

An Overview of Quality Improvement for Adult Day Services



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Quality Assurance

Reactive

Episode or event-based

Prevent recurrence

Sometime anecdotal

Retrospective

Audit-based monitoring

What went wrong?

Performance Improvement

Proactive

Aggregate data & patterns

Optimize process

Always measurable

Concurrent

Continuous monitoring

How can we be excellent?

Benefits

- Improved care for participants
- Improved staff training
- More efficient operations
- Improved understanding budget priorities
- Improved participant and caregiver satisfaction
- Marketing
- Reduce liability
- Increase payment



Proposed Six Domains of Quality

Six
Domains
of
Quality

- Safe
- Effective
- Person-Centered
- Timely
- Efficient
- Equitable

Effective Root Cause Analysis

- Use Root Cause Analysis to find opportunities and develop a thorough background on the reason the issue has occurred
- Principles of a RCA:
 - Identify the issue/event
 - What happened versus what should have happened
 - Identify the gap
 - List possible reasons why the issue/event happened
 - Classify the actual type of error that occurred
 - Determine the most likely reason for the issue/event
 - Possible solutions
 - Study results
 - Act on results

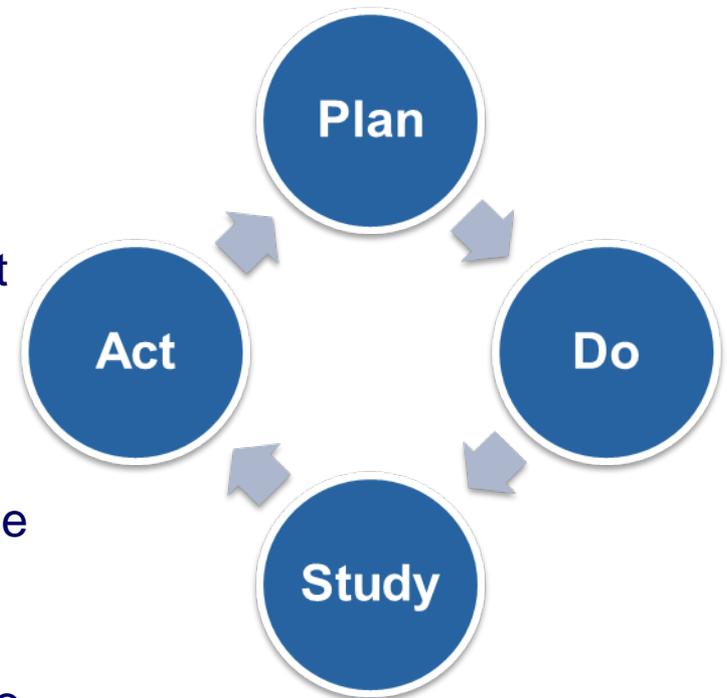
Effective Root Cause Analysis

- Implement systematic changes or corrective actions to the identified areas for performance improvement to help reduce the chance that the event will reoccur
- Target the elimination of root causes by developing long-term solutions to problems instead of “Band-Aid” fixes to make effective systems enhancements
- Importance of training/education when there is a system/process breakdown

Using the PDSA Cycle

● Use the PDSA Cycle

- **Plan:** Recognize an opportunity and plan to change it for improving quality
- **Do:** Make the change and test it on a small-scale before implementing it throughout the **Study:** Review the test results
- **Act:** Depending on the results of the previous step:
 - **If the change worked:** Incorporate the change program-wide in a systematic roll-out
 - **If the change did not work:** Go to the beginning of the cycle and start again with a new plan



Involve Everyone in Quality Improvement

- How to get staff buy-in to the concept of quality improvement
 - Provide necessary education
 - Provide the necessary tools to be successful
 - Recognize their ideas
 - Praise all efforts and successes no matter how small



Steps to take

- Establish a Quality Assurance Committee
- Establish a format and frequency for meetings
- Establish a method for communication between meetings
- Establish a designated way to document and track plans and discussions addressing QAPI.

Quality Improvement Identifiers

- What do you want to improve?
- Who gets the information?
- What are your resources?
- What are you tracking and why?
- What will be done with the information?

Quality Improvement Identifiers - Challenges

- Needs to be a living resource
 - Used as part of daily meetings
 - Training and education incorporated
 - Team builder – participants and families part of the team
- Staff need to recognize it as more than paperwork
 - Staff are included in presentations
 - Results and process are part of dialog as opposed to endless numbers being presented
 - Incorporated into discussions, meetings, plans of care
- Needs to be a change driver
 - Helps the team refocus on what questions we really want to ask
 - Identify goals and strategies to get there
 - Avoid the “blame game”
 - Re-evaluate and re-focus as needed



Quality Improvement Identifiers

- Attendance
 - Discussed daily, taken hourly
 - **Uses:** Billing, program monitoring, staffing ratios, contract deliverables, marketing
 - **Tools:** Checklists
- Activities of Daily Living and Mobility
 - Provided by family, assessed upon enrollment and annually, monitored daily, part of care plan
 - **Uses:** Service delivery/level of care, family assistance, medical care (when changes noted)
 - **Tools:** Participant Information Form, ADL/IADL , chart
- Socialization and Activities
 - Provided by family, assessed upon enrollment and annually, monitored daily
 - **Uses:** Service delivery, family assistance, client satisfaction and engagement, spontaneous laughter
 - **Tools:** Participant Information Form, Activity Assessment Tool, daily observation, chart



Quality Improvement Identifiers

- Depression
 - Assessed upon enrollment and annually when appropriate
 - **Uses:** Medical care, family assistance, quality of life
 - **Tools:** GDS, chart
- Cognition
 - Assessed upon enrollment and annually when appropriate
 - **Uses:** Family assistance, medical care, program evaluation, contract deliverable
 - **Tools:** SLUMS, chart
- Weight
 - Assessed upon enrollment and recorded monthly
 - **Uses:** Medical care, cognition
 - **Tools:** Scale, chart
- Customer Satisfaction
 - Annual questionnaire to participant and/or responsible party
 - **Uses:** Program improvement, family respite, marketing
 - **Tools:** Survey questionnaire, attendance, grievances, Quality of Life Measurement



Quality Improvement Identifiers

- TB Screening
 - TB clearance prior to enrollment and annually thereafter
 - **Uses:** Health and safety of all participants
 - **Tools:** PPD, chest x-rays
 - **Goal:** 100% compliance, initial screenings reviewed quarterly, ongoing screenings reviewed annually
- Vaccinations – Pneumococcal, Tetanus, Diphtheria, Influenza
 - Pneumococcal, Tetanus, Diphtheria administered upon enrollment and annually thereafter
 - Influenza administered annually during October and November
 - **Uses:** Preventive, health and safety
 - **Tools:** Vaccinations
 - **Goal:** 100% compliance (offered), reviewed quarterly

Quality Improvement Identifiers

- Medical and Specialty Evaluations
 - Initial medical evaluation conducted prior to enrollment, reviewed quarterly, changed as needed
 - Quarterly medical care review will focus on either CHF, Depression, Dementia or CKD indicators
 - Audiology, Dentistry, Optometry, Podiatry evaluations conducted within 3 months of enrollment, follow-up as needed, reviewed quarterly
 - Adherence to timeliness of scheduled appointments reviewed quarterly – Emergent care seen within 24 hours, urgent care seen within 1-3 days, routine care seen within 2 weeks
 - **Uses:** Improved medical care, participant satisfaction
 - **Tools:** Electronic health record, comparisons to outside standards, grievances
 - **Goals:** Timeliness of initial medical evaluations 100%, timeliness of initial specialty evaluations 80%, timeliness of emergent care 100%, timeliness of urgent care 80%, timeliness of routine care 80%



Quality Improvement Identifiers

- Nutrition Assessment
 - Nutrition evaluation conducted at enrollment, annually and as needed
 - **Uses:** Improved health care and service delivery
 - **Tools:** Assessment by registered dietician
 - **Goal:** 100% completion
- Skin Ulcer Risk Assessment
 - Participants determined to be at high risk for decubitus ulcers (Braden Scale score <10) will have an evaluation every 3 months until score is >10
 - **Uses:** Reduction in skin ulcers
 - **Tools:** Braden Scale
 - **Goal:** 100%
- Medication Incidents
 - Potential and actual medication errors tracked, reviewed quarterly
 - **Uses:** Decrease errors, improve systems
 - **Tools:** Medication incident form, electronic health record
 - **Goal:** <5% errors



Quality Improvement Identifiers

- Falls
 - Risk of falls assessed upon enrollment, annually, changes in function (including extended hospitalizations), as needed
 - Actual falls recorded on incident form, reason for fall and location are recorded, “frequent fallers” recorded and tracked
 - **Uses:** Improve health care, service delivery, decrease injury, decrease hospitalizations, decrease placement
 - **Tools:** Tinetti or Briggs Fall Risk Assessments, fall incident form
 - **Goal:** Improve upon Nursing Home threshold of 2.74-5.6 falls per 1000/days
- Restraints
 - Physical restraints will be used only when necessary and must have a PCP order, participant or family consent, documented as a team problem with IDT plan of care
 - Chemical restraints, in addition to the previous requirements, must also document behavior as restraint is reduced and/or discontinued
 - **Uses:** Safety of participant
 - **Tools:** Lap belts/buddies, posies, medications
 - **Goal:** Restraints are only as a last resort and to ensure safety, EHR reviewed annually for 100% compliance

Quality Improvement Identifiers

- Depression
 - All participants evaluated by Social Worker at time of enrollment and documented in EHR
 - For those participants with a diagnosis of depression, appropriate treatment plans are developed, re-evaluation and efficacy of treatment plan reviewed every 6 months
 - **Uses:** Improved health care, quality of life
 - **Tools:** Geriatric Depression Scale
 - **Goal:** 100% of evaluation and treatment
- Advance Directives and End of Life Care
 - Discussion of advanced directives for health care initiated within 6 months of enrollment and annually
 - **Uses:** Participant satisfaction
 - **Tools:** End of life care reviewed annually and includes: number of deaths, causes of death, location of death, length of stay on comfort care, services used in last month of life, advance directive documentation.
 - **Goal:** Documentation 100%

Quality Improvement Identifiers

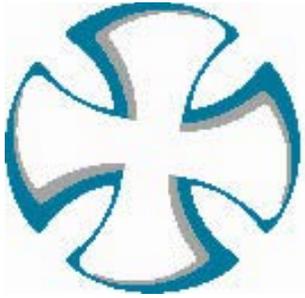
- Service Utilization
 - One of the following reviews is conducted quarterly: transitional housing, adult day health center, placement, other
 - **Uses:** Appropriate referral and utilization of services
 - **Tools:** Utilization review form reviewed by members of IDT
 - **Goal:** 80% for all indicators, appropriate utilization
- Institutional Care
 - Review of admissions to acute care facilities and emergency departments
 - Review of nursing home care
 - **Uses:** Service delivery, medical care
 - **Tools:** Physician and RN review, monthly Physician and RN visits to SNF
 - **Goal:** 100% review
- Participant Satisfaction
 - Assessed every 6 months by Social Work and documented in EHR
 - Random sample of participants will be selected annually for detailed survey of all services
 - **Uses:** Improve services
 - **Tools:** Direct interview, formal survey
 - **Goal:** 100% of direct interview surveys recorded, 80% of participants will report they are satisfied with services



Measuring Engagement

| Disengaged NOT ACTIVE | Non-Social Engagement SELF ACTIVE | Social Engagement GROUP ACTIVE | Challenging Behavior CHALLENGE |
|--|---|--|--|
| <p>Participant is inactive, sitting passively or sleeping, or is involved in unpurposeful activity such as fiddling with clothes, smoking, or aimless walking.</p> | <p>Participant is engaged in <u>purposeful</u> activities that do not involve social interaction with other, e.g., combing hair, reading, watching TV, listening to music, knitting. Also includes purposeful self-care such as eating or grooming.</p> | <p>Participant is engaged in some form of communication with others where there is reciprocity with at least one other person, or resident is initiating contact with another person. Includes recognizable speech, attempts to speak, vocalizations, signs or gestures, physical prompting in a manner that gains, attempt to gain, or maintains the attention of another person.</p> | <p>Participant is engaged in solitary repetitive, nonfunctional motor activity (e.g., body rocking, pacing), verbal activity (e.g. crying out, grunting, continuous swearing), self injury, aggression to others, damage to property, or other inappropriate behavior such as spitting pestering others, or stripping.</p> |

Adapted from the Quality of Interactions Schedule:
 Dean, R., Proudfoot, R., & Lindsay, J. (1993).
 The Quality of Interactions Schedule (QUIS):



BENEDICTINE
Health System

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An Overview of Quality
Improvement for Adult Day
Programs

HCBS QIP Background

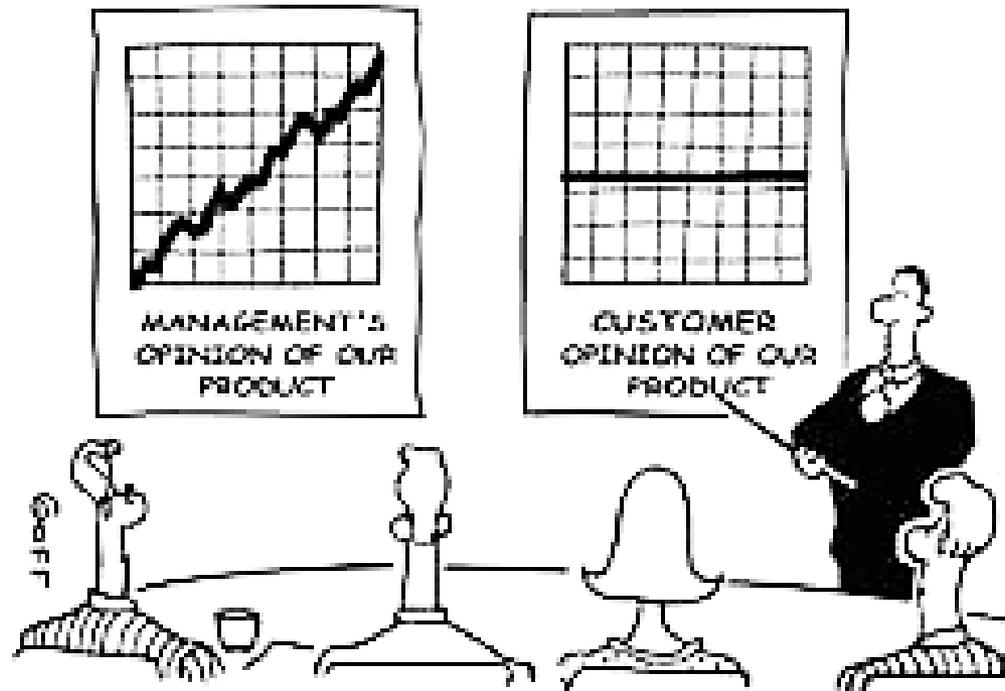
- 5% increase for HCBS providers on July 1, 2014.
 - 1% of the 5% is tied to providers submitting plan and implementing a QIP project
 - Projects must be submitted using the web-based QIP tool to DHS by Dec. 31st, 2014.
 - Projects must be implemented no later than June 30th, 2015.
 - Providers that do not submit a plan through the online tool by the deadline may have their rates reduced by 1%



HCBS QIP Background

- QIP goals must address one of the following:
 - Improve the quality of life of home and community-based service recipients in a meaningful way.
 - Improve quality of services in a measurable way.
 - Deliver quality services more efficiently while suing savings to enhance services for participants.

Measurement



What Is Measurement?

- Comparing against a standard
 - How do you know if you are getting better?
 - Internal measurement (trend 3 data points)
 - External measurement against peers
- The act or process of measuring
 - Use best practices

Basic Mathematics

- How to determine percentages
 - Number of positive responses = Numerator
 - Number of total population = Denominator
 - Divide positive responses by total population and multiply by 100

Types of Measurement

- Outcome Measurement
 - The end result of work
 - Clinical quality indicators
 - Census
 - Accounts receivable, days out
 - Positives
 - Negatives

Types of Measurement

- Outcome Measurement
 - The end result of work
 - Customer satisfaction
 - Resident satisfaction
 - Family satisfaction
 - Employee satisfaction
 - Positives
 - Negatives

Types of Measurement

- Process Measurement
 - Do we follow step 1, 2, 3...?
 - Chart audits
 - Meal service audits
 - Positives
 - Negatives

Types of Measurement

● Structure Measurement

- Do we have people and other resources?
 - Sufficient linen
 - Number of FTE Social Workers to census
- Positives
- Negatives

Measurement System

- A well constructed measurement system includes, customer satisfaction, process, outcome, and structure measurements
- A good management team will cross reference all types of measurements around key functions

Purposes of Measurement

- “ In God we trust, all others bring data”

W. Edward Deming

- To manage by fact and not opinion

Purposes of Measurement

- Tell us how well we are doing and provide a common reference point
- Demonstrate sustained improvement (implies continuous measurement)
- Determine improvement opportunities
- Tell us if action taken led to improvement (determine successes)

Purpose Of Measurement

- Provide a more accurate basis for prediction of future performance (strategic planning)
- Proclaim to community and third party payers that we have a service worth paying for (marketing)

Trending

- Definition: a line of general direction or movement; a statistical curve reflecting a change in direction
- Usually requires statistically, seven (7) or more points of data going up or down

Comparison Of Data To Industry Standards

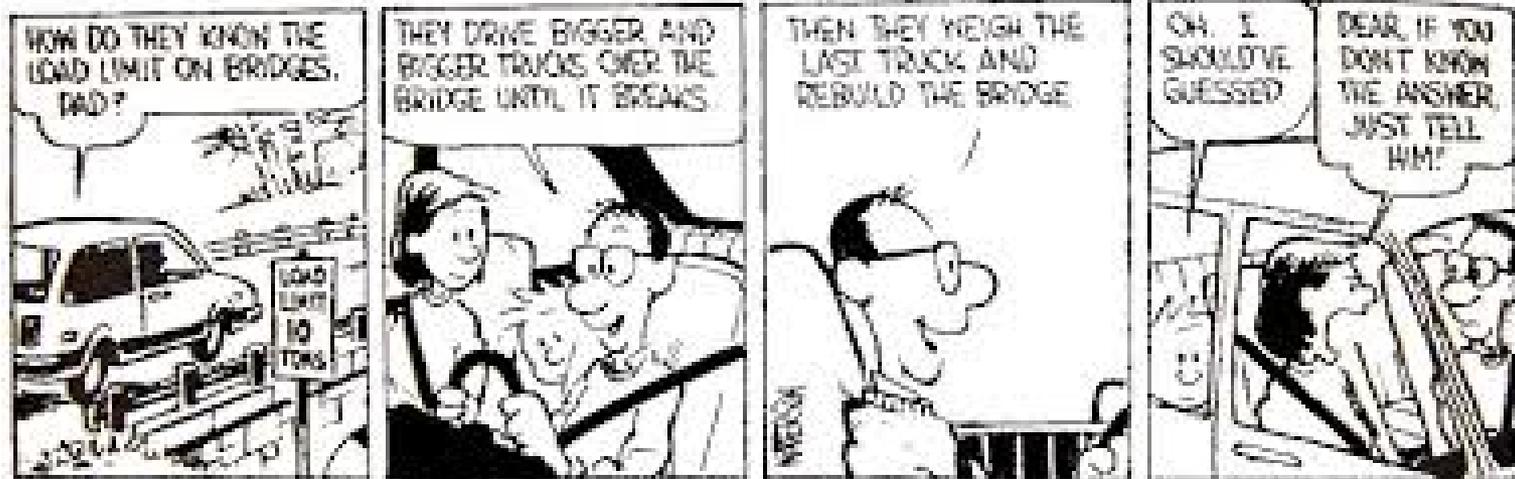
- It is important because:
 - Some areas are lower or higher for everyone
 - You may be generally high in satisfaction at 90%, but if the rest of the world is functioning at 99% you may want to improve
 - Helpful when determining what, if any, actions need to taken

What To Do Next

Determine Improvement Opportunities

- Look for high risk issues for the participant or the facility
- Look for high volume, things that occur frequently and to many participants
- Look for issues which are getting worse over time, a downward trend

Working in teams



Improvement Teams

- Follow improvement process from quality training



● “If you do what you’ve always done, you’ll get what you’ve always got.”

Socrates



Forming Teams

- Get the people together that do the work.
 - Get better results from the people who are invested in making the improvement.

Understanding the Process

- Identify the current process in order to make the changes.
- Uses Quality Tools
 - PDCA or PDSA
 - Develop an Action plan

Quality Tools: Action Plan

| Issue | Action Steps | Target Date | Person Responsible |
|-------|--------------|-------------|--------------------|
| | | | |

Quality Tools: Cause and Effect Diagram

- Definition

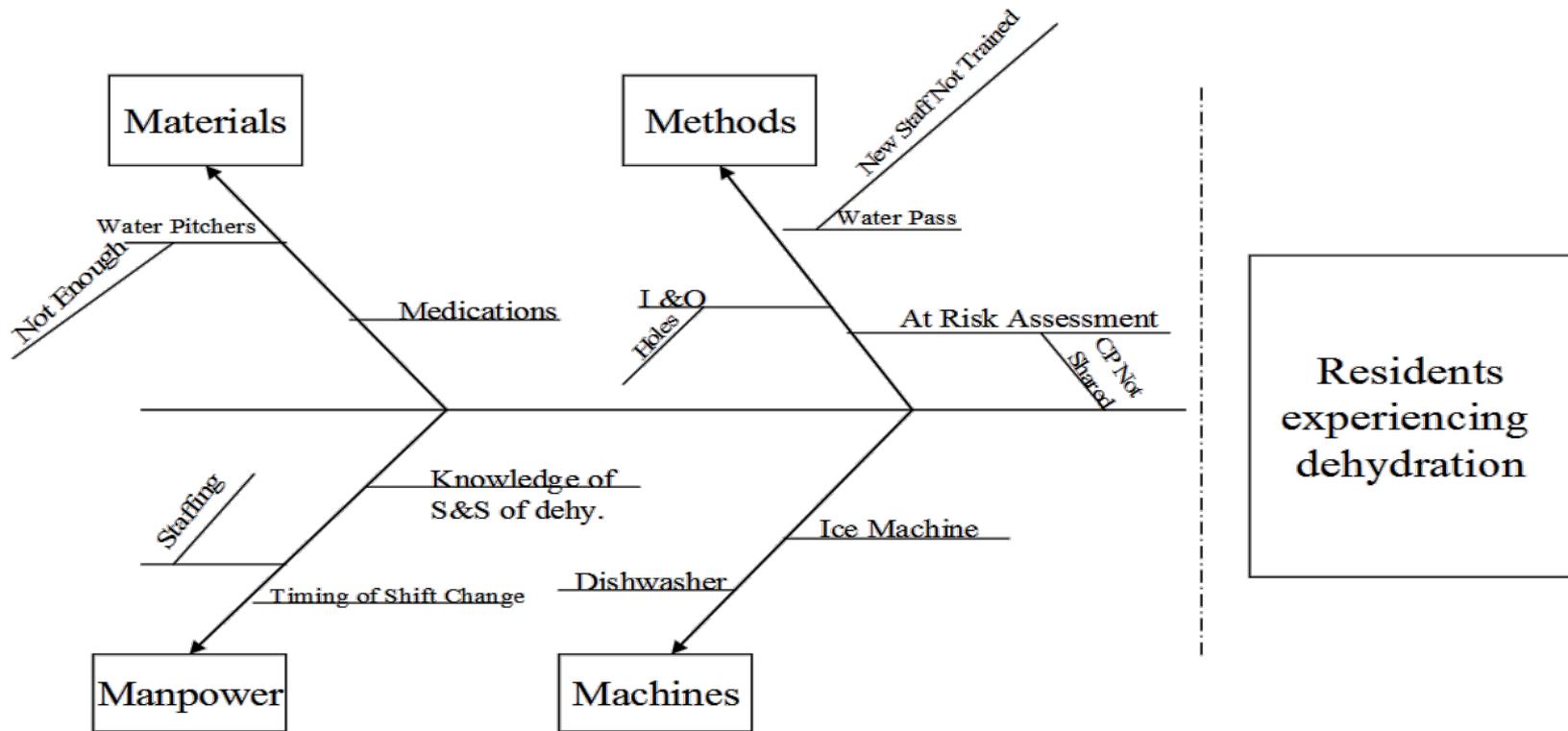
A pictorial display of the relationship between causes and an effect of an issue that helps to identify the root causes of a problem. Synonyms: cause and effect diagram, fishbone diagram, Ishikawa diagram. It is one of the seven tools of Quality Improvement.

Quality Tools: Cause and Effect Diagram

● Purpose

- Cause and Effect Diagram is used to explore and display sources (Root Causes) of variation within a process.
- **Use:**
 - To identify possible causes to an issue.
 - To help organize ideas on an issue.
 - To get to the root cause of an issue.

Quality Tools: Cause and Effect Diagram



Quality Tools: Flow Chart

● Definition

- A flowchart is a pictorial summary using symbols and words to show the steps, sequence, and relationship of the various operations in the performance of a process. The Flow Chart is a step-by-step representation used to clarify process or plan stages of a project. It is one of the seven tools used in Quality Improvement.

Quality Tools: Flow Chart

- **Purpose**
- Flow Charts are used to analyze various steps in a process. The flowchart helps identify repeated and unnecessary steps, bottlenecks, and cycle time problems. The Flow Chart is widely used in problem identification in a process.

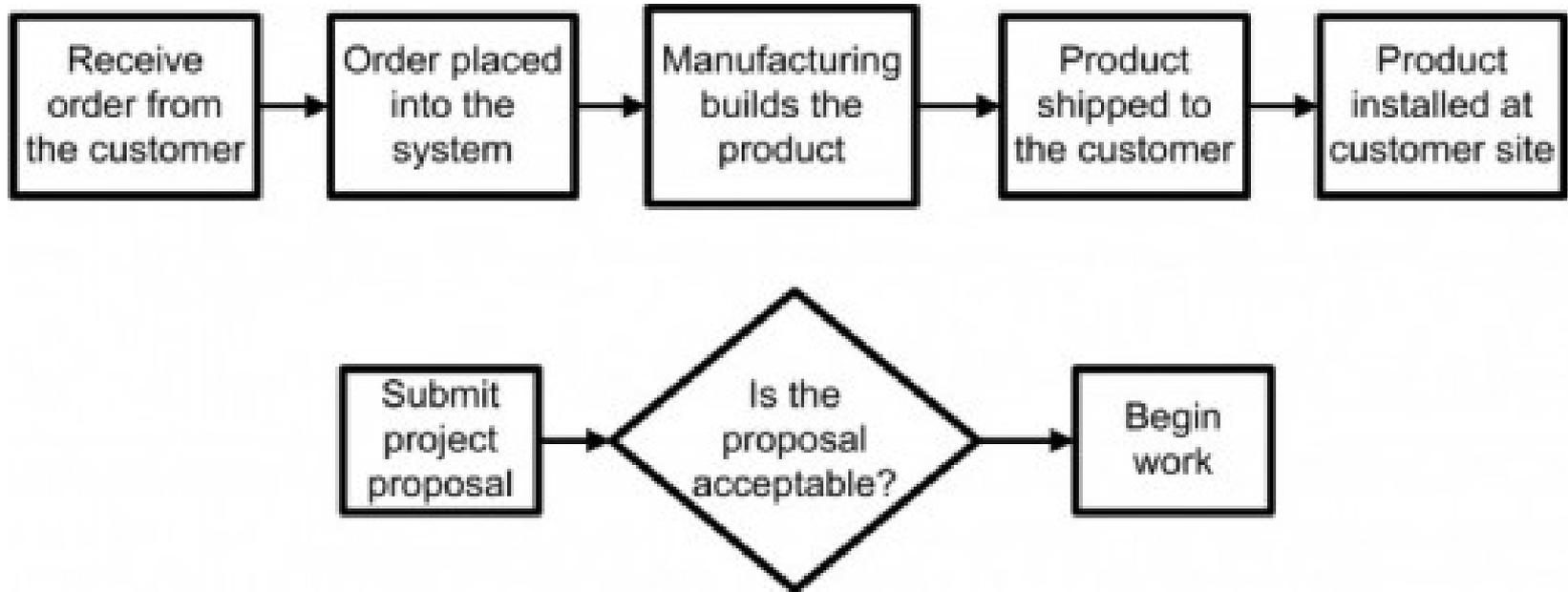
Quality Tools: Flow Chart

- **Key Points**
- Flow Charts show what is actually happening. An additional, though timely step, is to create an ideal flowchart and compare to the actual flowchart as unnecessary steps can be identified.
- Team must decide on how much detail to include on the chart.

Quality Tools: Flow Chart

- **Key Points**
- Flow Charts can be very time consuming. They are better used for processes than systems.
- Remember the more steps, the more chance of inconsistency and error in a process.
- After a Flow Chart has been constructed, bring it to a meeting for visual enhancement.

Macro Flow Chart



Common Symbols in Flow Chart

SYMBOLS USED IN FLOW CHART

-  - Start & end points
-  - Input or output
-  - One step in the process
-  - Decision Box
-  - Flow Lines
-  - Link to another page or another flowchart

References

- Care Providers Webinar: *Housing and Community Based Services Providers Quality Improvement Plan*. 2014. www.careproviders.org. November 6.
- Benedictine Health System. Online Resources: Quality Improvement Tools. Measurements. 2014. <http://esource/>. Internal intranet. November 8.
- [Quality Improvement Requirement Information and Web-based Tool](#)
 - For questions email dhs.ccarates@state.mn.us