

Performance Improvement & Utilization of QI/QM Reports

Presented by:

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What Is PI?

- Organization-wide “The big picture”
 - Internally and externally driven
 - Continuous effort to improve—has no endpoint
 - Identifies opportunities for improvement
 - Directly linked with quality plan, mission, and strategic planning



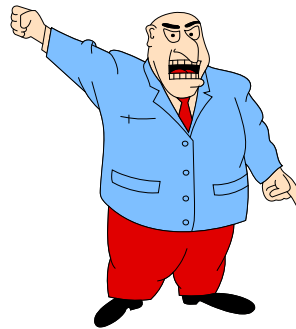
Strategic Quality/Performance Improvement Plan

- QI/PI Plan is guided by:
 - Mission, Vision, & Values
- Who is responsible for the PI Plan?
 - Board of directors and administration
 - Medical staff
 - Quality committee
 - Employees

3

Examples of PI Measurement

- Patient, employee, and physician satisfaction
 - ARQH Survey outcomes
- Clinical/Service outcomes
 - QI/QM reports
- Financial performance data
- Sentinel/Never events



4

Opportunity Sources For PI

- Sentinel/Never Events
 - Definition: *The event has resulted in an unanticipated death or major permanent loss of function, not related to the natural course of the patient's illness or underlying condition.*
 - What is a Near Miss?



5

Root Cause Analysis (RCA)

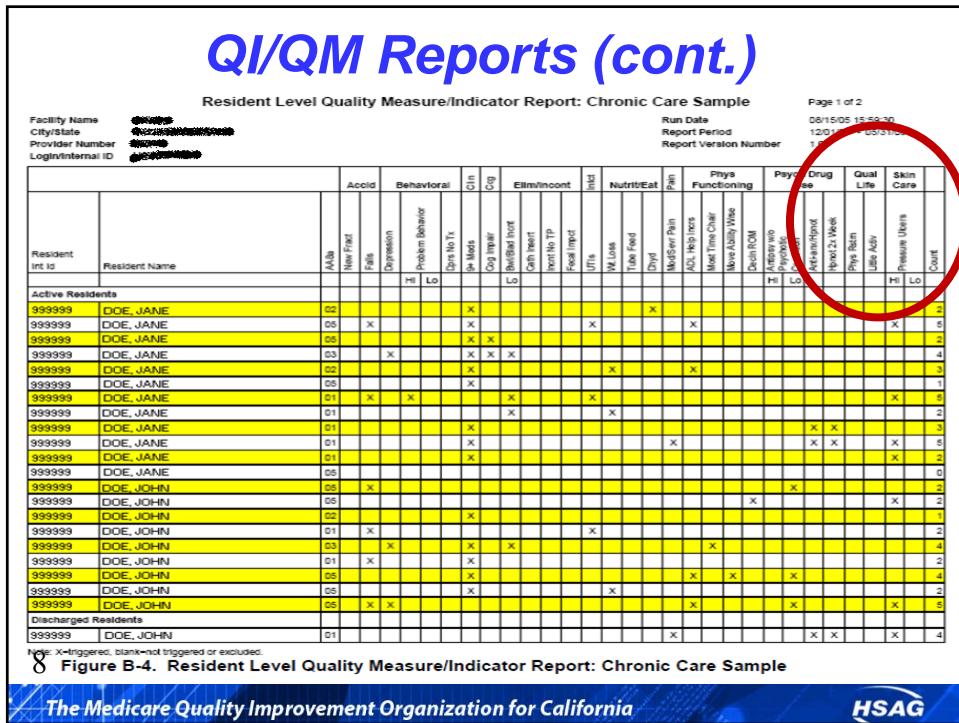
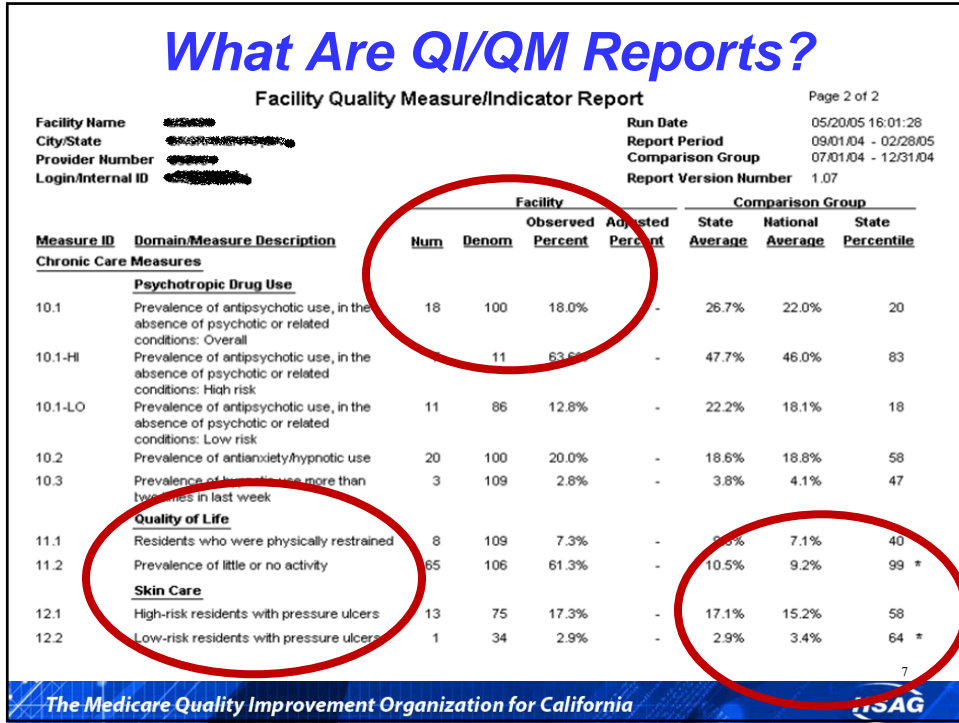
- What is an RCA?
 - Who, What, When, Where, Why
- Focus primarily on systems and processes, not individual performance



What do I
do now?

6

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QI/QM Reports (cont.)

Resident Listing Report: Chronic Care Sample Page 1 of 2

Facility Name	██████████	Run Date	1/12/2005 12:44:22
City/State	██████████	Report Period	10/01/2003 - 03/31/2004
Provider Number	██████████	Report Version Number	1.07
Login/Internal ID	██████████		

Resident Int Id	Resident Name	Gender	DOB	Room No.	Target Assessment		Prior Assessment		Discharge Date
					A3a	AA8a/ AA8b	A3	AA8a/ AA8b	
999999	Doc, John	M	09/07/1921	362	02/25/2004	05/6	12/03/2003	01/1	
999999	Doc, John	M	06/10/1915	362-1	03/17/2004	05/6	12/30/2003	01/1	
999999	Doc, John	M	02/06/1901	360-2	03/17/2004	05/6	12/24/2003	01/1	
999999	Doc, John	M	01/25/1902	3501	03/24/2004	05/6	12/30/2003	01/1	
999999	Doc, John	M	04/13/1903	0349	03/16/2004	01/1			
999999	Doc, John	M	07/30/1916	0340	02/21/2004	01/1			

9

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QI/QM Reports (cont.)

- Reporting of Focus Initiatives

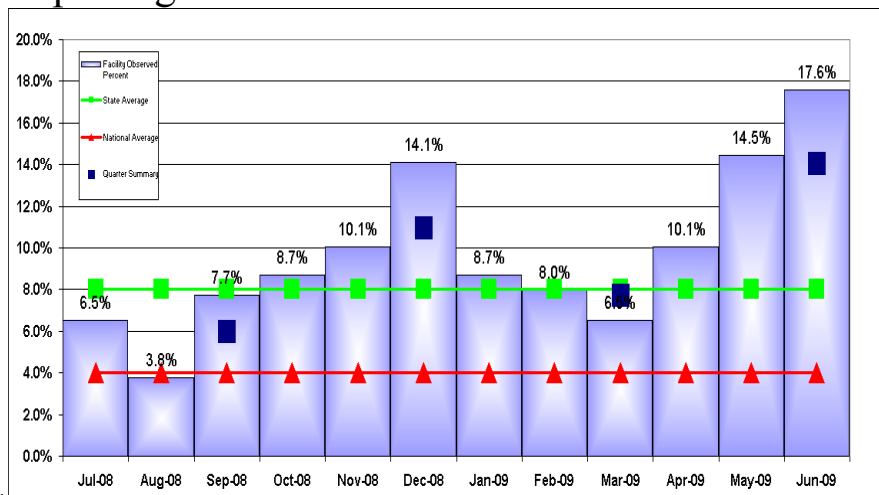
Rationale for Selection:	§483.13(a) State Operations Manual for LTC/Appendix PP – Restraints												
Quality Measure / Indicator:	Restraints (Quality of Life) (Rev. 36, 08-01-08)												
	Jan-09	Feb-09	Mar-09	Apr-09	May-09	Jun-09	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	12-Mo Avg
N=Residents Who Were Physically Restrained	12	11	9	16	23	25	9	6	11	12	16	20	14
D=Patient Population Group	138	138	138	159	159	142	138	159	142	138	159	142	146
Facility Observed Percent	9%	8%	7%	10%	14%	18%	7%	4%	8%	9%	10%	14%	10%
Quarter Summary			8%			14%			6%			11%	
State Average	8%	8%	8%	8%	8%	8%	8%	8%	8%	8%	8%	8%	8%
National Average	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%
Facility State Percentile*	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

10

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QI/QM Reports (cont.)

Reporting of Focus Initiatives



11

QI/QM Reports (cont.)

Key Points About QI/QM Reports

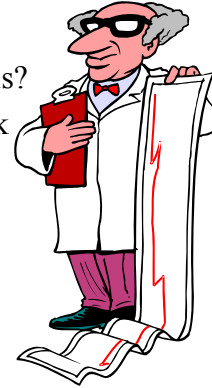
- Surveyors focus on *starred* quality measures and State percentiles $\geq 75\%$
- Make sure that sentinel/never events and those with * $\geq 90\%$ are focus initiatives
 - Fecal impaction
 - Dehydration
 - Low-risk pressure ulcers



12

QI/QM Reports (cont.)

- Are you reviewing key initiatives daily?
 - Restraints/Pressure Ulcers
 - Who is in restraints?
 - What can we do to prevent the use of restraints?
 - Do we have consistent staffing assignments?
 - Do staff understand what a high-risk patient is?
 - Do staff understand their role with a high-risk patient?
 - Others with *
- Do you have PI Teams in place?



13

Why PI Teams?

- Teamwork values: We're all in this together!
- Teams and teamwork accomplish things.
- We all have different levels of responsibility, but we should maintain one level of attitude.
 - Remain open to communication.
 - Focus on processes, not behavior of individuals.



14

When To Use PI Teams

- A long-term solution to a situation or process is required.
- The issue/situation/process is complex.
- There is sufficient time.
- The impact of the issue/situation/process is great.



15

When Not To Use PI Teams

- The outcome or decision will have low impact on the organization and personnel.
- The issue, situation, or problem is a crisis.
- The outcome is pre-determined, e.g., a regulatory requirement.
- Time is a critical factor.



16

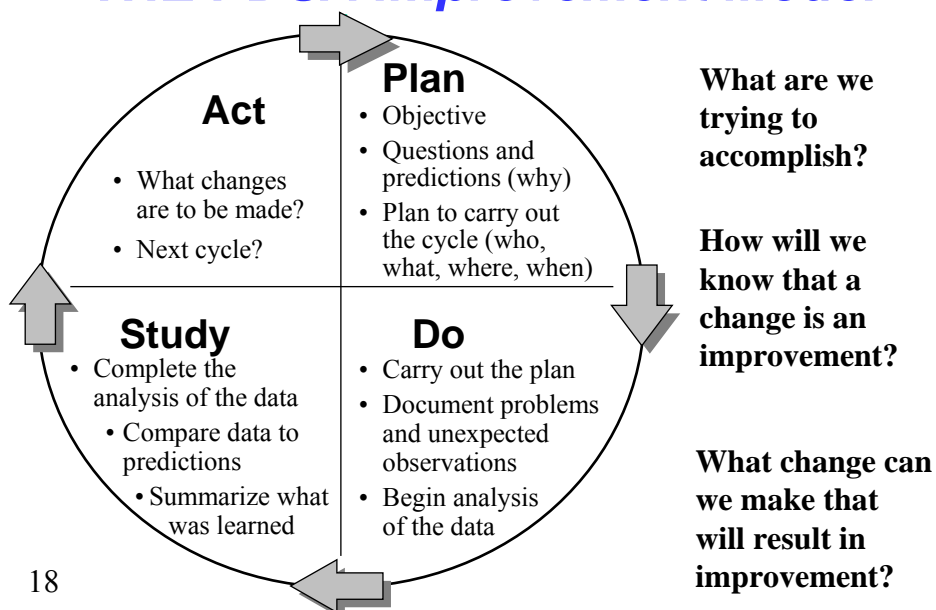
Successful PI Teams!

- Multi-disciplinary teams
 - 6–12 members on a team
 - Have clearly stated mission, goals, and scope
 - Operate creatively and ensure results are focused
 - Identify clear roles and responsibilities for members, sponsors, leaders, facilitators, etc.
 - Utilize the PDSA Cycle



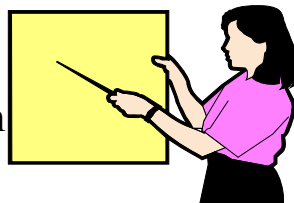
17

THE PDSA Improvement Model



18

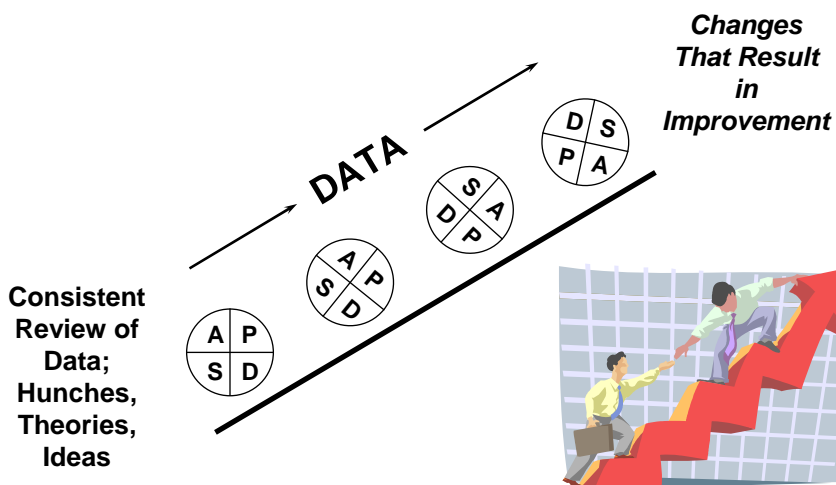
Next Step



- Identify the need for a PI Team
- Fill out a charter
 - Submit to Quality Committee for approval
- Quality Committee will score charter by using Priority Scoring Grid
- Formulate the team:
 - Utilize the PI Team PDSA Model
 - Submit ongoing reports to the Quality Committee
 - Educate staff on new process developed
 - Take a “Look-Back” . . .

19

Repeated Use of the PDSA Cycle



20

Conclusion

- Review focus areas daily*
- Utilize QI/QM reports by creating key initiatives
- Implement PI Teams based on *
 - Follow PI Model—PDSA
 - Include CNAs in all quality improvement initiatives
- Report key initiatives in Quality Committee meetings per your Strategic Quality/PI Plan
 - Review PI Team momentum and request recommendations from your Quality Committee
- Post Key Initiatives for staff to view

Don't be a data hog!



21

Questions?



22

Takeaways?

- Can you identify one resident who can be removed from restraints today?
- What makes you think that it could be done?
- What would it take?

23

Contact Information

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Over 1 million drug-related injuries occur every year in health care settings. The Institute of Medicine estimates that at least a quarter of these injuries are preventable.

To find out how to prevent medication errors, go to
http://www.hsag.com/ca_drugsafety/.



www.hsag.com

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