Wisconsin Quality Coalition (WiQC) 
Renews With Quality Assurance and Performance Improvement (QAPI)

Pre-Session to 51st Annual WHCA/WiCAL Spring Conference and Exhibition

Jody Rothe and Mary Funseth, MetaStar, Inc.
Kim Marheine, Board on Aging and Long Term Care
Pat Virnig, Division of Quality Assurance

Kalahari Resort and Convention Center, WI Dells, WI
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Objectives

- Participants will identify clinical and/or organizational priorities and update an action plan for reaching goals
- Participants will understand how QAPI can promote quality care, financial stability, and regulation compliance
- Participants will determine three ways they will implement QAPI
- Participants will share and comprehend others’ best practices for reducing HACs
Pep Talk for Change

- A Pep Talk from Kid President to You
  [http://www.youtube.com/watch?v=l-gQLqy9f4o](http://www.youtube.com/watch?v=l-gQLqy9f4o)

Welcome to the WiQC

- Coalition of providers and stakeholders from Wisconsin, which is the recommended Nursing Home Quality Care Collaborative (NHQCC)
- Individual provider focus on national aims
- Opportunity to participate in an all-teach-all-learn environment
- Networking through Learning and Action Networks (LAN)
- QAPI

Successful Nursing Home Interconnections Lead to Positive Outcomes

- Roots offer an opportunity to subscribe to common philosophies and standards
- Strong collaborative core connects the successful interplay between growth and positive outcomes through alignment and using QAPI system
- Outcomes grow from an accumulation of lessons learned, resources, and support from common strategies
Cultivating Quality in Your Nursing Home

Strong alliances are formed in the long-term care associations as members subscribe to common philosophies and standards. Each nursing home brings a unique perspective and its own quality improvement priorities.

Values Are the Nutrients of a Quality Facility

Important values feed an organization to be the best that it can be.

- Competency
- Coordination
- Teamwork
- Resident-centered care
- Patient safety
- Effective governance
- Consideration for the individual resident
- Advocacy
- Compassion
Wisconsin Quality Coalition Is a Strong Collaborative Core for the Whole System

- QAPI drives improvements
- Team-based leadership
- Resources are interchanged as they flow through the system
- Provide networking opportunities with multiple stakeholders
- Understand relationships of all stakeholders and promote alignment
- Provide a “go to” place to reduce duplication of efforts
- Stores historical knowledge of best practices and visions for the future

Which Branches Do You Utilize

- Many paths to help you reach your goals (some of the examples)
- Advancing Excellence
- Department of Health Services (DHS)
- Wisconsin Clinical Resource Center (WCRC)
- Wisconsin Coalition for Person Directed Care
- Wisconsin Directors of Nursing Council

What Can the Branches Provide

- Multiple stakeholders from various origins offer evidence-based resources
- Evidence-based AMDA Guidelines
- Initiatives and pilot studies
- National expert affiliations/access
- Each stakeholder provides tools and methods that promote successful outcomes
- Data tools
- Clinical and organizational training opportunities
- Framework for guidance
**Canopy of Sustainable United Goals**

- Better care, better health, lower costs
- Just culture
- Experienced, informed, and caring staff
- Staff perform care based on evidence-based guidelines and standards
- Strong interdisciplinary team
- Staff stability
- Reduce health care-acquired conditions that will positively impact your quality measures
- Improve your Five Star Ratings
- Eliminate sentinel events

**WiQC Follows IHI**

**IHI Breakthrough Series**

(6 to 18 months time frame)

**State of Wisconsin Board on Aging and Long Term Care**

Long Term Care Ombudsman Program Helpline
1-800-815-0015

Volunteer Ombudsman Program
1-800-815-0015

Medigap Helpline
1-855-242-1090

Medicare Part D Helpline
1-855-777-2783
Ombudsman Program Authorization

- Congressional authorization through the Older Americans Act, providing for unrestricted access to Ombudsman program services
- Additionally, provides unrestricted access of Ombudsman to residents “at any time and without notice”
- Independent advocate for residents in resolving concerns relating to providers, individuals, regulators or other parties

Resident Rights

- Are guaranteed by state and federal laws
- Direct that everyone—staff, families, volunteers, visitors—are required to respect, protect, and promote an individual’s rights
- Guarantee that every person has the right to exercise all of her or his rights free from interference, coercion, discrimination, or retaliation

The foundation of Resident Rights states that each person has the right to be treated as an individual, with courtesy, respect and dignity at all times and under all circumstances.

Balancing Rights & Protections: Resident Expectations for Quality

“Quality” as defined by residents is not as often about clinical outcomes as it is about meeting personal expectations.

Quality may be based on an emotional response to care and treatment, and that response is often colored by how care partners communicate the care plan and respond to concerns and resident preferences.
Balancing Rights & Protections: Resident Expectations for Quality

When trying to balance rights and protections, consider the following:
- Recognize resident’s life history, life choices, expectations
- Create resolution by emphasis on strengths vs. threats of losses
- Encourage change by consensus, mediation, conciliation vs. by order
- Success best insured by building relationships and trust vs. by mandates

The Importance of Relationships

The relationship between the resident and all involved in the care plan can either facilitate or impede the process of achieving the balance between rights and protections. When the relationship is facilitative it engenders the following:
- Trust
- Increased interest in participation, communication, self-advocacy
- Recognition and acceptance of risk, associated benefits, and consequences
- Conflict resolution
- Empowerment
- Mutual respect

The Importance of Inclusiveness

Inclusiveness of the whole “team” is vital. Inclusiveness is not only about who is on the team but whether everyone on the team buys into the plan.
Resident's lead the team: “Nothing about me without me.”
- Application to individual care plans
- Application to life of the home
Achieving Inclusiveness

“Nothing about me without me.”

Application to individual care plans:
- Care conferences
- Informal talk not relative to task request

Application to “life of the” home:
- Resident Council
- Family Council
- Education Forum/Speakers Bureau
- Celebration Gatherings

“You have to know who I was in order to understand who I am. I am not a disease, a diagnosis. I’ve lived my life making choices, not always good ones, but they were mine. I intend to continue to do so until the day I leave this earth.”

From an older adult, newly-diagnosed with a potentially life-threatening chronic disease, to his physician.

Division of Quality Assurance (DQA) Perspective

- It is better to “find” your own problems…
- Be thankful for complaints
- What did you know and when did you know it
- What did you do about it
- They respect what you inspect
Advancing Excellence

- Sign up for the new goals at www.nhqualitycampaign.org
- Review demographics for facility or enroll for the first time
- Not all areas of a goal are currently available for viewing on the national campaign website – coming soon
- Pick one organizational goal to begin tracking and entering data
  - Data entry is not duplicative of CASPER Data
  - Data collected will allow nursing homes the opportunity to take a deeper look at processes and the outcomes that emerge from those processes

Advancing Excellence Data Entry

- Currently data entry is available only for staff turnover, consistent assignment, and hospitalizations
- Data entry for one process goal through May 1, 2013
- Data entry for at least two goals begins May 2013
  - One process
  - One other
- Individual providers entering data for two goals – considered a participant; no data entry or data entry for one goal only – considered registered participant

Wisconsin Clinical Resource Center
Questions to Consider When Discussing and Completing the QAPI Assessment

- Where are your strengths
- Where are your gaps
- Where are your worries
- What will be your small tests of change
- Pilot first
- How do you measure success

Questions to Consider When Completing the QAPI Goal Setting Worksheet and Action Plan

- Use the SMART formula to develop a goal
  - Specific
  - Measurable
  - Attainable
  - Relevant
  - Time-bound

What Is Quality

- Activity to engage frontline staff in understanding quality
What Is a System You Use Everyday

- Take five minutes to map out your system
- After five minutes, five volunteers may share their system

Systems

- Systems within systems
- When systems do not go as planned we have variation
- Two types of variation
  - Common cause
  - Special cause

What is Your System Within the System

- Take three minutes to map out a system within your system
- After three minutes, three volunteers may share their system within their system
What Can Go Wrong Within Your System

- Take three minutes to map out what could go wrong within your system
- After three minutes, three volunteers may share what can go wrong in your system

Making Systems Stable

- Interventions to reduce variation
- Simplify life
- How do we know a system is stable

What Are Your Interventions to Reduce Variation

- Take three minutes to list interventions you do daily to reduce variation
- After three minutes, three people may volunteer something from their list of interventions
How Does This Relate to Health Care

- Adverse event means there was a system breakdown

What is Quality

- Quality – what you do to reduce the likelihood that an adverse event will happen
- Reduce variation
- How do we do this

Call To Action

- Turn in your assessment – one per facility to presenters
- What are you going to do by next week
  Tuesday is the example….
Contact Information

Kim Marheine
Ombudsman Services Supervisor
Board on Aging and Long Term Care
(920) 232-5826 or (800) 815-0015
Kim.marheine@wisconsin.gov

Pat Virnig
Regional Field Operations Director
Division of Quality Assurance
(608) 266-9422
patricia.virnig@wi.gov

Contact Information

Jody Rothe, RN, WCC
Mary Funseth, CSW, CIRS-A, BS-HCM
MetaStar, Inc.
2909 Landmark Place
Madison, WI 53713

(608) 274-1940 or (800) 362-2320
www.metastar.com
jrothe@metastar.com
mfunseth@metastar.com

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