



Leadership, Systematic Analysis, and Systemic Action

Session 4

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Announcements

- 1. Didactic Sessions:** begin promptly at 1:30 pm and will be locked after 1:40 pm.
- 2. TNT Program Questions:** please email TNTEducation@ph.lacounty.gov email address only.
- 3. Save the TNT Website:** <http://publichealth.lacounty.gov/acd/TNTProgram.htm>.
- 4. Logging into the sessions** with facility credentials will only provide credit toward facility attendance.
 - For individual attendance credit, each participant must log in with individual credentials (full name and email address)
 - To receive credit, your log in must clearly indicate your name. Anybody that is logged in with a phone number will not be given credit for attendance.
 - Names entered in the chat to identify the phone numbers will not be accepted.
 - Please do not enter your name or facility name in the chat.
- 5. TNT Communication:** Please read in detail.

Announcements

6. Chat: please do not enter your name or your facility name in the chat.

- If you have logged in with your full name, your presence will be recorded.
- During the presentation, please listen to the presentation rather than focusing on the content in the chat. All important information will be shared again later.

7. Post-session Evaluation Quiz: only Designated Participants are eligible to take the survey and receive CEUs/Certificates.

- Link will be shared in the chat at the end of the session, AND
- Will be emailed to everyone after each session, AND
- Link will be available on the TNT website within 2 days after each session

8. Report Cards: After each month of sessions, each facility will receive a report card indicating their progress toward meeting requirements for the SNF to continue to be eligible to remain in the TNT program.



Announcement – **Small Group Sessions**

- Each facility is **REQUIRED** to attend **ONE** Small Group session per month (1hour/month).
 - Only **ONE** of your Designated Participants **MUST** attend one session/month.
 - If this requirement is not met for any of the months, the SNF will be dropped from the TNT program, the Designated Participants will not be eligible for CEUs or Certificates of Completion.
- Please check your emails for your invitations to small group sessions!
- Please connect with your team to plan for at least one Designated Participant to attend.
- Many facilities still need to attend a small group session!
 - Makeup sessions are being sent to facilities that missed their scheduled sessions.
 - TNT will host additional July makeup sessions at the end of this week to accommodate.
 - This will be an exception for July ONLY.
 - Going forward, facilities will be expected to attend the sessions they are scheduled for.

****If there are any extenuating circumstances for missing the session, please email TNTEducation@ph.lacounty.gov immediately.**

Housekeeping

Please do not unmute or start your video.

Click here to raise or lower your hand.

Click here to see the participants list.



Click here to turn captions on.

Please do not share your screen.

Click here to access the chat and choose to send messages to Everyone.



Session Schedule

Topics	Date	Link
1 - Transforming Nursing Home Care Together (TNT) Program - Introduction	Wednesday, July 6th, 10:00-11:00 am	<p>Join using this link: https://lacpublichealth.w ebex.com/lacpublichealt h/j.php?MTID=m4eb4f9c 0019845cbbb6495fedf2a caa6.</p>
2 - QI and QAPI Foundations	Wednesday, July 13th, 1:30-2:30 pm	
3 - QI and QAPI in Your Facility	Wednesday, July 20th, 1:30-2:30 pm	
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<http://publichealth.lacounty.gov/acd/docs/TNTProgramSchedule.pdf>



TNT Program Objectives

- Enhance quality improvement and quality assurance performance improvement (QAPI) at LA County SNFs by providing foundational quality improvement education across all roles in SNFs
- Empower SNF staff to initiate performance improvement projects (PIPs) and own QI in their facility
- Improve patient safety and clinical outcomes



Session 4 Objectives

- Define the types of teams in SNFs (QAPI Committee vs. Quality Improvement Teams)
 - Choose the best team members for your activity
- Understand the first 4 of the 7 Problem-Solving Steps of the A3 Framework
 1. State the problem
 2. Describe the Current State
 3. Design a Goal
 4. Investigate the problem further/identify some Root Causes

Plan, Do, Check, Act - Refresher



A3 Project Title

Project Lead: **COORDINATION** Project Team:

Facilitator:

Project Champion(s):

Date Updated:

1) Problem Statement: (description of the problem and its effect)

2) Current State: (depiction of the current state, its processes, and problems)

Best Practices/Literature Search:

3) Goal: (how will we know the project is successful; standard/basis for comparison)

PLAN

4) Root Cause Analysis: (investigation depicting the problems' root causes)

5) Solutions: (action plans and findings of tested solutions)

Root Cause	Tested Solution	Responsible	Due	Finding
		DO		

6) Check: (summary of the solutions' results, overall goal success, and any supporting metrics)

Goals and Metrics	Baseline	Target	Current
Goal		CHECK	
Supporting Metric			
Supporting Metric			

7) Act: (action taken as a result of the Check, and a plan to sustain results)

- 1.
- 2.
- 3.

ACT



Coordination

PLAN

DO

CHECK

ACT



A3 Project Title

Project Lead:
Facilitator:
Project Champion(s):

Project Team:

Date Updated:

Project Lead

- Partners with the facilitator for the planning and development of all project deliverables
- Responsible for managing team members, implementing solutions, and sustaining gains

Project Champion(s)

- Provides leadership support
- Validates project objective and approach
- Ensures availability of appropriate resources and support
- Helps to remove cross-functional barriers

Facilitator:

- Usually QAPI committee member
- Assists the lead with planning and development of project

Project Team

- Participate in project as requested by team leader and facilitator, including:
 - Completing assigned work
 - Informing the project leader of issues, scope changes, risk and quality concerns
 - Communicating changes to peers



Audience Poll Question: Which of the Following Are Teams in a SNF?

Forming a Team Takes Time



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- The interdisciplinary team is a team you are already familiar with.
- **Definition of a team:**
 - A team is defined as a group of people who perform interdependent tasks to work toward accomplishing a common mission or specific objective.
- **Many benefits to teams:** greater innovation, more flexible to change, increased ownership, increased commitment to mission, reduced turnover and absenteeism, improved product (healthcare delivery), and more...

Types of teams

- **Work Groups/Natural Teams**

- Responsible for an already defined process
- Participative approach: responsibility for work produced

- **Self-Managed Teams**

- Directly manage operations
- Managers, decision makers
- Accountable for others' work

- **Process Improvement Teams**

- Achieve a specific goal (improve/develop a specific process)
- Well defined project plan
- Time limited: established beginning and end

- Nursing unit
- PT/OT Team
- Social Work Team
- EVS Team
- Dietary Team

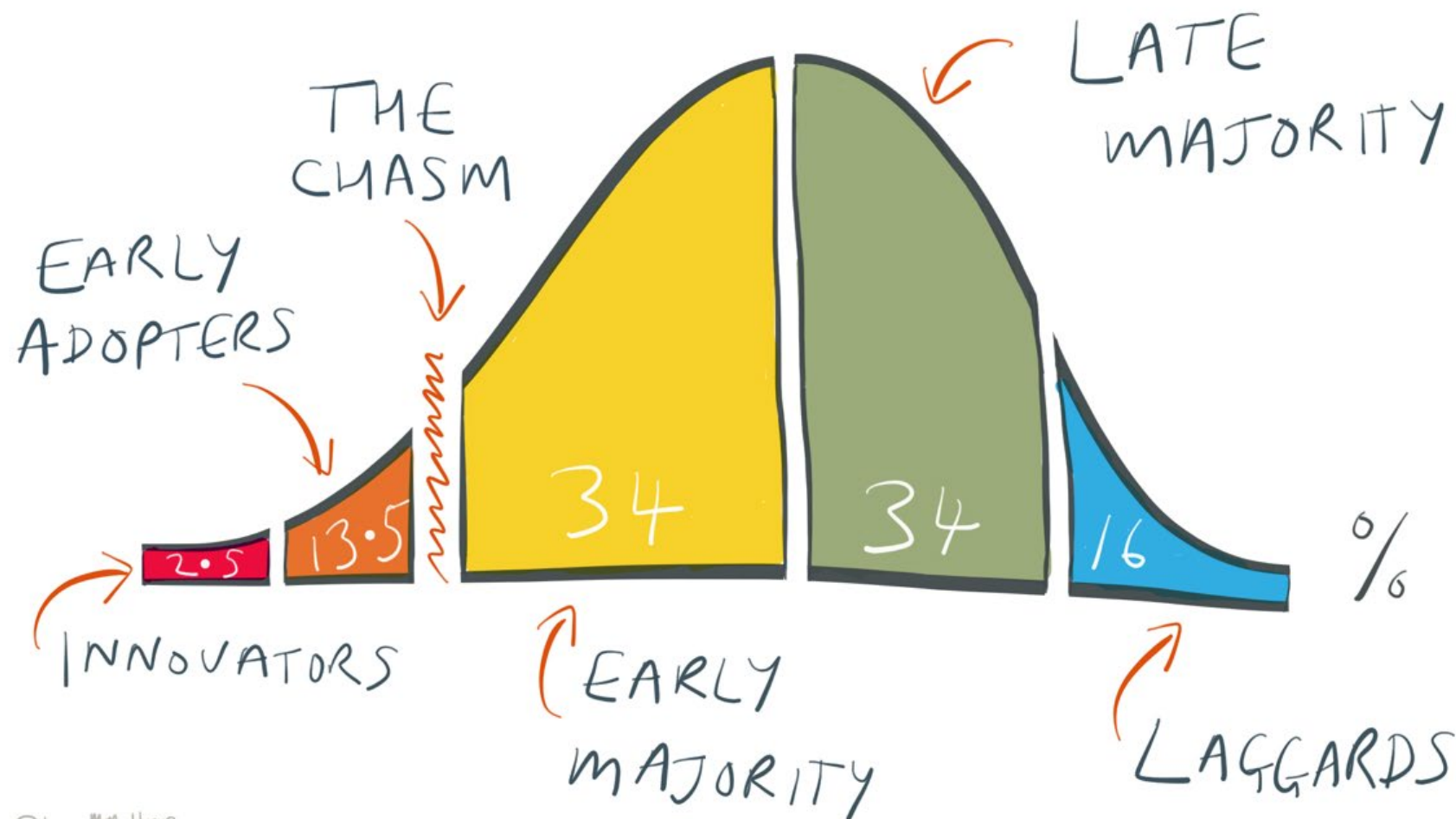
- QAPI Committee
- Facility leadership team

- Quality Improvement Team (QIT) in charge of a specific Performance Improvement Project (PIP)

Reasons Why Teams Fail

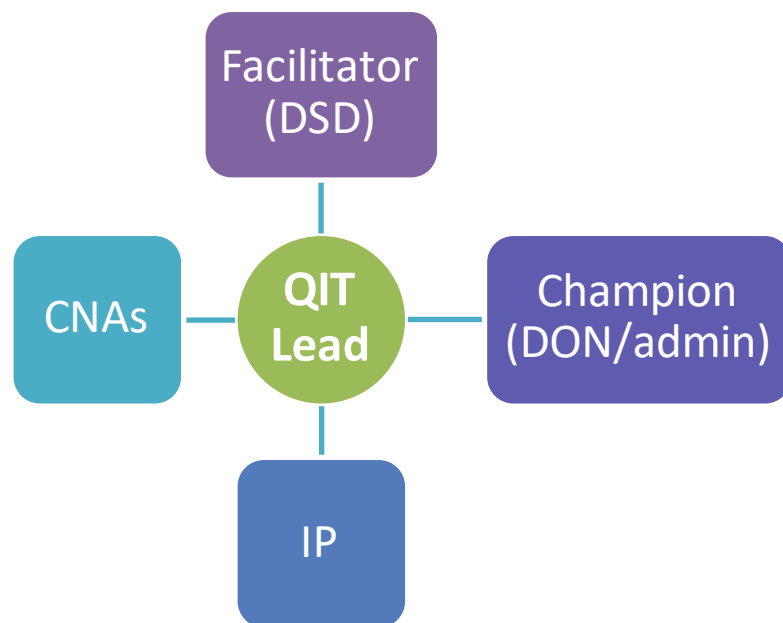
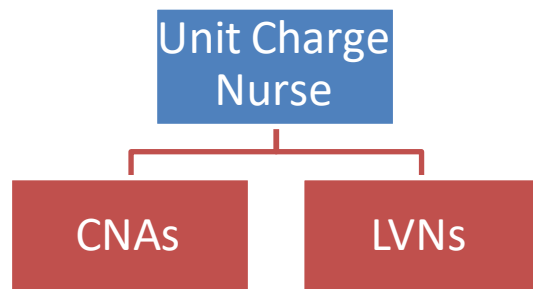
- Lack of organizational systems necessary to support teams
- Failure to integrate team-based structure into the organizational culture (vs. hierarchical)
- Minimal upfront planning of how teams should be utilized
- Failure to prepare managers for their changing roles (e.g., IP)
- Inadequate training
- Inappropriate reward and compensation systems
- Failure to prepare team members for their roles
- Incomplete understanding of group dynamics

Innovation Adoption Curve



@bryanMMathers

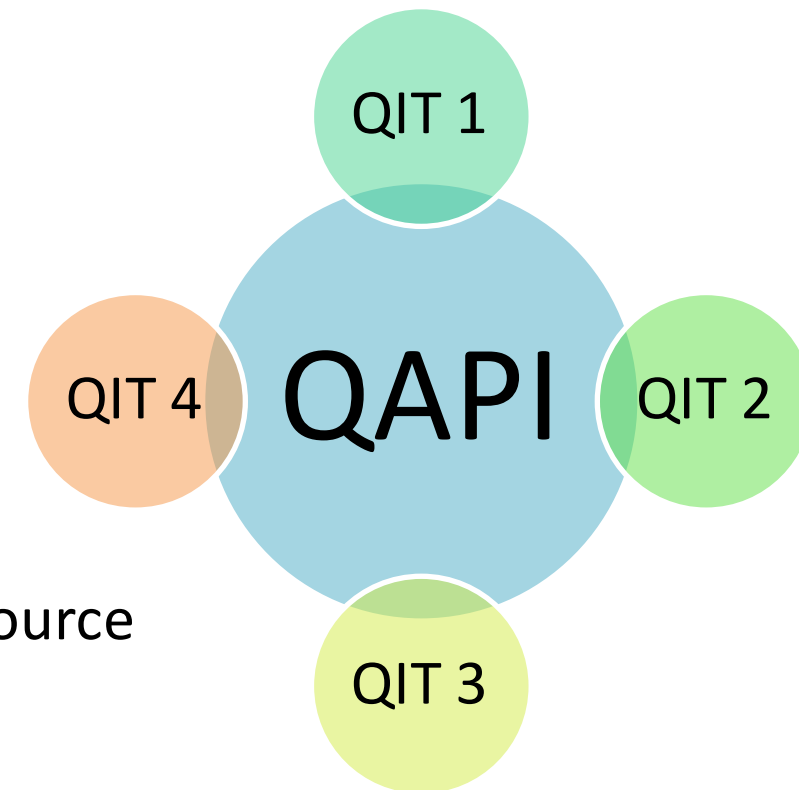
How Teams Succeed



- Diverse mix of innovation styles (include laggards!)
- Setting clear expectations of roles and goals for each member
- Strong communication among team members
- Respecting and *embracing* different opinions/ideas, communication styles, backgrounds, etc.
- Acknowledging everyone brings value to the table regardless of level of training, experience, and background
- Ensuring structure of the team supports the goals of the team
 - i.e., IDT model vs hierarchical
- Sufficient and appropriate type of support from top management
 - Example – champion

What is the QAPI Committee?

- QAPI Committee activities and roles
 - Required by CMS to run a QAPI Committee
 - Ongoing
 - Clearinghouse for all improvement work – Identifying/Approving PIPs
 - Assists as the improvement/best practice education resource
 - Identify and respond to deficiencies
 - Develop, implement and monitor corrective actions
- **There is one QAPI Committee and many quality improvement teams (QITs)**
- **Not every member of the QAPI Committee needs to be in a QIT**



Who is the QAPI Committee?



Quality Assurance and Assessment (QAA)/Quality Assurance & Performance Improvement (QAPI) Meeting Agenda Guide

Date of Meeting

The facility is required to have a QAA committee (do not need to use this name) that meets at least quarterly, and as needed, to coordinate and evaluate activities under the QAPI program. Although meeting quarterly is the requirement, many homes choose to meet monthly or weekly to review and evaluate progress toward quality improvement goals.

Attending

The following members are required to be on the QAA committee:

- Director of Nursing Services
- Medical Director
- Nursing home administrator, owner, board member, or other individual in a leadership role
- Two other staff members
- The infection prevention and control officer (required by November 28, 2019)

Other suggested members of the QAA committee:

- | | | |
|---|-----------------------------------|--|
| • Quality Coordinator | • Dietary Director | • Activities Director |
| • Minimum data set (MDS) Nurse | • Housekeeping Director | • Resident/Family Representative |
| • Consultant Pharmacist | • Social Services Director | • Health Information Technology (HIT) Director |
| • Infection Preventionist | • Environmental Services Director | • Health Information Management (HIM)/Business Office Representative |
| • Direct Care Staff (nursing assistants, dietary aides, housekeepers, etc.) | • Therapy Director | |
| | • Human Resources Director | |
| | • Board Member | |

The bulk of your quality meeting (at least 80 percent) should be used to complete the discussion and action items. 20 percent should be used to review data to be collected prior to the meeting. Prior to meeting, the champions/assigned staff should complete the table (the measure, goal, and current status) on each section of the agenda. Share the agenda prior to meeting so members can review the data and be prepared for discussion.

What is a Quality Improvement Team (QIT) and Who is the QIT?

- A Quality Improvement Team
 - Includes individuals who are directly involved/affected by the process in question
 - Works on the specific Performance Improvement Project (PIP)
 - Has a start date and an end date
 - Works towards SMART goals
 - Action arm of the QAPI Committee

Regular resident bathing schedule for residents in Unit 1

Project Lead: Susan Gibbs, Charge Nurse, Unit 1
Facilitator: Jennifer Osborne, DSD
Project Champion(s): Terry Smith, DON
Dr. Martin, medical director

Project Team: Tommy Doyle (IP), Seth Frenchman & John Smith (CNAs that bathe the residents in Unit 1), Martha Higgins (head of EVS)

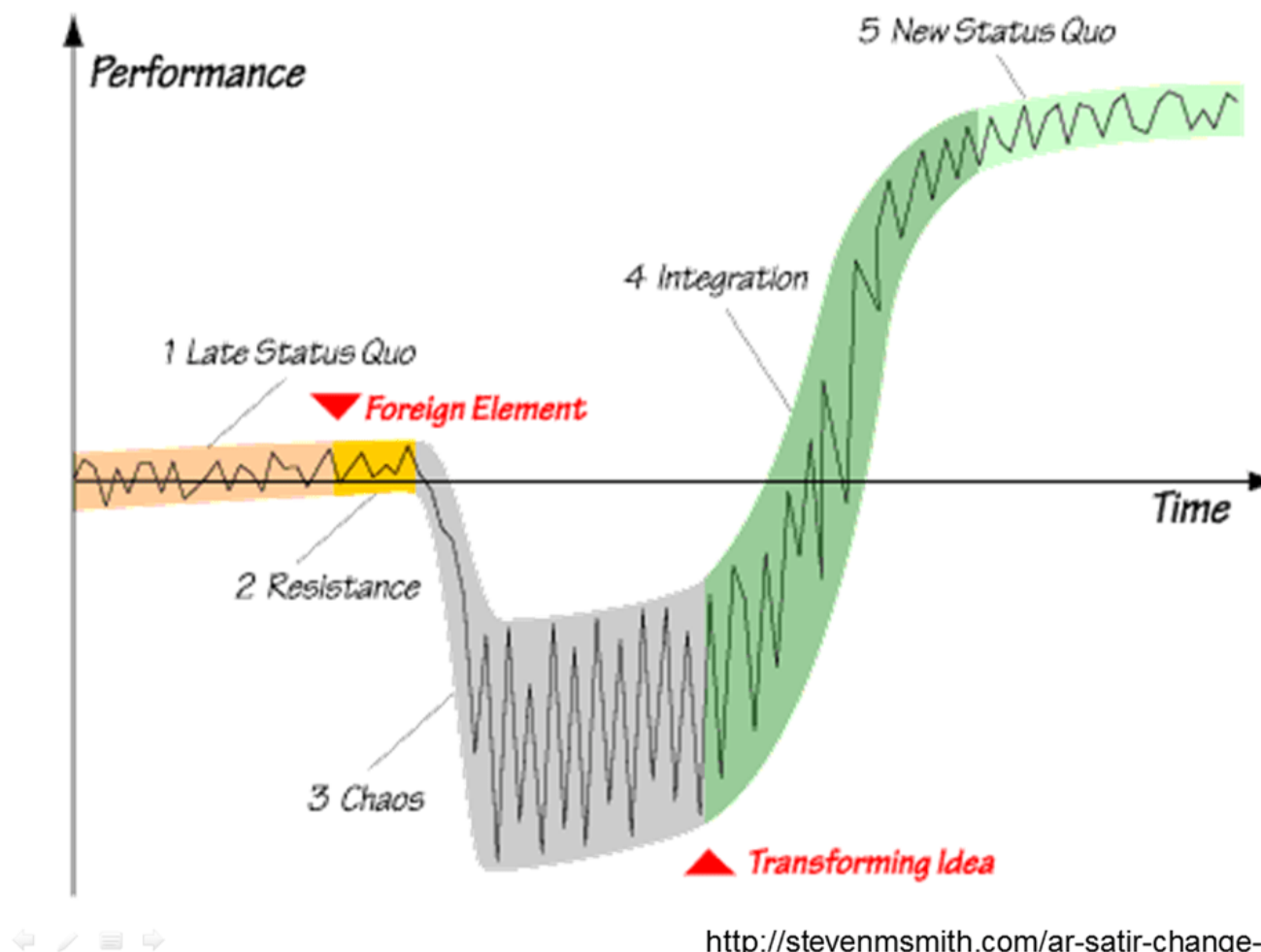
Date Updated: 05/12/2022

- **There are many quality improvement teams and one QAPI Committee**

Additional Team Members To Consider for Quality Improvement Teams

- Residents/Family members
- Clinical staff: nurses, infection preventionists
- Administrators
- Environmental Services Staff
- Registry Staff
- Dietary Staff
- Laundry Staff
- Activities Staff (yoga teacher, dance instructor, volunteers, driver/coordinators)
- External clinical partners: physical/occupational/speech therapists, hired caregivers, visiting healthcare professionals
- External vendor partners: salespeople, laundry and linen services, water delivery services, mechanics/machine services

Satir Change Model



<http://stevenmsmith.com/ar-satir-change-model/>



Audience Question: What Does PDCA Stand For?

Quality Improvement Team Activities and Roles



- Leads, facilitates, and participates in change and improvements.



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PLAN

DO

CHECK

ACT



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1) Problem Statement: multiple residents are not receiving baths in a timely or regular manner. Improper and delayed hygiene can lead to infestation, infection, and healthcare associated pressure injuries (HAPI). Maintaining resident cleanliness and basic hygiene is a resident right and creates a habitable living situation.

2) Current State: (depiction of the current state, its processes, and problems)

Best Practices/Literature Search:

3) Goal: (how will we know the project is successful; standard/basis for comparison)

4) Root Cause Analysis: (investigation depicting the problems' root causes)

DO

- Describe the problem
- Quantify the gap between the problem and the ideal
- Describe the effect/impact of the problem

DON'T

- Include the solution (if you know the solution, this should be an A4)



3 Tools to Identify Current State and Root Causes

- **Staff Interviews**
- Process Map
- Fishbone/Ishikawa Diagram



Staff Interviews

- Don't tell them your hypothesis
- Don't assume you already know
- Avoid questions with 'yes/no' responses

Examples:

- What is your favorite/least favorite thing about your work?
- If you could change anything about x, what would you change? How? Why?
- What tools/software/devices do you use everyday?

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- There is no schedule for bathing the residents in Unit 1.
- The Hoyer lift is broken.
- The soap dispenser in the shower room has been empty for two weeks.

Best Practices/Literature Search:

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Observe, document, and study the current state.

- Observe it with your own eyes.
- Document it so it can be analyzed.
 - Value Stream Map
 - Process Map
 - Time Observation Sheets
 - Spaghetti Diagram
 - Collect and analyze data
 - Interview experts (pain points)
 - Literature review

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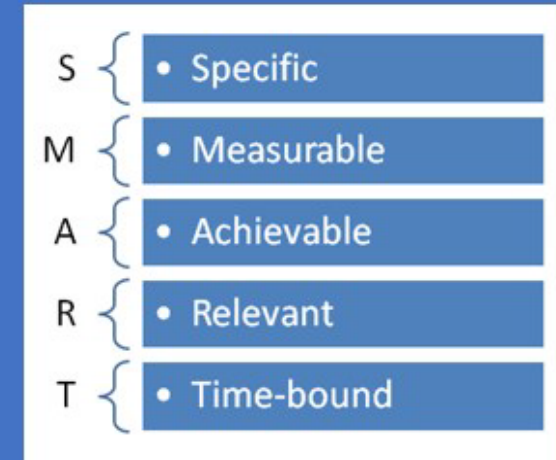
4) Root Cause Analysis: (investigation depicting the problems' root causes)

Define the Goal

- Ask: What is the ideal outcome?
- It is often the inverse of the problem statement.

Goal Elements

- Do (action verb)
- To (what/who)
- By How Much
- By When
- Example: Increase patient satisfaction from 80% to 83% by August 30.



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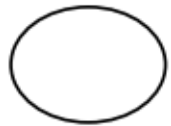
3 Tools to Identify Current State and Root Causes

- Staff Interviews
- **Process Map**
- Fishbone/Ishikawa Diagram

Process Map/Flowchart Pointers

How do you develop a flowchart?

Flowcharts are diagrams that use shapes to show the types and flow of steps in a process. The shapes represent different types of steps or actions.



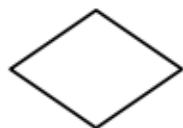
= beginning and end of a process



= direction or flow of the process



= a task or activity performed in the process



= a decision point (yes/no)



Process Map Example



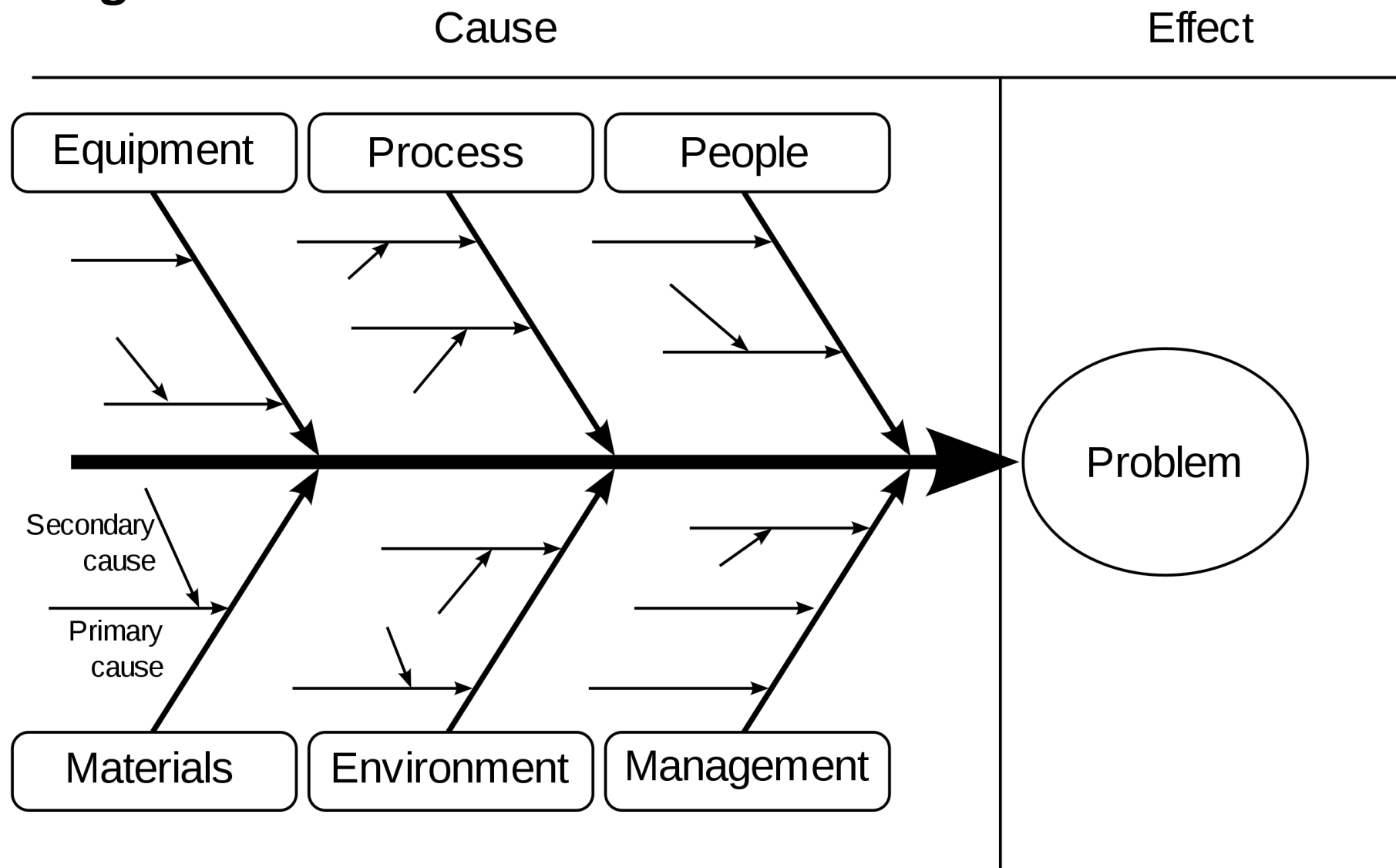
1. CMS QAPI Flowchart Guide: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/FlowchartGuide.pdf>



3 Tools to Identify Current State and Root Causes

- Staff Interviews
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- **Fishbone/Ishikawa Diagram**

Fishbone Diagram



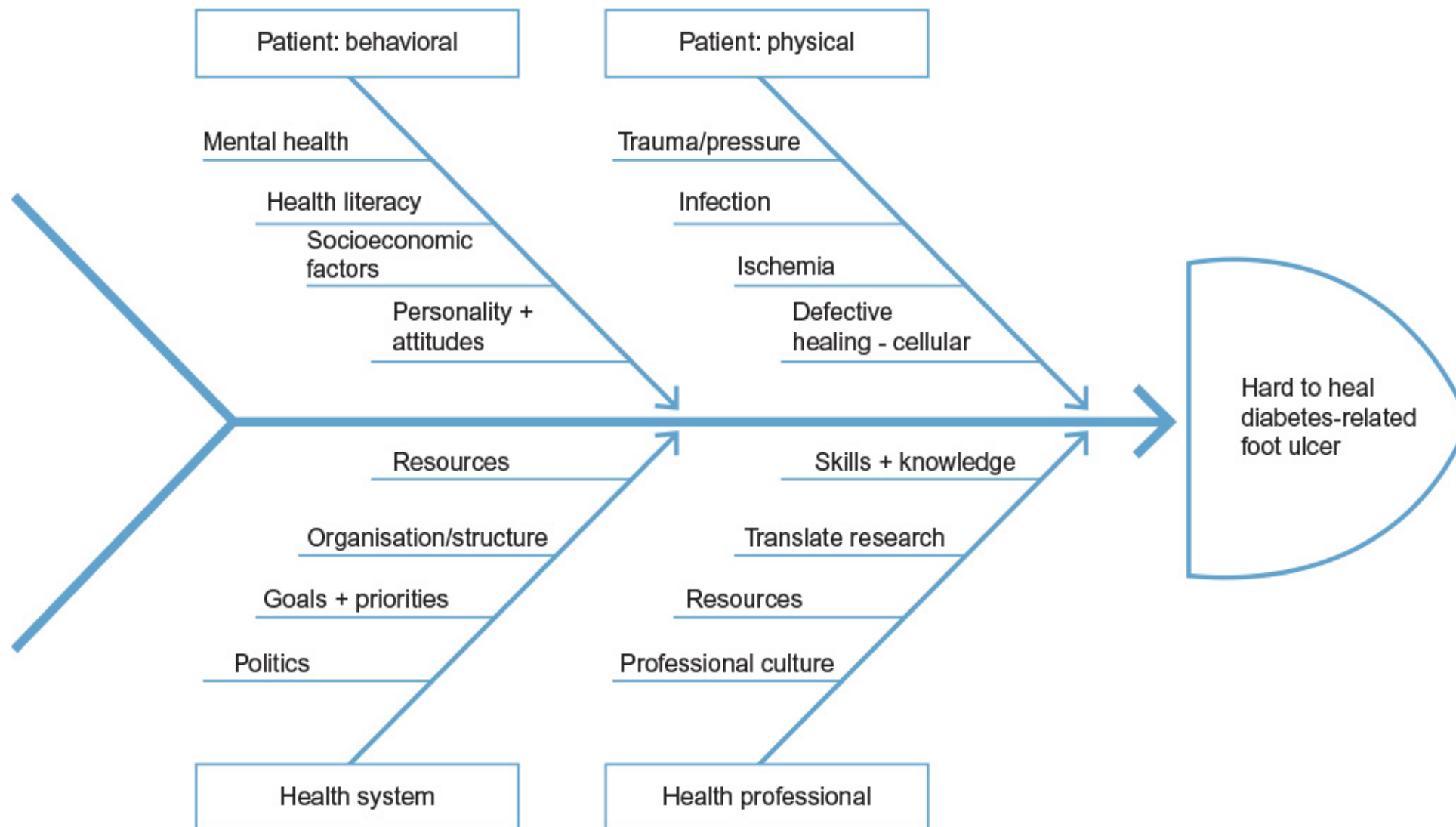
Ways to Think about Functional Categories for the Fishbone Diagram

6 "Ps"

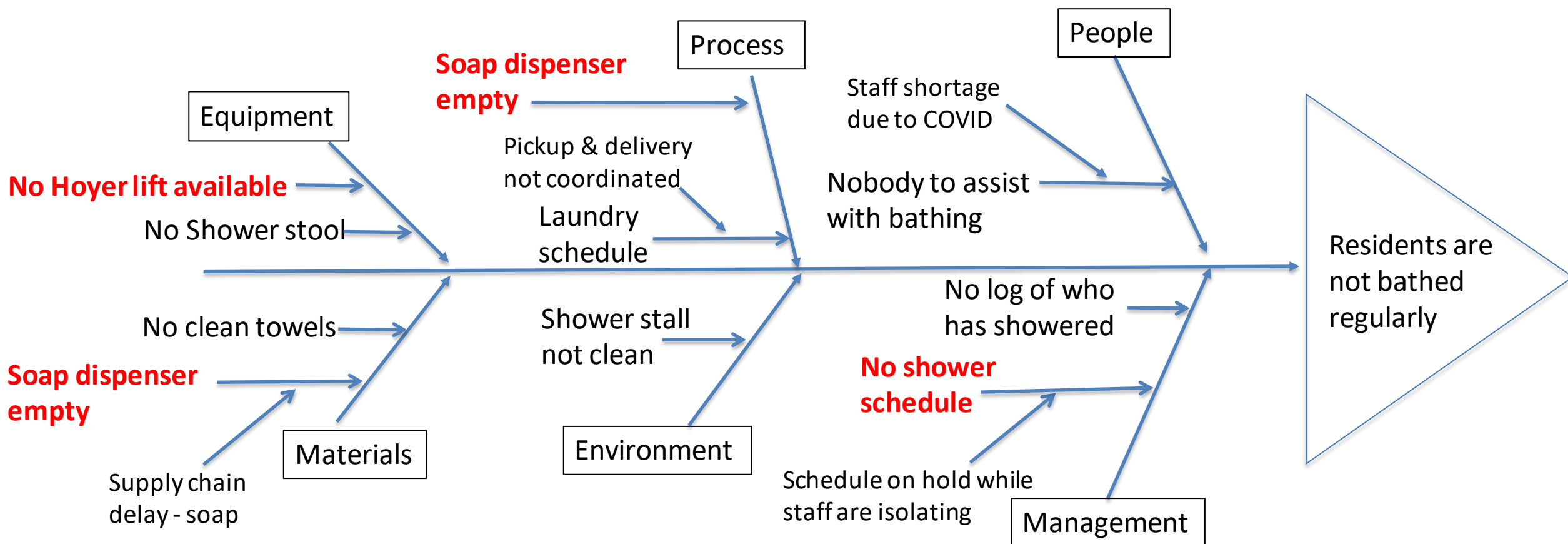
- People
- Process
- Program
- Product
- Policy
- Place

6 "Ms"

- (Hu)Man
- Method
- Machine
- Material
- Measurement
- Milieu



Resident Bathing PIP



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Best Practices/Literature Search:

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4) Root Cause Analysis: (investigation depicting the problems' root causes)



While the Current State tells the “facts” ...

Root Cause Analysis:

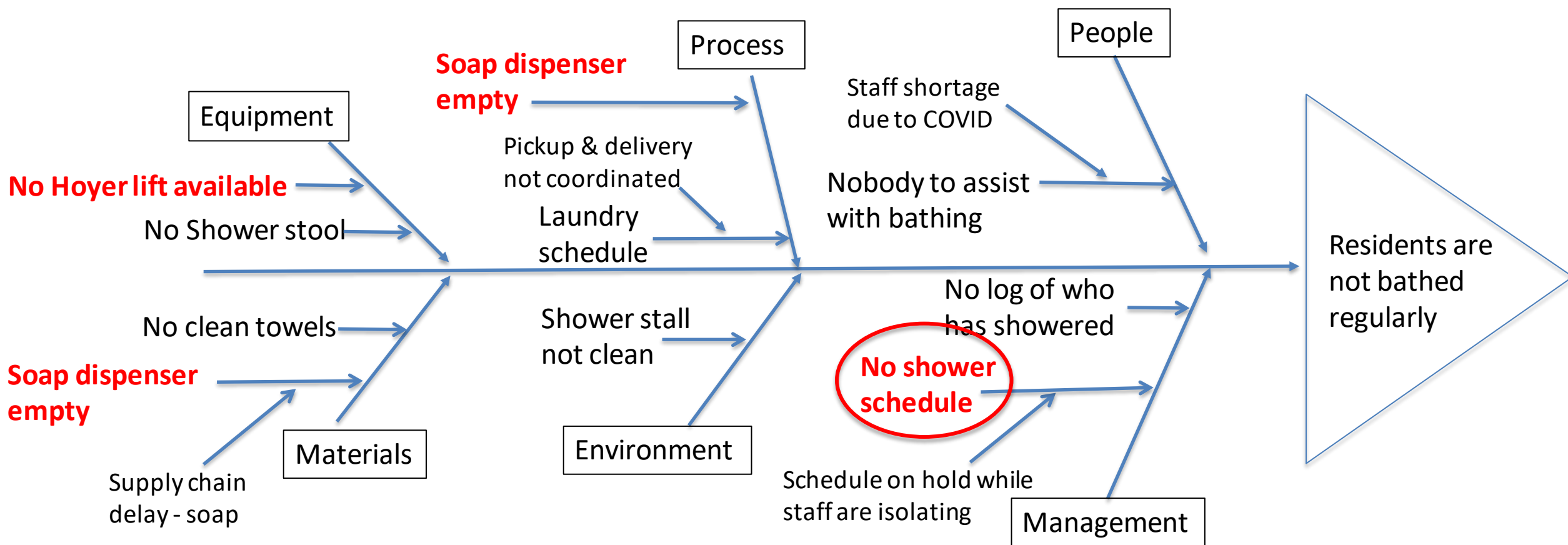
- Examines underlying, not “surface” causes.
- By asking “Why” as much as necessary.
- To make the solution(s) clear, and
- To eliminate the problem permanently.

Tools:

- Pareto
- Fishbone
- 5 “Whys”



Resident Bathing PIP



5 Whys for the "Residents Not Being Bathed" Problem

1. Why? Because there is no schedule for showering.
2. Why? The schedule was put on hold because there was no one to make the schedule.
3. Why? Because there is only one person trained to make the shower schedule.
4. Why? Because this was not a known issue before COVID.
5. Why? Because that person was always available to make the schedule, but now can test positive for COVID and must isolate.

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DO

CHECK

ACT



A few resources....

- LA County Department of Public Health – Transforming Nursing Home Care Together (TNT) Program Website: <http://publichealth.lacounty.gov/acd/TNTProgram.htm>
- UCLA Lean Academy
 - <https://www.uclahealth.org/nursing/workfiles/QualityOutcomesCouncil/Quality%20Improvement%20and%20Lean%20Overview.pdf>
- A3
 - American Society for Quality (ASQ) A3: <https://asq.org/quality-resources/a3-report>
- Fishbone/Ishikawa Diagram: <https://asq.org/quality-resources/fishbone>
- Process Mapping
 - CMS QAPI Flowchart Guide: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/FlowchartGuide.pdf>
 - 5 Steps for Creating Value Through Process Mapping and Observation <http://www.ih.org/communities/blogs/5-steps-for-creating-value-through-process-mapping-and-observation>
 - Creating a Process Map with Microsoft Vizio (YouTube Tutorial) <https://www.youtube.com/watch?v=Dbpx-92Xt5g>
- AHRQ Science of Safety – Presentation <https://www.ahrq.gov/hai/tools/surgery/modules/on-boarding/science-of-safety-slides.html>



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Questions?