Collaborative Progress… Where are We Now?

Traci Treasure, MS, CPHQ, LNHA
Quality Improvement Consultant

May 30th, 2013 Learning Session 2, Part 1
• Qualis Health is one of the nation’s leading healthcare consulting organizations, partnering with our clients across the country to improve care for millions of Americans every day
• Serving as the Medicare Quality Improvement Organization (QIO) for Idaho and Washington
• QIOs: the largest federal network dedicated to improving health quality at the community level
Why are we collaborating?

• To reach a common goal
  • Preparing for QAPI: 5 elements, 12 Action Steps

• To solve problems
  • Improve on QMs (PIP is QAPI Action Step)

• To learn from each other
  • Share lessons learns & Best Practices

• To optimally use our collective power and knowledge to better the quality of life of every resident!
A common goal: QAPI

• Current federal requirements for SNF quality:
  • QA&A Interdisciplinary teams meet quarterly
  • Evaluate deficiencies
  • Create action plans

• We deserve (and commonly do) better!

• New federal requirements
  • QAPI (Quality Assurance Process Improvement = Quality Improvement )
  • National rollout 2013
Applying the IHI’s Breakthrough Model

- Learning Sessions
  - IHCA and WHCA meetings, one LA meeting
  - Webinars
  - Affinity group calls

- Action Periods
  - Test changes
  - Report results
  - Receive data and reports
  - Office Hours calls
Road Map

National Collaborative will also provide webinars to support QAPI changes!
Learning Session Objectives

February 22, 2013
Learning Session 1
Get Ideas
Get Methods
Get Started

QH Teaches
(mostly)

You are Here!

May 7, 2013
Learning Session 2
Get More Ideas
Get Better at Methods
Get a “Stride”
QH and Teams Teach

Test all changes on small scale

Action Period 1

Test & implement all changes

Action Period 2

Fall 2013
Learning Session 3
Celebrate Successes
Get ready to Sustain and Spread
Teams Teach! (mostly)
Action Periods—Where the Rubber Meets the Road

Opportunity for nursing home teams to
• Test changes
• Measure results
• Get help from colleagues

Opportunity for Qualis Health staff to
• Support teams in their improvement work
• Build collaboration and shared learning
• Assess collaboration and progress

This is the time of maximal learning
Qualis Health Activity to Date

- Provided in-person education and webinar series for Learning Session 1
- Sent QM data reports X2
- Provide third QM data report and QAPI pre-assessment report this week
- Organized affinity groups for clinical topics
- Enhanced website www.qualishealthmedicare.org/NHCollaborative
- Kick off of Learning Session 2 today!
Collaborative Webinars

- Provided by Qualis Health faculty
- Will reprise some of the in-person content
  - Ensures that all can attend
  - Share with other team members not here today
  - Are available “on demand” in shorter segments
- First webinar series is complete:
  - March 14th Reprise of LS#1 (WHCA Winter Conference)
  - March 28th QAPI-centric
  - April 9th Best Practices for Appropriate AP use
Learning Session 2 Webinars

• Part 1: Collaborative Progress and QI tools
  • May 30: 12:00 PT/ 1:00 MT (Today!)

• Part 2: Principles of a Learning Culture and Early Successes
  • June 4: 12:00 PT/ 1:00 MT (Applying the National Change Package)

• Part 3: The Role of the Medical Director
  • August 8: 11:00 PT/ noon MT (Engaging the Medical Director to champion QAPI efforts)

Special Guest Speaker:
Sabine von Preyss-Friedman, MD, CMD; Sr. V.P. & Chief Medical Officer; Avalon Health Care, Inc.
Affinity Group Focus Topic
“Office Hour” Calls

• Reducing Avoidable Re-hospitalization: May 9
• Infection Prevention and UTI: May 21
• Falls: May 22
• Person-Centered Care: May 23
• Skin Integrity / Pressure Ulcer Prevention: May 29
• Pain Management May 30 (this morning)
National Virtual Event
NNHQCC Learning Session #2

• The 2\textsuperscript{nd} National Learning Session
• Tuesday, May 14\textsuperscript{th}, 2013
• Recording now available
• Register to listen to recording! –link on www.qualishealthmedicare.org/NHCollaborative

• Recording also available for Learning Session 1 originally held in February
QAPI Pre-assessment Results

Figure 2: Collaborative average percent of Pre-assessment Questions per stage for the 5 Elements of QAPI

106 responses from homes in both states
QAPI Status

• At least 3 or more homes have achieved stage 3 for every question
• The most homes at stage 3 for
  • “Just culture”
  • Governance Board support of QAPI
• The fewest homes at stage 3 for questions involving training and support of frontline caregivers in QAPI
Washington AP % QM

Long stay
Idaho AP % QM
Washington Falls QM

![Graph showing data for Collaborative Rate, Median, and State from December 11, 2011, to April 13, 2013. The graph indicates a consistent trend below 50%.](Image)
Washington Pain QMs

Short Stay

Long Stay
Idaho Pain QMs

Short Stay

Long Stay

Graphs showing trends over time for Collaborative Rate, Median, and State.
Washington Pressure Ulcer QM

Long-stay high-risk prevalence rate
ID Pressure Ulcer QM

Long-stay high-risk prevalence rate
Where do we go from here?

• Continued Qualis Health support: meetings, Action Period 2 starts- Learning Session #3, webinar series, Outcomes Congress, etc.
• Continue to work on implementing Best Practices and improving QMs
• Spreading and sustaining change
• Moving towards QAPI transformation
• Mentoring others
• Sharing lessons learned and success stories!
Questions?

Traci Treasure, MS, CPHQ, LNHA
Quality Improvement Consultant -- Qualis Health, Idaho
TraciT@QualisHealth.org  208.383.5947

Jillyn G. Reid, MHA, CPHQ
Quality Improvement Consultant -- Qualis Health, WA
JillynR@QualisHealth.org
206.288.2379 (direct) 1.800.949.7536 x2379 (toll free)

For more information:  
www.QualisHealthMedicare.org/NHCollaborative

This material was prepared by Qualis Health, the Medicare Quality Improvement Organization for Idaho and Washington, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. ID/WA-C7-QH-1106-04-13
Qualis Health Nursing Home
Quality Care Collaborative

Countryside Care and Rehabilitation
Team Storyboard
5-30-2013
About Us

• We are a hospital based nursing home in Rupert, Idaho. We are a 44 bed facility with 3-4 skilled beds. We decreased our census a year ago and now offer all private rooms.
Team Members

• Our psychotropic drug committee is made up of the pharmacist, the DON, the charge nurse, the MDS nurse, social services and myself.

• We have an amazing pharmacist who is on board with the changes that have been expected from CMS.
Action Steps

• We already had low antipsychotic medication use but decided to tighten up on the three that we had. All three residents were severely demented.

• When our psychotropic drug committee met we reviewed the residents who were on the meds, we reviewed behavior sheets, talked to frontline staff and evaluated pain.

• The result was medication reductions for all three residents, and an increase in pain medications for one resident.

• Our Hand in Hand training for staff also made a difference in the way they responded to the residents which was significant in the success of the reductions.
Measurement Plan

• Since this was a very small focus group it has been easier to track. We monitor behaviors and these three residents spend most of their time in a common area with an aid in attendance at all times.
Results

• The most exciting thing about these three residents is seeing the difference that this has made in their lives. All three were long time users of antipsychotic drugs.

• No increased behaviors were noted

• Better pain management
Results cont.

One resident who does not speak much, looked at the person who was encouraging him to feed himself and said “It would be easier if you just picked that up and gave it to me” She was surprised!

Difficulty getting families and physicians on board. The behaviors that came with the dementia had been managed with antipsychotic medications so long that families believed that if the medications were reduced uncontrolled behaviors would resume.
Qualis Health Nursing Home
Quality Care Collaborative

Nisqually Valley Care Center
Team Storyboard Presentation
5-30-2013
About Us

• Clinical services range from post-surgical care (skilled nursing) to wound care and pain management—closest hospital is approximately 25 miles away.
• Rehabilitation services include physical therapy, occupational therapy and speech therapy.
• Long-term care services provide medically supervised care in a home-like setting and include a dedicated area and activities for those with dementia.
• 63 resident beds available for short term rehabilitation, memory care, or long-term care
• 18 resident beds available for enhanced residential care.
• McKenna, Washington is our home, and we serve the Nisqually Valley as well as the communities of Roy, Yelm, Rainier, Eatonville, Lacey and Olympia.
• Historic, clean, beautiful setting right next to the Nisqually River.
Our Storyboard: which won 2\textsuperscript{nd} “Favorite Storyboard” at the WHCA Annual Conference!
Utilizing Lean Methodology for QAPI

Jillyn G. Reid, MHA, CPHQ

Quality Improvement Consultant
Qualis Health, Seattle, WA
• Qualis Health is one of the nation’s leading healthcare consulting organizations, partnering with our clients across the country to improve care for millions of Americans every day
• Serving as the Medicare Quality Improvement Organization (QIO) for Idaho and Washington
• QIOs: the largest federal network dedicated to improving health quality at the community level
What is Lean?

- Lean refers to a collection of principles and methods that focus on the identification and elimination of non-value added activity (waste) involved in producing a product or delivering a service to customers.¹

We need to take a long, hard look at current processes in order to see how they can be made better for our customers (the resident).

¹ James Womack, Daniel Jones, and Daniel Roos coined the term “lean” in their 1990 book *The Machine that Changed the World* to describe the manufacturing paradigm (often referred to as the Toyota Production System) developed by the Toyota Motor Company based on principles pioneered by Henry Ford.
The 5 Foundations of Lean

1. Add Value
2. Value Stream
3. Flow
4. Push/Pull
5. Seek Perfection
What is a Process?

• It is the “normal” way you get things done—how we do our work on a daily basis:
  • Answering call lights
  • Hourly rounding
  • Taking vitals
  • Repositioning
  • Charting
  • What else can you think of?
Waste is any activity that does not add value to the product or service.

1: Overproduction
   Making more than is required by the next process.

2: Waiting:
   Any idle time created when waiting.

3: Transportation/Motion:
   Any movement of materials or people that does not add value to the product or service.

4: Non-Value-Added processing:
   Any effort that adds no value to the product or service.

5: Excessive Inventory:
   Any supply in excess of what is needed at the current time.

6: Under Utilizing People:
   The waste of not using people to the best of their unique abilities.

7: Defects:
   Needing to do re-work or treat people for medical mistakes.

Value is defined by the customer only!
Business-value add is different than customer value!
Quality Assurance & Performance Improvement (QAPI) through Lean

• **Waste** reduction
• Identifying and improving **value** for customer
• **Visual display** of information
• Improvement driven to the **front line, by the front line!** This enables and empowers staff to test, to try, to stop the line

• **Standard work** (variation increases errors)
• **Leadership accountability:**
  • rounding
  • auditing
  • helping with problem solving at the front lines
  • Allocating resources for QAPI activity & Lean activities
These are steps, processes, activities, etc. that add value to the customer. Remember, the customer is the resident and their family/friends. In order to be considered a “value added” activity, it must meet these 3 criteria:

1. Is the resident / family willing to pay for the good, service, or activity?
2. Is the good, service, or activity needed or wanted?
3. Is the good, service, or activity done right the first time - no delays, no errors?
Simply put, this is the actual PROCESS! All the steps (or the sequence of steps), required to complete the good, activity, or service from start to finish. Understanding and writing down (mapping) the process is the first and most important step to utilizing Lean. It is here, in a process map (or “value stream map,”), where one can identify waste and where errors could occur.
The 5 Foundations of Lean

This is being able to balance the needs of the residents (customer), with the internal resources available (staffing, time, goods, etc.). The goal is a continuous, balanced, synchronous flow vs. “batch flow” and an asynchronous system full of waiting, re-work, waste, and errors. Typically, time/motion studies or “process walks” occur. This enables you to figure out how long a process actually takes, what the current steps are, and more importantly, what steps can be eliminated in order to increase efficiency, safety, and add value to the customer/resident.
More about Synchronous Flow

Asynchronous flow- not smooth, steady, or balanced. Lots of bumps, obstacles, twists, and turns… it meanders!

Synchronous flow- this stream doesn’t have a lot of twists, turns, and obstacles. It’s streamlined, continuous, balanced.
A push/pull system means that checks and balances are in place - there is a standardized system with less variation. A system is in place to ensure supply and demand are met, without having waste such as overstock, overtime, re-work from excessive errors, etc. Push occurs when the process is so efficient and streamlined - one can anticipate the needs and wants of the customer proactively. Pull creates balance and efficiency by ensuring instant feedback, balance, and elimination of wastes.
This means a process has been mapped, wastes eliminated, value added, errors have been identified and accounted for. Humans make mistakes, but we can also make things “mistake proof” by eliminating variation and creating standard work processes. Staff should also be empowered to “stop the line” if a mistake is noticed so that defects aren’t just passed on down the line.

Using the PDSA cycle is one way to continually assess and audit a process to make sure it becomes “mistake proof.”
Lean Tools

1. Value Stream Mapping (Process Map)

2. 1-Day Kaizen Event

3. Multiple-day Rapid Process Improvement Workshop (RPIW)

4. 5S Event
Process Walk & Value Stream Mapping

1. Are all 26 steps needed?
2. Are all 26 steps “value added”
3. Is 190 Minutes TOO long to wait!?
26 TOTAL Process Steps
190 Minutes of “Wait Time” for resident
1. Are all 26 steps needed?
2. Are all 26 steps “value added”
3. Is 190 Minutes TOO long to wait!? 
   CURRENT STATE

16 TOTAL Process Steps
70 Minutes of “Wait Time” for resident
1. Business vs. Customer value add
2. 16 vs. 26 steps
3. 70 vs. 190 minutes!
   FUTURE STATE IS BETTER!
Lean Tools

1. Value Stream Mapping (Process Map)
2. 1-Day Kaizen Event
3. Multiple-day Rapid Process Improvement Workshop (RPIW)
4. 5S Event
Kaizen Event

• Japanese Term
  • “Kai” means “to change”
  • “Zen” means “for the good of all”

• Small scale, focus usually on 1 step in the larger value stream

• Typically a 1-day Event
  • Pre-work done in advance
  • VSM usually already created

• Example: After creating a VSM of the RN workflow, it was noted that the form used to create a new Med Order to be sent to the MD Office was lengthy and confusing - this has caused med errors in the past due to anecdotal information and a recent RCA conducted on a med error. Kaizen Event will look only at the form and how to redesign the form to create one that is more streamlined, with less opportunity for mistakes and human error.
1. Value Stream Mapping (Process Map)

2. 1-Day Kaizen Event

3. Multiple-day Rapid Process Improvement Workshop (RPIW)

4. 5S Event
# Rapid Process Improvement Workshop (RPIW)

- Typically a weeklong (5-day, 40-hour) workshop

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Team rules established</td>
<td>Continue measuring and mapping the current state</td>
<td>Finalize future state map and new process</td>
<td>Implement the process: GO LIVE!</td>
<td>Present finalized future state and any documents</td>
</tr>
<tr>
<td>Team educated on Lean Concepts</td>
<td>Analyze current state process to identify wastes</td>
<td>Create any necessary documents (forms, policies, training materials, etc.).</td>
<td>Should use PDSA</td>
<td>Present preliminary results and feedback - Report Out</td>
</tr>
<tr>
<td>Get on the Gemba! Walk the process.</td>
<td>Generate ideas for eliminating waste and adding value</td>
<td>Create action plan for implementing the process</td>
<td>Evaluate the new process</td>
<td>CELEBRATE!</td>
</tr>
<tr>
<td>Begin measuring and mapping the current state</td>
<td>Create new future state map and process</td>
<td></td>
<td>Finalize</td>
<td></td>
</tr>
</tbody>
</table>


Lean Tools

1. Value Stream Mapping (Process Map)
2. 1-Day Kaizen Event
3. Multiple-day Rapid Process Improvement Workshop (RPIW)
4. 5S Event
5S
“A place for everything, and everything in its place…”

Sort- Sort the needed from not-needed to eliminate search time

Straighten- Keep needed items in an orderly fashion so that things can be accessed quickly and easily- make it visual

Sweep- Clean items to create a visually appealing and safe environment- create a cleaning/maintenance schedule

Standardize- Create standards, checklists, use color coding, labels, etc.

Self-Discipline/Sustain- Prevent backsliding by creating rules, audits, communication and training plans, etc. This will create standard work, agreement, and all-around commitment.
The Power of 5S

Before
Office Supply Cabinet

After

Which do you prefer? Which do you think is more efficient?
5S Before & After

Before 5S

After 5S
More 5S Ideas
Inspection: 
mistake proof to drive out waste 
and reduce defects!

There are 5 levels of inspection:

1. Customer Inspects
2. Company Inspects
3. Work Unit Inspects
4. Self Inspection & Correction
5. Eliminate Opportunities for Errors

Defects are a form of waste. Resident harm is a defect. Lean can help identify waste and defects to reduce harm.
Level 1: Customer Inspects

Suppliers → 1 → 2 → 3 → 4 → Customers

Feedback

Error occurs

Customer finds defect
Level 2: Company Inspects

 Suppliers → 1 → 2 → 3 → 4 → 5 → Customers

Error occurs

Inspector finds defect

Feedback
Level 3: Work Unit Inspects

Suppliers 1 2 3 4 5 Customers

Error occurs Defect detected
Level 4: Self Inspection & Correction

Suppliers → 1 → 2 → 3 → 4 → 5 → Customers

Error caused, detected and corrected
Level 5: Eliminate Opportunities for Errors

Process controls and design prevent error
How to Select a Lean Project

1. Review your data (QMs, Satisfaction Scores, Complaint Surveys, etc.)
2. Decide if you will IMPROVE a process or CREATE a new process
3. Keep in mind the following criteria when selecting your Lean Project:

- Funding concerns
- High volume and/or criticality
- Number of customer and staff complaints
- Productivity problems
- Backlogs and amount of work in progress (WIP)
- Administrative bottlenecks and delays
- Existence of a project “champion”
- Staff willingness and energy
The 3 Phases of Lean Event Planning:

### Phases in Planning for a Lean Event

<table>
<thead>
<tr>
<th>Phase 1: Initial Planning and Scoping</th>
</tr>
</thead>
<tbody>
<tr>
<td>➞ Secure a Lean facilitator</td>
</tr>
<tr>
<td>➞ Scope the event</td>
</tr>
<tr>
<td>➞ Identify the Lean method to use</td>
</tr>
<tr>
<td>➞ Identify the Lean event sponsor and team leader</td>
</tr>
</tbody>
</table>

➤ *Qualis Health will be offering Lean Facilitation to our Collaborative Homes!*

<table>
<thead>
<tr>
<th>Phase 2: Pre-event Meeting</th>
</tr>
</thead>
<tbody>
<tr>
<td>➞ Refine the event scope and objectives</td>
</tr>
<tr>
<td>➞ Set clear boundaries for the event</td>
</tr>
<tr>
<td>➞ Identify performance metrics and pre-work needed</td>
</tr>
<tr>
<td>➞ Select participants and determine roles</td>
</tr>
</tbody>
</table>

➤ *This is where the Team Charter document and the PDSA Worksheet comes in handy!*

<table>
<thead>
<tr>
<th>Phase 3: Event Preparation and Logistics</th>
</tr>
</thead>
<tbody>
<tr>
<td>➞ Prepare the event agenda</td>
</tr>
<tr>
<td>➞ Arrange logistics</td>
</tr>
<tr>
<td>➞ Collect needed data and information</td>
</tr>
<tr>
<td>➞ Communicate about the event</td>
</tr>
</tbody>
</table>

➤ *Conduct any necessary pre-work such as process walk (time/motion study) and create the value stream map.*
What Have We Learned?

• 5 Foundations of Lean
• Waste
• Lean Tools
  • VSM
  • Kaizen Event
  • RPIW
  • 5S
• Inspection & Error Proofing
• Selecting a Lean Project
• Planning for the Event!
The Next Steps…

**Review**
- Analyze your most recent data
- Review this presentation, PDSA, and other “QI Tools” topics: ask questions if necessary

**Plan**
- Determine what to improve- QMs, satisfaction, etc.
- Determine if you will use Lean, what type of Lean event to conduct, and who will facilitate

**Prepare**
- Finalize improvement topic selection and facilitator
- Work through the 3 phases of Lean Event Planning
- Begin Preparations & Pre-Work for Lean Event
Questions?

Jillyn G. Reid, MHA, CPHQ
Quality Improvement Consultant -- Qualis Health, WA
JillynR@QualisHealth.org
206.288.2379 (direct) 1.800.949.7536 x2379 (toll free)

Traci Treasure, MS, CPHQ, LNHA
Quality Improvement Consultant -- Qualis Health, Idaho
TraciT@QualisHealth.org 208.383.5947

For more information:
www.QualisHealthMedicare.org/NHCollaborative

This material was prepared by Qualis Health, the Medicare Quality Improvement Organization for Idaho and Washington, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. ID/WA-C7-QH-1140-05-13
Your Feedback is Important to Us!

Please complete the brief SurveyMonkey evaluation when you close out of the webinar in order to provide feedback and to receive your Certificate of Participation:

https://www.surveymonkey.com/s/XT33CYV

For more information:

www.QualisHealthMedicare.org/NHCollaborative