FHCA 2019 Annual Conference & Trade Show

CE Session #55 – Hardwiring the QI Process for Continued Success
Thursday, August 8 – 9:00 to 11:00 a.m.
Celebration 1-2 – Leadership/Management

Upon completion of this presentation, the learner will be able to:

- Develop an effective educational program responsive to the various levels of learning and implementing the program through different modalities
- Define an exemplary quality improvement program and implementing the program for effectiveness in the delivery of health care
- Identify Continuous Quality Improvement objectives to measure and provide education and competencies

Seminar Description:

Quality is everything. The future needs to concentrate on how we can have employees exemplify their commitment to caring, empowered to make changes and whose visions are limitless in order to fulfill their mission. This session will outline steps for defining an exemplary quality improvement program and how to implement these steps.

Presenter Bio(s):

Staci Goldstein is a Quality Improvement professional with over two decades of experience in various health care settings and organizations. She has experience in both Joint Commission Accreditation and National Committee for Quality Assurance (NCQA) certification. Staci has career experience as both a Director of Quality Improvement and as an Associate Chief Clinical and Operating Officer. Staci holds a Bachelor of Science Degree in Health Policy and Administration from the Pennsylvania State University and a Master of Science Degree in Health Systems Management from Rush University in Chicago, IL.

Anabelle Locsin has worked in the nursing profession for over 47 years in various universities and health care settings. Anabelle completed her BSN, Master of Arts in Nursing and her doctorate degree in Educational Administration. Her various experiences include teaching in colleges of nursing and working in hospitals, home health and skilled nursing centers. She was a Chief Nursing Officer at Menorah Manor for almost 12 years until she retired in 2017. She has completed training as a LTC Risk Manager, has been a Legal Nurse Consultant and completed training with NYU for the NICHE program. Anabelle has received recognition as Florida Nurse of the Year from Nursing Spectrum and RN of the Year from Florida Health Care Association.

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Hardwiring the QI Process for Continued Success

Presented by:
Anabelle Locsin, RN, Ed.D., Director of Education
Staci Goldstein, MS, Quality Improvement Consultant
RB Health Partners, Inc.

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Objectives

1. Develop an effective educational program responsive to the various levels of learning and implementing the program through different modalities.
2. Define an exemplary quality improvement program and implementing the program for effectiveness in the delivery of health care.
3. Identify continuous quality improvement objectives to measure and provide education and competencies.

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Developing an Effective Educational Program

❑ Understanding your Workforce is the most important key to achieving success.
"Best employees are made not found."

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Understanding Your Workforce

- ❑ Who are they:
- ➢ 1900 – 1945 Traditionalists
- ➢ 1946 – 1964 Baby Boomers
- ➢ 1965 - 1980 Generation X
- ➢ 1981 – 2000 Millennials Gen Y
- ➢ After 2000 – Generation Z
- Which group are you?

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Generations Explained

Generations Explained			
Generation Name*	Birth Years, Ages in 2009	% of total adult population	% of internet-using population
Gen Y (Millennials)	Born 1977-1990, Ages 18-32	26%	30%
Gen X	Born 1965-1976, Ages 33-44	20%	23%
Younger Boomers	Born 1955-1964, Ages 45-54	20%	22%
Older Boomers	Born 1946-1954, Ages 55-63	13%	13%
Silent Generation	Born 1937-1945, Ages 64-72	9%	7%
G.I. Generation	Born -1936, Age 73+	9%	4%

Source: Pew Internet & American Life Project December 2008 survey. N=2,253 total adults, and margin of error is ±2%. N=1,650 total internet users, and margin of error is ±3%.

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Developing an Effective Educational Program

- ❑ What type of skills do you want?
  Consider these skills in the formulation of your programs:
- • Adaptability/flexibility
- • Problem-solving/Clinical & Critical thinking skills
- • Creativity/Innovation
- • Leadership/Followership/Team Building
- • Affective skills
- • Clinical Proficiency Skills

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Developing an Effective Educational Program

- ❑ Onboarding and Needs Assessment – start with a great orientation program that considers the different competencies:
- • Cognitive
- • Psychomotor Skills
- • Affective Skills
- ❑ Consider specific needs, abilities & experiences your employees bring to the workplace.

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Developing an Effective Educational Program

- ❑ Reskilling and Competency Validation – always make sure that you schedule this regularly to keep skills current and incorporate changes to any updates. Optimize the experiences of your staff.
- ❑ Effective customer support through mentorship & preceptorship.
- ❑ Customer Retention programs – related education.

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Developing an Effective Educational Program

- ❑ Utilization of Technology
- ❑ Access to different modalities of learning and offering education.
- ❑ Revisiting and frequent feedback – evaluations, surveys, reunions etc.
- ❑ Offer continuing education programs on line or person to person depending on staff level needs.

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Teaching Methodologies

- There are varied methodologies, but the key is being able to adapt your teaching to individual learners and each one will vary in terms of their needs.
- What is your goal?
- As an Educator you need to transition from being a "transmitter" of knowledge to a "facilitator" of knowledge.
- What is the "take home message"?

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Value of QAPI

- Identify & prioritize problems & opportunities based on performance indicator data and staff input that reflects organizational processes, functions & services provided to residents.

"It is important that we measure what we treasure"

A Quote from: World Health Organization

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Value of QAPI - cont'd

- Identify corrective actions to address gaps in the systems.
- Evaluate actions for effectiveness & expectations.
- The program is established around the premise of safety, quality, rights, choice, & respect.

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Make a Commitment to Quality

- ❑ Organizational statements supporting quality practices.
- ❑ Incorporating quality improvement data into goal setting and decision making.
- ❑ Incorporating quality improvement measures in your safety program.
- ❑ Investing in employee and contract service staff training and competencies.
- ❑ Educating residents and families.

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Organizational Statements Supporting Quality Practices

How is quality defined at your organization?

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Definitions of Quality

- ❑ The World Health Organization defines quality:

"...the WHO definition of quality of care is "the extent to which health care services provided to individuals and patient populations improve desired health outcomes. In order to achieve this, health care must be safe, effective, timely, efficient, equitable and people-centered."

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Definitions of Quality

❑ The US Department of Health & Human Services Agency for Health Care Research & Quality

The Institute of Medicine defines health care quality as "the degree to which health care services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge."

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Definitions of Quality

❑ Stanford Health Care- interactive web site explaining Quality definitions, measures and commitment

"Patients and families know quality care when they experience it. A nurse's response time, a doctor's bedside manner, the hospital's atmosphere—all of these things affect how people feel about the quality of their healthcare."

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Definitions of Quality

❑ Colgate Quality Statement

"Our goal is to provide consumers with the highest quality products by assuring their performance, consistency, safety and value. This commitment is rooted in our corporate values and is essential to our continued growth and success."

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Announce your Quality Initiatives

- ❑ All Staff
- ❑ Residents/patients
- ❑ Family Members
- ❑ Vendor Partners
- ❑ Community

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Staff Training and Competency Testing

- ❑ Conduct regular training on general and job specific areas.
- ❑ Conduct effective training on any high risk, high volume, or problem prone areas.
- ❑ Conduct competency testing at a defined frequency (i.e. initially and annually).
- ❑ Use best practice standards to determine competency.

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"Train people well enough so they can leave, treat them well enough so they don't want to."

~ Richard Branson

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Department Specific Training

- ❑ Different from the organization's general orientation
- ❑ Teaches the staff members specifically on the focus of the department and job specific duties that need to be mastered
- ❑ Tests the staff member on mastery of information of how to perform the job with accuracy

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Department Specific Training

- ❑ Select a frequency and tracking method for the training (i.e. initial and quarterly, annually etc.)
- ❑ Assess the best teaching method for the training (i.e. Computer based modules, Group Class, Individual Instruction)
- ❑ Obtain materials for the training which are accurate and represent best practice (i.e. CDC guidelines)
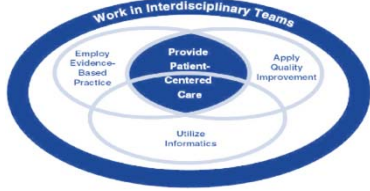- ❑ Complete a competency test and score

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Department Specific Competencies

- ❑ Joint Commission definition:
- • Competency assessment lets the organization know whether its staff have the ability to use specific skills and to employ the knowledge necessary to perform their jobs.
- • Competencies may relate to the techniques, procedures, technology, equipment, and skills required to provide the population served with care, treatment, and services.

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Overlap of Core Competencies for Health Professionals

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Core Competencies Needed for Healthcare Professionals

- ❑ Rules for the 21st Century
- • Care is based on continuous healing relationships.
- • Care is customized according to patient needs & values.
- • The patient is the source of control.
- • Knowledge is shared & information flows freely.
- • Decision making is evidenced-based.

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Core Competencies Needed for Healthcare Professionals

- • Safety is a system property.
- • Transparency is necessary.
- • Needs are anticipated.
- • Waste is continuously decreased.
- • Cooperation among clinicians is a priority.

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Who Conducts the Competency?

❑ Joint Commission recommends:

"An individual with the educational background, experience, or knowledge related to the skills being reviewed assesses competence."

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Validating the Competency

- Score the components of the competency
- Implement a threshold for passing the test (i.e. 80%)
- If the staff member scores below, follow the organizational policy for retraining and retesting
- Always sign and date the competency to document frequency

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Training Requirements 483.95

❑ A facility must develop an effective training program for all & existing staff; individuals providing services under a contractual arrangement; & volunteers consistent with their expected roles.

❑ A facility must determine the amount and types of training necessary based on a facility assessment as specified at 483.70 (e).

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Training Requirements

❑ Training requirements must include:
- Required mandatory training
- Outlines and informs staff of the elements and goals of the facility's QAPI program

Referenced under F944 – No Tag, Regulation text moved to new tag

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Key Points

- Assure that all staff members of the facility meet training requirements regarding QAPI & the facility's QAPI program.
- Competency Validation – maintain & enhance skill levels

Learning Pyramid

average student retention rates

	Lecture
10%	Reading
20%	Audiovisual
30%	Demonstration
50%	Discussion
75%	Practice doing
90%	Teach others

Source: National Training Laboratories, Bethel, Maine

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Implementation of QI Programs for Effective Delivery of Health Care

❑ Brief Review of the QAPI Process
- Design and Scope
- Governance and Leadership
- Feedback, Data Systems and Monitoring
- Performance Project Teams
- Systematic Analysis & Systemic Action

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Implementation of QI Programs for Effective Delivery of Health Care

- ❑ Know the regulatory requirements and expectations related to your job.
- ❑ Share information and knowledge with your staff.
- ❑ QAPI plans are developed from an assessment completed related to procedures and processes of the facility.
- ❑ QAPI awareness campaign
- ❑ Develop your QAPI Plan

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Implementation of QI Programs for Effective Delivery of Health Care

- ❑ What are some of your gaps and opportunities?
- ▪ QAA, QAPI programs are part of what all employees should be knowledgeable of and the role each is expected to assist in the implementation of the plan.
- ▪ Your PIP teams will be essential to the implementation of plans as appropriate.
- ▪ Get to the root cause of an issue, take systemic action

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Implementation of QI Programs for Effective Delivery of Health Care

- ❑ Regulatory Opportunities are a great way to assure you maintain effective standards of care and practice.
- ❑ Take a look at the following:
  - • The Five Star Program
  - • CMS Survey Expectations
  - • The National Quality Award Program – AHCA/NCAL
  - • The Joint Commission

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The Five-Star Quality Rating System

❑ Health Inspection Domain:
- Results from the three most recent standard health inspections and 36 months of complaint inspections are used to calculate the health inspection score and determine the health inspection rating.
- Surveys occurring both before and after the implementation of the new survey process (November 28, 2017) are used to determine health inspection scores and rating and are treated in the same way.

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The Five-Star Quality Rating System

❑ Staffing Domain:
- In recognition of the importance of RN staffing, the method by which the RN staffing rating and the total nurse staffing rating are combined to generate the overall staffing rating is changing to provide more emphasis on RN staffing.
- The overall and RN staffing ratings are set to one star for nursing homes that report four or more days in the quarter with no RN onsite.
- Finally, staffing ratings are no longer being suppressed for nursing homes that have five or more days with residents and no nurse staffing hours reported.

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The Five-Star Quality Rating System

❑ Quality Measures Domain:
- The Nursing Home Compare website reports separate ratings for short-stay quality of resident care and long-stay quality of resident care in addition to an overall quality of resident care rating.
- Measures of long-stay hospitalizations and long-stay Emergency Department (ED) visits are being added to the quality measure rating, and the long-stay physical restraints measure is being dropped from the quality measure rating.
- The scoring rules for the quality measures are changing to give more weight to measures with greater opportunity for improvement.

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The Five-Star Quality Rating System

❑ Ratings for the health inspection domain are based on the number, scope, and severity of deficiencies identified during the three most recent annual inspection surveys, as well as substantiated findings from the most recent 36 months of complaint investigations.

❑ All deficiency findings are weighted by scope and severity. This measure also takes into account the number of revisits required to ensure that deficiencies identified during the health inspection survey have been corrected.

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The Five-Star Quality Rating System

❑ Ratings on the staffing domain are based on two measures:
- Registered nurse (RN) hours per resident day; and
- Total nurse staffing (the sum of RN, licensed practical nurse (LPN), and
- Nurse aide hours per resident per day.

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The Five-Star Quality Rating System

❑ Other types of nursing home staff, such as clerical or housekeeping staff, are not included in the staffing rating calculation.

❑ Derived from data submitted each quarter through the Payroll-Based Journal (PBJ) System, along with daily resident census derived from Minimum Data Set, Version 3.0 (MDS 3.0) assessments, and are case-mix adjusted based on the distribution of MDS 3.0 assessments by Resource Utilization Groups, version IV (RUG-IV group).

❑ Overall staffing rating, as a separate rating for RN staffing is also reported.

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The Five-Star Quality Rating System

❑ Ratings for the quality measures are based on performance on 17 of the QMs that are currently posted on the *Nursing Home Compare* website. These include ten long-stay measures and seven short-stay measures.

❑ Not all of the quality measures that are reported on *Nursing Home Compare* are included in the rating calculations. In addition to an overall quality of resident care rating, separate ratings for the quality of resident care for short-stay residents and long-stay residents are also reported.

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The Five-Star Quality Rating System - Hardwiring

❑ Educate staff how to achieve a good star rating for your facility.
❑ Main facility standards & environment of care.
❑ Promote customer satisfaction.
❑ Educate staff on CMS survey requirements & familiarize with critical element pathways.
❑ Make sure that any contractual staff are expected to be knowledgeable with what you expect your own staff to know.

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The Five-Star Quality Rating System- Hardwiring

❑ Meet at least minimum staffing hours required/resident/day.
❑ Increase RN availability for different shifts.
❑ Reporting and monitoring hours submitted to PBJ.
❑ Educate staff regarding work exclusions and responsibilities related to attendance and call offs. Counsel as needed.
❑ Review weekly staffing needs regularly to project needs and and meet better.

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The Five-Star Quality Rating System- Hardwiring

- ❑ Share facility performance related to indicators on a monthly basis during staff meetings and implications.
- ❑ Identify gaps in practice, revise policies & procedures as appropriate to meet current standards.
- ❑ Increase compliance with skills/competencies of staff through education and validation done regularly and with new orientees.

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The Five-Star Quality Rating System- Hardwiring

- ❑ Review all returns to hospital and troubleshoot based on findings. Implement corrective actions based on identified needs.
- ❑ Create a culture of safety.
- ❑ Review statistical data regularly and decrease readmission rates.
- ❑ Work collaboratively with hospitals.

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National Quality Award Program AHCA/NCAL

- ❑ **Level 1** The Bronze Award – Commitment to Quality
- • Provide applicants with tools and resources they need to achieve performance improvement.
- • Assess organization mission, vision, and key factors that lead to success.

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National Quality Award Program AHCA/NCAL

❑ **Level 2** The Silver Award – Achievement in Quality
- Applicants continue to learn and develop effective approaches that help improve performance and health care outcomes.
- Provide a thorough assessment of their systemic approaches and deployment of these approaches.

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National Quality Award Program AHCA/NCAL

❑ **Level 3** The Gold Award – Excellence in Quality
- Applicants must show superior performance in areas of the criteria including leadership, strategic planning, and customer and staff satisfaction.
- Show superior performance in all areas of the criteria mentioned above.

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Quality Improvement Recognition Program AHCA/NCAL 2018

❑ The Quality Initiative is a national effort through AHCA/NCAL that builds upon the existing work of the long term and post-acute care profession by setting specific, measurable targets to further improve quality of care in America's skilled nursing centers and assisted living communities.

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Quality Improvement Recognition Program AHCA/NCAL 2018

- ❑ The Quality Initiative Recognition Program honors AHCA/NCAL member skilled nursing care centers and assisted living communities that achieve a number of goals, outlined below, through the Quality Initiative.
- ❑ Decrease turnover rates among nursing staff by 15% from 2015 or achieve/maintain at or less than 40%
- ❑ Adopt Core-Q customer satisfaction questionnaire and measure and upload data to LTC Trend Tracker

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Quality Improvement Recognition Program AHCA/NCAL 2018

- ❑ Reduce the number of unintended health care outcomes
- ❑ Safely reduce the number of hospital readmissions within 30 days during a skilled nursing center stay by 30% from December 2011 or achieve and maintain a low rate of 10%
- ❑ Improve discharge back to the community by 10% from December 2014 or achieve and maintain a high rate of at least 70%

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Quality Improvement Recognition Program AHCA/NCAL 2018

- ❑ Improve functional outcomes by 10% from December 2015 or maintain an average rate of improvement of 75%
- ❑ Safely reduce the o-label use of antipsychotics in long-stay nursing center residents by a total of 30% from December 2011
- ❑ Safely reduce hospitalizations among long-stay residents by 15% from December 2014 or achieve/ maintain a low rate of 10% or less

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The Joint Commission (TJC)

❑ Nursing Care Center Accreditation Program

- Voluntary/Non-profit accreditation body
- No ties to government
- Accreditation and certification standards contained in comprehensive manual
- Accrediting skilled nursing organizations over 50 years
- Focus on key processes that contribute to improved outcomes
- Survey every three years

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Why obtain TJC accreditation?

- Florida Medicaid Quality Points program
- Allows a visual representation of high-quality program
- Staying current with other nursing homes
- Enhances staff education and competencies
- Strengthening and improving Quality and Safety Programs
- The survey process and preparations help identify risk levels associated with recommendations for improvement

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TJC Quality Focus

- Quality Improvement Data
- National Patient Safety Goals
- Resident/Family Education
- QAPI plan and SWOT Analysis
- Proactive Risk Assessment (FMEA)
- Resident/Family Staff overall satisfaction
- Pain Satisfaction studies

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TJC Quality Focus, continued

- Staff and contracted services staff education and competencies
- Person Centered Care
- Infection Prevention and Antimicrobial Stewardship
- Physician Credentialing
- Tracers

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Quality Measures within the Safety Plans

- ❑ Environmental Indicators of a quality measurement within the safety program
- ❑ Staff knowledge of safe practices measurements

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Safety Environment of Care Quality Measure

- ❑ Measuring staff knowledge and demonstration of safe lifting
- ❑ Measuring staff safety knowledge with written tests
- ❑ Compliance with Safety walks

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Life Safety Environment of Care Quality Measure

- ❑ Measuring knowledge of RACE and PASS with all employees
- ❑ Measuring knowledge of when to use the ansul system
- ❑ Measuring knowledge of how to use a fire extinguisher
- ❑ Measuring compliance with minimum score in fire drill performance

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Security Environment of Care Quality Measures

- ❑ Measurement of adherence to all staff and guests wearing and receiving ID badges in the building
- ❑ Measuring staff knowledge of missing resident procedures
- ❑ Measuring property loss rates

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Hazardous Materials & Waste Environment of Care Quality Measures

- ❑ Measurement of knowledge of location and use of blood spill kits
- ❑ Measurement of knowledge specific to use and location of the SDS sheets
- ❑ Measurement of proper handling and disposal of hazardous waste

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Medical Equipment Environment of Care Quality Measures

- ❑ Measurement of staff knowledge of use of a piece of medical equipment such as a medical lift
- ❑ Measurement of staff knowledge and proper documentation of preventive maintenance (cleaning, temperature logs) of a piece of equipment, such as a hydrocollator

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Emergency Preparedness Environment of Care Quality Measures

- ❑ Measurement of staff knowledge of a specific emergency procedure, such as active shooter or severe weather procedures
- ❑ Measurement of compliance with testing of emergency equipment

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Utilities Management Environment of Care Quality Measures

- ❑ Measurement of staff knowledge and compliance with the water plan
- ❑ Measurement of staff knowledge of emergency shut off procedures for utilities such as electric, gas and water.

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Case Study

- Private for-Profit Nursing Care Center
- 140 bed
- 143 employees (staff and regular contracted)
- No consistent documentation of a general orientation
- Some nursing departmental orientations
- No departmental orientations outside of nursing
- No competency testing for any employees

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First step in assessing

➢ What is the first thing to do?

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Human Resources File Audit

List items that should be in the files regarding orientations and competencies.

Start with
General Orientation

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General Orientation

Examples:

- Abuse and neglect
- Resident Rights and Responsibilities
- Fire Safety
- Overall safety
- Environment of care

- Emergency operations
- Infection prevention
- Diversity Training
- Dementia

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Departmental Orientation

Case study

Nursing employee files had some documentation of a departmental training.

Question: What other departments need training besides general orientation?

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All Departments should Orient Employees

- ❑ Department Managers conducted job specific orientations and dated and signed to validate
- ❑ All employees received orientations regardless of the length of time employed

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Contract Services Providing Care and Services to Residents

Is it necessary to provide an orientation to contract services employees?

Case study:
- No contracted services employees had evidence of an orientation to the building

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Contract Services Providing Care and Services to Residents

Is it necessary to provide an orientation to contracting services?

YES

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Competency Testing for Staff

Case study:
- No competencies were conducted or documented in the home
- Established competencies for each job, including the departmental managers
- Established a threshold of 80% score or the competency would be repeated
- Validated each one by signing and scoring
- Wrote a policy that competencies would be initially and annually

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Competency Testing for Contracted Services Staff Providing Care or Services to Residents

Case study:

We identified the need for competencies in the following areas:

- pharmacy
- hospice
- therapy
- beautician

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Who Conducts the Competencies?

Ideas?

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Contracted Services Competencies

❑ The agency that is providing staff would forward their competency of their staff member to your building

❑ In cases of the contractor being a sole proprietor, i.e. the beautician, the contractor would seek another same licensed professional to conduct a competency evaluation for your records

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Results of our Case Study

- In a relatively short period of three months, the organization was able to obtain 90% compliance with completed HR files and over 60% compliance with contracted services files.
- Compliance continues to grow, and it is a work in progress

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The Quality Initiatives - Hardwiring

- Educate staff regarding these quality initiatives and encourage participation.
- Monitor closely performance measures and analyze areas that triggered.
- Intervene to decrease rates as indicated. QAPI process.
- Maintain standards of care and practice to meet current requirements and updates.

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The Quality Initiatives - Hardwiring

- Continually review on an annual basis facility operations, standards, policies and procedures.
- Always meet through QAPI process findings from risk assessment completed and make sure to prioritize areas.
- Create a culture of safety.
- Sharing of results regularly with employees.
- Continued process evaluation, improvement, and feedback.

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Thoughts to Ponder:

"It takes a village to care". Caring should be reflective of what administration and leadership does to educate and encourage staff engagement in all these different processes. Success is what you can achieve together rather than just by yourself.

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Thoughts to Ponder

Hard work Quotes

Success is failure kicked to pieces by hard work and perseverance

Anonymous

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Summary

❑ It is imperative that we properly train all of our staff no matter what their roles are on both their specific job and the overall big picture.

❑ Staff should know that by cross training and team building, we can deliver quality patient care

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Summary

- ❑ Maintain operational standards to achieve quality is a process every employee should be familiar with and be encouraged to be an active participant in the whole process.
- ❑ Hardwiring your quality improvement initiatives through education, research, and continuous evaluation aims to promote high standards of quality care.
- ❑ Facilities should be familiar with the different quality initiatives and work to achieve recognition.

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Summary and Closing

JFK story at NASA

- In 1962 President John F. Kennedy JR was on a tour at NASA and saw a janitor mopping the floor. He introduced himself and asked the man what he did.
- The janitor replied that he was helping put a man on the moon
- The lesson is that no matter what your role is, that you are part of a bigger picture and everyone's actions together combine to help deliver excellence in health care.

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Thank you for your participation

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