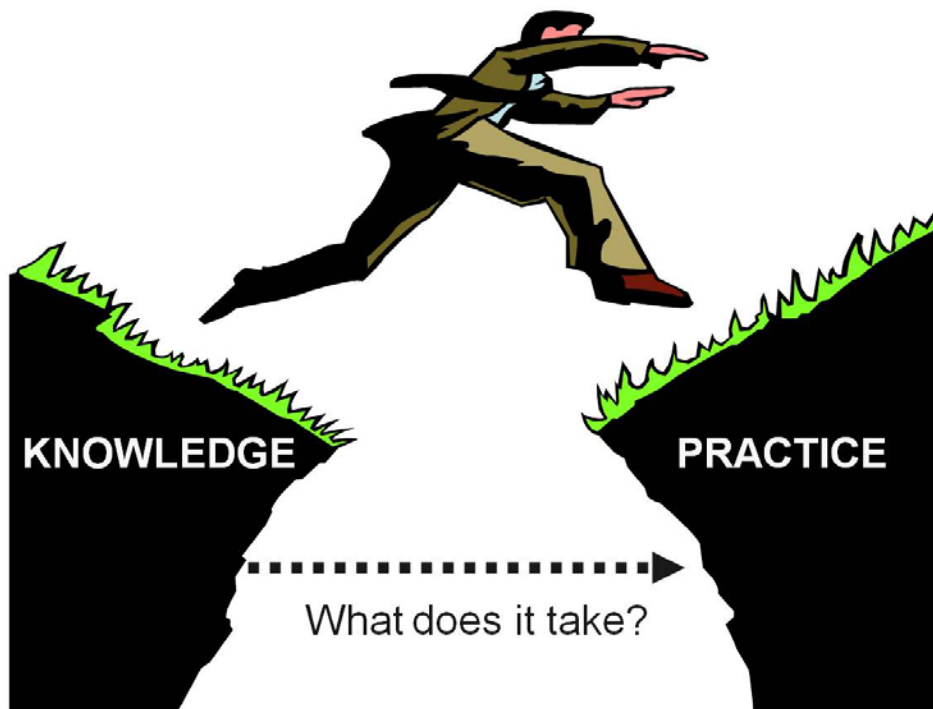


PEER COACHING: LEADERS OF CHANGE

CURRICULUM MATERIALS



Reducing Healthcare-Acquired Conditions in Nursing Homes



This material is brought to you by Mountain-Pacific Quality Health, the Medicare Quality Innovation Network-Quality Improvement Organization (QIN-QIO) for Montana, Wyoming, Alaska, Hawaii and the U.S. Pacific Territories of Guam, American Samoa and the Commonwealth of the Northern Mariana Islands, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. Contents presented do not necessarily reflect CMS policy. 11SOW-MPQHF-AS-C2-15-70

Introduction

The Quality Innovation Network-Quality Improvement Organization (QIN-QIO) in the nursing home setting calls for the recruitment and use of “peer coaches”—nursing home staff and residents and their families—as a lever to increase engagement and accelerate the spread of the QIN-QIO quality improvement activities. Once recruited, these peer coaches require orientation and consistent training in specific subject areas for them to be able to support the activities of the QIN-QIO and the persons or organization the peer coaches will be assisting. To that end, learning materials and a booklet have been created addressing four areas of education: Adult learning techniques, Certification and Survey Provider Enhanced Reporting (CASPER) data, coaching and quality improvement (QI) methodology.

To follow is an introductory booklet that identifies the curriculum by subject matter, with related tools notes and expert resources identified per topic.

Many thanks to those listed below for the time and energy on creating the education and booklet for your use.

Workgroup Team members:

Cayce Brewster – TMF QIN (Texas)

Jacqueline Hariston – AQIN (Washington, D.C.)

Lynn Kemper – HealthInsight (Oregon)

Marcy Gallagher – Mountain-Pacific Quality Health (Montana)

Marguerite McLaughlin – NE QIN (Rhode Island)

Toni Daly – Quality Insights (Pennsylvania)

Melissa Miranda – NE QIN (Rhode Island)

Nancy Fendler – Alliant Quality (Georgia)

Nell Griffin – Telligin (Colorado)

Pam Meador – Quality Insights (Pennsylvania)

Sally Jennings – Quality Insights (Pennsylvania)

TABLE OF CONTENTS

Topic Area	Document Name	Description
Coaching	What is Peer Coaching?	Presentation Handout
	Coaching Competencies	Handout
	Coaching One Pager	Handout
Adult Learning	Supporting the Education of Adults	Presentation Handout
CASPER	Understanding CASPER Reports	Presentation Handout
	CASPER QM Facility Data Example	Sample report
	CASPER QM Resident Level Data Example	Sample report
Quality Improvement Basics	Quality Improvement Basics	Presentation Handout
	Plan Do Study Act (PDSA)	Worksheet
	Root Cause Analysis (RCA)	Worksheet
	Root Cause Analysis (RCA)	Worksheet Example
	Setting SMART Goals	Handout

PEER COACHING PART 1:

What is Peer Coaching?

A key to integrating successful behaviors into daily practice is through peer coaching. Peer Coaches help ensure that proven concepts are understood by those being coached and that the tools and strategies implemented are used accurately and appropriately. In this module, we will provide some general information about coaching, as well as provide specific information about the role and implementation of coaching.

Learning Objectives

Following completion of this module, you will be able to:

- Define coaching and its outcomes;
- Describe the role of a Peer Coach;
- List competencies of an effective peer coach; and
- Describe how to serve as a Peer Coach.

Peer Coaching: Leaders of Change

Part 1 - What is peer coaching?



Adapted from: **TeamSTEPS**™
By: QualityINC Sub-group

Objectives

- Define Peer Coaching and its outcomes
- Describe the role of a Peer Coach
- List competencies of an effective Peer Coach
- Describe how to serve as a Peer Coach

What is peer coaching?

A confidential process through which two or more professional colleagues work together to

- reflect on current practices;
- expand, refine and build new skills;
- share ideas;
- teach one another;
- solve problems in the workplace.

What is its purpose?

To serve as an integral part of the nursing home care community to **promote quality improvement** and **provide support** among those participating and enrolled in the National Nursing Home Quality Care Collaborative

What are the benefits?

- Share knowledge and best practices with other nursing homes
- Foster quality-centric nursing homes
- Gain recognition for participating as a coach
- Satisfaction of providing useful assistance and support to colleagues
- Assist Mountain-Pacific Quality Health Foundation to instill quality improvement methodologies in nursing homes

How will we build?

- Mountain-Pacific will recruit nursing homes staff, leaders, residents, and resident family members to serve as Peer Coaches for other nursing homes.
- The network of Peer Coaches will represent diverse levels of nursing home staff from leadership to direct care and residents and their families.
- Peer Coaches will be matched based on
 - areas of expertise;
 - compatibility and location to provide support;
 - encouragement and information to nursing home staff administrators, residents and their families.

What is expected?

- Participate in brief trainings related to the following four topics:
 - Coaching
 - Quality Improvement Methodology
 - Certification and Survey Provider Enhanced Reporting (CASPER)
 - Adult Learning Techniques
- Begin assisting nursing homes as requested

What are we asking of you?

- Be included in a contact list of available Peer Coaches
- Participate in regional nursing home email Listserv
- Participate in quarterly regional Peer Coach calls to provide feedback to Mountain-Pacific
- Potentially be a speaker during a Learning and Action Network (LAN) event

Defining coaching

- Involves providing instruction, direction and prompting
- Includes demonstrating, reinforcing, motivating and providing feedback
- Requires monitoring and ongoing performance assessment
- Continues even after skills are mastered to ensure sustainment

Why is coaching important?

Effective coaching can result in:

- Clear and defined goals
- Aligned expectations
- “Just-in-time” knowledge transfer
- Increased individual motivation and morale
- Increased ability to adapt and react
- Early identification of unforeseen performance barriers
- Commitment to ongoing learning and improvement
- Movement toward superior nursing home performance

Why is coaching important?

Effective coaching in nursing homes further aims to achieve:

- Successful integration of successful behaviors into daily practice
- Increased understanding of specific concepts
- Increased competence among staff
- Sustainment of improved performance over time
- Improved team performance and safer patient care

Role of a Peer Coach

- Role model behavior
- Observe performance and provide feedback
- Motivate those you are coaching
- Provide opportunities to practice and improve

Coach = Role model

- Demonstrates effective use of behaviors, tools or strategies
- As **respected** member of the team, reinforces acceptance of behavior through performance

Effective feedback is...

- Timely
- Respectful
- Specific
- Directed toward improvement
- Two way
- Considerate

Coach = Motivator

- Helps those being coached see the bridge between new behaviors or concepts and patient safety and outcomes
- Encourages belief in those being coached and their abilities to succeed
- Expresses **enthusiasm and commitment**
- Validates current levels of accomplishment while advocating greater achievement
- Recognizes successful performance
- Identifies potential challenges, pitfalls, and unforeseen consequences
- Offers support, assistance, and empathy
- Communicates positive results and outcomes

Exercise: Effective coaches

Think about coaches you've known or observed...

- What characteristics did those coaches have that made them effective?
- Are coaching characteristics innate or can they be learned?

Coaching competencies

Communication

Communicating instructions
Providing feedback
Listening for understanding

Performance Improvement

Setting Performance Goals
Rewarding Improvement
Dealing With Failure
Assessing Strengths and Weaknesses

Relationships

Building Rapport and Trust
Motivating Others
Working With Personal Issues
Confronting Difficult Situations

Execution

Responding to Requests
Following Through

Implementing coaching

- Identify Peer Coaches
- Train and prepare Peer Coaches
- Prepare those being coached to receive coaching
- Ensure organizational support for Peer Coaches

Prepare staff for coaching

- Identify who the Peer Coaches are to the nursing home community
- Describe the goals and positive outcomes of coaching
- Explain the role and responsibilities of Peer Coaches
- Describe the expectations regarding nursing home staff interactions with coaches

Coaching tips

Do...

- Actively monitor and assess team performance
- Establish performance goals and expectations
- Acknowledge desired teamwork behaviors and skills through feedback
- Coach by example

Do not...

- Coach from a distance
- Coach only to problem solve
- Lecture instead of coach

Questions?

Contact our Peer Coaching Coordinator:

Marcy Gallagher
(406) 547-5857 • 1-800-497-8232 ext. 5857
Marcy.Gallagher@area-h.hcqis.org



For more information

Wyoming

Pat Fritz, BSN, RN, BC, NHA
(307) 568-2797
Pat.Fritz@area-h.hcqis.org

Montana

Pamela Longmire, RT, BAS
(406) 457-5885
Pamela.Longmire@area-h.hcqis.org

Hawaii

Joy Yadao, RN
(808) 545-2550 ext. 6022
Joy.Yadao@area-h.hcqis.org

Alaska

Leiza Johnson, RN, BSN
(907) 561-3202 ext. 6
Elizabeth.Johnson@area-h.hcqis.org



This material was developed by Mountain-Pacific Quality Health, the Medicare Quality Innovation Network-Quality Improvement Organization (QIN-QIO) for Montana, Wyoming, Hawaii, Alaska and the U.S. Pacific Territories of Guam and American Samoa and the Commonwealth of the Northern Mariana Islands, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. Contents presented do not necessarily reflect CMS policy. 11SDWHPDF-AS-C2-15-33

13 Competencies for Effective Peer Coaching

These 13 competencies represent areas in which you need to excel to successfully fulfill your role as a peer coach to other nursing homes.

1. **Communicating Instructions.** The role of coach often involves teaching a skill or procedure to another person. Show staff how to accomplish a task and clarify when, where, how much and to what standard it should be done. The ability to break down a task into easy-to-understand steps that you can articulate to another is vital to being an effective coach.
2. **Setting Performance Goals.** Effective coaching sometimes starts with pointing someone in the right direction. Collaborate with staff to establish short- and long-term goals. First work with staff to set broad goals. Then get specific in agreeing on desired outcomes and how to measure them.
3. **Providing Feedback.** Giving feedback about task performance is critical to improvement. To do this effectively, carefully observe performance on individual tasks and share these observations in a nonthreatening manner. Note what the person is doing well and what can be improved. Then work with the individual to ensure he or she understands your feedback and uses it developmentally.
4. **Rewarding Improvement.** Use a variety of means to provide positive reinforcement to others for making progress on the accomplishment of important tasks. The timing of rewards is as important as the reward. Don't wait until you see either perfection or failure on the task. Look for growth in task accomplishment and reward that soon after you observe it. Although coaches don't always control formal rewards (e.g., pay, perks, promotions), you can make frequent and effective use of informal ones (e.g., a pat on the back, other nonmonetary recognition).
5. **Dealing with Failure.** When someone demonstrates an inability or unwillingness to perform a task according to expectations and standards, you need to deal with the result. This may mean encouraging, reprimanding, retraining or otherwise affecting his or her ability or willingness. Patience can be a virtue or an enabler of more failure. Use it wisely.
6. **Working with Personal Issues.** Coaches are not expected to function as counselors or psychotherapists. However, faced with an individual whose personal situation is interfering with his or her performance, you may need to intervene. You can offer emotional support, listening empathically and without judgment. A good rule of thumb, though, is that if you feel "in over your head," you are. Be prepared to refer the person to appropriate professional assistance and adjust the coaching process to support the situation.

7. **Confronting Difficult Situations.** Coaching often involves situations when performance does not meet expectations. This can lead to finger-pointing, denial of personal responsibility and other dysfunctional behaviors, making everyone involved uncomfortable. Good coaching requires the honesty and courage to confront these situations head-on, but with tact and diplomacy.
8. **Responding to Requests.** When you respond to requests in a timely manner, you show the staff you coach that they are high on your priority list. Timely response to requests is a tangible indicator of respect.
9. **Following Through.** Trust is a critical component of any coaching relationship. Keeping your commitments and providing additional assistance when necessary helps build and maintain trust. Showing an ongoing commitment to the long-term success of the staff you coach also builds strong relationships.
10. **Listening for Understanding.** Listening is another indicator of respect. It requires an open mind to what others say, being attentive to both the content of what is being said and the feelings being expressed (sometimes unconsciously). Effective listening involves conveying your understanding by reflecting what you hear. You can do this by using such phrases as, “What I hear you saying is...” and “You seem to be concerned about...”
11. **Motivating Others.** There are no hard and fast rules to what motivates anyone. However, to inspire the enthusiasm and commitment necessary for achieving desired results, you must know what motivates the person you are coaching and tie his or her desires and goals into the task at hand. This requires continual assessment and reassessment of the situation and the person. Trying to “read” the person can waste time and effort. Instead, just ask. Find out what is important to him or her and how the task relates.
12. **Assessing Strengths and Weaknesses.** Identifying the abilities and interests of the staff you are coaching directs your efforts to the most critical areas. This involves the keen observation of people and situations and attention to detail. It also means probing beneath the surface of any problems that arise to distinguish between symptoms and root causes. Without accurate assessment, your coaching efforts might be spent on addressing the wrong problem or a nonexistent one.
13. **Building Rapport and Trust.** Rapport and trust are the cornerstones of effective coaching relationships. The staff you coach must know you have their best interests at heart. If those you coach respect and trust you, they will be more forthcoming with errors, failures and shortcomings, and any advice, teaching and counseling you offer will be more readily accepted.



Peer Coaching

The purpose of the Peer Coaching Program is to serve as an integral part of the nursing home health care community to promote quality improvement and provide support among those participating and enrolled in the National Nursing Home Quality Care Collaborative.

Objectives of this training

- Define Peer Coaching and its outcomes
- Describe the role of a Peer Coach
- List competencies of an effective Peer Coach
- Describe how to serve as a Peer Coach

What is Peer Coaching?

A confidential process through which two or more professional colleagues work together to:

- Reflect on current practices
- Expand, refine and build new skills
- Share ideas
- Teach one another
- Solve problems in the workplace

The benefits of being a Peer Coach are to:

- Share knowledge and best practices with other nursing homes
- Foster Quality-centric nursing homes
- Gain recognition for participating as a coach
- Satisfaction of providing useful assistance and support to colleagues
- Assist Mountain-Pacific Quality Health to instill quality improvement methodologies

The Peer Coaching Program will be built on the following premises:

- Mountain-Pacific will recruit nursing homes to act as Peer Coaches for other nursing homes.
- The network of Peer Coaches will represent diverse levels of nursing home staff, both administrative and direct care and residents and their families.
- Peer Coaches will be matched based on areas of expertise, compatibility and location to provide support, encouragement and information to nursing home staff, administrators, residents and their families.

Peer Coaches expectations:

- Participate in brief trainings related to the following four (4) topics:
 - Coaching
 - Quality Improvement Methodology
 - Certification and Survey Provider Enhanced Reporting (CASPER)
 - Adult Learning Techniques
- Begin assisting nursing homes

What is coaching all about?

- Involves providing instruction, direction, and prompting
- Includes demonstrating, reinforcing, motivating, and providing feedback
- Requires monitoring and ongoing performance assessment
- Continues even after skills are mastered to ensure sustainment

Coaching is important. Effective coaching can result in:

- Clear and defined goals
- Aligned expectations
- “Just-in-time” knowledge transfer
- Increased individual motivation and morale
- Increased ability to adapt and react
- Early identification of unforeseen performance barriers
- Commitment to ongoing learning and improvement
- Movement toward superior nursing home performance

Effective coaching in nursing homes further aims to achieve:

- Successful integration of successful behaviors into daily practice
- Increased understanding of specific concepts
- Increased competence among staff
- Sustainment of improved performance over time
- Improved team performance and safer patient care

The role of a Peer Coach:

- Role model behavior
- Observe performance and provide feedback
- Motivate those you are coaching
- Provide opportunities to practice & improve

The coach as a role model

- Demonstrates effective use of behaviors, tools, or strategies
- As a respected member of the team, reinforces acceptance of behavior through performance

Coaches provide feedback that is:

- Timely
- Respectful
- Specific
- Directed toward improvement
- Two way
- Considerate

The coach as a motivator

- Helps those being coached see the bridge between new behaviors or concepts and patient safety and outcomes
- Encourages belief in those being coached and their abilities to succeed
- Expresses enthusiasm and commitment
- Communicates positive results and outcomes
- Validates current levels of accomplishment while advocating greater achievement
- Recognizes successful performance
- Identifies potential challenges, pitfalls, and unforeseen consequences
- Offers support, assistance, and empathy

Coaching Competencies (References handout “13 Competencies for Effective Peer Coaching”)

Implementing coaching

- Identify Peer Coaches
- Train and prepare Peer Coaches
- Prepare those being coached to receive coaching
- Ensure organizational support for Peer Coaches

Prepare staff for Peer Coaching

- Identify who the Peer Coaches are to the nursing home community
- Describe the goals and positive outcomes of coaching
- Explain the role and responsibilities of Peer Coaches
- Describe the expectations regarding nursing home staff interactions with coaches

Coaching tips

Do...

- Actively monitor and assess team performance
- Establish performance goals and expectations
- Acknowledge desired teamwork behaviors and skills through feedback
- Coach by example; be a good mentor

Do not...

- Coach from a distance
- Coach only to problem solve
- Lecture instead of coach



PEER COACHING PART 2:

Supporting the Education of Adults

Supporting the Education of Adults: A Competency-Based Approach

This module is designed to provide information about adult education. It identifies two critical areas of adult education. The first highlights the elements of a competency framework. The second identifies adult learning styles. These two areas were chosen because, when implemented, they can strongly influence the transfer of knowledge to practice in nursing homes.

Learning Objectives

By using and implementing this module, trainers will:

1. Discover ways in which the competency model can assist in transferring knowledge to practice.
2. Assist learners in recognizing their best learning style
3. Employ strategies to support learners success

Peer Coaching: Leaders of Change

Part 2 - Supporting the Education of Adults



Effectiveness of Continuing Education in Long Term Care

Based on a study from the Gerontologist, 2003

Findings:

- Evidence of training being effective was infrequent
- Only 10-30% of training actually transferred into practice
- Organizational systems affected the sustained application of knowledge and innovation!




We Learn . . .

- 10% of what we read
- 20% of what we hear
- 30% of what we see
- 50% of what we see and hear
- 70% of what we discuss
- 80% of what we experience
- 95% of what we teach others.


Transfer Knowledge into Practice



Essential Elements

 Knowledge	 Skill	 Behavior/Attitude
What information does staff need to know to attain the highest level of performance?	What skill is required to carry out the knowledge?	What behavior or attitude might prevent or keep staff from performing at the highest level?
Do they know?	Can they do it?	Are there <i>issues</i> ?
Information	Proficiency	Conduct

Essential Elements


 Knowledge
What information does staff need to know to attain the highest level of performance?
Do they know?
Information

How will you know that they know?

You will know that they know when they can:

- Cite
- Count
- Define
- Identify
- Indicate
- List
- Name
- Recognize
- Select

Essential Elements

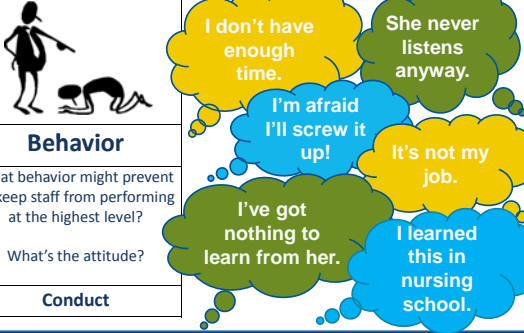


How will you know that they can?

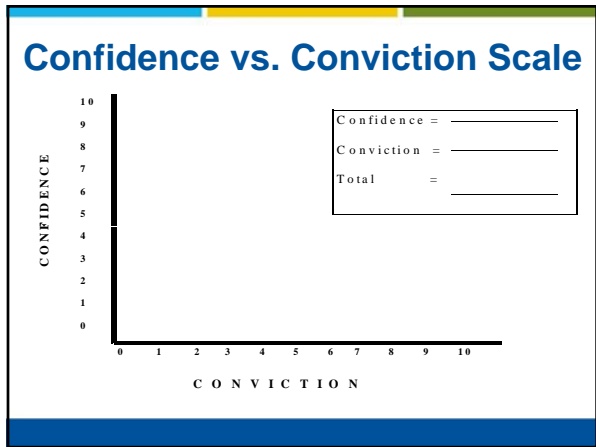
You will know they can do it when they can:

Skill	<ul style="list-style-type: none"> • Demonstrate • Calculate • Complete • Contrast • Interpret 	<ul style="list-style-type: none"> • Solve • Use • Measure • Predict
What skill is required to carry out this knowledge?		
Can they do it?		
Proficiency		

Essential Elements



Behavior	<p>What behavior might prevent or keep staff from performing at the highest level?</p> <p>What's the attitude?</p>
Conduct	




Four Adult Learning Styles

Visual
Auditory
Kinesthetic
Digital

Learn by Watching


Visual



- Prefer maps, photos, drawings, images, highlights
- Require time to think before full understanding is realized

Learn by Listening

Auditory

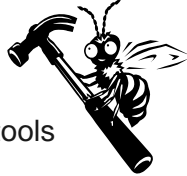


- Remember names easily
- Recall conversations
- Verbally present information in an organized manner

Learn By Doing

Kinesthetic

- Hands-on people
- Like to use physical tools



Learn by Doing, Watching and Listening on Electronic Devices

Digital

- Prefer electronic learning
- Like the internet, tablets, computers, cell phones, electronic media
- Prefer to learn by webinar, video, smart phone apps, web-based tools



Questions?

Contact our Peer Coaching Coordinator:

Marcy Gallagher
(406) 547-5858
1-800-497-8232 ext. 5858
Marcy.Gallagher@area-h.hcqis.org



For more information...

Wyoming

Pat Fritz, BSN, RN, BC, NHA
(307) 568-2797
Pat.Fritz@area-h.hcqis.org

Montana

Pamela Longmire, RT, BAS
(406) 457-5885
Pamela.Longmire@area-h.hcqis.org

Hawaii

Joy Yadao, RN
(808) 545-2550 ext. 6022
Joy.Yadao@area-h.hcqis.org

Alaska

Leiza Johnson, RN, BSN
(907) 561-3202 ext. 6
Elizabeth.Johnson@area-h.hcqis.org



This material was developed by Mountain-Pacific Quality Health, the Medicare Quality Innovation Network-Quality Improvement Organization (QIN-QIO) for Montana, Wyoming, Hawaii, Alaska and the U.S. Pacific Territories of Guam and American Samoa and the Commonwealth of the Northern Mariana Islands, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. Contents presented do not necessarily reflect CMS policy. 11S01W-MPQH-AS-C2-15-31

PEER COACHING PART 3:

Understanding Certification and Survey Provider Enhanced Reporting (CASPER) Reports

This presentation is an introductory overview of the components involving CASPER data. Identifying and understanding the data entry systems, reports, measures and the data representation are key to enhancing quality improvement within nursing homes. A cornerstone of effective performance improvement is using data to drive decision making. The CASPER information is vital to the use of data for the nursing home.

Peer Coaching: Leaders of Change

Part 3 – Understanding CASPER Reports



Disclaimer

Nursing homes should always use:

- Resident Assessment Instrument User's Manual (RAI)
- MDS 3.0 Quality Measures User's Manual (QM)
- Quality Measure Identification Number by CMS Reporting Module (QMID)
- Five-Star Quality Rating System Technical Users' Guide

Resources

Five-Star Quality Rating System Technical Users' Guide:
<http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/FSQRS.html>

MDS 3.0 RAI Manual:
<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html>

QM & QMID Manuals:
<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIQualityMeasures.html>

Subject to change in location and manual content

What Is CASPER Data?

- CASPER = Certification and Survey Provider Enhanced Reporting
- Reported through Centers for Medicaid & Medicare Services Quality Improvement and Evaluation System (QIES)
- Each nursing home using Minimum Data Set (MDS) 3.0 submits data to be grouped into quality measures (QMs)

MDS 3.0 Overview

- Assessment Tool
 - Identifies resident care problems
 - Medicare reimbursement system
 - Medicaid reimbursement system
 - Quality of care monitoring

MDS 3.0 Data → Quality Measures Basic QM Calculation

$$\frac{\text{Numerator (residents with problem)}}{\text{Denominator (all residents who could have problem)}} \times 100 = \%$$

Who Uses QMs?

- Developed by National Quality Forum & CMS
- CMS CASPER uses 17
- CMS Nursing Home Compare uses 18
- Five-Star Quality Rating System uses 10
- Survey process
- NNHQCC Quality Composite Measure Score measure uses 13

Survey Process & QM Reports

Facility QM Report:

- High % rankings (75th) = potential problem areas

Resident Level QM Report:

- Select appropriate resident samples for investigation of potential concerns

New guidance in Appendix P release 9/2012 & 5/2013

NNHQCC Quality Composite Measure Score

Composite score comprised of 13 NQF-endorsed, long-stay quality measures:

1. Percent of residents who self-report moderate to severe pain
2. Percent of high-risk residents with pressure ulcer
3. Percent of residents physically restrained
4. Percent of residents with one or more falls with major injury
5. Percent of residents who received antipsychotic medications
6. Percent of residents who have depressive symptoms
7. Percent of residents with a UTI
8. Percent of residents with catheter inserted or left in bladder
9. Percent of low-risk residents with loss of bowels or bladder
10. Percent of residents who lose too much weight
11. Percent of residents whose need for help with ADL has increased
12. Percent of residents assessed and appropriately given flu vaccine*
13. Percent of residents assessed and appropriately given Pneumococcal vaccine*

Five-Star Quality Rating System

Long-Stay Residents:

- Percent of residents who self-report moderate to severe pain
- Percent of residents experiencing one or more falls with major injury
- Percent of high-risk residents with pressure sores
- Percent of residents who were physically restrained
- Percent of residents with a urinary tract infection
- Percent of residents who have/had a catheter inserted and left in their bladder
- Percent of residents whose need for help with activities of daily living has increased
- Percentage of residents who receive an antipsychotic medication

Short-Stay Residents:

- Percent of residents who self-report moderate to severe pain
 - Percent of residents with pressure ulcers (sores) that are new or worsened
- Five-Star Quality Rating System Technical Users' Guide, February 2015

CASPER QMs (17)

- Self-reported moderate/severe pain (S)
- Self-reported moderate/severe pain (L)
- High-risk pressure ulcers (L)
- New/worsened pressure ulcers (S)
- Physical restraints (L)
- Falls (L)
- Falls with major injury (L)
- Antipsychotic Medication (S)

CASPER QMs (17)

- Antipsychotic Medication (L)
- Antianxiety/hypnotic med (L)
- Behavior symptoms affecting others (L)
- Depressive symptoms (L)
- Urinary tract infection (L)
- Catheter inserted and left in bladder (L)
- Lose control of bowels or bladder (L)
- Excessive weight loss (L)
- Need for increased ADL help (L)

Short Stay vs. Long Stay Measures

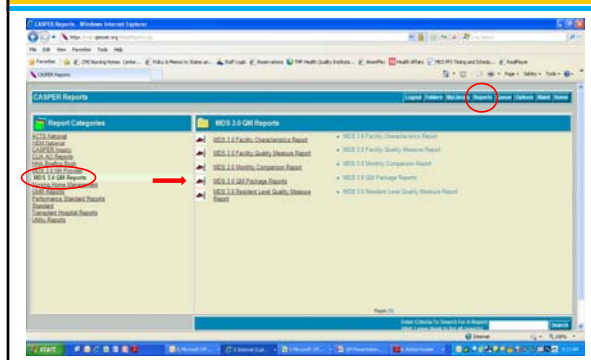
- Cumulative days in facility (CDIF) includes discharges and re-admits, but only days actually in the facility count
(Hospitalized days or days at home are not included.)
- Short stay = CDIF < 100 days
- Long stay = CDIF > 101 days
- Mutually exclusive

Detailed Resources for Quality Measures

Webinar vignettes for each quality measure may be found at:

<http://www.tmfqin.org/Networks/Nursing-Home-Quality-Improvement/Quality-Measures-Video-Series>

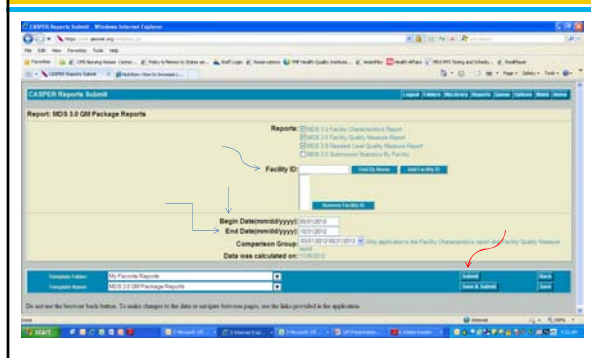
CASPER QM Report Page



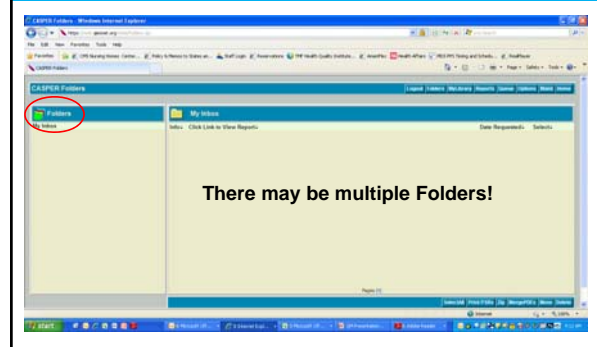
Available CASPER QM Reports

- MDS 3.0 Facility Characteristics Report
- MDS 3.0 Facility QM Report
- MDS 3.0 Resident Level QM Report
- MDS 3.0 Submission Statistics

Select the QM Reports, Facility ID and Date Range – Submit



Reports go to Folders



Facility Report

CASPER Report
MDS 3.0 Facility Quality Measure Report

Page 1 of 1

Facility ID: XXXX
 CCN: XXXXXX
 Facility Name: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 City/State: XXXXXXXX
 Data was calculated on: 08/06/2012

Report Period: 02/01/12 - 07/31/12
 Comparison Group: 12/31/2012 - 05/31/12
 Run Date: 08/06/12
 Report Version Number: 1.00

Note: Dashes represent a value that could not be computed
 Note: S = short stay, L = long stay
 Note: * is an indicator used to identify that the measure is flagged

Measure ID	Num	Denom	Facility Observed Percent	Facility Adjusted Percent	Comparison Group State Average	Comparison Group National Average	Comparison Group National Percentile
Self-Reported (SR) Moderate/Severe Pain (S)	0676	12	21	57.1%	57.1%	22.1%	98 *
Self-Reported (SR) Moderate/Severe Pain (L)	0677	18	65	27.2%	27.4%	13.3%	93 *
High Risk Residents with Pressure Ulcers	0679	4	44	9.1%	9.1%	8.3%	7.5%

Facility Report

CASPER Report
MDS 3.0 Facility Quality Measure Report

Page 1 of 1

Facility ID: XXXX
 CCN: XXXXXX
 Facility Name: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 City/State: XXXXXXXX
 Data was calculated on: 08/06/2012

Report Period: **06/01/12 - 07/31/12**
 Comparison Group: 12/31/2012 - 05/31/12
 Run Date: 08/06/12
 Report Version Number: 1.00

Note: Dashes represent a value that could not be computed
 Note: S = short stay, L = long stay
 Note: * is an indicator used to identify that the measure is flagged

TIP: Always pull a six month report period

Measure ID	Num	Denom	Facility Observed Percent	Facility Adjusted Percent	Comparison Group State Average	Comparison Group National Average	Comparison Group National Percentile
Self-Reported (SR) Moderate/Severe Pain (S)	0676	12	21	57.1%	57.1%	22.1%	98 *
Self-Reported (SR) Moderate/Severe Pain (L)	0677	18	65	27.2%	27.4%	13.3%	93 *
High Risk Residents with Pressure Ulcers	0679	4	44	9.1%	9.1%	8.3%	7.5%

Facility Report

CASPER Report
MDS 3.0 Facility Quality Measure Report

Page 1 of 1

Facility ID: XXXX
 CCN: XXXXXX
 Facility Name: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 City/State: XXXXXXXX
 Data was calculated on: 08/06/2012

Report Period: 02/01/12 - 07/31/12
 Comparison Group: 12/31/2012 - 05/31/12
 Run Date: 08/06/12
 Report Version Number: 1.00

Note: Dashes represent a value that could not be computed
 Note: S = short stay, L = long stay
 Note: * is an indicator used to identify that the measure is flagged

Measure ID	Num	Denom	Facility Observed Percent	Facility Adjusted Percent	Comparison Group State Average	Comparison Group National Average	Comparison Group National Percentile
Self-Reported (SR) Moderate/Severe Pain (S)	0676	12	21	57.1%	57.1%	22.1%	98 *
Self-Reported (SR) Moderate/Severe Pain (L)	0677	18	65	27.2%	27.4%	13.3%	93 *
High Risk Residents with Pressure Ulcers (L)	0679	4	44	9.1%	9.1%	8.3%	7.5%
New/Worsened Pressure Ulcers (S)	0678	0	31	0.0%	0.0%	1.6%	1.7%

Facility Report

CASPER Report
MDS 3.0 Facility Quality Measure Report

Page 1 of 1

Facility ID: XXXX
 CCN: XXXXXX
 Facility Name: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 City/State: XXXXXXXX
 Data was calculated on: 08/06/2012

Report Period: 02/01/12 - 07/31/12
 Comparison Group: 12/31/2012 - 05/31/12
 Run Date: 08/06/12
 Report Version Number: 1.00

Note: Dashes represent a value that could not be computed
 Note: S = short stay, L = long stay
 Note: * is an indicator used to identify that the measure is flagged

Measure ID	Num	Denom	Facility Observed Percent	Facility Adjusted Percent	Comparison Group State Average	Comparison Group National Average	Comparison Group National Percentile
Self-Reported (SR) Moderate/Severe Pain (S)	0676	12	21	57.1%	57.1%	22.1%	98 *
Self-Reported (SR) Moderate/Severe Pain (L)	0677	18	65	27.2%	27.4%	13.3%	93 *
High Risk Residents with Pressure Ulcers (L)	0679	4	44	9.1%	9.1%	8.3%	7.5%
New/Worsened Pressure Ulcers (S)	0678	0	31	0.0%	0.0%	1.6%	1.7%

Basic QM Calculation Sample

Pain – Short Stay:

- $12/21 = 0.571 \times 100 = 57.1\%$
- Facility observed percent = 57.1%

Resident Level Report

CASPER Report
MDS 3.0 Resident Level Quality Measure Report

Page 1 of 1

Facility ID: XXXX
 CCN: XXXXXX
 Facility Name: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 City/State: XXXXXXXX
 Data was calculated on: 05/26/2013

Report Period: **01/01/12 - 04/30/13**
 Run Date: 05/07/13
 Report Version Number: 2.00

Note: S = short stay, L = long stay, X = triggered, b = not triggered or excluded
 C = complete; data available for all days selected, I = incomplete; data not available for all days selected

Resident Name	Resident ID	A2310A,B,F	SR Moderate/Severe Pain (S)	SR Moderate/Severe Pain (L)	High Risk Pressure Ulcer (L)	New/Worsened Pres. Ulcer (S)	Phys. Restraints (L)	Falls (L)	Fall with Injury (L)	Allegation Med (S)	Allegation Med (L)	Allegation Physical Rest (L)	Behavior for Abuse Others (L)	Depress (S-L)	UTI (L)	Cath Insertion/Block (L)	Lo-Haz Low-BB Cor (L)	Escalator W/Cont (L)	In-OC Resp (L)	Quality Measure Score	
RESIDENT A1	XXXXXX	02/0099	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	3
RESIDENT B1	XXXXXX	02/0099	b	b	X	b	X	b	b	b	b	X	b	b	b	b	b	b	b	b	3
RESIDENT C1	XXXXXX	02/0499	b	b	X	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	3

Resident Level Report

CASPER Report
MDS 3.0 Resident Level Quality Measure Report

Facility ID: XXXX Report Period: 11/01/12 - 04/30/13
 Facility Name: XXXXXXXXXXXXXXXXXXXX Run Date: 05/07/13
 CCN: XXXXXX Report Version Number: 2.00
 City/State: XXXXXXXXXXXX
 Data was calculated on: 05/06/2013

Note: S = short stay, L = long stay, X = triggered, B = not triggered or excluded
 C = complete data available for all days selected, I = incomplete data not available for all days selected

Resident Name	Resident ID	AD312A/B/F	99 Medication/Screen Part (B)	38 Medication/Screen Part (L)	48 Medication/Screen Part (L)	H-Risk Pressure Ulcer (L)	10 Medication/Screen Part (B)	Phys. Examinations (L)	Falls (L)	Falls w/No Injury (L)	Antibiotic Med (B)	Antibiotic/Septic Med (L)	Behavior to Affect Others (L)	Dementia (B & L)	UTI (B)	Cath Insert/Lat Bleeding (L)	L-Risk Lines B/R Cont (L)	Excursion 91 Tests (L)	ICC ADL Help (L)	Quality Measure Count
Active Residents																				
RESIDENT A1	XXXXXX	02/04/99	B	B	B	B	B	B	B	B	X	X	X	B	B	B	B	B	B	3
RESIDENT B1	XXXXXX	02/04/99	B	B	B	X	B	X	B	B	X	X	X	B	B	B	B	B	B	3
RESIDENT C1	XXXXXX	02/04/99	B	B	B	X	B	X	B	B	X	X	X	B	B	B	B	B	B	3

25

A0310 A/B/F

A0310 Type of Assessment

- A – Federal OBRA Reason for Assessment
- B – PPS Assessment
- F – Federal OBRA & PPS Entry/Discharge Reporting

Facility Characteristics Report

CASPER Report
MDS 3.0 Facility Characteristics Report

Page 1 of 1

Facility ID: XXXX Report Period: 06/01/12 - 11/30/12
 CCN: XXXXXX Comparison Group: 04/01/12 - 09/30/12
 Facility Name: XXXXXXXXXXXXXXXXXXXX Run Date: 12/03/12
 City/State: XXXXXXXXXXXX Report Version Number: 1.00
 Data was calculated on: 12/03/2012

	Facility			Comparison Group	
	Num	Denom	Observed Percent	State Average	National Average
Gender					
Male	45	116	38.8%	36.7%	35.3%
Female	71	116	61.2%	63.3%	64.7%
Age					
<25 years old	0	116	0.0%	0.3%	0.4%
25-54 years old	9	116	7.8%	6.5%	5.9%
55-64 years old	17	116	14.7%	10.5%	9.6%
65-74 years old	32	116	27.6%	17.6%	16.6%
75-84 years old	34	116	29.3%	29.0%	28.7%

To analyze...

1. Go to the Quality Measures User's Manual (QM)
 - Identify Measure Specifications
2. Go to the RAI Manual for the MDS Items
 - Identify if coding is accurate
 - ✓ Point and click error
 - ✓ Those coding MDS items understanding all aspects of the MDS items and the ARD (Assessment Reference Date)
3. Determine if there is a QI opportunity

What MDS is Used in QMs?

- The initial MDS is excluded in all QMs
- Target MDS – depends upon:
 - The resident's status as a long stay or short stay
 - Individual QM Selection Specifications

Exclusions

- Residents' MDSs are excluded from the denominator, and therefore the numerator, if a QM exclusion exists.
- All QMs have exclusions except the pneumonia measures.

Covariates

- Found to increase risks of an outcome
- Only three QMs are adjusted using resident level covariates:
 - Percent of Residents With Pressure Ulcers That Are New or Worsened (S)
 - Percent of Residents Who Self-Report Moderate to Severe Pain (L)
 - Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (L)

Opportunities

- Identify what might be a problem
- Search for correlations
- Understand the impact of a single click
- Appreciate how the world views you
- ***But – this is all retrospective!***

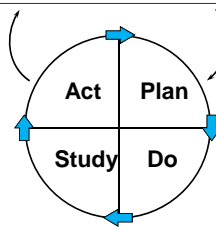
Search for Root Cause

- Most fundamental reason problem occurred
- When performance does not meet expectations



Model for Improvement

What are we trying to accomplish?
How will we know that a change is an improvement?
What change can we make that will result in an improvement?



Questions?

Contact our Peer Coaching Coordinator:

Marcy Gallagher
(406) 547-5858 • 1-800-497-8232 ext. 5858
Marcy.Gallagher@area-h.hcqis.org



For more information...

Wyoming

Pat Fritz, BSN, RN, BC, NHA
(307) 568-2797
Pat.Fritz@area-h.hcqis.org

Montana

Pamela Longmire, RT, BAS
(406) 457-5885
Pamela.Longmire@area-h.hcqis.org

Hawaii

Joy Yadao, RN
(808) 545-2550 ext. 6022
Joy.Yadao@area-h.hcqis.org

Alaska

Leiza Johnson, RN, BSN
(907) 561-3202 ext. 6
Elizabeth.Johnson@area-h.hcqis.org



This material was developed by Mountain-Pacific Quality Health, the Medicare Quality Innovation Network-Quality Improvement Organization (QIN-QIO) for Montana, Wyoming, Hawaii, Alaska and the U.S. Pacific Territories of Guam and American Samoa and the Commonwealth of the Northern Mariana Islands, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. Contents presented do not necessarily reflect CMS policy. 11S09MPOHF-AS-C2-15-32

CASPER Report
MDS 3.0 Facility Quality Measure Report

Facility ID: XXXX
 CCN: XXXXXX
 Facility Name: XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXX
 City/State: XXXXXXX

Report Period: 02/01/12 - 07/31/12
 Comparison Group: 12/31/2012 - 05/31/12
 Run Date: 08/08/12
 Report Version Number: 1.00

Data was calculated on: 08/06/2012

Note: Dashes represent a value that could not be computed
 Note: S = short stay, L = long stay
 Note: * is an indicator used to identify that the measure is flagged

	Measure ID	Num	Denom	Facility Observed Percent	Facility Adjusted Percent	Comparison Group State Average	Comparison Group National Average	Comparison Group National Percentile
Self-Reported (SR) Moderate/Severe Pain (S)	0676	12	21	57.1%	57.1%	22.1%	22.3%	98 *
Self-Reported (SR) Moderate/Severe Pain (L)	0677	18	65	27.7%	27.4%	13.3%	11.8%	93 *
High-Risk Residents with Pressure Ulcers (L)	0679	4	44	9.1%	9.1%	8.3%	7.5%	68
New/Worsened Pressure Ulcers (S)	0678	0	31	0.0%	0.0%	1.6%	1.7%	0
Physical Restraints (L)	0687	15	105	14.3%	14.3%	1.7%	2.1%	98 *
Falls (L)		46	105	43.8%	43.8%	41.4%	44.5%	43
Falls with Major Injury (L)	0674	3	105	2.9%	2.9%	3.7%	3.4%	49
Psychoactive Medication Use in Absence of Psychotic or Related Condition (L)		14	49	28.6%	28.6%	15.2%	14.2%	92 *
Antianxiety/Hypnotic Medication Use (L)		11	36	30.6%	30.6%	14.8%	12.7%	94 *
Behavior Symptoms Affecting Others (L)		59	93	63.4%	63.4%	26.8%	24.5%	96 *
Depressive Symptoms (L)	0690	37	96	38.5%	38.5%	10.1%	7.7%	97 *
Urinary Tract Infection (L)	0684	15	102	14.7%	14.7%	9.0%	7.8%	88 *
Catheter Inserted and Left in Bladder (L)	0686	8	102	7.8%	7.8%	4.9%	4.9%	81 *
Low-Risk Residents Who Lose Bowel/Bladder Control (L)	0685	11	40	27.5%	27.5%	40.8%	42.0%	23
Excessive Weight Loss (L)	0689	9	102	8.8%	8.8%	7.3%	8.4%	59
Need for Help with ADLs Has Increased (L)	0688	3	80	3.8%	3.8%	21.0%	16.8%	5

This report may contain privacy protected data and should not be released to the public.

CASPER Report

MDS 3.0 Resident Level Quality Measure Report

Facility ID: XXXX

Facility Name: XXXXXXXXXXXX XXXXXXXXXXXX

CCN: XXXXXX

City/State: XXXXXXXXXXXX

Data was calculated on: 08/06/2012

Report Period: 02/01/12 - 07/31/13

Run Date: 08/08/12

Report Version Number: 1.00

Note: S = short stay, L = long stay; X = triggered, b = not triggered or excluded

Resident Name	Resident ID	A0310A/B/F	SR Moderate/Severe Pain (S)	SR Moderate/Severe Pain (L)	Hi-Risk Pressure Ulcer (L)	New/Worsened Pres. Ulcer (S)	Physical Restraints (L)	Falls (L)	Falls w/Major Injury (L)	Psychoactive Meds Without Condition (L)	Antianxiety/Hypnotic Med (L)	Behavior Symptoms Affecting Others (L)	Depressive Symptoms (L)	Urinary Tract Infection (L)	Catheter Inserted and Left in Bladder (L)	Lo-Risk Res Lose Bowel/Bladder Control (L)	Excessive Weight Loss (L)	Need for Increased ADL Help (L)	Quality Measure Count
Active Residents																			
PATIENT A1	XXXXXX	02/99/99	b	b	b	b	b	b	b	b	b	X	b	b	b	X	b	b	2
PATIENT B1	XXXXXX	03/99/99	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
PATIENT C1	XXXXXX	01/99/99	b	X	b	b	b	X	b	X	b	b	X	b	b	b	b	b	4
PATIENT D1	XXXXXX	99/03/99	b	X	b	b	b	X	b	b	X	b	b	b	b	b	b	b	3
PATIENT E1	XXXXXX	04/99/99	b	b	b	b	X	X	b	b	b	X	b	b	b	X	b	b	4
PATIENT F1	XXXXXX	02/99/99	b	b	b	b	X	b	b	b	b	X	X	X	b	b	b	b	4
PATIENT G1	XXXXXX	02/99/99	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
PATIENT H1	XXXXXX	04/99/99	b	b	b	b	X	b	b	b	b	X	b	b	b	b	b	b	2
PATIENT I1	XXXXXX	03/99/99	b	b	b	b	b	X	b	b	b	X	b	b	b	b	b	b	2
PATIENT J1	XXXXXX	04/99/99	b	b	b	b	b	b	b	b	b	X	b	b	b	b	b	b	1
PATIENT K1	XXXXXX	01/99/99	b	b	b	b	X	X	b	b	b	X	X	b	b	b	b	b	4
PATIENT L1	XXXXXX	99/03/99	X	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	1
PATIENT M1	XXXXXX	99/01/99	b	b	b	b	b	X	b	b	b	X	b	X	b	b	b	b	3
PATIENT N1	XXXXXX	03/99/99	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
PATIENT O1	XXXXXX	99/02/99	b	b	b	b	b	X	b	b	b	b	X	b	b	X	b	b	3
PATIENT P1	XXXXXX	01/99/99	b	X	X	b	b	b	b	b	b	b	b	b	X	b	b	b	3

CASPER Report MDS 3.0 Resident Level Quality Measure Report

Facility ID: XXXX
Facility Name: XXXXXXXXXXXX XXXXXXXXXXXX
CCN: XXXXXX
City/State: XXXXXXXXXXXX
Data was calculated on: 08/06/2012

Report Period: 02/01/12 - 07/31/13
Run Date: 08/08/12
Report Version Number: 1.00

Note: S = short stay, L = long stay; X = triggered, b = not triggered or excluded

Resident Name	Resident ID	A0310A/B/F	SR Moderate/Severe Pain (S)	SR Moderate/Severe Pain (L)	Hi-Risk Pressure Ulcer (L)	New/Worsened Pres. Ulcer (S)	Physical Restraints (L)	Falls (L)	Falls w/Major Injury (L)	Psychoactive Meds Without Condition (L)	Antianxiety/Hypnotic Med (L)	Behavior Symptoms Affecting Others (L)	Depressive Symptoms (L)	Urinary Tract Infection (L)	Catheter Inserted and Left in Bladder (L)	Lo-Risk Res Lose Bowel/Bladder Control (L)	Excessive Weight Loss (L)	Need for Increased ADL Help (L)	Quality Measure Count
Discharged Residents																			
PATIENT A2	XXXXXX	02/99/99	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
PATIENT B2	XXXXXX	99/99/10	X	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	1
PATIENT C2	XXXXXX	99/99/11	b	X	b	b	b	X	X	b	b	b	X	b	b	b	b	b	4
PATIENT D2	XXXXXX	99/99/12	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
PATIENT E2	XXXXXX	99/99/10	X	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	1
PATIENT F2	XXXXXX	99/99/12	b	b	X	b	X	X	b	b	b	X	b	X	b	b	b	b	5
PATIENT G2	XXXXXX	99/99/10	b	b	b	b	X	b	b	X	b	b	b	b	b	b	b	b	2
PATIENT H2	XXXXXX	99/99/11	b	X	b	b	b	b	b	b	b	X	X	X	X	b	b	b	5
PATIENT I2	XXXXXX	99/99/10	b	b	b	b	b	b	b	b	b	b	b	X	X	b	b	b	2
PATIENT J2	XXXXXX	99/99/12	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
PATIENT K2	XXXXXX	99/99/11	b	b	X	b	b	b	b	b	b	b	b	b	X	b	X	b	3

This report may contain privacy protected data and should not be released to the public.

PEER COACHING PART 4:

QUALITY IMPROVEMENT BASICS:

Plan-Do-Study-Act (PDSA) and Root Cause Analysis (RCA)

The Quality Improvement Methodology series is to be used to educate health care providers in basic quality improvement tools used to plan, implement and monitor measurable tests of change. The program will address using Root Cause Analysis to investigate adverse events and the Plan-Do-Study-Act, a scientific tool for testing changes.

Learning Objectives

1. What does quality look like to you?
2. What is performance improvement?
3. Importance of testing changes
4. Using PDSAs every day
5. Concepts of Root Cause Analysis and applying the 5-Whys
6. How residents and families can contribute to quality improvement efforts

Peer Coaching: Leaders of Change Part 4 Quality Improvement Basics: Plan-Do-Study-Act (PDSA) and Root Cause Analysis (RCA)



Objectives

- What does quality look like to you?
- What is performance improvement?
- Importance of testing changes
- Using PDSAs every day
- Concepts of RCA and applying the 5-Whys
- How residents and families can contribute to quality improvement efforts

What does quality look like to you?



Quality and Quality Improvement Is...

Quality

is managing outcomes by minimizing unnecessary changes so a result becomes more predictable, certain and desirable.

Quality Improvement

is a planned, systematic approach to monitoring, analysis and improvement of performance to achieve optimal consumer outcomes and consumer experience.

Quality Assurance vs. Performance Improvement

FOCUS AREA	PERFORMANCE IMPROVEMENT
Motivation	Continuously improving processes to meet standards
Means	Prevention
Attitude	Chosen, proactive
Focus	Processes or Systems
Scope	Resident care
Responsibility	All

Three Fundamental Questions to Begin Making Improvements

The Model for Improvement

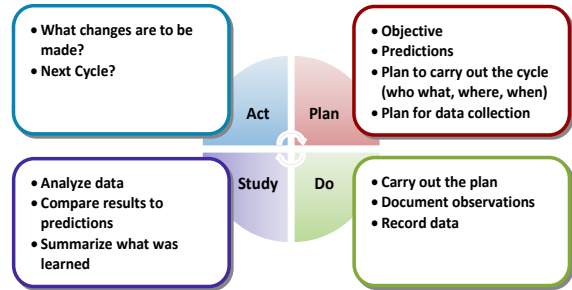


The Benefits of Testing Changes

Testing helps to:

- Increase the team's belief that change will result in improvement
- Document how much improvement can be expected from change
- Learn how to adapt change to conditions in local environments
- Evaluate costs and side-effects of change
- Minimize resistance upon implementation

PDSA Cycle for Learning and Improvement



Using PDSA in Daily Activities



Let's Be Movie Reviewers

What did you see or hear in the video that stuck in your mind?

What did our video mom do after each one of her changes?

Has anyone ever used this method to make a change at home or work? What were your results?

“Houston, we have a problem...”

The **starting point** for any improvement effort is

- recognition of a problem and
- identifying and eliminating its “root cause.”

What is Root Cause Analysis?

RCA seeks to identify the primary cause(s) of problems, so that you can

1. determine **what** happened;
2. determine **why** it happened;
3. figure out **what to do** to reduce the likelihood that it will happen again.

Philosophy of RCA

- Focuses on **systems** and **processes**, *not* on individuals
- The true problem must be understood before action is taken, i.e., **what caused the problem** to happen, or root cause(s)

RCA Uses a Systems Focus

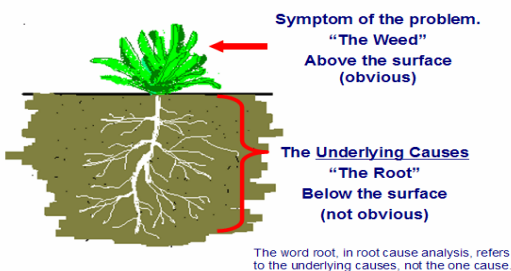
Symptom Approach vs. Systems Approach

- “Errors are often a result of worker carelessness.”
- “We need to train and motivate workers to be more careful.”
- “We don’t have the time or resources to really get to the bottom of this problem.”



- “Errors are the result of defects in the system. People are only part of the process.”
- “We need to find out why this is happening and implement mistake-proofing, so it won’t happen again.”
- “We need to fix it for good, or it will come back again and again.”

RCA Addresses Underlying Causes

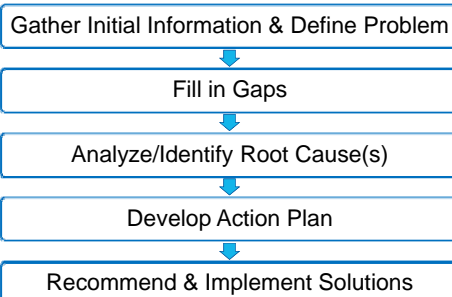


How do you kill a weed?

Use Root Cause Analysis to

Examine	Unexpected events & outcomes
	Close calls
Identify	Trends
	Changes that will lead to improvement
Direct	Action plans

The RCA Process: 5 Steps



Step 1:

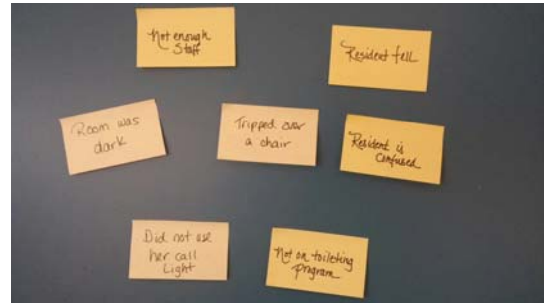
Gather initial information & define the problem

- The initial information will likely be on the incident report or adverse trend
- What are you trying to correct?
 - ✓ Define who, what, when, where, how
 - ✓ Brainstorm ideas and then work together to define a single problem

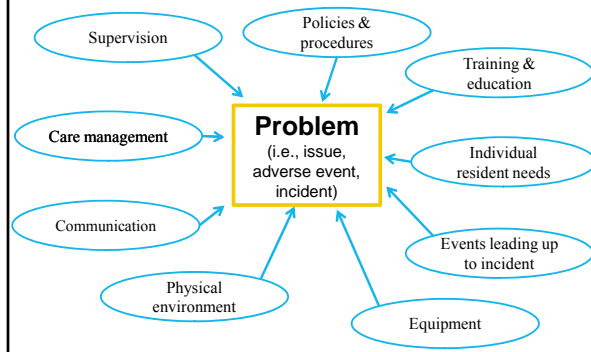
Activity

- Pause the recording and review sections 1 & 2 on the “RCA Worksheet Example.”
- See the next slide for a visual of how to use sticky notes when brainstorming to identify what the actual problem is.

Sticky Notes for Brainstorming



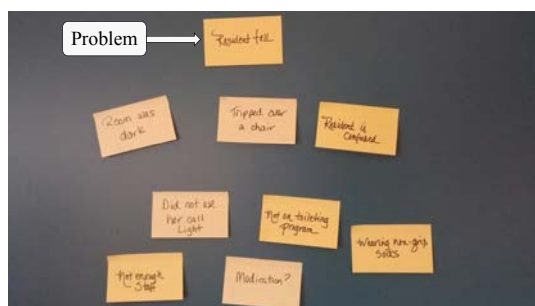
Investigate to Identify Contributing Factors



Activity

- Pause the recording and review section 3 on the “RCA Worksheet Example.”
- See the next slide for a visual of use of sticky notes when identifying contributing factors.

Identifying Contributing Factors



Step 2: Fill in the Gaps

- What other sources might have additional information regarding the problem?
 - ✓ Consult your team/co-workers
 - ✓ Interview the resident and/or family
 - ✓ Walk through the event where it occurred
 - ✓ Review all documentation sources

Activity

- Pause the recording and review section 4 of the “RCA Worksheet Example.”

Step 3:

Analyze/Identify the Root Cause(s)

- What conditions allowed the problem to occur? **Use the 5-Whys**
- What other factors impact the problem?
- What are the underlying reasons each contributing factor exists?
- Can you impact the contributing factor?

Getting to the Root Cause

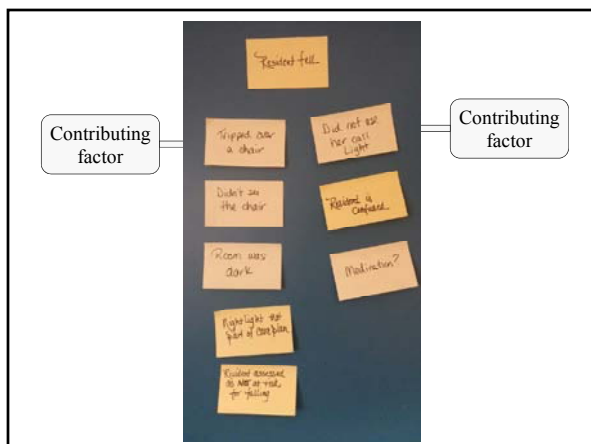
The 5-Whys

- Question-asking method to uncover underlying causes of event
- Ask “Why?” questions until all logical causes (and/or root causes) can be identified

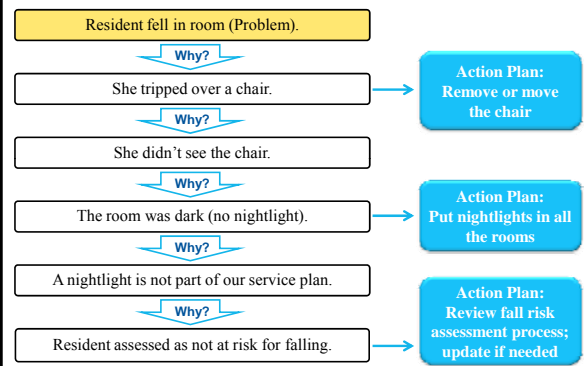
Uncovering root cause → Action plan = Prevent event from happening again

Activity

- Pause the recording and review section 5 of the “RCA Worksheet Example.”
- See the next slide for a visual of use of sticky notes when brainstorming other contributing factors.



5-Whys Example



Activity

Pause the recording and complete sections 1 through 5 on the “RCA Worksheet Example” handout for an event you have experienced.

Summary

- Using Root Cause Analysis methods can be quick and easy and more in-depth, depending on event.
- Use → comfort → habit

Residents and families can help by giving feedback

Your care team may come to you before starting an improvement project to:

- Gather information to help identify the focus for the project
- Seek your input on what might improve the process
- Ask your thoughts on specific issues to be investigated

The role YOU play in performance improvement

Get involved in the family and resident councils – Don’t have one ask your care team how one could be started.

Listen to concerns of fellow residents and families – There may be a potential area for improvement to be investigated.

Provide constructive feedback to your care team on issues of concern (e.g., food, activities, care, environmental, etc.).

Participate in satisfaction surveys when distributed.

Get to know you management team and care team.

For more information on questions to ask use the CMS publication titled Nursing Home Checklist. Downloadable at: www.medicare.gov/NursingHomeCompare/checklist.pdf

Next Steps

1. Help us improve our assistance:

Complete a brief evaluation by clicking on the link at mpqhf.org. You will receive your Peer Coach certificate after you submit your evaluation.

2. Contact us if you have questions!

Marcy Gallagher
Peer Coach Coordinator
(406) 547-5858 • 1-800-497-8232 ext. 5858
Marcy.Gallagher@area-h.hcqis.org

For more information...

Wyoming

Pat Fritz, BSN, RN, BC, NHA
(307) 568-2797
Pat.Fritz@area-h.hcqis.org

Montana

Pamela Longmire, RT, BAS
(406) 457-5885
Pamela.Longmire@area-h.hcqis.org

Hawaii

Joy Yadao, RN
(808) 545-2550 ext. 6022
Joy.Yadao@area-h.hcqis.org

Alaska

Leiza Johnson, RN, BSN
(907) 561-3202 ext. 6
Elizabeth.Johnson@area-h.hcqis.org



This material was developed by Mountain-Pacific Quality Health, the Medicare Quality Improvement Network/Quality Improvement Organization (QIN-QIO) for Montana, Wyoming, Hawaii, Alaska and the U.S. Pacific Territories of Guam and American Samoa and the Commonwealth of the Northern Mariana Islands, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. Contents presented do not necessarily reflect CMS policy. 11/09/AMQP/QI-ALAC-11-13

PDSA Worksheet for Testing Change

The **Plan-Do-Study-Act (PDSA) worksheet** is a useful tool for documenting a test of change. The PDSA cycle is shorthand for testing a change by

- developing a plan to test the change (**Plan**),
- carrying out the test (**Do**),
- observing and learning from the consequences (**Study**) and
- determining what modifications should be made to the test (**Act**).

Directions

Use the PDSA worksheet to help your team document a test for change. Fill out one worksheet for each test you conduct. Your team will test several different changes, and each change will go through several PDSA cycles. Keep a file, either electronic or hard copy, of all your PDSA worksheets for all the changes your team tests.

Step 1: Respond to the Three Fundamental Questions for Improvement.

1. What are we trying to accomplish (aim)?
2. How will we know the change is an improvement (measure)?
3. What change can we make that will result in an improvement (ideas, hunches, theories)?

Step 2: Fill in your plan.

- What is your hunch that you would like to test?
- What do you expect will happen?
- Who will be involved (e.g., one resident, one unit, one floor, one department)?
- How long will the change take to implement?

Step 3: Do.

- Implement the change. Try out the test on a small scale.
- Document any problems and unexpected observations.

Step 4: Study.

- Set aside time to study your results and determine if the change resulted in the expected outcome.
- Reflect on what happened and what was learned.
- Look for unintended consequences, surprises, successes or failures.

Step 5: Act.

- Adopt – If your test was successful, consider expanding the changes to additional residents, staffs, units, etc.
- Adapt – If your test was moderately successful but did not produce the desired results, refine the changes based on what was learned from the test and do another round of PDSA.
- Abandon – If the results were not what you wanted and you feel you have tried every change possible, abandon this test and consider a new approach.



PDSA Worksheet for Testing Change

Achieving our goal will require multiple small tests of change to reach an efficient process and our desired results.

Date: _____

Cycle: _____

Change Champion: _____

Three Fundamental Questions for Improvement

1. What are we trying to accomplish (aim or long-range goal)?

2. How will we know a change is an improvement, i.e., how will we measure the test?

3. What changes can we make that will lead to improvement?

PLAN (short-range goal)		
We plan to (include anticipated date of completion):		
We hope this produces:		
Steps to execute the plan:	Assigned to:	Date to be completed:
DO		
What happened when we ran the test? What did we observe?		
STUDY		
What did we learn/conclude from this cycle? Why was/was not the test successful?		
ACT		Date:
What are our next steps?		
<input type="checkbox"/> We will adopt this test and _____. <input type="checkbox"/> We will adapt this test and repeat PDSA for another cycle. <input type="checkbox"/> We will abandon this test and start a new PDSA.		

Root Cause Analysis Worksheet

1. Describe an event that you would like to use to practice root cause analysis.

- What happened?
- Who was involved?
- When did it happen? (date, day of week and time of day)
- Where did it happen?
- How did it happen?

2. Brainstorm ideas about what you think the actual “problem” is.

- Using sticky notes, put one problem idea on each note. Try to think of as many as you can.
- Separate your problem ideas into two categories: Those that can be impacted or changed and those that cannot be easily impacted.
- Identify the one problem that, when you improve it, will have the greatest impact.
- And the “problem winner” is: _____

3. List as many possible contributing factors as you can think of (communication, care management, policies and procedures, physical environment, staff education, equipment, individual resident needs, supervision, events leading up).

Example: Possible contributing causes/causal factors of fall include:

- Resident-related or internal factors.
- Resident related mobility or activity being undertaken at time of fall.
- Environmental/equipment or external factors.

4. Fill in the gaps. Identify other sources that might have additional information regarding the problem.

5. Walk through your problem using the 5-Whys method (use sticky notes).

Root Cause Analysis Worksheet

1. Describe an event that you would like to use to practice root cause analysis.

- What happened?

MRS. SMITH FELL AND BRUISED HER HIP.

- Who was involved?

MRS. SMITH

- When did it happen? (date, day of week and time of day)

MONDAY 12/1/14 AT ABOUT 2:00 AM

- Where did it happen?

IN HER ROOM

- How did it happen?

MRS. SMITH SAID SHE GOT UP TO GO TO THE BATHROOM AND TRIPPED OVER THE SIDE CHAIR IN HER ROOM.

2. Brainstorm ideas about what you think the actual “problem” is.

- Using sticky notes, put one problem idea on each note. Try to think of as many as you can.
- Separate your problem ideas into two categories: Those that can be impacted or changed and those that cannot be easily impacted.
- Identify the one problem that, when you improve it, will have the greatest impact.
- And the “problem winner” is: RESIDENT FELL IN HER ROOM

3. List as many possible contributing factors as you can think of (communication, care management, policies and procedures, physical environment, staff education, equipment, individual resident needs, supervision, events leading up).

Example: Possible contributing causes/causal factors of fall include:

- Resident-related or internal factors.
- Resident related mobility or activity being undertaken at time of fall.
- Environmental/equipment or external factors.

RESIDENT TRIPPED OVER A CHAIR, SHE'S CONFUSED, MEDICATION??, WAS WEARING NON-GRIP SOCKS, DIDN'T USE CALL LIGHT, ROOM WAS DARK, NOT ENOUGH STAFF

4. Fill in the gaps. Identify other sources that might have additional information regarding the problem.

MEDICAL RECORD

INTERVIEW THE RESIDENT, STAFF, ROOMMATE, FAMILY

5. Walk through your problem using the 5-Whys method (use sticky notes).

PROBLEM: RESIDENT FELL IN HER ROOM

WHY? SHE TRIPPED OVER A CHAIR

WHY? DIDN'T SEE IT

WHY? THE ROOM WAS DARK - NO NIGHT LIGHT

WHY? NIGHT LIGHT IS NOT PART OF THE SERVICE PLAN

WHY? RESIDENT WAS ASSESSED AS NOT BEING AT RISK FOR FALLING

Setting SMART Goals

The first step in achieving your goal is to articulate what your goal is. A weak goal statement can make it difficult to set a path toward achieving it or set you on the wrong path, which is a time waster. Creating a strong goal statement will help you achieve your goal, and a strong goal statement must be SMART – Specific, Measureable, Attainable, Relevant and Time-Bound.

Specific

To make sure your goal statement is specific, it should answer the three questions in the model for improvement:

1. What are you trying to improve?
2. How can you do it?
3. How will you know the change is an improvement?

Measureable

To reach your goal, you need to measure any outcomes. Ask yourself, how will you know you reached your goal?

Attainable

Define the rationale for setting the goal measure. Is it a goal you can realistically reach, given resources, knowledge and time? However, remember that a goal can be both challenging and realistic. Only you and your team can decide just how high your goal should be.

Relevant

How will your goal address the problem or need?

Time-Bound

What is the target date for achieving your goal? Give yourself enough time to achieve your goal, but not so much time that you lose momentum, lose track of your goal or negatively impact your performance.

