalization reduction program
National Nursing Home Quality Care Collaborative (NNHQCC) Change Package

• **Strategy 6:** Provide exceptional compassionate clinical care that treats the whole person

• **6.c. change concept:** Transition with care (between shifts, departments and all care settings)

NNHQCC Change Package

• **Attachment 6. change bundle:** To build capacity for QAPI success

• **Five point bundle:**
  1. Believe that strong and effective QAPI is necessary for success
  2. Picture a desirable future
  3. Develop a culture for QAPI
  4. Effectively use quality improvement tools and techniques
  5. Measure performance
QAPI

• **Coordinated application of two aspects of a quality management system - quality assurance (QA) and performance improvement (PI)**

• **Overreaching quality improvement model with five elements:**
  1. Design and scope – key design elements
  2. Governance and leadership
  3. Feedback, data systems and monitoring
  4. Performance improvement projects (PIPs)
  5. Systematic analysis and systemic action


QAPI at a Glance: Twelve Action Steps

**Step 1:** Leadership responsibility and accountability
**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
So, What Do You Do?

- High rehospitalization rate
  - You know it’s there
  - You know it’s a problem
- Addressing the problem requires focus, structure, and a systems approach that is data-driven
- Use QAPI as a framework

QAPI and Rehospitalization

- Facility QAPI committee identifies increased trend in residents being rehospitalized within 30 days of admission
- Further research reveals rehospitalization rate has increased above national benchmark
- PIP is chartered and PIP team assembled:
  - Nurse manager
  - Admissions director
  - Social worker
  - Medical director
  - CNA
Institute of Health Improvement (IHI) Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What changes can we make that will result in improvement?

Examine Your Status: Do You Know Your Rehospitalization Rate?

Look at the data:
- Lake Superior QIN quarterly readmission reports
- Corporate readmission reports
- Certification and Survey Provider Enhanced Reports (CASPER) confidential feedback report - your nursing home’s official rehospitalization data

Compare the data:
- How does your rate compare to state and national rates?
- What readmission rate is the goal of your referring hospital system?
Examine Your Current Processes:
Ask These Questions

**In the pre-admission process:**
- Do you have a listing of services/capabilities to ensure your facility meets the specific acuity level of the resident?
- Are the hospital discharge instructions complete and include advance directives?
- Does your facility have a process in place to ensure readiness for admissions?

**In the post-admission process:**
- Are you doing quality rounding for at least the first seven days? Is upper management involved?
- Are nurses proficient in clinical assessment skills? How do you educate your staff members?
- Are you using situation, background, assessment, recommendation (SBAR) or an equivalent system to ensure proper communication?
Examine Your Current Processes: Ask These Questions

In the discharge planning process:

- Are you starting the discharge process upon admission? Is it interdisciplinary?
- Are you properly discharging residents with clear/concise instructions?
- Is social services completing a post-discharge follow-up to ensure resident well-being?

Should I reference the INTERACT® program to help me address these questions?

- INTERACT® is a quality improvement program that focuses on the management of acute change in resident condition. It includes clinical and educational tools and strategies for use in every day practice in long-term care facilities.

Examine Your Current Processes: Do a Readmission Self-Assessment Using Probing Questions

[Image of readmission self-assessment tool]

Safety Reduce Hospitalizations

Probing Questions

- What patterns were observed in hospitalization rates?
- What proportion of residents are readmitted to hospital?
- What is the impact of readmissions on the hospital's financial performance?
- Are readmissions due to complications or deficiencies in care?
- Are readmissions preventable?
- How can we measure and improve our readmission rates?

Processes and Resources to Consider:

- Are readmissions being tracked and analyzed?
- Are readmissions being used to drive improvement initiatives?
- Are readmissions being used to identify areas for improvement?
- Are readmissions being used to develop targeted interventions?
- Are readmissions being used to develop educational programs for staff?

[Image of online resource]

https://www.nhqualitycampaign.org/goalDetail.aspx?g=hosp#tab3#modal
Root Cause Analysis (RCA) to Define Problem

Five Whys:


Case Study and Change of Condition Process Evaluation Tool

Root Cause Analysis (RCA) to Define Problem

Why?

- Harder to care for higher acuity residents
- At-risk patients not properly identified at hospital discharge
- Lack of disease-specific protocols
- Lack of communication between hospital and NH
- No current process in place for pre-admission assessment of resident clinical status and needs

Example:
Our nursing home readmission rates are higher than the state and national rates

What Are We Trying to Accomplish?

- Establish your goal
- Craft a goal statement to guide the work
  - Goal statements communicate what a team hopes to accomplish and the magnitude of the change
  - Goal statements have four parts:
    - What the team expects to do
    - Goal completion date
    - Intended population
    - Measurable goal to be achieved
Establish a Goal –
Be Specific: What, Who, Where?

Use the SMART formula to develop a goal:
Specific, Measurable, Attainable, Relevant and Time-Bound

SPECIFIC
Describe the goal in terms of three ‘W’ questions

What do we want to accomplish?

Who will be involved and affected?

Where will it take place?
Establish a Goal – Define Measures

**MEASURABLE**
Describe how you will know if the goal is reached:

- What is the measure you will use?
- What is the current data figure (i.e., count, percent, rate) for that measure?
- What do you want that number to (increase/decrease)?

Establish a Goal – Is it Attainable?

**ATTAINABLE**
Define the rationale for setting the goal measure above:

- Did you base your goal on a particular best practice, average score or benchmark?
- Is the goal measure set too low that it is not challenging enough?
- Does the goal measure require a stretch without being unreasonable?
Establish a Goal – Is it Relevant and Time-Bound?

RELEVANT
Briefly describe how the goal will address the business problem stated above.

TIME-BOUND
Define the timeline for achieving the goal.
What is the target date for achieving this goal?

Sample Goal Statements

1. By December 2018, the nursing facility will reduce readmissions for all residents as measured by a decrease in 30-day all-cause readmission rate by 15 percent from 27 percent to 23 percent or less.

2. The nursing facility will improve transitions for residents discharged from the hospital and admitted to the nursing home as measured by a reduction in unplanned 30-day readmissions from 25 percent to 15 percent or less by Dec. 31, 2018.
How to Select Pilot Units or a Pilot Population

- Based on what you learned about 30-day all-cause readmission data, select one or two skilled nursing units where readmissions occur the most.
- If one resident population accounts for a large percent of the readmissions (e.g., residents with infections), it may help to initially focus on that resident segment.

Form an Improvement Team

A typical front-line improvement team includes:
- A day-to-day leader for each pilot unit who will drive the work
- Residents, family members or resident caregivers
- Physician or nurse champion
- Nurse practitioner or physician assistant
- Nurse manager, staff nurses, case managers, CNAs, dietician and PT/OT
- Nurse educators
- Social workers and/or discharge planners
- Clinicians and staff from other care settings and/or community-based organizations (e.g., acute care, home health care, Area Agency on Aging, other SNFs)
Creating a Charter

- Once you have formed your interdisciplinary team (IDT), create a PIP charter
- A PIP charter should include:
  - Clearly established goals, scope, timing, milestones, and team roles/responsibilities
  - Provides a clear understanding of what the PIP team is being asked to do

How do You Know Change is an Improvement? Establish Measures!

- Process Measure: Prior to all resident admissions, the SNF admission nurse will receive information from the hospital to determine appropriateness for admission to the SNF.

- Outcome Measure: By Dec. 2018, nursing facility will reduce readmissions for all residents as measured by a decrease in 30-day all-cause readmission rate by 15 percent from 27 percent to 23 percent or less.

Examples:

Process: % compliance with prevention protocols

Outcome: % 30-day all cause readmissions

Process: % of residents with risk assessment documented

Process: % reconciled med lists received from the hospital
How to Establish a Measure

The Model for Improvement: PDSA Cycle

What are we trying to accomplish?

How will we know that a change is an improvement?

What changes can we make that will result in improvement?
**PDSA Plan**

**Plan**

- State the question you want to answer and make a prediction about what you think will happen.
- Develop a plan to test the change. (Who? What? When? Where?)
- Identify what data you will need to collect

**Do**

**Study**

**Act**

---

**Why Test Changes?**

- To instill the belief that change can result in improvement
- To decide which of several proposed changes will lead to the desired improvement
- To evaluate how much improvement can be expected from the change
- To decide whether the proposed change will work in the actual environment of interest
- To decide which combination of changes will have the desired effects on the important measures of quality
- To evaluate costs, social impact, and side effects (unintended consequences from a proposed change)
- To minimize resistance upon implementation
PDSA: Do

“Do” by running the test on a small scale
- Carry out the test
- Document problems and unexpected observations
- Collect and begin to analyze the data

Gather Data and Information

Draw data from multiple sources:
- **Quality Measures** - What is our rate of antipsychotic medication (AP) use and how does it compare to our targets/benchmarks?
  - How many attempts have been made for each resident on an AP medication to reduce or discontinue it?
  - How many of our residents have an order for an AP medication without a mental illness diagnosis?
- **Chart reviews** - Does our documentation match our systems and processes?
- **Observation** - How are staff responding to challenging behaviors?
- **Interviews** - Solicit feedback from staff, residents, families and others as appropriate
PDSA: Study

“Study” the data
- Team should complete data analysis together
- Compare results to initial predictions and goals.
- Did the change result in the expected outcome?
- Summarize and reflect on findings and process

PDSA: Act

“Act” on what was learned from the test and make a plan.
- **Adapt** - make modifications and run another test
- **Adopt** - test the change on a larger scale
- **Abandon** - don’t do another test on this change idea

Continue to **Act**: Change your approach, identify a new strategy, and begin a new PDSA cycle
Standardizing the Improved Process

- Leaders should plan for spreading the improvement developed in the pilot during the early initiative. After successful implementation of the key changes, leaders will need to develop a "spread plan".
- Although changes have been tested and implemented in a limited population, the spread plan allows for testing and adaptation (using PDSA cycles) in new resident units, populations and/or organizations.
- Successful spread of reliable processes requires leaders to commit sufficient resources to support spread.
- A key responsibility of leaders is to develop a plan and timetable for spread and to monitor progress.
- Once the spread has taken place throughout the desired population with proven results, the process should be standardized as part of normal work.
Tips for Ensuring Sustained Change

- Provide continual leadership support
- Make environmental changes
- Develop and follow policies/protocols that support systems changes
- Communicate aims and successful changes that achieved the desired results (e.g., newsletters, storyboards, patient stories, etc.)
- Hardwire processes so they are difficult to reverse (e.g., IT template, yearly competencies, role descriptions, policies and procedures)
- Assign ownership for oversight and ongoing quality control to “hold the gains”
- Assign responsibility for ongoing measurement of processes and outcomes
- Ongoing periodic measurement

Resources

CMS QAPI website: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/NHQAPI.html

How-to Guide: Improving Transitions from the Hospital to Skilled Nursing Facilities to Reduce Avoidable Rehospitalizations: http://www.ihi.org/Topics/Readmissions/Pages/default.aspx

Institute for Healthcare Improvement (IHI) PDSA Template How-to Guide: Improving Transitions from the Hospital to Skilled Nursing Facilities to Reduce Avoidable Rehospitalizations (Tip: Registration is required) http://www.ihi.org/resources/Pages/Tools/HowToGuideImprovingTransitionHospitalSNFstoReduceRehospitalizations.aspx

NNHQI Hospitalizations Goal Tools & Resources: https://www.nhqualitycampaign.org/goalDetail.aspx?g=hosp#tab3


Next Steps

Join us at our next event!
Communication Strategies to Reduce Readmissions
- Thursday, Aug. 30, 2018
- https://www.lsqqin.org/event/ls6-comm-readm/

Download the Change of Condition Process Evaluation Tool

Questions?

Michigan:
Holly Standhardt
248-912-6709 hstandha@mpro.org

Minnesota:
Kristi Wergin
952-853-8561 kwergin@stratishealth.org

Wisconsin
Toni Kettner
608-441-8290 tkettner@metastar.com
Thank you.