



SPECIALIZED DEMENTIA CARE PROGRAM

Introduction to Quality Improvement – April 2015

Background

- Clarify requirements
- Share up-to-date information on dementia, best practices
- To improve quality of care and/or quality of life for residents
- 2005-2009, Multiple trainings throughout the state
- Support efforts to enhance knowledge, skills and processes for quality dementia care

Quality in Specialized Dementia Care

Knowledge

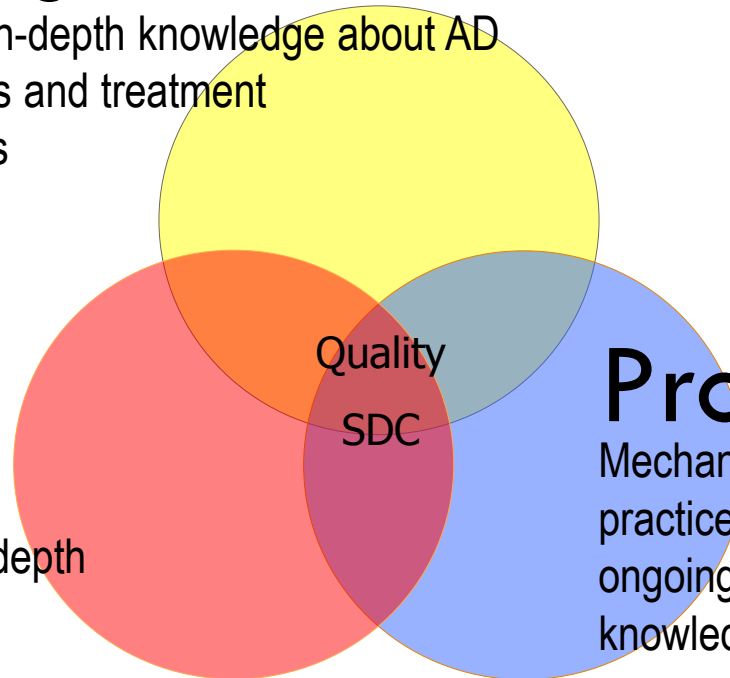
Specific, up-to-date, in-depth knowledge about AD and related dementias and treatment approaches/strategies

Skills

Ability to apply specific, in-depth knowledge in daily care

Process

Mechanisms (policies, procedures, practices) to ensure the consistent, ongoing implementation of applied knowledge (skills)



How to Create & Sustain Quality?

- Get beyond minimum standards of SDCP
- Continually employ best and promising practices as they are identified
- Integrate quality improvement at facility level
- Evolved into a contract requirement to sustain a Quality Committee
- Implement at least one quality improvement project which meets specific criteria

SDCP Contract



- Assisted living facilities contracted to provide EARC-SDC services shall appoint a Quality Committee that includes a multi-disciplinary team and meets the definitions in WAC 388-78A-2460; and,
- Shall complete annually one Continuous Quality Improvement (CQI) project

Quality Assurance vs. Quality Improvement

Quality Assurance

- Retrospective reviews
- Reactive
- Determines whether what you're doing meets some predetermined standard
- Compliance

Quality Improvement

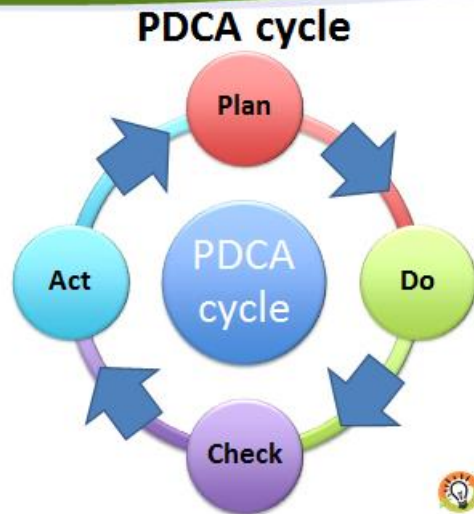
- Retrospective and prospective reviews
- Proactive
- Determines what you're doing now and ways you can improve processes & performance moving forward
- Outcome-based

Review of CQI Core Concepts

- Quality is defined as meeting and/or exceeding the expectations of our customers.
- Success is achieved through meeting the needs of those we serve.
- Most problems are found in processes, not in people. CQI does not seek to blame, but rather to improve processes.
- Unintended variation in processes can lead to unwanted variation in outcomes, and therefore we seek to reduce or eliminate unwanted variation.
- It is possible to achieve continual improvement through small, incremental changes using the scientific method.
- Continuous improvement is most effective when it becomes a natural part of the way everyday work is done.

Continuous Quality Improvement

Continuous Quality Improvement (CQI) means a structured, cyclical process for improving systems and processes in an organization or program that includes the following steps:



Plan – Identify an opportunity and plan for change;

Do – Implement the change on a small scale;

Study/Check – Use data to measure the results of the change and determine whether or not it made a difference; and

Act – If the change was successful, implement it on a wider scale and continuously assess results. Begin the cycle again for continuous improvement.

What can SDCP Achieve with CQI?



- Intent is to promote process improvements in the interest of overall improvements in quality of care & life for clients
- Will also promote overall SDCP performance – our collective work builds a common language allowing for the sharing of lessons learned among SDCP peers

CQI Resources & Guidance Available

- CQI support on [SDCP Web Page - CQI](#)
- CQI Reporting Guidelines – PDF and Reporting (Word) Template – for current year (Updated 2014)!
- WSQA/CQI Manual
- WSQA/CQI Process Improvement Power Point slides (PDFs)
- Other SDCP Specific Tools/Checklists related to general and specific topics
- Results Washington [Learn about Lean](#)



Appropriate CQI Project Topics

- Focus on an issue related to improving the **quality of care or life** for the resident or to **improving satisfaction** with care (resident or family); and,
- Focus on a problem related to a **process** or **systemic** client care issue.

Selecting Your CQI Project

- RCS Survey Outcomes – need to improve?
- Internal quality assurance audits/surveys
- Family satisfaction surveys
- Prior year's CQI project (if needed)

Common areas for Improvement

- ❑ Reducing/preventing falls
- ❑ Impact weight loss or improve hydration
- ❑ Behaviors
- ❑ Bathing/Showers
- ❑ Increase active engagement in activities
- ❑ Reduce use of antipsychotics for behavior management

Keep it Realistic

- We are not expecting “research” project
- What is data from your facility telling you?
- Focus on process
- CQI is the practice of introducing small incremental changes
- In general, improvement projects related to clinical care should rely on either evidence in peer-reviewed literature and, where possible, guidelines/recommendations that have already been written. Don't re-invent the wheel!
- Allow enough time – start early in the year

SDCP CQI Project Reporting Guidelines 2014



Specialized Dementia Care Program

Continuous Quality Improvement Project, Reporting Guidelines (Updated 2014)

| |
|----------------------------------|
| Facility Name: _____ |
| Name of person submitting: _____ |
| Topic/Subject of project: _____ |

In order to meet the requirement for the CQI project in the SDCP contract, the project submitted must:

- Focus on an issue related to improving the **quality of care or life** for the resident or to **improving satisfaction** with care (resident or family); and,
- Focus on a problem related to a **process or systemic** client care issue. For example, problem-solving an individual client issue (e.g., a behavior incident, a fall) would *not meet* the criteria; whereas, reviewing incidents or trends of all residents over the course of a month or two in either of these areas may meet the intent; and,
- Include the **elements described below** and be submitted to ADSA by **Nov 30, 2014**.

| ELEMENTS ALTSA staff will review the summary for the elements specified below , using the scoring criteria in the right hand column. To submit, you may either: <ol style="list-style-type: none"> Use the actual form (template provided) – which ensures nothing is missed; or, Submit in a narrative format – make sure you use, as section headers the specific elements (in caps) below. | GUIDANCE AND INFORMATION You will find more information within: <ul style="list-style-type: none"> WSQA Guide to PDCA for Specialized Dementia Care WSQA/CQI Process Improvement Recorded Webinars & PowerPoint presentations 1-5 | SCORING CRITERIA Possible points for sub-elements are noted in parentheses. Total potential points for the element are in caps at the bottom of each section. TOTAL POTENTIAL POINTS: 34 |
|---|---|--|
| <p><u>"PLAN"</u> PROBLEM STATEMENT, which must include the following:</p> <ol style="list-style-type: none"> Problem definition and description: Clear, focused, where possible should include quantifiable numbers. What problem are you trying to solve? WHY did you choose this topic at this point in time? Objective: What you intend to do about the problem; a realistic statement on what you are trying to achieve in <u>measurable terms</u>*. This should <i>not include (assume)</i> any part of the solution to the problem in the statement. Measures should be <u>client-centered</u> whenever possible. Benefits: What will be the benefit to clients if the objective is met, if the project is successful? Should be a clear statement of expected outcome/benefits for residents. | <p>For more on developing a problem statement, refer to: WSQA Guide to PDCA for Specialized Dementia Care, Pg. 18</p> <p>*Examples of measurable objective: Decrease number of falls/month by 2-3 falls each month; decrease significant weight loss among non-terminal rts to ≤ 2% monthly; increase family satisfaction related to meals by 10%; reduce UTI occurrences by 5%, etc.</p> | <p>Summary of problem description and statement, includes:</p> <ol style="list-style-type: none"> Clear description with quantifiable numbers or measure and “why” (3) Objective (measurable) (1) Benefits (1) <p>POTENTIAL POINTS: 5</p> |

Problem Statement

For more on developing a problem statement, refer to: [WSQA's Guide to PDCA for SDCP](#), Pg. 18

Problem Statement

- **Problem definition and description:** Clear, focused.
 - Where possible should include quantifiable numbers.
What problem are you trying to solve? Why did you choose this topic at this point in time?
- **Objective:** A realistic statement on what you are trying to achieve in measurable terms.
 - Client-centered whenever possible.
 - This should not include (assume) any part of the solution to the problem in the statement.
- **Benefits:** What will be the benefit to clients if the objective is met, if the project is successful?

Example Problem Statement

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Problem:

Medication errors cause behavior and health incidents/ issues with residents. Cause findings with auditors..... We have XXX Medication errors occurring per month

Objective:

Reduce medication errors by XXX

Benefits:

Client behavior and health improved, audit results.

Example Problem Statement

Problem:

Falls constitute a major risk for residents resulting in early discharge, surgery, rehab and potentially even death.

Objective:

Reduce falls by 50% by August 31, 2014

Benefits:

Resident safety, longevity and health improved.

Measurable Objectives (Client-Centered)

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- Decrease number of falls/month by 10% within 4 months.
- Decrease significant weight loss among non-terminal residents to $\leq 2\%$ monthly.
- Increase family satisfaction rating related to activities by 10%.
- Reduce UTI occurrences by 5% within 6 months.

CQI Team

Team members for QA are outlined in

[WAC 388-78A-2460](#)

For more on who to include, please refer to: [WSQA's Guide to PDCA for SDCP](#), Pg. 7

CQI Team

- The team members & team leader for this project are identified
 - Team members must include administrator, a licensed RN and three other staff of the facility
 - Team leader is identified
 - Topic-appropriate staff included for this specific project
- A project focused on activities would include activity staff; a project focused on nutrition would include a dietician or nutrition staff.

Identifying Contributing Causes

[WSQA's Guide to PDCA for SDCP](#), Pg. 33 – 41

Identify Contributing/Potential Causes

- Identify **the CQI process you used** to help identify potential, contributing causes to the problem (e.g., how did you engage/involve staff, how many meetings, what CQI tools you used, etc.)
- Specify **the potential causes** your team came up with as possibly leading to or contributing to the problem.

CQI Tools for Identifying Contributing or Potential Causes

- Brainstorming
- Fishbone diagram (Cause and Effect)
- Affinity diagram
- Data collection



Brainstorming

- Get input from all team members!
- There are no bad ideas. It's a brainstorming session, not a matter that requires only serious solutions. This is one of the more fun tools of quality, so keep the entire team involved.
- Don't criticize or debate other people's ideas during brainstorming. This isn't a time for one person to dominate or display superiority over another.
- Build on other people's ideas.
- Reverse the thought of 'quality over quantity.' Here we want quantity; the more creative ideas the better.
- Consider ways to get all to contribute, e.g., "round robin" or "Post its or paper notes to contribute"...

Affinity Diagram

- A tool for organizing many different ideas to display the underlying organization of an issue or problem.
- Can help to clarify the broad issues and themes
- Can sift through a large amount of information effectively and bring to light new approaches and patterns for consideration.

Affinity Diagram Example

STAFF ISSUES

- New pharmacists
- Nurses unfamiliar with generic names
- Workload uneven
- Not enough pharmacists
- Faulty measurement equipment

PROCESS INTERRUPTIONS

- Interruptions in pharmacy
- Telephone med requests
- Wrong quantity delivered
- Physician revises medications
- Difference between regular and 'stat' requests unclear

<http://asq.org/healthcare-use/links-resources/affinity-diagram-example.html>

INADEQUATE EQUIPMENT

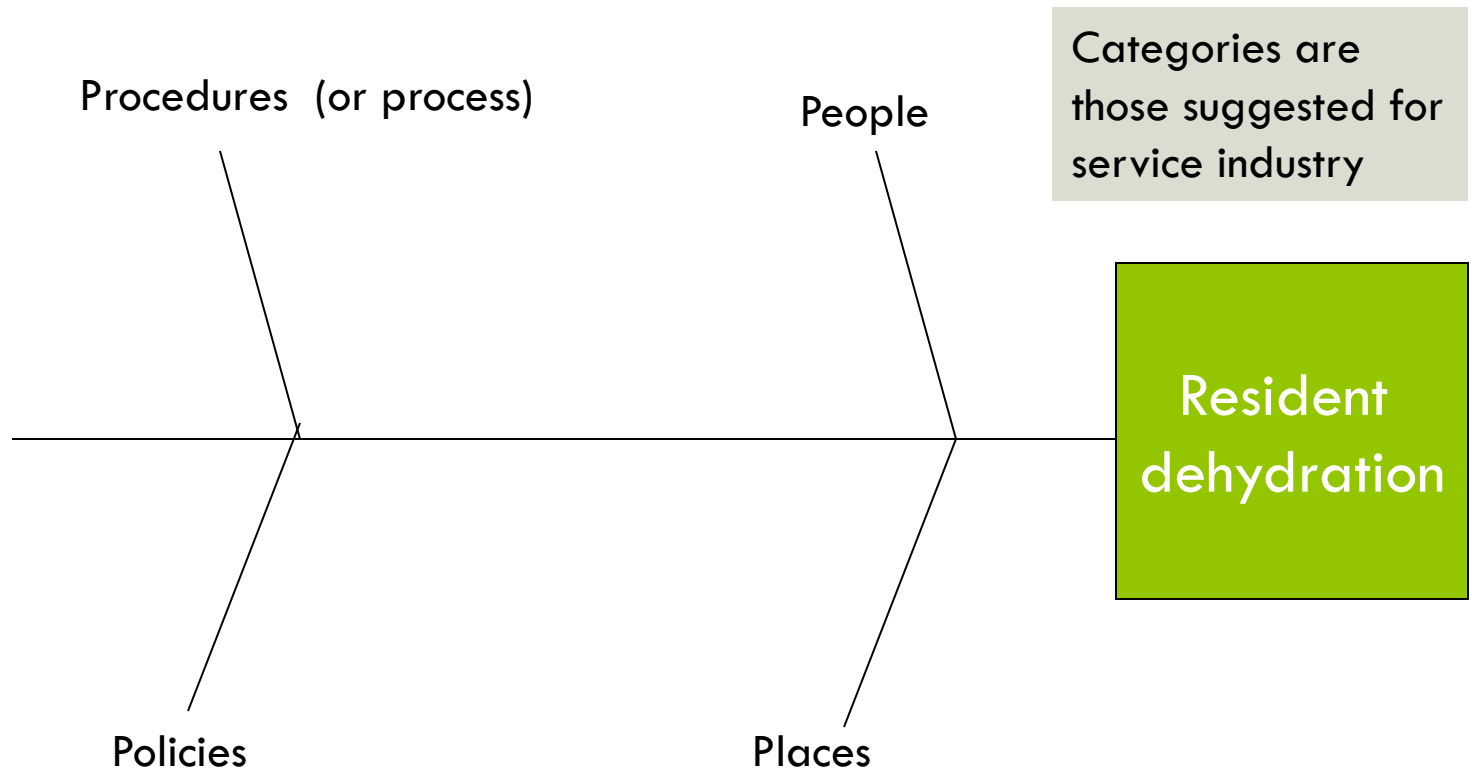
- Not enough carts
- Some meds won't fit in containers
- Proper sized syringes hard to find
- Inventory not organized
- Crowded nursing stations
- Labels hard to read
- Complex medications
- Medications out of stock
- Pharmacist not familiar with medication
- No regular training for new medications

PROBLEMS WITH PROCEDURES

- Order cannot be read or request form small
- Procedures unclear or cannot locate
- Automatic med stop procedures premature

Fishbone

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Identifying Root/Focal Cause

[WSQA's Guide to PDCA for SDCP](#), Pg. 22 - 29

Identifying the Root/Focal Cause

- Describe **the CQI process you used** to narrow down the list of potential causes - to narrow down to (or focus in on) a root/focal cause/s. Provide the number of meetings, CQI tools, etc.
- Identify **the root cause or factor** itself on which you decided to focus (for this project period) and explain why you chose this.
- Explain the relationship between the root/focal cause and the problem.

CQI Tools for Identifying the Root or Focal Cause

- Five Why's
- Data collection
 - Incident reports
 - Trending reports
 - Internal audits
 - Checklists
 - Pareto Charts
- Consensus/Multi-voting



5 Why's

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- The aim of the 5 Whys is to find the root cause of a problem.
- First, make a list of the main problem(s). Make sure everyone has a good understanding of the problem.
- Next, ask the appropriate “why?” questions and then use the first answer to ask “Why” again.
- Continue to ask “why?” until you are satisfied that you have found the root cause to the identified problem.
- A good rule-of-thumb is that you haven't reached the root cause until you've asked “why?” at least five times in sequence.
- This process will help the group to choose potential solutions to the problem.

Five Why's Example

A team was trying to improve residents hydration. Three contributing causes to resident's dehydration were identified and each was pursued to a root cause, as shown below.

Problem: Residents not consuming sufficient liquids to prevent dehydration

Why? Residents are leaving $\frac{3}{4}$ of water during lunch time

- **Why?** Residents are not remembering to drink with the meal
 - ▣ **Why?** Residents are not prompted to drink water during meal
 - **Why?** Dining staff are unaware that residents need
 - **Why?** No staff training offered on hydration

Five Why's Example (Cont'd)

Problem: Residents not consuming sufficient liquids to prevent dehydration

Why? Residents are not requesting beverages between meals

- **Why?** Residents have lost ability to verbally request liquids
 - **Why?** Residents do not have visual prompts to consume liquids
 - **Why?** Facility lacks attractive beverage stations throughout halls for residents to freely access

Multi-voting

- Used to narrow a large list of possibilities to a smaller list of the top priorities or to a final selection.
- Preferable to straight voting because it allows an item that is favored by all, but not the top choice of any, to rise to the top.
- **When to Use?**

After brainstorming to generate a long list of possibilities – use this to **narrow down the list**.

See a good explanation at: <http://asq.org/learn-about-quality/decision-making-tools/overview/multivoting.html>

CQI Tools

CQI tools & their use are described in:

[WSQA's Guide to PDCA for SDCP](#), Pg. 14 – 33

CQI Tools



- Brainstorming
- Fishbone diagram
- Affinity diagram
- Data collection
- 5 Whys
- Flow chart
- Force Field analysis
- Judgment model
- Cost Justification

[WSQA's Guide to PDCA for SDCP](#)

More Resources/Information:

- **ASQ Global Voice of Quality – CQI tools**
 - <http://asq.org/index.aspxhttp://asq.org/knowledge-center/index.html>
- **MoreSteam – CQI tools and tutorials**
 - <https://www.moresteam.com/toolbox/index.cfm>
- **DMAIC Tools/Six Sigma Training Resources**
 - <http://www.dmaictools.com/>

Intervention of Project

The new or refined actions/steps intended to address the identified problem.

Intervention – New Actions/Steps to Address the Problem

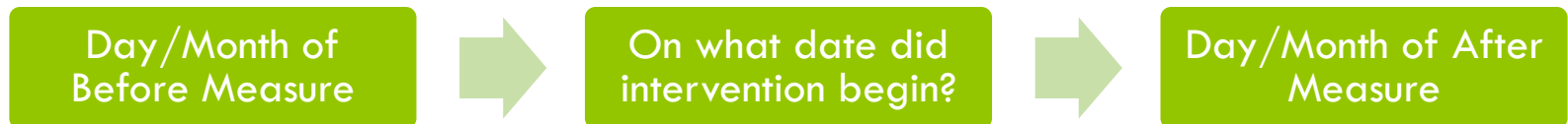
- What you decided to DO to address the root or focal cause(s) of the problem you identified?
- Describe briefly how actions and steps are different from your pre-project practices. Which steps or processes were new to your facility during this project?
- Briefly identify any **resources** you referred to, or used to guide your work on this project (e.g., best practice or recommended guidelines, a corporate or published assessment tools, a specific training curricula, etc.)

Data Measures

WSQA Guide to PDCA for Specialized
Dementia Care, Pg. 22 - 29

Data Measures - To Track Impact/ Change

- Identify the **primary measure** used to track any impact of the project
 - # falls/month, % of families with high satisfaction w/ activities, # discharges due to behaviors, # resident-to-resident incidents per month, % staff remaining > one year, etc.).
- Identify **timeline for the project**. Includes:
 - When was the primary “before measure” collected/calculated?
 - When did the defined “intervention” start?
 - When was the primary “after measure” calculated?



- Identify any additional measurements or information you plan to use to help you track/measure progress toward the goal of this project.

Data Collection Plan

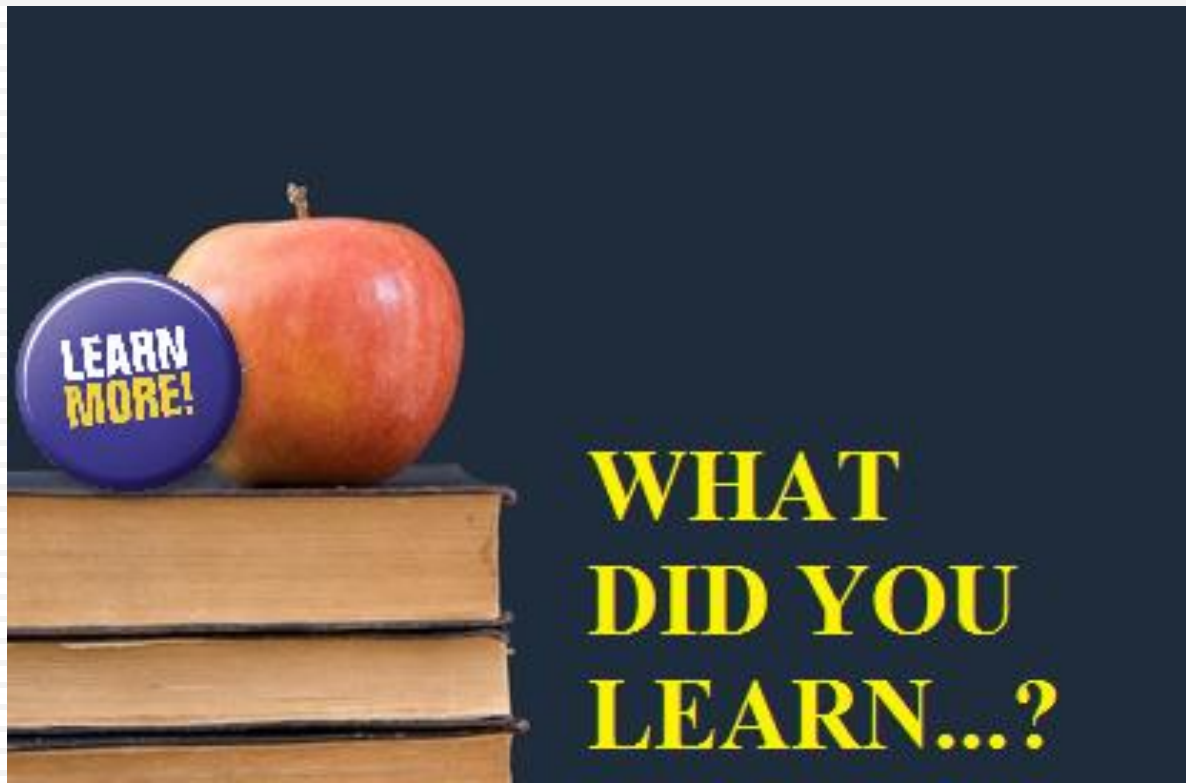
WSQA Guide to PDCA for Specialized
Dementia Care, Pg. 21-33

Data Collection Plan – Process/Data Collection Instruments

- Forms or tracking instruments used to gather data/information, which might include:
 - Tick/Check sheets (attach)
 - A survey (attach)
 - A regular report (explain and/or attach)
 - A project-specific report (attach)
 - Other (specify and/or attach)

- Identify staff members responsible for data gathering and compiling.

Results/Outcomes of Project



Results/Outcomes of Project

- For the primary outcome measure, identify the **observed “before” and “after” figures**; you may include any additional measures that help tell the story.
- Explain **lessons you learned** from the project related to positive and/or negative outcomes.
- Include any **unexpected outcomes** or un-measurable impacts e.g., for residents, staff, family members, etc.
- Explain **lessons you learned** from the project related to the action steps and/or processes used in this project (i.e., if doing this again, we would...)

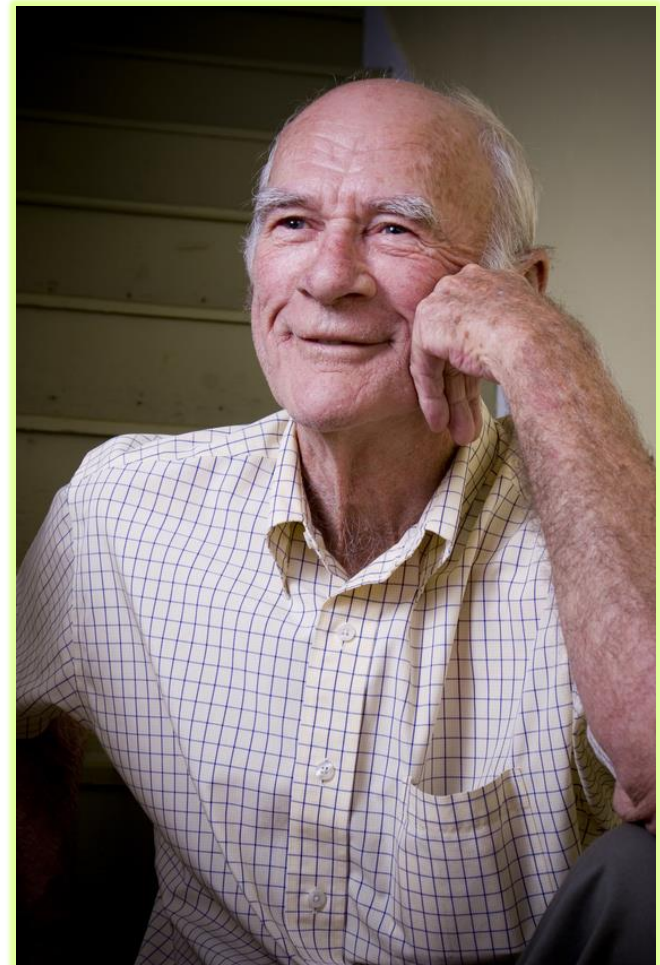
Lessons Learned

- “We had a large amount of positive feedback from resident families and staff during the process.”
- “It was a real eye-opener to a lot of the staff when they saw for themselves the residents behavior changed with the ideal environment. Staff felt like mealtime went smoother because residents would sit longer ... and were now quiet and calm.”



Lessons Learned

- “In the beginning, we had an average of 30% of residents engaged in activities; at the end, we have greater than 50% participating. We learned that the level of care was actually decreased when residents were being engaged in activities.”
- “We have also seen increased family and resident satisfaction and an increase in family participation in their loved ones lives.”



Next Steps

Given What You Learned

Next Steps

- Is the project intervention (steps taken, change to your practice) is worth continuing or not?
- If yes, what will you do to formalize it (e.g., integrate into P & P manual; integrate as formal protocol for nursing, etc.)
- If not, how will you use what you learned (identified in section above) to move into the next phase of your work in this area, in your next project/s or in your service delivery in the future?

A Successful Quality Program

Most quality programs fail for one or two reasons. They have system without passion, or passion without system. You must have both.

-Tom Peter

With Quality
Improvement...
Everyone Wins!



Questions?

- Use the resources identified in this presentation and on the SDCP CQI web page.

- If you get stuck, you may contact:

Lynne.Korte@dshs.wa.gov

Valentina. Karnafel@dshs.wa.gov

