Housing and Community-Based Services Providers Quality Improvement Plan

Thursday, November 6, 2014

Webinar

9:30 AM - 11:00 AM CST
Webinar Objectives

• Help HCBS providers to better understand the following issues:
  – How to complete & submit the online DHS HCBS QI Work Plan form
  – Outline current & future financial implications related to an accepted Work Plan submission
  – Outline the basics of implementing proven Quality Improvement/Performance Improvement processes & tools in your organization
  – Provide case examples of successful QI projects implemented by a HCBS provider
  – Explore opportunities to integrate the HCBS QI Work Plan with other QI initiatives
  – Provide web-based resources for QI tools & project ideas
Presenters

• Todd Bergstrom, Director, Research/Data Analysis, Care Providers of Minnesota
• Jeri Reinhardt, Director of Quality, Benedictine Health System-Cambridge
• Doug Beardsley, VP, Member Services, Care Providers of Minnesota
• Mary Yaeger, Executive Director, The Commons on Marice
Background

- 5% Increase for HCBS Providers on July 1, 2014.
  - 1% of the 5% tied to provider submitting plan and implementing a quality improvement project.
- HCBS providers must submit quality improvement project plans using the Web-based Quality Improvement Tool to DHS by Dec. 31, 2014.
- Projects must be implemented no later than June 30, 2015.
- Providers that do not submit a plan through the online tool by the deadline may have their rates reduced by one percent.
- The Quality Improvement Tool is available online.
What Providers Are Affected by this Requirement?

- Alternative Care (AC) Program
- Brain Injury (BI) Waiver
- Community Alternative Care (CAC) Waiver
- Community Alternatives for Disabled Individuals (CADI) Waiver
- Day Training and Habilitation (DT&H)
- Developmental Disabilities (DD) Waiver
- Elderly Waiver (EW)
- Intermediate Care Facilities/Developmental Disabilities (ICF/DD)
- Moving Home Minnesota (MHM)
- Skilled nursing, home health aide, and therapies under the state plan home care program
- Private duty nursing (PDN)
Project Goals

• Provider developed quality improvement projects must address one of the following goals:
  – Improve quality of life of home and community-based service recipients in a meaningful way
  – Improve quality of services in a measurable way
  – Deliver good quality services more efficiently while using savings to enhance services for the participants served
Common Questions and Answers

• Can providers use a current quality improvement project to meet the requirements?
  – Yes. Providers may submit information about current quality improvement projects they are working on to meet this requirement.

• My agency serves a mix of private pay and Medical Assistance (MA) service recipients. Does my project need to focus only on MA recipients?
  – No. Quality improvement projects must impact MA recipients; they may also affect the broader group of service recipients.

• Is my agency required to use a portion of the rate increase for the quality improvement project?
  – No. DHS is not planning to ask providers to report on the cost of their projects.

• Do the quality improvement project costs need to equal the 1% rate increase?
  – No. The cost of the quality improvement project does not need to equal the amount of money made available from the 1% rate increase.
Another 1% Increase is Tied to Your Quality Improvement Project

How does the current quality improvement requirement related to the quality add-on scheduled for July 1, 2015? (New 10/8/14)

- HCBS and ICF/DD providers are scheduled to receive a 1% rate increase effective July 1, 2015.
- Providers need to submit an updated or new quality improvement project via the online Quality Improvement Tool by Dec. 31, 2015 to retain the full rate increase.
- This process is similar to the quality improvement process used in 2014. New providers and those providers that did not submit a quality improvement project in 2014 will need to submit a new plan.
Google Search:
CCA 2014 Quality Improvement Requirement

Quality improvement resources available for providers (updated 10/20/14)

What’s new for quality improvement

DHS is partnering with provider associations, and organizations across Minnesota to offer quality improvement resources for home and community-based services providers. The Minnesota Department of Human Services (DHS) has been working on the Minnesota Quality Improvement Requirement (QIR) Project to develop this resource. This pathway is designed to encourage provider quality improvement with the incentive of a one percent rate increase.

Provider development quality improvement projects must address one of the following goals:

1. Improve quality of life for home and community-based service recipients in a meaningful way.
2. Improve quality of services in a measurable way.
3. Change adult quality improvement resource use with a focus on enhancing the quality of care for the participants served.

Web-based Quality Improvement Tool

The Web-based Quality Improvement Tool is a free tool from the Minnesota Department of Human Services. It's designed to help providers track and improve the quality of services they provide.

Related Links:
- CCA
- NIH Support
- Minnesota Department of Human Services
- Related Links

Care Providers of Minnesota
11/06/14
www.careproviders.org
Tips When Filling-out Quality Improvement Plan

- To advance from one page to another use the **Next Page** and **Previous Page** buttons located at the bottom of each page.
  - **DO NOT** use the ‘Back’ button in your browser. You will leave the form and lose the work in your current session.
- Each NPI and UMPI number for your organization must be associated with a quality improvement project. One quality improvement project can apply to multiple NPI/UMPI numbers
  - Enter the **NPI and UMPI numbers** associated with this project.
- **Required Questions**
  - Required questions are marked with a red asterisk *
- The form can be saved without completing the required fields.
- The form cannot be submitted unless all required fields are complete.
- **Saving the form**
  - After you have entered you provider information, you may save the quality improvement tool at any time and continue working later.
  - To save and access the form later:
    - Click the **Save & Exit** button located in the upper right-hand corner on each page.
How to Submit Your HCBS Quality Improvement Plan

You need your:
NPI: National Provider Identifier
UMPI: for atypical providers

https://edocs.dhs.state.mn.us/lfserver/Secure/DHS-3893-ENG
How to Submit Your HCBS Quality Improvement Plan

Provider Information

The Home and Community-Based Services Quality Improvement Project is intended to encourage provider quality improvement efforts. Providers must submit their Quality Improvement project to DHS through this web-based tool by Dec. 31, 2014. For additional information please visit the 2014 Continuing Care Rate Changes website or email questions to dhs.ccarates@state.mn.us

1. Enter your Minnesota Health Care Program (MHCP) enrolled provider name or legal corporation name*

2. How many NPI and UMPI numbers are included in the quality improvement plan for which this plan is being submitted?*

   - 1
   - 2
   - 3
   - 4
   - 5
   - 6
   - 7
   - 8
   - 9
   - 10
   - 11 or more
How to Submit Your HCBS Quality Improvement Plan

2014 Provider Quality Improvement Tool

Background Information (continued)

3. Under which of these programs do you deliver services?* (check all that apply)
   - ICF/DD
   - Day training and habilitation
   - Home and community-based waiver services (BI, CAC, CADI, DD, or Elderly Waiver)
   - Alternative Care
   - Home care (Private Duty Nursing, Skilled Nursing, Home Health, Therapies)
   - None of the above

If you do not provide any services under the programs above, you are not required to submit a quality improvement project. You may still submit your quality improvement project. DHS is interested in learning about it and will use the information to help identify promising practices among providers. If you would like to continue please indicate the type of services you provide:
4. Check all the counties/tribes in which you provide services related to this quality improvement plan.

- All 87 counties
- All 87 tribes
- Beltrami
- Cass
- Clay
- Clearwater
- Cook
- Cottonwood
- Crow Wing
- Dakota
- Dodge
- Douglas
- Faribault
- Fillmore
- Freeborn
- Goodhue
- Grant
- Hennepin
- Houston
- Hubbard
- Itasca
- Isanti
- Jackson
- Kanabec
- Kandiyohi
- Kittson
- Lake
- Lake of the Woods
- La Sueur
- Le Sueur
- Lincoln
- Lyon
- Mahnomen
- Marshall
- Martin
- McLeod
- Meeker
- Mille Lacs
- Morrison
- Morrow
- Murray
- Nicollet
- Nobles
- Norman
- Otter Tail
- Pennington
- Pine
- Pipestone
- Polk
- Pope
- Ramsey
- Red Lake
- Redwood
- Renville
- Rice
- Rock
- Roseau
- St. Louis
- Sherburne
- Shelby
- Stearns
- Steele
- Stevens
- Swift
- Todd
- Traverse
- Wabasha
- Winona
- Washington
- Watonwan
- Wilkin
- Winona
- Wright
- Yellow Medicine
# How to Submit Your HCBS Quality Improvement Plan

## 2014 Provider Quality Improvement Tool

### Background Information (continued)

5. **Do you provide services under managed care?**
   - □ Yes  □ No

   If yes, check the health plans you are under contract with. (check all that apply)
   
   □ Blue Plus  □ Metropolitan Health Plans
   □ HealthPartners  □ PrimeWest Health
   □ Itasca Medical Care  □ South Country Health Alliance
   □ Medica  □ UCare
6. Do you provide contracted case management services?*

- Yes
- No

Select the counties/states in which you provide case management services related to this quality improvement plan. We encourage you to share your plan with your contractors if it affects those services. (Check all that apply)

<table>
<thead>
<tr>
<th>All 77 counties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allin</td>
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<tr>
<td>Anoka</td>
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<td>Becker</td>
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<td>Beltrami</td>
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<td>Benton</td>
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<td>Big Stone</td>
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<td>Blue Earth</td>
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<td>Brown</td>
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<td>Carver</td>
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<td>Cass</td>
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<td>Chippewa</td>
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<td>Clay</td>
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<td>Cook</td>
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<td>Cottonwood</td>
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<td>Crow Wing</td>
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<td>Dakota</td>
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<td>Dodge</td>
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<td>Douglas</td>
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<td>Fillmore</td>
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<td>Freeborn</td>
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<td>Goodhue</td>
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<td>Grant</td>
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<td>Hennepin</td>
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<tr>
<td>Houston</td>
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<tr>
<td>Hubbard</td>
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</tbody>
</table>
### 2014 Provider Quality Improvement Tool

#### Project Plan Objectives and Description

7. **What is the approximate start date for this project?**
   - The date entered must be June 30, 2016 or earlier for the project plan to be accepted by the commissioner.

8. **Which of the following objectives will your quality improvement project address?**
   - [ ] Improve the quality of life of home and community-based services recipients in a meaningful way
   - [ ] Improve the quality of services in a measurable way
   - [ ] Deliver good quality services more efficiently while using the savings to enhance services for participants served

9. **How will your project address the objectives selected above?** *(select up to three)*
   - [ ] Improves people’s ability to perform everyday activities
   - [ ] Increases independence
   - [ ] Improves health
   - [ ] Reduces the rate of accidents, falls, infections, or other adverse health events
   - [ ] Increases community engagement
   - [ ] Increases access to competitive employment
   - [ ] Improves coordination of long-term care services and supports with other health and wellness services
   - [ ] Helps people transition out of hospitals
   - [ ] Helps people transition out of nursing facilities
   - [ ] Helps people transition out of ICFs/DD
   - [ ] Increases person-centeredness of services
   - [ ] Uses participant feedback to improve services
   - [ ] Promotes positive behavior interventions
   - [ ] Increases capacity of the direct service workforce
   - [ ] Improves retention and stability of direct care staff
   - [ ] Implements new technologies that improve care
   - [ ] Implements new management or organizational strategies
   - [ ] Increases choice of community-based services
   - [ ] Increases employment options for participants
   - [ ] Improves choices for independent living
   - [ ] Increases capacity for data-driven decision making
   - [ ] Other: __________

10. Implementing this plan requires:* (select up to three)

- Staff Training
- New Staff
- New Technology for staff
- New technology for people served in the program
- HCBS recipient training
- Caregiver Training
- New equipment for staff
- Other: [ ]

11. Briefly describe your project

[Blank space]

12. How will you know your project is successful?

[Blank space]

13. Identify the performance measures you will use to measure the success.

<table>
<thead>
<tr>
<th>PERFORMANCE MEASURE</th>
<th>BASELINE (if available)</th>
<th>GOAL</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

14. Approximately how many people will the project affect?

[Blank space]
## Quality Improvement Resources and Collaboration

Submitting this quality improvement tool will help DHHS develop quality improvement resources and tools for you and other providers. We invite you to help with this effort.

15. May we contact you about sharing your quality improvement project on the Quality Improvement website?
   - [ ] Yes
   - [ ] No

16. Would you like to connect with other providers to exchange information and experiences implementing quality improvement projects?
   - [ ] Yes
   - [ ] No

17. Are you interested in receiving additional information about quality improvement?
   - [ ] Yes
   - [ ] No
   
   **If yes, in what areas:** (select all that apply)
   - Identifying areas for improvement
   - Strategies for implementing change
   - Measuring results
   - Communicating results
   - Continuous improvement
   - Other: ____________

18. Would you be interested in offering information to other providers who need help with quality improvement projects?
   - [ ] Yes
   - [ ] No

   **If yes, in what areas:** (select all that apply)
   - Identifying areas for improvement
   - Strategies for implementing change
   - Measuring results
   - Communicating results
   - Continuous improvement
   - Other: ____________

   **If yes, may we list your organization on the HCBS Quality Improvement website so that other providers know you are willing to offer information?**
   - [ ] Yes
   - [ ] No

   **If yes, indicate the name and contact information you would like us to use:**
How to Submit Your HCBS Quality Improvement Plan

Contact Information

Person submitting the Quality Improvement Tool

FIRST NAME
LAST NAME
TITLE

MAILING ADDRESS
CITY
ZIP CODE

STATE
☐ IA  ☐ MN  ☐ ND  ☐ SD  ☐ WI  ☐ Other
EXPLAIN:

PHONE NUMBER
EMAIL ADDRESS
EMAIL ADDRESS OF A SECONDARY POINT OF CONTACT

☐ I assure that the information provided accurately represents my organization's quality improvement project. I further certify that I am an authorized agent and have the authority to sign on behalf of my organization.*

Save or Submit

To save your work, select the 'Save Form for Later' choice, then click the SUBMIT button. Your information will be saved, and you can come back to the form later.

To submit your information to DHS, select the 'Submit Final Form' choice, then click the SUBMIT button.

☐ Save Form for Later
☐ Submit Final Form

Submit

* Needed only if selecting a form for another person
Resources
2014 Rate Change Resources and Contacts

E-mail

• E-mail questions to dhs.ccarates@state.mn.us. Questions are referred to the person who can best provide an answer.

• Recurring questions and answers will be added to the frequently asked questions Web page.
Resources

HCBS Quality Improvement Website

http://www hcbsimprovement.info/
Quality Improvement Basics

Jeri Reinhardt, RN
Director, Quality
Benedictine Health System

Care Providers of Minnesota
November 6, 2014
RATBERT, MY COMPANY IS HIRING FOR OUR QUALITY ASSURANCE GROUP. YOU’D BE PERFECT.

WHAT WOULD I HAVE TO DO?

You would find flaws in our new product, thus making yourself an object of intense hatred and ridicule.

But then you’d fix those flaws... and your respect for me would grow into a special bond of friendship, right?!

NO, THEN WE SHIP.
Basics of Quality Improvement in AL

• Gain leadership support and establish quality group (think old QA)
• Measure
• Determine Opportunities for Improvement (OFI)
• Use teams to improve
  – Gather staff that work on problem
  – Use processes improvement method
  – Use quality improvement tools
  – Test and make improvements
• Go back to “Measure” step
Gain Leadership Support

- Quality succeeds when leadership is engaged in the effort
  - Senior Leader cannot delegate the responsibility for quality
Establish Quality Group

• Members are Senior Leaders
  – Reporting member – team leaders and data owners
• Meet at least quarterly
• Agenda
  – Review important performance measures
  – Initiate team when data indicates
  – Monitor progress and evaluate the effectiveness of team activities
  – Provide education
Measure

• Most Important Work
  – Marketing
  – Assessing/Charges
  – Give Services
    • Medication Administration
    • Falls
• Client Experience
  – Satisfaction Surveys
  – Complaint Management
• Workforce
  – Engagement
  – Skills/ Knowledge /Attributes
  – Retention
Measurement Basics

• Establish data definition
• Established method to gather data – source?
• Method to report – Number? Percentage? Rate per 1000 resident days?
• Report same data measures over time
• Compare your performance to others whenever possible
• Look at trends – 3 data point in a direction
Determine OFIs

- Are we getting better or worse?
  - Look at trends – 3 data point in a direction
- Are we performing better than our peers?
- Are we meeting goals?
  - Internal Goals – strategy and tactics
  - External Goals – QIIP and others
- Always answer the question
  - Do we need to take action?
QUALITY COUNCIL REPORT FORM

Date of report to Quality Council: ________________________________

Indicator/Measurement: _______________________________________

Name/Department of person making report: _________________________

Summary of Data: (May attach graph or other data display) (Data is evaluated and compared with previous data, and current corporate/state/national data, as available.)

Is action needed at this time? No _______ Yes __________

If action is needed, please complete:

<table>
<thead>
<tr>
<th>Action Plan</th>
<th>Target Completion Date</th>
<th>Person Responsible</th>
<th>Outcome/Resolution</th>
</tr>
</thead>
</table>

31
Taking Action

• First attempt
  – Leader
  – Investigate
  – Make changes

• Second or third time
  – Start a team
Use Teams to Improve

Gather staff that work on problem
- Member must work on the process that is being improved
- Needs to include direct care givers
- Team Leader assigned
- Facilitator
- Focused meetings

Use processes improvement method

Plan → Act

Check → Do
Use Teams to Improve, cont.

• Plan
  – Gain understanding of current state
  – Study and research best practices
  – Use quality improvement tools
  – Brainstorming
  – Cause and Effect Diagram (fishbone)
  – Flowchart
  – Prioritization = PACE
PACE Chart

Impact of Change

High

Priority

Action

Consider

Eliminate

Ease of Implementation

Easy

Hard
Use Teams to Improve, cont.

• Do
  – Test (pilot) improvement on a small scale
    • The next four move-ins
    • All units ending in an even number
    • The west wing

• Check
  – Evaluate – did it work?

• Act
  – If improvement works – go whole house
  – Update policy and procedures
  – Celebrate
Go back to “Measure” Step

• Continue to monitor most important work and make improvements
Perfection is not attainable, but if we chase perfection we can catch excellence.

• Vince Lombardi
Questions?

Jeri Reinhardt, RN
Director, Quality
Benedictine Health System

jeri.reinhardt@bhshealth.org
(612) 845-2833
Don’t Reinvent the Wheel
You already identify and fix “problems” every day
You already identify and fix “problems” every day, but…

- You may not use data or measurements
- You may not use a proven system for quality or system improvement
- You may not determine if your solution held over time
- You may not document the process from beginning to end
### Don’t Reinvent the Wheel

<table>
<thead>
<tr>
<th>Date for Quality Improvement Plan/Project</th>
<th>Who Reviews to Determine Acceptability of Plan/Project?</th>
<th>Effect of Non-Compliance or Benefit of Participating</th>
<th>Number of Required Ongoing QI Plans/Projects</th>
<th>Required Elements of the QI Project(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>DHS HCBS (EW) Services Quality Improvement Project (AC, BI, CAC, CADI, DT&amp;H, DD, EW, ICF/DD, MHM, PDN)</td>
<td>Plan must be submitted to DHS by 12-31-14 via web-based “Provider Quality Improvement Tool”. Implementation no later than 6-31-15.</td>
<td>DHS, based on initial submission of tool and follow-up information update/survey after 7-1-15.</td>
<td>1% cut in EW rates effective 1-1-15.</td>
<td>One</td>
</tr>
<tr>
<td>MDH Comprehensive Licensed Home Care Provider Quality Management Plan</td>
<td>Required to be In process once Comprehensive License is issued and client services are being provided.</td>
<td>MDH surveyors or OHFC investigators during survey or investigation</td>
<td>Survey non-compliance, including potential fines</td>
<td>One</td>
</tr>
<tr>
<td>MDH Class A Licensed Home Care Provider Quality Assurance Plan</td>
<td>Currently required for Class A Licensed Home Care Providers.</td>
<td>MDH surveyors and OHFC investigators during survey or investigation</td>
<td>Survey non-compliance, including potential fines</td>
<td>Two</td>
</tr>
<tr>
<td>MDH Class F Licensed Home Care Provider</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>None</td>
</tr>
<tr>
<td>Nursing Facilities Quality Assessment and Assurance Committee (QAA)</td>
<td>Currently required for nursing facilities.</td>
<td>MDH surveyors, CMS Surveyors and OHFC investigators during survey or investigation</td>
<td>Deficiencies, including potential remedies</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>

- One of the following:
  - Improve the quality of life of home and community-based service recipients in a meaningful way
  - Improve the quality of services in a measurable way
  - Deliver good quality services more efficiently while using the savings to enhance services for the participants served.

- The QI activity (Quality Management) must evaluate:
  - Quality of care by periodically reviewing client services
  - Complaints made
  - Other issues that have occurred
  - And then determine whether changes in services, staffing, or other procedures need to be made in order to ensure safe and competent services to clients.

- The Quality Assurance Plan must:
  - Monitor and evaluate two or more selected components of its services; and
  - Document the collection and analysis of data and the action taken as a result.

- Ongoing QAA committee that includes designated key members (the DON, a physician, and three other staff) that meets and least quarterly
- The committee identifies quality deficiencies and developed and implements plans of action to correct these quality deficiencies, including monitoring the effect of implemented changes and making needed revisions to the action plans.
<table>
<thead>
<tr>
<th>Don’t Reinvent the Wheel</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date for Quality Improvement Plan/Project</td>
</tr>
<tr>
<td>Nursing Facilities Quality Assurance and Performance Improvement process (QAPI)</td>
</tr>
<tr>
<td>Nursing Facilities DHS Performance-Based Incentive Payment Program (PIPP)</td>
</tr>
<tr>
<td>Nursing Facilities DHS Quality Improvement Incentive Program (QIIP)</td>
</tr>
<tr>
<td>HCBS Performance-Based Incentive Payment Program (HCBS PIPP)</td>
</tr>
</tbody>
</table>

The following elements are required by the RFP:
- Problem to be solved or improved must be clear and relevant.
- The process used to discover the root cause(s) of the problem identified.
- The strategies identified to address the problem.
- The basis for assuming goals may be achieved.
- Proposed performance measures, baseline data, and expected level of improvement.

The only requirement is that participating nursing facilities enroll by selecting a measure before April 1 of each year.

Proposals were selected based on the proposal:
- Abstract
- Description of the Applicant Agency
- Impact/Need
- Project Goals, Outcomes and Activities
- Evaluation and Performance Mgmt. Plan
- Budget Proposal
- Sustainability Plan
## CLINICAL OUTCOMES

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Pressure Ulcers</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Pain Management (pain not relieved)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Safely Decrease use of Off-Label Antipsychotics</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Safely Decrease 30-Day Rehospitalizations</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Falls (last 30 days)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Falls (resulting in injury)</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
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<tr>
<td>UTIs (last 30 days)</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
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<tr>
<td>Hospitalization Rate (# 30 days)</td>
<td></td>
<td>✓</td>
<td></td>
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<td>1</td>
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<tr>
<td>Medication Errors (all cause - last 30 days)</td>
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<td></td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
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<td>1</td>
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<tr>
<td>Medication Errors by Type (transcription, wrong drug or dose, missed dose, wrong time, pharm error, etc.)</td>
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<td></td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Elopements (# in last 30 days or per year)</td>
<td>✓</td>
<td>✓</td>
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### Don’t Reinvent the Wheel

#### CLINICAL OUTCOMES

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<td>Weight loss/gain</td>
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<td>Influenza Vaccination Rates - Staff</td>
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<td>Emergency Room Visits (30 days)</td>
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<td>Percentage of home health care patients who get better at taking their medicines correctly (by mouth)</td>
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<td>Percentage of home health care patients who get better at bathing</td>
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<td>Percentage of home health care patients who have less pain when moving around</td>
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<td>Percentage of home health care patients who are short of breath less often</td>
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<td>Percentage of home health care patients who need urgent, unplanned medical care</td>
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<td>Percentage of home health care patients whose bladder control improves</td>
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#### OPERATIONAL/PROCESS ISSUES

Care Providers of Minnesota 11/06/14 www.careproviders.org
# Don’t Reinvent the Wheel

## OPERATIONAL/PROCESS ISSUES

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<tr>
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<td>Clinical Staff Turnover</td>
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<td>Quality Improvement Process in Place</td>
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<td>Customer Satisfaction Surveys - Recommend</td>
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<td>Results of MDH Home Care Surveys</td>
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<td>Staff Satisfaction Surveys</td>
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<td>Mission/Values Statement</td>
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<td>Advance Care Planning (# completed)</td>
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<td>Prevent Narcotic Diversion</td>
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<td>End-of-life Care (promote)</td>
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<td>Mechanism for Responding to Customer Concerns</td>
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<td>Criteria for Lease and Evictions</td>
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Remember – The DHS QI Plan Must Do at least One of the Following:

• Improve the quality of life of home and community-based service recipients in a meaningful way

• Improve the quality of services in a measurable way

• Deliver good quality services more efficiently while using the savings to enhance services for the participants served.
Web-Based Resources

Care Providers of Minnesota QI Resources:
http://www.careproviders.org/Community/5Increase-for-EW-CADI-Waivered-Services

Minnesota Department of Human Services QI Resources:
http://www.hcbsimprovement.info/content/about-hcbs-quality-improvement
Examples from an Assisted Living Provider

Mary Yaeger
Executive Director
The Commons on Marice
Assisted Living QI Examples

• Commons on Marice is a Registered Housing with Services building
• Comprehensive Licensed Home Care Provider
• Offers independent living, assisted living, memory care, and care suites
Assisted Living QI Examples

• Commons on Marice’s Quality Council noticed an increase in client falls
• Wanted a tangible program to reduce the frequency of falls
• QA team designated a leader to create a Falls Committee team – committee members came from 4 different departments
Assisted Living QI Examples

• The goal was meaningful…improve the health and safety of our residents

• The goal was measureable – data was available and reviewed monthly
Assisted Living QI Examples

• Falls Committee met (and continues to meet) twice each month, and report to the Quality Council monthly
• Falls Committee selected a goal to reduce falls by 5%
• Falls Committee utilized PDCA (Plan, Do, Check, Act)
Assisted Living QI Examples

• The Committee also used S.M.A.R.T. goals (Specific, Measureable, Actionable, Relevant, and Timely)

• The group created an Action Plan which included the utilization of a strengthening program.

• All staff were trained on the new strengthening program
Assisted Living QI Examples

• All staff focused on incorporating the strengthening program whenever they noticed a change with a client’s balance, mobility, or cognition

• Three strengthening programs were developed:
  – Peddling class – working on leg strength
  – Seated class – with or without weights
  – Supine class – with or without weights
Assisted Living QI Examples

• The Falls Committee measured ongoing results and made changes that had not been anticipated at the beginning of the plan.

• For example, if someone who frequently fell did not remember to attend a strengthening program on their own, escorts were sent up to encourage the client to attend.
Assisted Living QI Examples

• Staff began to notice improvements in areas other than falls, such as increased participation in activities, increased friendships with other tenants and improved scores on Satisfaction with Community Life (measured by My InnerView surveys)
Assisted Living QI Examples

• What were the results?
Assisted Living QI Examples

COM Reduction in Falls with FTBS Strengthening Program

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<td>TGG Level 5 Facilities</td>
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Assisted Living QI Examples

• The program has continued to grow. We have gone from 3 classes to 6 classes and continue to see improved fall rates from those who attend the strength training classes.

• We have also created falls groups designed specifically for residents that require memory care programming and residents on hospice.
Assisted Living QI Examples

• It has been helpful having a Quality Council where all QI projects can be reviewed in one place by staff from all departments
AL QI Example #2

• Our Quality council determined they wanted to improve the results of our Employee Satisfaction surveys
• QA Team designated a leader to create a team (Employee Appreciation Committee). The Committee was comprised of staff from 6 different departments
AL QI Example #2

- Measurable Goals—Reviewed Monthly
- Meaningful Improvement—Happy Employees equals better relationships with co-workers, and better care for the health and safety of residents.
AL QI Example #2

• Using PDCA, the committee created an action plan
• The results of the action plan would be measured by the results of employee satisfaction scores every 6 months
AL QI Example #2

• The committee focused on the following areas:
  – Financial benefits (uniforms, shoes, educational benefits)
  – Appreciation benefits (pizza parties, small gifts, ways to say “Thank You”)
  – Improved communication with employees
AL QI Example #2

- The goal was to increase satisfaction to 92% using My InnerView surveys, and have 50% or better “excellent: responses on the internally produced survey.

- The Committee met monthly to review action plans, and made modifications when necessary.
AL QI Example #2

• The Committee met with the Quality Council to demonstrate their success or review the action plans for changes if satisfaction dipped
AL QI Example #2

Employee Satisfaction
Figure 7.2-4

- 2010: 93% (Overall), 94% (Recommend)
- 2011: 88% (Overall), 88% (Recommend)
- 2012: 92% (Overall), 91% (Recommend)
- National Peer Group 2010-2012: 75% (Overall), 75% (Recommend)

% Overall Satisfaction vs % Who Would Recommend
AL QI Example #2

• Note the decreased scored in 2011. We experienced a morale problem after we restructured the nursing department.

• The Committee added other actions to our plan:
AL QI Example #2

- Department heads to write 2 letters/month to staff homes letting them know how appreciated they were.
- Daily recognition of “Above and Beyond” acts that are recognized at staff reports.
- Monthly Appreciation in the form of parties/gifts/etc…to show staff that they are appreciated.
AL QI Example #2

• We have not yet achieved the goal we set, but we continue to make adjustments
• Measuring results allowed us to notice a decline quicker, enabling us to recover quicker
• We continue to work on this goal!