DELMAVA FOUNDATION

Moderator: Jackie Hartson
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9:30 am CT

Operator: Ladies and gentlemen, thank you for standing by and welcome to the NNHQCC Putting Your Data into Action webinar. During the presentation, all participants will be in a listen-only mode.

Afterwards, we will conduct a Question and Answer session. At that time, if you have a question, please press the 1 followed by the 4 on your telephone. If at any time during the webinar you need to reach an operator, please press Star 0.

As a reminder, this webinar is being recorded Thursday, May 16, 2013. I would now like to turn the webinar over to Ms. Jackie Hartson, Project Manager with Delmava Foundation. Please go ahead.

Jackie Hartson: Thank you (Frank) and good morning to everyone and thank you for joining the call with us early this morning. We are going to look at how you can put all of that data that you collect month after month into action. And you can actually use it to help you with your clinical decisions. So this morning we're going to be looking at these objectives.

Woman: Remember to click on the slides first and then use the down arrow keys.

Jackie Hartson: Okay, okay thank you. Technology, it's wonderful when it works.

So here's the objectives for today. We're going to be looking at the model for improvement which will be the QI method that we're encouraging teams to use. We're going to be talking about a goals statement, developing your goals.

We'll be going over outcomes, process and balancing measures. And we will also be looking at the plan, do, study, act cycle. So we'll start with the three fundamental questions from the model for improvement. What you're seeing, here is what are we trying to accomplish? How will we know there are changes in improvement and what change can we make that will result in an improvement?

And these three questions came from two QIs, kind of QI experts, Tom Nolan and Lloyd Provost. They are co-founders of the Associates for Process Improvement. And they developed this simple model for improvement based on the work of another QI, (unintelligible) his story in (Demming), in (Demming)'s PDSA cycle.

So the three questions help you to look at what you want to make changes in. And really get you to thinking about what are you trying to improve and how can you do it? And we'll be going into this in more detail a little bit later.

So these questions and the PDSA cycle becomes the roadmap that your QI teams can use throughout their QI work, so developing goals. Now we've all heard about the QAPI regulations that are going to be coming down the line probably sometime later this year.

That QAPI stands for quality assurance performance improvement. And if we start looking at what the QAPI regulations are asking us to do, they are recommending that when we're developing goals, that we use the system of SMART Goals. Many of you may have heard of this before.

But SMART simply stands for specific, measurable, attainable, relevant and time-bound. So to be specific, you want to ask those questions, what do you want to accomplish? Who is going to be involved and where will it take place?

Measurable, how will you know the goal is reached? What will you measure? What do you want to increase or decrease in your efforts? Attainable, you're going to be looking at defending the rationale for setting the goal measure. Is it going to be based on best practice, a state average, an internal corporate benchmark?

And you want to be mindful that the goal is not too low therefore it doesn't become challenging. And you also want to be mindful that it's too far of a stretch that it becomes unreasonable.

Relevant, you want to be working on a goal or an issue that addresses some business need or business problem at your organization. And time-bound, what is the target date for achieving the goal?

Some other things to keep in mind as you're developing your goals are there must be agreement among the team on what the goal is. That's number one. Keep in mind that you will need people resources and possibly some monetary resources depending on what you're trying to change to accomplish your goal.

So you do need the blessing of senior leadership, or the individual, or individuals that are responsible for the resource allotment at your facility. And be prepared to refocus the goal as you proceed in your testing. And we'll talk about testing a little bit later.

So we talk about measurement. And you have to have a balanced set of measures to show if you are improving. And here you have your outcome measures, your process measures, and your balancing measures.

And the outcome measure is really the goal that you're trying to change or what you're trying to move. It's really kind of what they call the voice of the customer, or the patient, or the resident. The process measures look at the inner working of your system.

So what is it within your process will you be looking at to tell you whether or not you're reaching your goals. And the balancing measures look at the system from a different direction. These will be looking at the changes that you make in one area, are they affecting another area? So we're going to look at each one of these separately.

Outcome measures, where are you trying ultimately trying to go? So as I was saying, you know, this is the measure you ultimately want to move. It tells you whether the changes you are making are actually leading to improvement.

They tell you how the system is performing and what is the ultimate result. So if you think about it, our quality measures that come through our MVS 3.0 reporting, we have tons, the long-term care has tons of outcome measures.

For example, for pressure ulcers, percent of high risk residents with pressure ulcers; for depression, percent of residents who become more anxious or

depressed; for pain management, percent of residents who have moderate to severe pain. So we have a long list of outcome measures in long-term care. And the list goes on.

And as you're out there, you may be able to think of even some additional measures that you deal with in long-term care. Resident satisfaction survey is also another type of outcome measure. Percent of residents who are satisfied with their care, percent of long-term residents receiving antipsychotic medication is now one of the newer measures that we're being evaluated by.

So then we looked at process measures, are we doing the right things to get there? So to affect or make some impact on your outcome measure, you have to improve your processes so that's kind of key. And measuring the results of these processes changes will tell you if they're leading to improvement.

Are the parts of the steps in your system performing as you planned? Measuring the results of these process changes will tell you if you're moving towards your improvement. So some examples of process changes in long-term care, if we're looking at falls, a process change could be 100% of residents will have a fall risk assessment done within 24 hours of admission.

If you're looking at pressure ulcers, you may identify 100% of residents or maybe just a percent of residents who receive a full skin assessment upon admission. So those are processes that you can either implement or change that could very well impact your outcome measure.

And balancing measures, this is the fun one. Balancing measures is looking at okay, we've made some changes. But is it affecting other parts of our system or other departments actually. So they will tell you, the balancing measures

tell if the changes you designed to improve one part of they system are causing new problems in other parts of the system.

And oftentimes they're measures that are not related to each other. So in this example that you're looking at, we're looking at removing physical restraints. So as we're removing the physical restraints, will it impact the prevalence of falls? Will it impact the incidence of new fractures?

Will it impact a satisfaction survey where residents, because you're removing the restraints and you're doing other alternatives, residents and families report being happier and feeling as if they have a better quality of life. So with your balancing measure, you want to look at what other systems are going to be impacted by your change.

So what you have here in front of you is some data. And as a group, we're going to kind of look at this data and see if we can come up with some thoughts about what would your goal be in this situation? So if you remember, you know, as you're developing your goal, you want to make sure it's specific.

And you want to make sure you have a way of measuring it. You want to make sure you have a realistic target. And you want to make sure you do have an endpoint. When do you want to achieve your goal?

So what you're looking at is the data from one unit. I want you to take a minute to look at the information. And wherever you are, at your desk or in your group, jot down the areas of concerns that you see in this data. And the questions that you would want to ask as either a deal win or QA, what is going on this particular unit?

So I'm going to give you a minute to think about it and get your thoughts together. And then after that minute, I will have (Frank) open up the call so that you can share your comments with the rest of the group. And we're a small group so don't be shy to speak up.

So take a few minutes to look at the numbers and see, what are these numbers telling you? And what would your concern be if you were presented with this data on your desk from your staff. And this is data for one unit looking at an entire year.

So (Frank), if you would open up the lines; remind folks how they can share their thoughts?

Operator: Thank you. Ladies and gentlemen, if you would like to register a question or have a comment, please press the 1 followed by the 4 on your telephone. You will hear a three-tone prompt to acknowledge your request.

If your question has been answered and you would like to withdraw your registration, please press the 1 followed by the 3; one moment please for the first question. Ms. Hartson, there are no questions at this time.

Jackie Hartson: Okay well what I was trying to generate was not so much a question but what are you seeing as you're looking at this table? What about these numbers kind of don't look quite right? And that's the whole purpose behind using the data that we collect every month to help us pull together a story as to what is going on in our unit.

Now I know there must be somebody out there that can give even just one observation in the numbers that you're looking at. Looking at the numbers

that's listed in your admitted and acquired, looking at the numbers listed in the Stage 1 and the Stage 2 column, any thoughts?

Operator: Ms. Hartson, we do have a question or comment from the line of (Pamela Cane), please proceed.

Jackie Hartson: Yes, Ms. (Cane)?

(Pamela Cane): One question that immediately comes to mind for me is that this facility is finding a lot of Stage 2 pressure ulcers and not finding them at a Stage 1. They also are finding some ulcers at higher stages, Stage 3 unstageable and suspected deep tissue injury.

Jackie Hartson: Yes, definitely that's a very good observation. So from that observation, you can start to ask yourself questions about, you know, where are these occurring? Well this particular data is coming from one unit. Are the residents that are developing these pressure ulcers; is it a particular type of resident?

Is it your bed-bound residents or your incontinent residents that seem to be getting these pressure ulcers? Is it a specific location? Are they the heels or the buttocks? You know, these are the questions that you want to be thinking about. Because if you look at the acquired column where the letters are in red and I also kind of enlarged them so they would standout a little bit better, they're acquiring more pressure ulcers almost each month in their admitting.

And that's the one thing that you do have control over with pressure ulcers is that you do have the control of the prevention. You may not have control of the admission but you do have the control of the acquired. So to that, a possible goal statement could be simply to reduce in-house acquired pressure ulcers say by 20% on West Wing in three months.

That could be an initial goal that you would want to start working on. But you have to start asking those other questions. Who are these residents? Why are they developing pressure ulcers? Do we not have the right preventive equipment available for the GNA to utilize, GNAs and CNAs?

So those are questions that you would be asking as you're preparing to identify the change you want to make. So an outcome measure in this particular situation could be simply you want to increase the number of days in-between your new newly, in-house acquired Stage 2 through 4 pressure ulcers.

So if you know you go a whole month without a pressure ulcer, a newly acquired pressure ulcer, you know you've made some progress in that area based on whatever intervention you want to put into place. So what could be a process measure? What intervention are you going to change?

Or maybe you weren't doing full skill assessments on all new residents when they first come in. That could be something you might want to change. Or you may not be consistently using the appropriate pressure relief devices identified for high risk residents. That could be something you would want to change.

So you can kind of see where the goal kind of starts the whole process. You indentify what you want to do and by what time. And then you put in a change to help get to that point. So these are just some examples of types of measures.

And I'm not going to read them all to you but here's some examples, outcome process measures and balancing measures for falls. We also have for antipsychotic use, an appropriate use of antipsychotic medications.

And I'm hoping all of you had the chance to download the PowerPoint. I hope you have the PowerPoint in front of you as I'm talking so that you can, you know, follow along. And here is an example of a pressure ulcer one.

So as a recap of this first part, the first steps in your QI efforts keep in mind you want to gather as much information to help your team provide focus for the project work. You want to ask those questions why is this happening? When is it happening? Who is it happening to? To kind of help you form your next step of what we are going to change and how are we going to test it?

And be thinking of possible solutions that you may want to consider. You know, how great of an impact will the change have say, on the entire facility. What is going to be the required terms of time, and resources, and money to be able to implement this? And again, that's when you get back to your senior leadership because they can kind of let you know what your resources are to help you move forward with your project.

So moving into testing and testing is very important. You can see listed here the benefits of testing. And you may ask, well why do you want to do testing? Well by testing your change first, it makes it easier to improve and implement when you start small and test on a small scale.

It allows others to see, okay this is improvement; this may be a good idea. And it also helps to build in a little bit of ownership if people begin to see that the small test you started really does work. And they would be more willing to accept the change.

It also makes it easier for you to make changes because not every change that you make is going to work perfectly. So you're going to gain knowledge when

you do the test to say okay that didn't quite work. Let's make this tweak here and this change there. And then we'll roll it out again and test it again.

And that is so much easier to try to make changes to a new process when you're only trialing it or testing it with one patient, one resident, or maybe two or three residents, and maybe one GNA, or one charge nurse. And again, if people see that your changes are working, it minimizes the resistance when it's time to implement.

So many of you may have heard of the PDSA cycle. And the PDSA cycle or tool, it's a tool that we use for testing change. And you often may hear of it called the plan, so, study, act, PDSA. Some people know it as plan, do, check, act, PDCA. It's all pretty much the same.

It's the scientific method, really the scientific method, if I'm talking to the nurses, you know, that we learned as we were doing the nursing process, you know, to plan what you're going to do. Actually look and analyze, you know, did that intervention work? And this is really the same thing that you're going to be doing with the plan, do, study, act cycle in your facilities.

So once you've identified your goal, you've identified what you want to measure to see if you're improving. You've identified the intervention that you want to put in place to help move that outcome measure. Now you're ready to start planning how you're going to implement your change and how you're going to test that change.

And again, I'm not going to here, I'm not going to read the slide to you. But it starts off with planning, again asking those questions. The do, of course, is carrying out the plan. Study is actually analyzing the results. And we're not looking for lengthy qualitative numbers here. A test can be as quick as a day.

You can test something in a day and get enough information to see whether or not it's going to work. So you're not talking about testing for weeks and months at a time. And then of course, depending on the outcome of what you were doing and what you're studying, you plan the next step which is the act portion of the cycle.

And again, it's really not a process foreign to nurses because we have to kind of function that way as we're providing our care and writing our care plans. It really is kind of very second nature to us.

What you're looking at here is a diagram that you'll often see when talking about PDSA cycle. It shows the progression of a testing cycle. You start off with your theory or your hunch. Your first cycle is done a very small scale.

You do follow-up testing. You maybe spread it out a little bit wider, a few more residents, one team maybe and then maybe to the entire unit. And then if you feel that all the changes you've made are really good ones, and solid ones, you can then begin to think about implementing it facility wide.

I'll give you an example of that. Here's one that was done for pressure ulcers, in-house acquired pressure ulcers. Kind of going back to the example that we used a little bit earlier where they want to reduce the number of residents developing in-house acquired pressure ulcers by 20% in three months.

So their hunch was they're going to implement pressure ulcer prevention protocols as their best practice. Cycle 1, they developed the skin care protocol. Cycle 2, they established protocols for reporting and documentation.

Cycle 3, they then trained and educated a pilot group of staff. So these are folks that are dedicated to implementing the change and testing the change. They did a pilot for a month. You don't necessarily have to pilot this long.

You could do a pilot say for a couple of weeks to get enough information as to whether or not your change is making a difference. So they did it for a month. And at the end of the month, they were to implement facility wide. And that's how you step through a PDSA cycle.

So these are just some kind of keys to successful testing. Things to keep in mind, you do want to plan multiple cycles when you're testing a change. This allows you to improve your process with each test.

You always want to be thinking a couple of cycles ahead as you're planning. You know, what is the next step on this, the next step. Remember just keep the number small, you know. So often in long-term care, we want to do everything facility wide.

And those of you that have been in the middle of those kind of changes know that it doesn't always work well when you try to do something facility wide. You really need to test it on a smaller scale first before it gets rolled out facility wide.

Again, like I said before, you're not looking to get consensus from your peers at this time or ownership. This is not the time to try to persuade because you have your selected pilot group that's going to test it. But the successfulness of the test will bring others to the belief that the change is going to work.

And again, you're collecting enough data with each test to let you know that the change is feasible or it does actually work. And always remember to test

over a wide range of conditions, different shifts, weekends versus day shifts, evening-night shift. You want to test the change at different times so that you can make sure this change really can be sustained through all shifts.

And a few reminders for data collection during this time, I think I've pretty much mentioned it, you're not looking for perfect data because this was really the learning stage of the process. A sample, you want to do a sample. You want to do a small section even if it's, you know, a couple of residents on a unit.

And then don't be afraid if you find that something is not working, you know, that's okay. That's part of the testing. So then you go back, as I say, to the drawing board and say, okay this didn't work. What do we need to change? So don't be, you know, afraid to change directions when you find something is not working.

Using graphs to tell your story is a nice way especially if you have to report back to a QA committee. Using graphs and actually annotating the graph to show, you know, where you are now and the progression of your movement. And again, this is looking at pressure ulcers.

And this team that implemented their pressure ulcer relief devices consistently are beginning to see a nice downward trend in their in-house acquired. And again, this is nice to post on a unit also to let folks know how well they're doing.

So now you've gotten your testing done. You've gotten your goal. You've tested; you know this thing is going to work. So you're at the stage now that you really are ready to implement this facility wide.

So what does implementation of change require? You need to have a plan to rollout the successful change. You know you need to plan it. You also want to identify where the change is going to take place. Is it going to be a unit, a hall, or the department, or facility wide?

And don't forget to engage your management folks because they are the ones that you need if this change is going to require a policy change, or a procedure change, or a job description change. You have to include your management to be able to make those changes possible and permanent.

And then speaking of permanent, you want to make sure the change is turnover proof. And by that I mean you don't want to develop a change that is depending on you to be there to keep it going. Because if you decide to leave that organization or you move into another position within the organization, that change needs to be able to continue even after you have moved out of that position.

So a little homework; I'm not trying to make you dizzy there. You want to get back and talk with your team. Look at the topics which you've selected. You know, we have numerous topics in this collaborative that you can choose from.

And examine your goals. Does it follow the SMART rule? And once you, as a team, you've decided on those, you can then submit the copy of your goal statement to (Keyona Shaw) and here's (Keyona's) email address and also fax number.

And then your goals will be discussed on your next monthly team call. So be thinking about that, about how you want to implement your goals. And the

QICs and I are here to help you develop those goals. So don't think you have to try to do this all by yourself.

So if you have questions, don't hesitate to call your QIC. Any questions and (Frank) you can open up the floor for questions.

Operator: Thank you. Ladies and gentlemen, if you would like to register a question or have a comment, please press the 1-4 on your telephone.

Jackie Hartson: And while you're thinking about your question, I guess I have a question to the group. The information we talked about, does it make sense to you? (Unintelligible), if the information is clear, you know, and makes sense? Is there anybody out there? (Frank)...

Operator: We do have a live question or a comment from (Jackie Holloway), please proceed.

Jackie Hartson: Good morning (Jackie Holloway), how are you?

(Jackie Holloway): I'm good, good morning. How are you?

Jackie Hartson: Good, you have a question or comment?

(Jackie Holloway): Just a comment. I think you have explained it very well. And I think it's definitely user friendly and I'm really excited about getting going for our goals and setting them. I think (Pamela) is going to come meet with us later in the month.

So I do like the way you set it up. I think you're very informative and you keep us in touch.

Jackie Hartson: Okay, well thank you so very much. We always like to get feedback to make sure we're hitting our target. We have targets too and goals to meet as well. So thank you so much for that (Jackie). Any other questions from the group?

Operator: Ladies and gentlemen, as a reminder, to register a question or add a comment, please press the 1-4 on your telephone keypad. We do have a question from the line of (Linda Strickless), please proceed.

(Linda Strickless): Yes, I just have a question.

Jackie Hartson: Yes?

(Linda Strickless): Can we print this slide presentation?

Jackie Hartson: Yes. This slide presentation is on our QIO website which is at www.mvqio.org. And I think what I'm going to do is I'm going to send out an email to kind of give you the path for that. But when you go there, it takes you to the homepage. You would check Providers.

And then you would check Nursing Home. And then from there, it takes you to where it says Collaborative Resources. And the presentation for today has been there for the last few days. And that's under Educational Events.

So it's there for you to download. And if I have any of my District of Columbia team, you can go to www.dcqio.org and follow the same path, Providers, Nursing Home, Collaborative Resources, and then Educational Events.

And that is where we'll be posting, you know, upcoming webinars and also any handouts that are going along with that webinar will be posted there.

(Linda Strickless): Okay thank you very much.

Jackie Hartson: Okay. Any other questions, (Frank)?

Operator: There are no further questions at this time.

Jackie Hartson: Okay well I just want to thank everyone for getting on the phone today. We are trying our best to keep these to 30 minutes and I think we did pretty good with that.

So again, if you have staff that you feel would benefit from this information, this same presentation will be repeated later today at 3:30 so if you have staff that you would like to get this information.

So thanks again and I believe there should be a poll. Do we have polling questions? Yes. There is a few polling for those of you that are on the computer. We do have some polling questions that we ask that you would fill out.

We do use your comments to help make each one of these presentations better. So do take a few minutes to do that. And with that I will say, this ends this conference and thank you very much and look forward to hearing some of you on the call next week.

Next week we're going to be doing dementia on the 21st and then on that Thursday, the 23rd, so it's a two-part series. All right, look to talk to you all and see you all later this month or next month. Thank you.

Operator: Ladies and gentlemen that does conclude the webinar for today. We thank you for your participation and ask that you please disconnect your lines. Have a great day everyone.

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