



The Path To Quality Improvement

A well-defined, goal-driven quality improvement program is vital to the continued satisfaction of residents, family, and staff.

IMPLEMENTING A SUCCESSFUL QUALITY improvement (QI) program, when approached deliberately using proven strategies, is attainable for any geriatric care setting. The process starts with developing the framework, tailoring it to meet the specific goals of each facility, and making certain the foundation for continued QI is carefully prepared.

A goal-driven approach built on data analysis keeps the program on track, focuses attention, and targets facility resources to key areas. Rewards of a successful program range from improved quality of care and financial outcomes to the enhancement of resident, family, and staff satisfaction.

QI is an ongoing process that produces purposeful change of existing processes to increase the reliability of achieving superior outcomes. In most geriatric settings, QI initiatives typically target key clinical issues such as falls, pressure ulcers, dehydration, and other common problem areas.

Who's Responsible For QI?

A well-defined QI program incorporates peripheral issues such as staff retention, resident satisfaction, customer relations, education, and even financial resources.

QI is the responsibility of a Quality Assurance and Assessment Committee, as mandated by federal regulation.

Effective June 1, 2006, the Centers for Medicare & Medicaid Services (CMS) revised its guidance for long term care surveyors regarding Quality Assurance and Assessment (QAA) and merged F521 into F520. This regula-

tion requires every facility to maintain a QAA committee that includes the director of nursing, a physician designated by the facility, and at least three other members of the facility staff.

As an oversight group, they are

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required to meet at least quarterly and are tasked with identifying, developing, and implementing appropriate plans of action to correct quality deficiencies.

Culturally, QAA programs face characteristic resistance to change—to role change, process change, and mindset change.

Management issues complicate the process with a lack of clear communication, uncertain commitment, failure to identify goals, and the mistaken notion that QI is a turnkey process.

Other challenges include budgetary constraints, lack of automation or technology to allow for quick data analysis, recruitment issues, and the opposing forces of special interest groups.

Too often, facilities focus on improving a specific quality issue yet fail to address contributing and underlying problems. In the rush to achieve instantaneous improvements, essential process steps are circumvented and the

necessary foundation for long term improvement is not adequately prepared. Such haste results in certain failure, frustrated staff, and future resistance to QI initiatives.

For example, assume that a facility is experiencing recurring issues with the prevalence of pressure ulcers and forms a committee to solve the problem. Regardless of how effective the committee is at identifying clinical issues and developing an action plan, if the underlying problem is staff turnover, the clinical “fix” will be short-lived.

Establish A Framework

To implement a QI program, start by establishing a solid framework that includes the following key actions:

- Use risk management processes to minimize negative outcomes;
- Incorporate a method that tracks and trends outcomes to identify possible patterns; and
- Utilize root-cause-analysis techniques to develop a comprehensive and targeted plan of action.

Once this framework is established, the next step is to identify facility goals. Identifying goals requires input from

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facility “customers,” and while certain customers are obvious—residents, family members, and staff—others are routinely overlooked. These customers include vendors, regulatory agencies, and referral sources.

Including them will add an important dimension to the QI program and may help identify opportunities that would otherwise go undetected.

Next, identify a structure. While F520 provides the groundwork for an effective QI process, to achieve certain goals it may be necessary to expand upon that structure. A fluid and dynamic QI approach should empower initiative-based subcommittees that meet more frequently and include representation from all stakeholders in the initiative. The subcommittees report back through the governing QAA committee and continue meeting until goals are achieved.

Stakeholders may include direct line staff, nursing staff, residents, and family members. Additionally, the subcommittee should seek involvement from those

in a position to authorize change such as the administrator, medical director, or director of nursing.

Each subcommittee member needs to be educated on basic QI principles and processes, data interpretation, data-driven benchmarking, communication, and the specifics regarding their tasks. The specifics include all relevant committee parameters such as the budget and the time expected to complete the project. Most importantly, it is essential for subcommittee members to be trained in the application of root-cause-analysis (RCA) techniques.

Root Cause Analysis

An effective QI program is completely dependent upon strategy, and RCA is one key strategy that has proven effective in identifying critical initiatives, setting priorities for action, and creating a model for continued QI.

RCA is a problem-solving methodology aimed at identifying the sources of problems or events. The practice of RCA is predicated on the understand-

ing that problems are best solved by attempting to correct or eliminate root causes, as opposed to merely addressing a negative outcome.

By directing corrective measures at root causes, it is expected that the likelihood of problem recurrence will be minimized. However, in order to effectively analyze the results of any one process improvement, only one improvement should be introduced at a time. Selecting the order of initiatives to be addressed can be completed through brainstorming, voting, rank order, consensus, or any other agreed-upon method.

From start to finish, a superior QI program needs to be carried out in the context of a proven approach, such as FOCUS-PDCA, developed by Walter Shewhart and taught by Edwards Deming. FOCUS-PDCA is an acronym that has attained a great deal of recognition in the health care setting with regard to QI programs (*see box, bottom left*).

To illustrate the application of a FOCUS-PDCA approach, consider a facility that has a goal of increasing resident satisfaction through an initiative to reduce the prevalence of resident falls. This initiative would be overseen by a multidisciplinary subcommittee that explores possible root cause issues and identifies a number of improvement process measures that would be implemented sequentially and closely monitored for progress through data analysis.

Begin At A Modest Level

Initially, it is often best to start small to equip the members with experience and confidence in the QI process. The first initiative, therefore, may be to improve the physical surroundings of the facility—reduce clutter, improve lighting, and inspect flooring. To that end, a plan will be outlined, the goal will be communicated facility-wide, the improvements will be carried out, and the results monitored. Communication is key and can be conducted through storyboards located around the facility,

A Focus-PDCA Approach

The Plan Do Check Act (PDCA) cycle is a checklist of four stages used to coordinate continuous improvement efforts. It both emphasizes and demonstrates that improvement programs must start with careful planning, must result in effective action, and must move on again to careful planning in a continuous cycle.

As an extension of PDCA, FOCUS-PDCA is a systematic method for improving processes:

- Find a project—Use data to identify a process improvement initiative.
- Organize a team—Empower a multidisciplinary subcommittee that has knowledge about the process improvement area selected.
- Clarify knowledge—Ensure that each committee member understands

the entire process that is under investigation for improvement.

■ Understand variation of outcomes—Use root cause analysis techniques to understand contributing issues.

■ Select an improvement process—Start the PDCA cycle, one improvement at a time.

The PDCA cycle refers to:

■ Plan the improvement—Develop a road map for the improvement process.

■ Do the improvement—Implement the changes to existing protocols and procedures.

■ Check the process—Monitor.

■ Act—Based on results, either expand or modify existing improvement initiative or move to the next improvement process.

including resident, family, and staff areas; at staff meetings; and at resident council meetings.

Consistent Monitoring Key

It is important to continually monitor and compare results to predictions and then summarize and document lessons learned. Additional action may be necessary and can take the form of expanding the improvement process if expected results are not fully realized. Even after the goals are attained, the process should include a mechanism to

continually cycle back to “check” and “act.” For example, suppose the reduction of clutter was determined to be a catalyst for reducing the prevalence of falls. Over time, clutter can creep back into the hallways and reverse any improvements made.

A successful QI program takes time to accomplish, but as the elements of FOCUS-PDCA are established in the culture of the entire workforce, a superior QI program is assured.

Quality service is the foundation upon which long term care providers

build a successful organization, and continuous QI can provide the strength that every foundation needs to endure.

With the recent addition of CMS’ Five-Star Nursing Home Quality Rating System, now is the time for every provider to reexamine existing QI programs and retool with a data-driven, strategic approach that can deliver on facility goals. ■

For More Information

■ www.hci.com.au/hcisite2/toolkit/pdcacycl.htm

Quality Improvement Program Saves Millions

States with a provider “bed tax” should consider following a program developed in Missouri that dispatches trained nurses to facilities facing quality-of-care challenges to help their staff figure out how to best solve their problems, according to a recent study in the journal *Geriatric Nursing*.

The study, “Helping Nursing Homes ‘At risk’ for Quality Problems: A Statewide Evaluation,” co-authored by several University of Missouri researchers in the journal’s July/August 2008 issue, found that a quality improvement program funded by a portion of the state’s Nursing Facility Quality of Care Fund saved participating facilities \$6 million in the past three years as well as improved quality of care for hundreds of residents.

Savings for the facilities were more than 10 times the program costs, the researchers found. The cost per facility to use the program was less than \$3 per bed, according to the university.

“It is a good statewide investment of provider ‘bed taxes’ or other state agency funds with measurable clinical improvements for nursing home residents, particularly those living in facilities most at risk for quality prob-

lems,” according to the study. “Efforts to help facilities with quality improvement appear not only to be helpful to nursing home residents who receive better care when they need it, but also to the industry to improve care and reduce costs associated with common care problems.”

Last year, 990 residents avoided developing pressure ulcers, depression symptoms, and weight loss, resulting in a total savings of \$3.7 million statewide for facilities and health care providers in the state, according to the university.

The Quality Improvement Program of Missouri (QIPMO), sponsored by the Department of Health and Senior Services (DHSS), works in partnership with the university’s Sinclair School of Nursing. Four expert gerontological nurses, all with long term care facility experience, work with QIPMO to help with facility visits and recommendations.

Through the voluntary program, a facility contacts QIPMO and schedules a consultation with one of the expert nurses. During a two- to three-hour site visit, the QIPMO nurse consultant works with facility staff to help identify problems and figure out the best solution.

Marilyn Rantz, professor in the Sinclair School of Nursing, said the nurses work as coaches for the facility staff to help determine the best course to take to solve a problem and do not come in with an exact plan the facility is required to follow.

“I know people want a silver-bullet, cookie-cutter approach, but you need to address their problems from where they are,” Rantz told *Provider*. “You have to customize each one.”

Rantz says the QIPMO nurse will give a facility’s staff examples of what has worked at other facilities in the past, as well as figure out what works best at that facility.

She said a lot of facility staff do not always have access to the Internet so they may not be up to date on the latest information available. It is up to the nurses to stay on top of the industry’s best practices and circulate the information throughout the state.

Last year, the nurses made 855 contacts in 246 different facilities in the state and made 417 site visits with 227 different nursing facilities. Rantz says nurses will also do cold calls so facilities know the service is available to them, as well as drop off informational packets.

—Suzanne Struglinski