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Climbing the QAPI Mountain

Amy Stewart, MSN, RN, RAC-MT, RAC-MTA, QCP-MT, DNS-MT

Chief Nursing Officer, AAPACN

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Objectives

- Understand the importance and power of a culture of learning and improvement as it relates to leading QAPI.
- Discuss tactics to involve all employees in QAPI.
- Correlate staff involvement in QAPI to meaningful work and recognize how this supports staff retention.

You Can't Climb a Mountain Without

- Team
- Fit
- Prepared
- Balancing risks/rewards
- Being intentional

Mark Udall, expert mountaineer and former U.S. Senator for Colorado

Why am I here?

Turnover is 90%. We hired 12 new employees.

I'm trying not to think about the money being wasted on this meeting.

And he's telling us this because?

That's bad?
Wait, that's good?

Define QAPI

QAPI Defined

- The coordinated application of two mutually reinforcing aspects of a quality management system: Quality Assurance (QA) and Performance Improvement (PI).
- QAPI takes a **systematic, comprehensive, and data-driven approach to maintaining and improving safety and quality** in nursing homes while **involving all** nursing home **caregivers** in practical and creative problem solving.

QA and PI

- **QA** is the specification of standards for quality of service and outcomes, and a process **throughout the organization** for assuring that care is maintained at acceptable levels in relation to those standards. QA is on-going, **both anticipatory and retrospective** in its efforts to identify how the organization is performing, including where and why facility performance is at risk or has failed to meet standards.
- **PI** (also called Quality Improvement - QI) is the continuous study and improvement of processes with the intent to better services or outcomes, and **prevent or decrease the likelihood of problems**, by identifying areas of opportunity and testing new approaches to fix underlying causes of persistent/systemic problems or barriers to improvement. PI in nursing homes aims to improve processes involved in health care delivery and resident quality of life.

Team

Staff and the role they play in QAPI

Question

Which of the following best describes your culture?

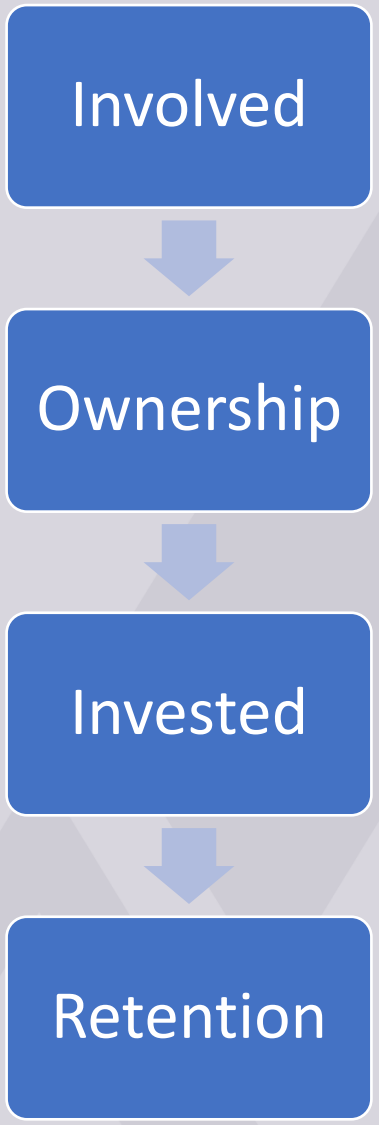
A. One of continuous learning and improvement
B. Learning from our mistakes and near misses
C. One that downplays staff concerns
D. Culture, what culture?

The Team

- Staff need to feel safe bringing concerns forward
- Staff need to be involved in changes that impact them
- Need staff in order to test, sustain, and reflect on change
- Need staff to help monitor data
- Involving staff increases engagement
- Improves staff satisfaction → improves retention

How to Get Staff Involved

- Clinical rounds
- Survey on concerns
- Educational needs assessment
- Ask staff about QAPI, surveyors will
- Staff meetings
- Planning meetings



Fit

The organization's ability to implement and sustain QAPI

Leading QAPI

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Behavior 1 – Person-centeredness

- Conduct rounds routinely and talk with staff, resident, and families
- Include staff in the improvement
- Explain outcomes in a way that illustrates how a person or people are impacted by the improvement
- Make it public through word and deed that preventing harm and honoring resident choice is personally important and not mutually exclusive

Behavior 2 – Relationship-oriented

Develop relationships with the staff who work closest to the resident

Ask questions and learn what staff do and why they do it

Foster trust by being transparent

Demonstrate genuine concern for staff personally and recognize their contributions to the organization

Behavior 3 – Focus

- Show a dedicated focus on where the organization is going and why
- Spend time talking about the future
- Take advantage of opportunities to share how what employees are doing contributes to achieving the goals
- Share results and stories on a consistent basis that are associated with the goals
- Appoint staff who are informal leaders to join an improvement team

Behavior 4 – Transparency

Share results and outcomes broadly; results should not be reserved for senior leaders only

Be honest and forthright when communicating

Behavior 5 – Boundarilessness

Look for connections at a systems level

Keep an open mind to new ideas, concepts, and ways of doing things

Look beyond the organization and even the industry for knowledge

Seek to understand the issues from multiple perspectives

IHI, 2017

Fostering a Culture of Learning

What is a Culture of Learning?

- An environment that demonstrates and encourages individual and organizational learning, and where both gaining and sharing knowledge is prioritized, valued, and rewarded.

Center for Creative Leadership

What is a Learning Healthcare System?

- According to the Institute of Medicine, a Learning Healthcare System is a system in which “science, informatics, and care culture align to generate new knowledge as an ongoing, natural by-product of the care experience, and seamlessly refine and deliver best practice for continuous improvement in health and health care.”
- Cycle of assembling, analyzing, and interpreting data, followed by feeding it back into practice.

Creating Culture of Learning

- Attract & develop agile learners
- Make learning a priority
- Lead by example
- Make time, prioritize, and encourage learning
- Set goals
- Use a variety of teaching methods
- Reward learning
- Give and receive feedback
- Incorporate learning into coaching

Opportunities Exercise

- Identify learning opportunities and build education to help improvement efforts
  - Unit A has the most call-offs
  - Unit B has more UTIs than any other unit
  - Unit C has high turnover
  - Unit D has the highest number residents flagging for a specific Quality Measure

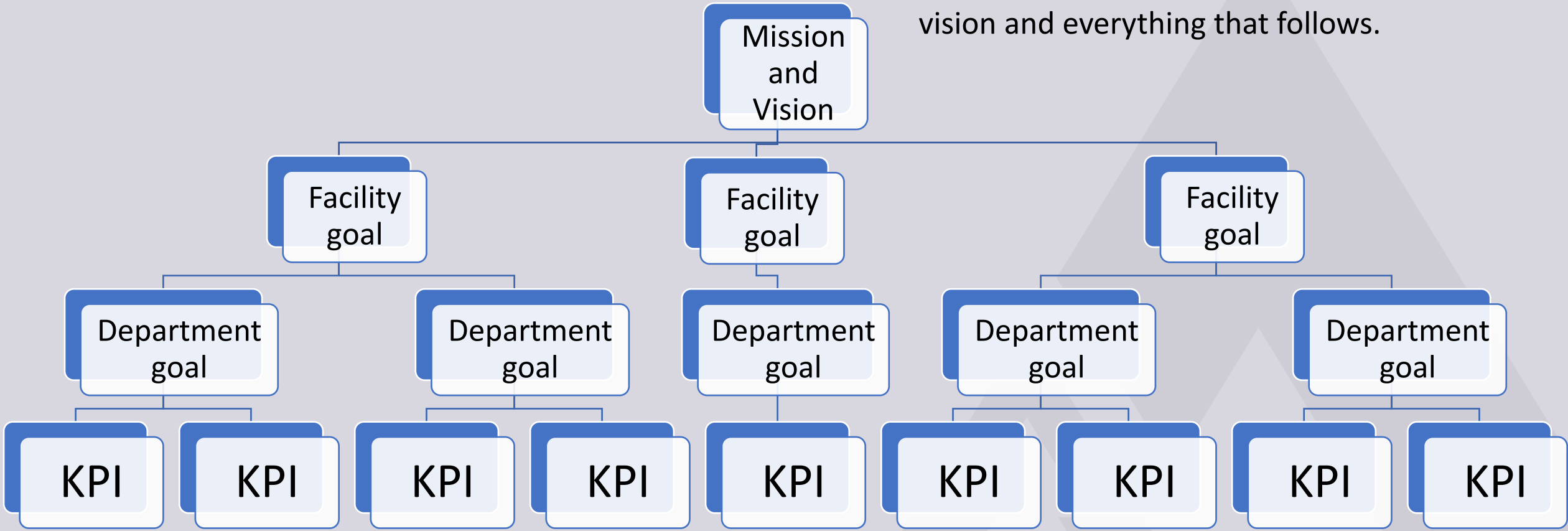
Prepare-
Metrics to monitor that relate to facility goals

Question

How do you know what to share during the QAPI meeting?

A. The QAPI steering committee sets goals, and shares progress toward those goals
B. The QAPI steering committee members complete a form, and we share what we put on that form
C. The things that could lead to a high scope and severity deficiency are shared
D. Not sure

*Scope of services in the QAPI plan and the Facility Assessment should be in alignment with the mission and vision and everything that follows.



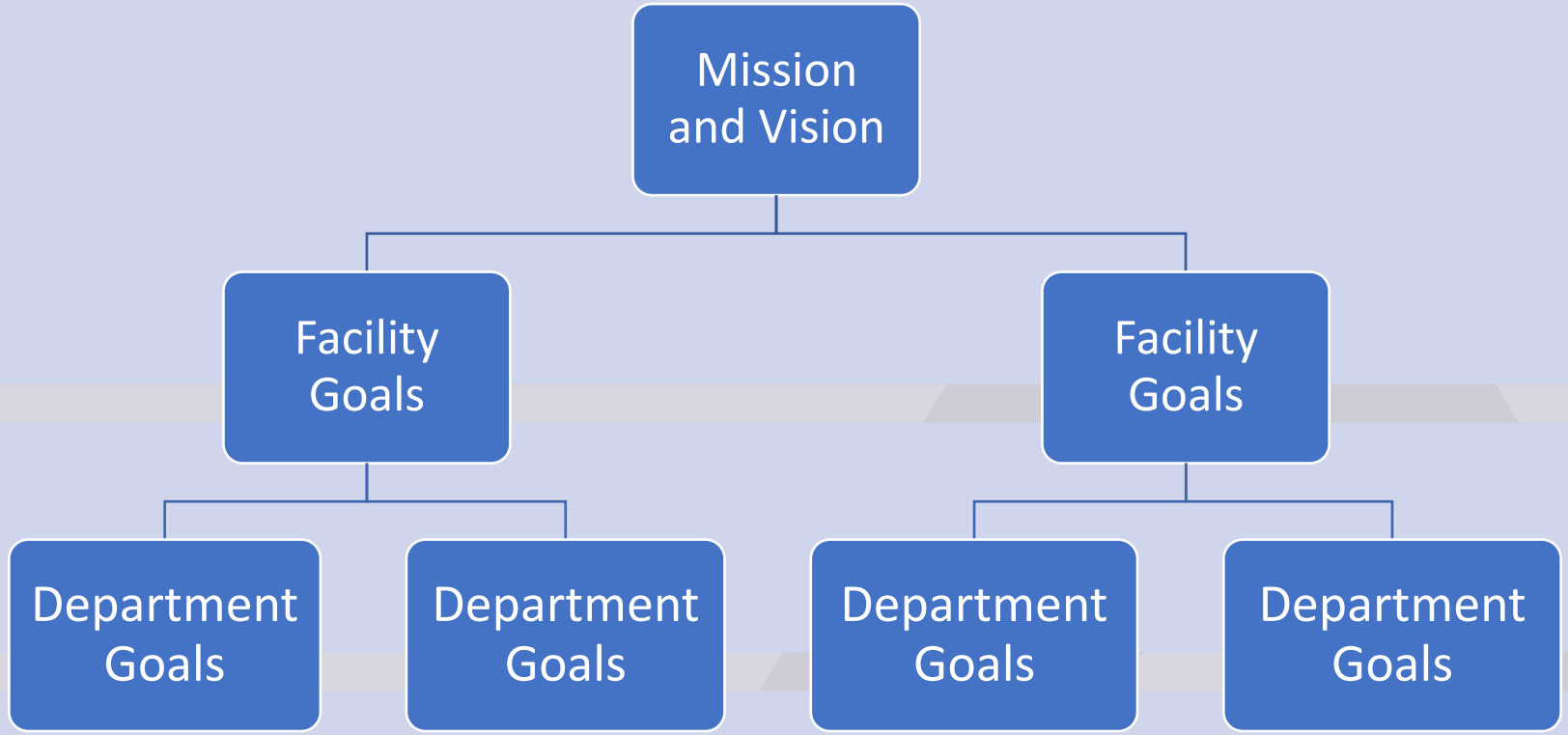
Mission, Vision, and Goals

Mission- why we are here

Vision- where we are going

Goal -desired state

Goal - desired state



Examples of Mission, Vision, and Facility Goal

Provide person centered care that helps elders navigate aging and wellness

Be the provider of choice for elders and their families in the communities we serve

Mission and Vision

Achieve an overall Four-Star Rating next year

Facility Goals

SMART + Stretch Facility Goal

- Facility goals provide direction to facilitate planning and teamwork necessary to achieve the vision and execute the mission
- SMART – specific, measurable, achievable, relevant, and time-bound
  - Achieve an overall Four-Star Rating by June 2024
- Stretch - ambitious

See handout

Example of a Department Goal

Provide person centered care that helps elders navigate aging and wellness

Be the provider of choice for elders and their families in the communities we serve

Mission and Vision

Achieve an overall Four-Star rating next year

Facility Goals

Retain 75% of nursing staff over the year

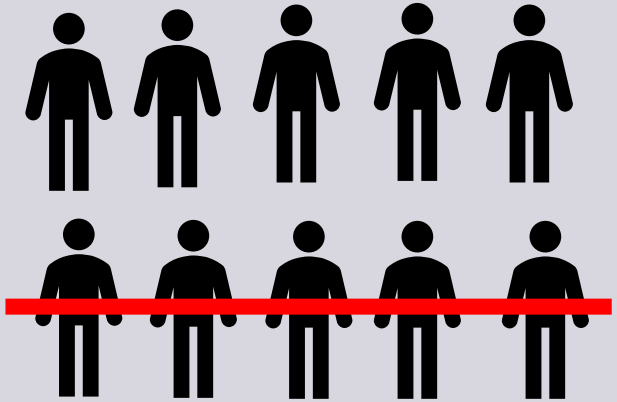
Department Goals

Turnover and Retention

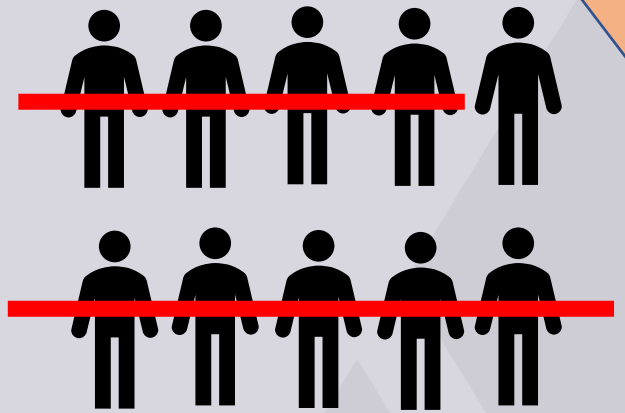
HR – Retention was 50% last year and turnover is averaging 90% monthly.

NHA - What else does this effect?

50% retention rate

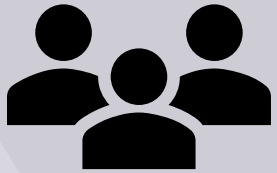


90% turnover rate



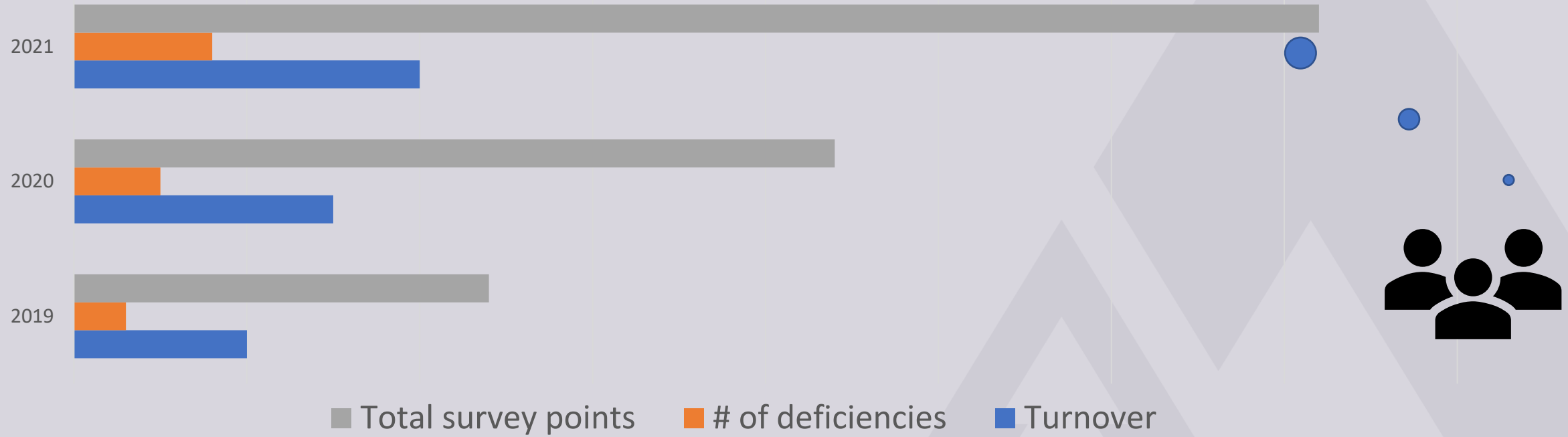
Retention is the number of individual employees who remained employed for a designated period of time.

Turnover is the number of separations divided by the average number of employees during a given time frame.



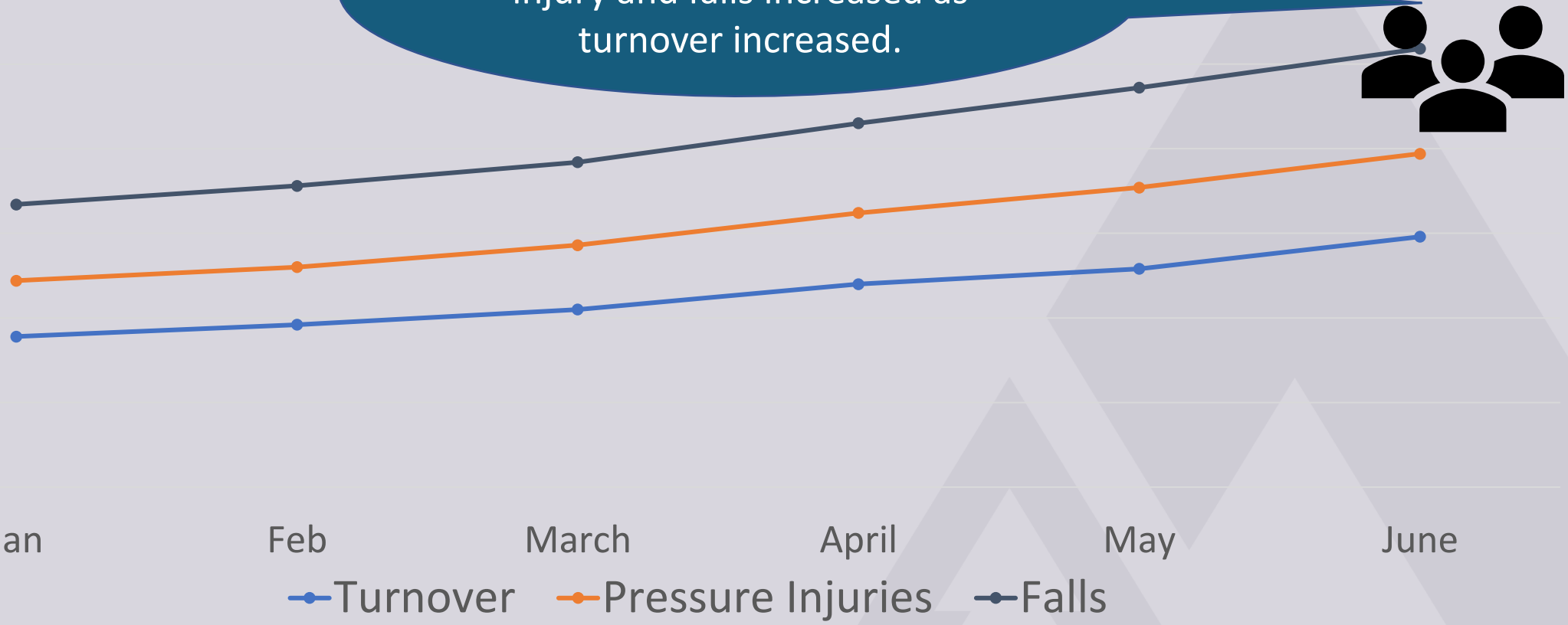
Association between Turnover and Survey Compliance

NHA- I found that as the turnover rates increase so does the number of deficiencies and survey points.



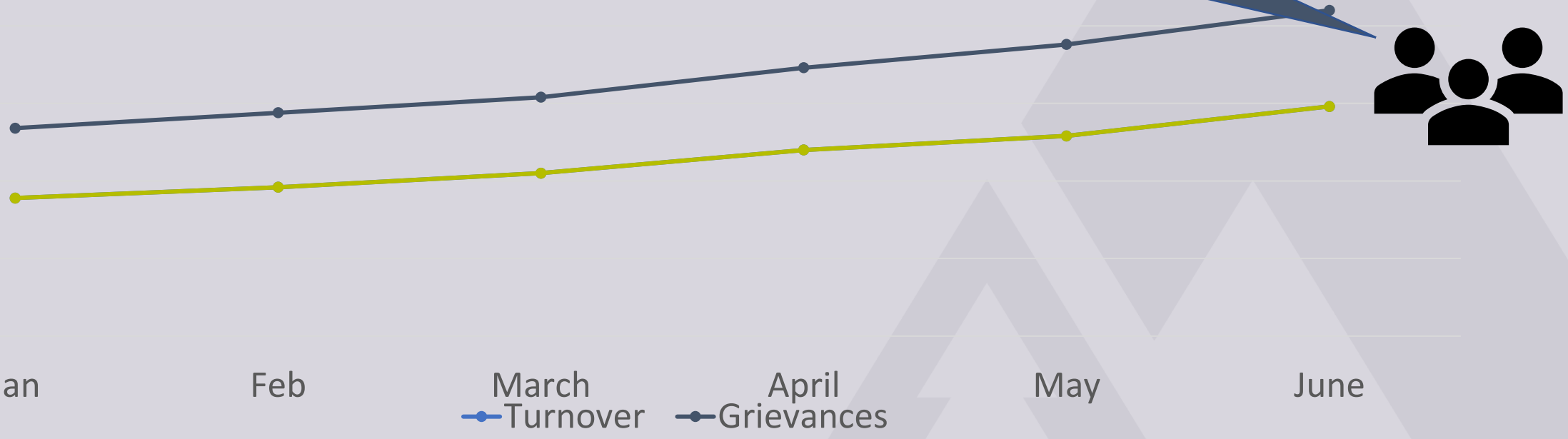
Association between Turnover and Clinical Outcomes

DNS - The rates of pressure injury and falls increased as turnover increased.



Association between Turnover and Grievances

SSD - I was looking at the number of grievances and those also increase with turnover.



Tips for making Department Goals

- Discuss and debate as a team
  - What are the priorities?
    - What must we do or without it, failure will occur?
- What barriers or factors currently impeded achieving the facility goal?
- What goal can we set in this department(s) to contribute to achieving the facility goal?
- Approach with simplicity
  - Limit the number of department goals to 3-5 annually
  - Make goals memorable and meaningful
  - Seek opportunities to collaborate

"Simple can be harder than complex: You have to work hard to get your thinking clean to make it simple. But it's worth it in the end because once you get there, you can move mountains"
Steve Jobs

Key Performance Indicators (KPI)

KPI - A metric that measures progress toward the goals

Leading KPI - Used to predict changes or trends before process change starts to show a pattern or trend

Lagging KPI- Used to confirm long-term trends

Components of a KPI

- Measure - verbal explanation of what is being measured
- Target – how much is to be achieved
- Frequency – how often

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Example of a KPI

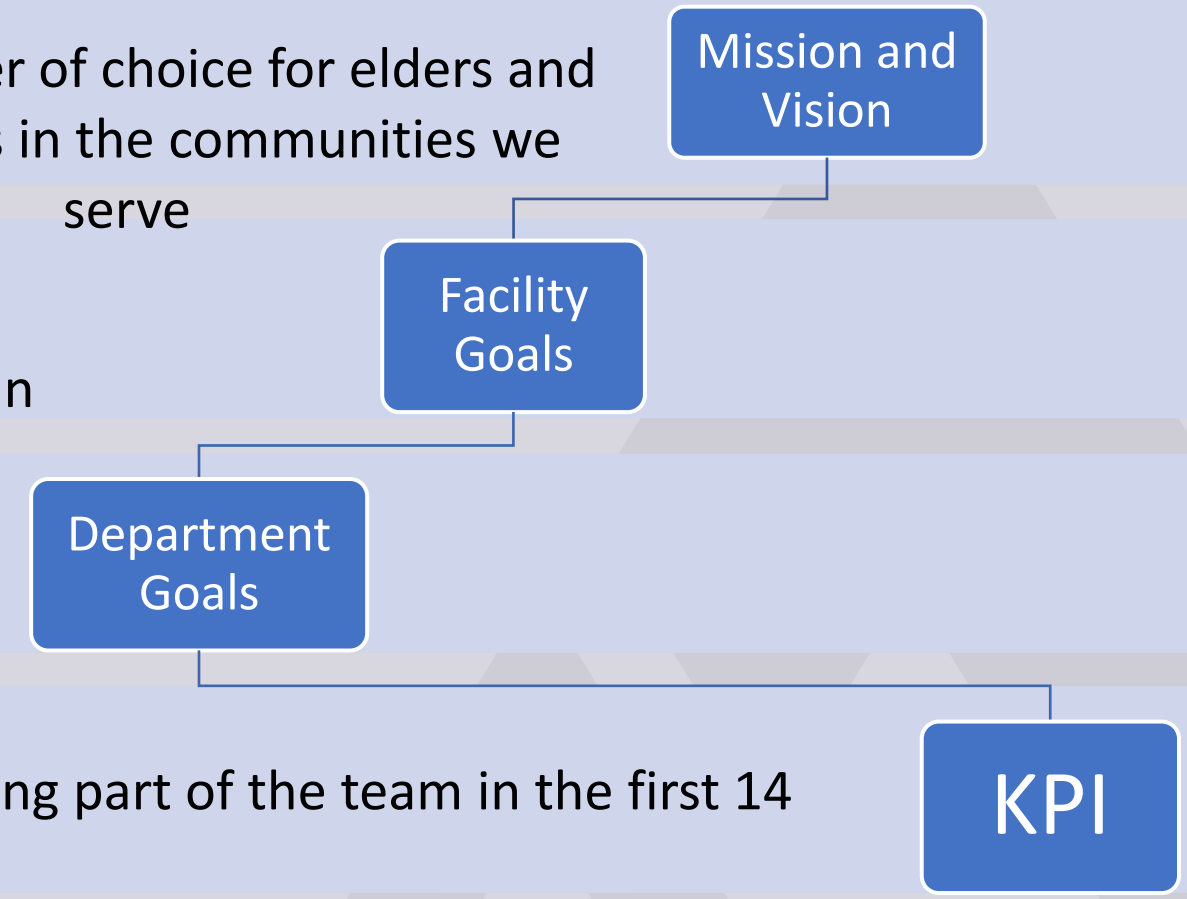
Provide person centered care that helps elders navigate aging

Be the provider of choice for elders and their families in the communities we serve

Achieve an overall Four- Star Rating in 2024

Retain 75% of nursing staff over the year

85% of new nursing staff will report feeling part of the team in the first 14 days of employment (leading KPI)
40% or less monthly turnover rate (lagging KPI)



Balance-data-driven methods and quality improvement techniques to lead QAPI efforts

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NCAL National Center for Assisted Living
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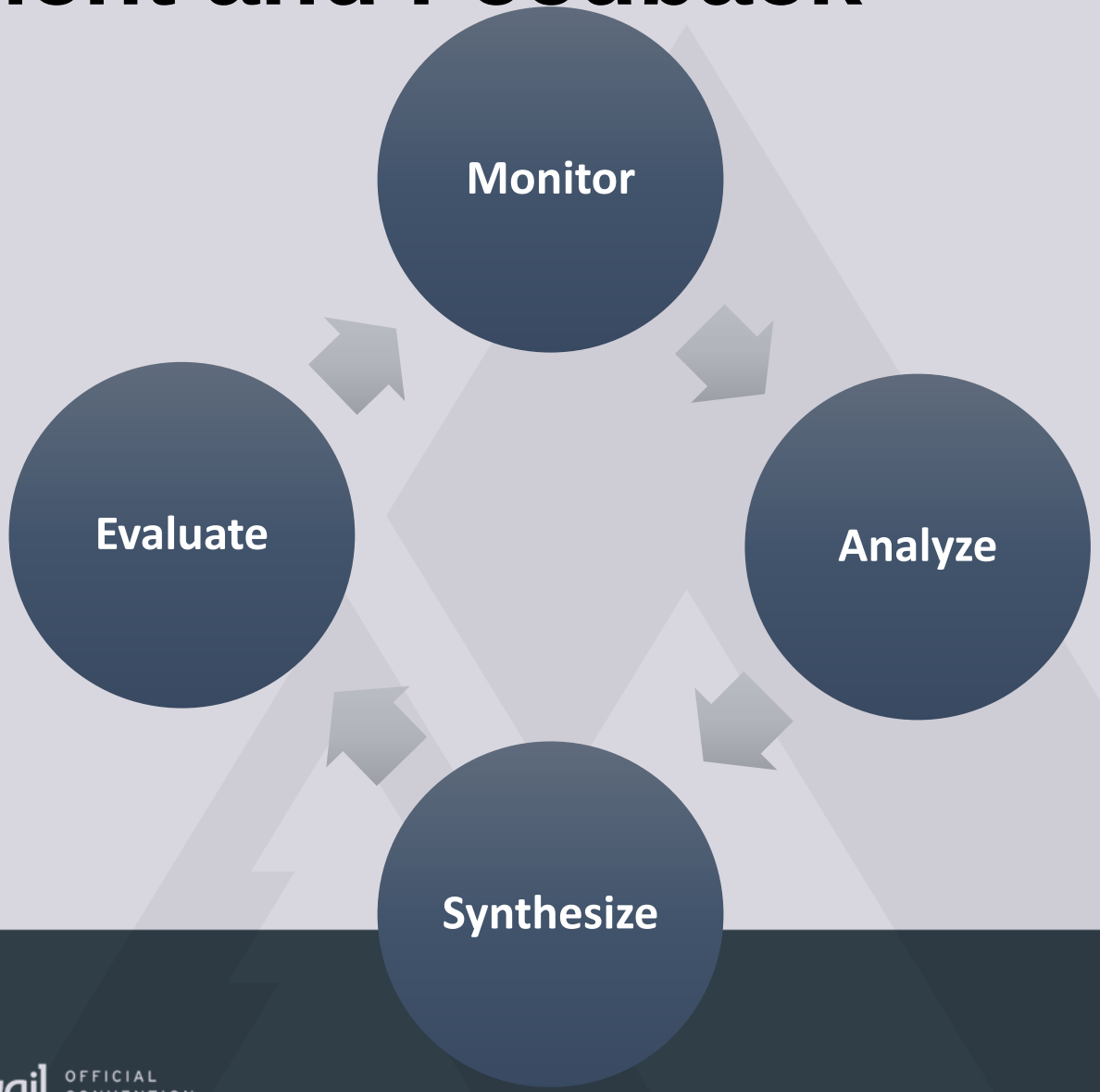
QAPI Plan: Data Management and Feedback

Monitor - Observe or check the status of something (e.g., check the retention rates).

Analyze - Understand the structure of something (e.g., analyze for patterns of when turnover occurs).

Synthesize - Combine the elements of the data to understand the whole picture and its impact on processes and systems (e.g., association of turnover to other outcomes, and root causes or contributing factors of turnover).

Evaluate - Judge or determine the quality or significance of something (e.g., evaluate the data to determine if the change to increase retention is effective).



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1st Challenge - What should I monitor?

- KPIs
- Outcomes that are essential to the delivery of safe care
  - Process measures
    - Call offs
  - Outcomes measures
    - Turnover
    - Retention

Monitoring – It takes a team

- Staff turnover
  - Pay and benefits
  - Orientation
  - Competitor
  - Workload
- Staff retention
  - Professional development opportunities
  - Coworkers
  - Advancement opportunities
  - Job satisfaction

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Plan for monitoring

- What will be monitored?
  - What is key or essential to check-on?
- How often does it need to be monitored?
- What is the source?
- Who will monitor it?

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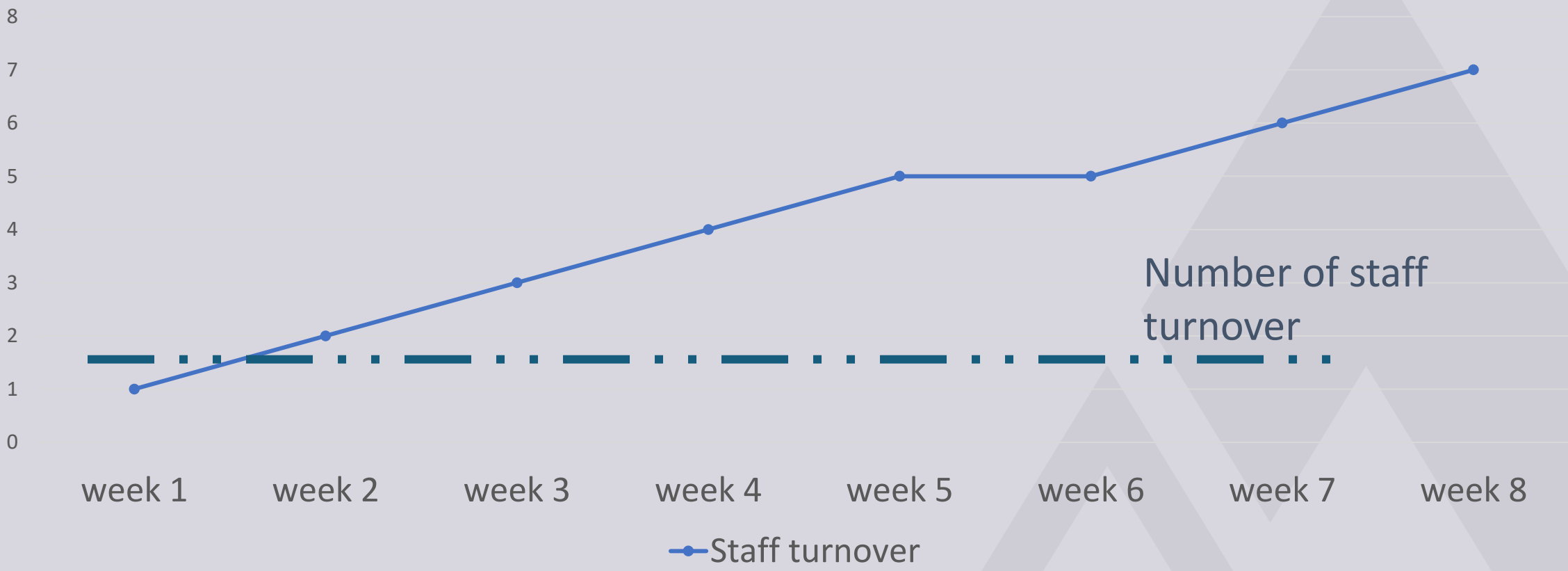
2nd challenge – Reacting instead of responding



2nd challenge – Reacting instead of responding

- Number of something/ census or occupied bed days
- Look at several weeks or months, not just one week or one month by itself
- Establish realistic thresholds of performance based upon reliable benchmarks and resident population acuity

- Example:
  - 33 staff turnover/ **200 staff** = 17%

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Root cause(s)

3rd challenge- Do we have a problem?

Baseline Staff turnover	Threshold Staff turnover	KPI Orientation completion	Department Goal All new staff will participate in and complete orientation before working the floor.
17%	15% monthly	95% monthly	

- The baseline is the measurement before an intervention started.
- A threshold is a minimum level of acceptable performance.
- A KPI is a measurable value demonstrating progress toward goals.
- Goals are the overarching priorities that facility leadership wants to achieve.

Establishing a baseline and threshold

- Baseline
  - Use an extended time frame when applicable
- Threshold
  - Consider the baseline and what is realistic
  - Consider the resident population
  - Review reliable benchmarks –
    - Comparison of performance against that of another performance metric
  - Follow regulatory requirements

Define the Problem

The majority of turnover occurs within the first 14 days of employment

- Describe the problem in objective terms, and include quantitative data – stick to the facts
- Avoid blame or attributing the problem to a cause
- Avoid the inclusion of a solution

Learn From Evidence

Why would people leave during that timeframe vs. other timeframes?

0-14 days

- Misaligned expectations
- Boring, insufficient training
- Not integrated

15-30 days

- Poor fit
- Boring, insufficient training
- Not welcomed/integrated

31-45 days

- Poor manager
- Scheduling

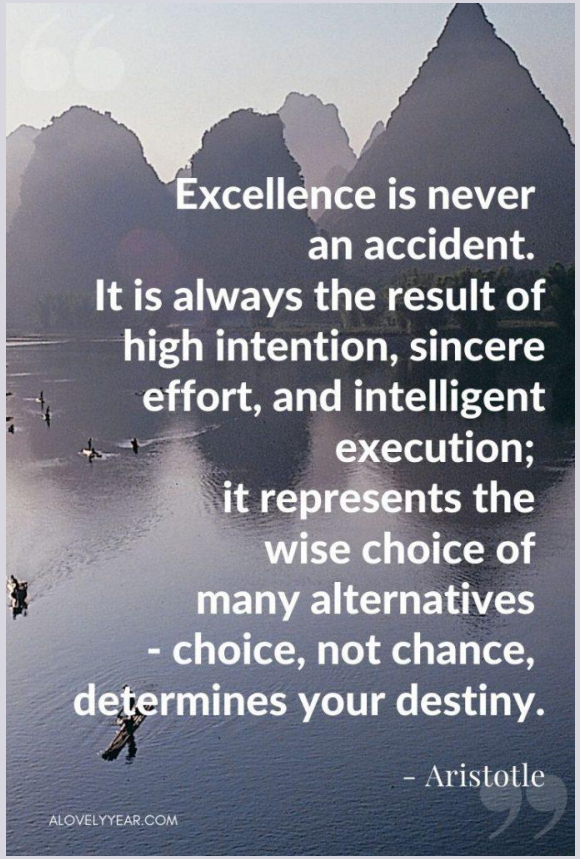
6 months

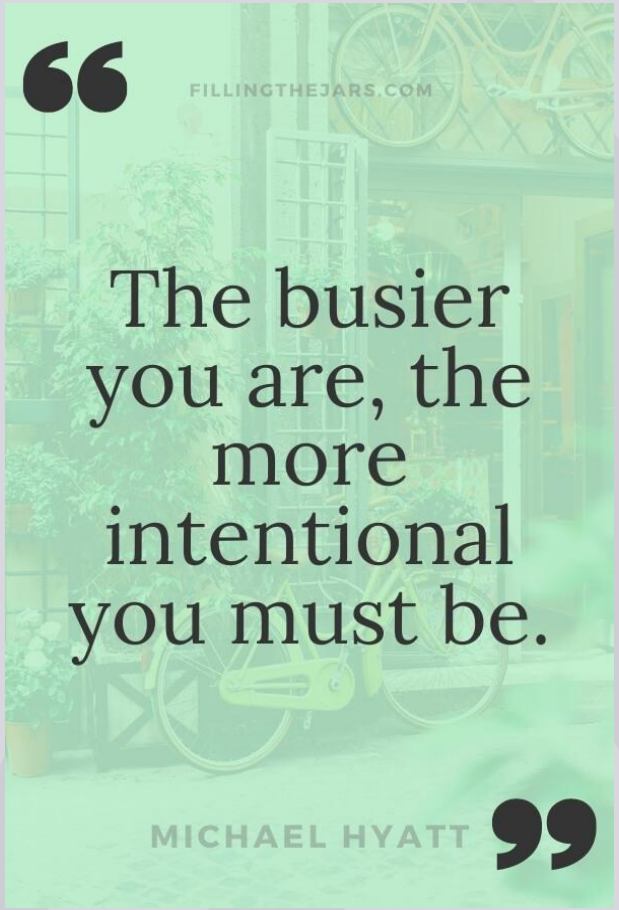
- Poor manager
- Not recognized for individual contributions
- No friends

1+ years

- Bored
- Poor manager
- Bleak perspective

Being Intentional





Intentional

- Prioritize QAPI efforts
- RCA before you react
- Track what is tied to organizational mission, vision, and values
- Stop tracking data when the issue is no longer a concern

Questions

astewart@aapacn.org

References

- Centers for Medicare & Medicaid Services. (2017). State Operations Manual, Appendix PP, “Guidance to surveyors for long-term care facilities” (Rev. 173, 11-22-17). https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf
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