

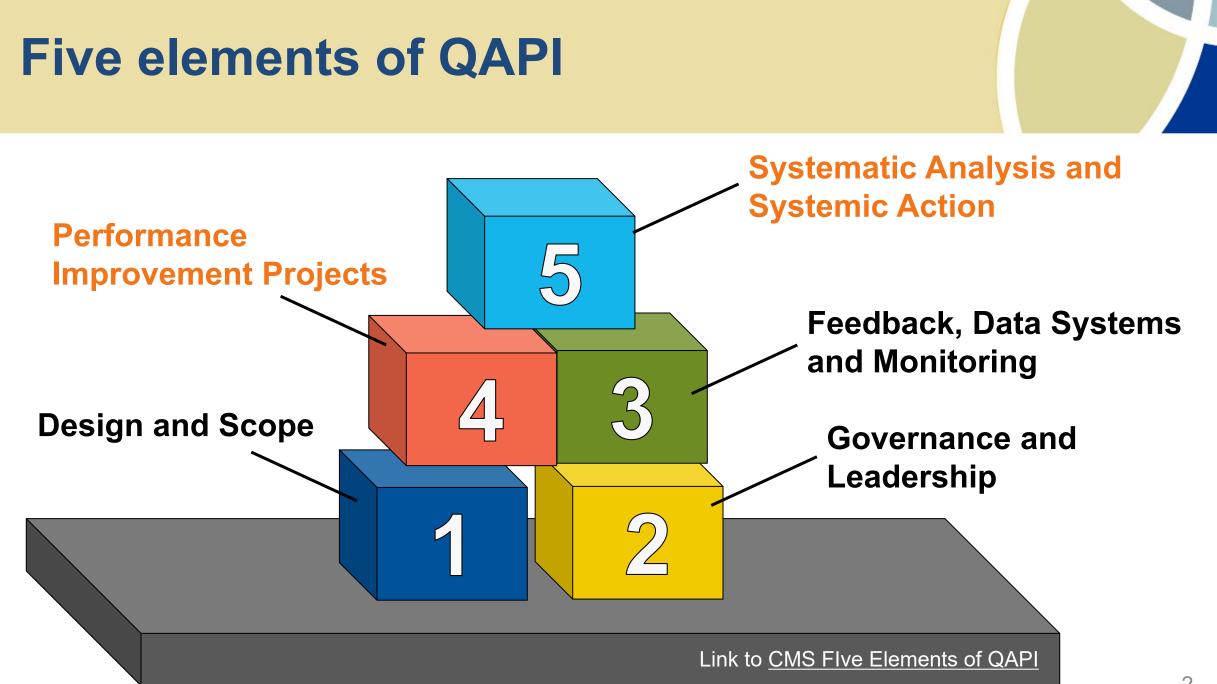
Quality Improvement Organizations Sharing Knowledge. Improving Health Care. CENTERS FOR MEDICARE & MEDICAID SERVICES



Data Comes in All Sizes Session 3

QAPI Elements 4 and 5

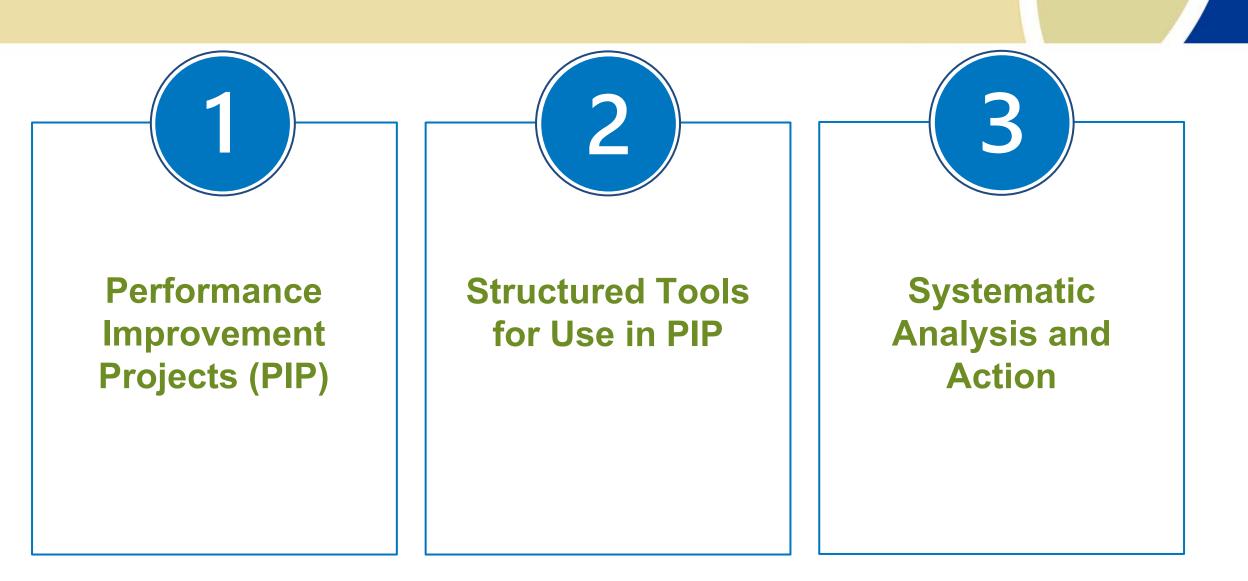
November 4, 2020



Session 3 Recap

- Element 3: Feedback, Data System and Monitoring
- Identify your Data and Reporting
 - Data Collection List
 - Crosswalk
 - Collection and Monitoring Plan
- Identify Gaps and Opportunities
 - Gap Analysis Tool
 - Root Cause Analysis (RCA)
 - Joint Commission Safer Matrix[™]
 - Failure Mode and Effect Analysis (FMEA)





QAPI Element 4: Performance Improvement Projects

- Prove we are working on problems and the success of our solution(s) is being measured.
- While all changes do not lead to improvement, all improvement requires change.
- What do you think are the concepts of change you need to consider with any improvement project?

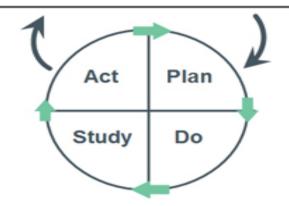
Institute for Healthcare Improvement's (IHI) Plan-Do-Study-Act (PDSA) Model

Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

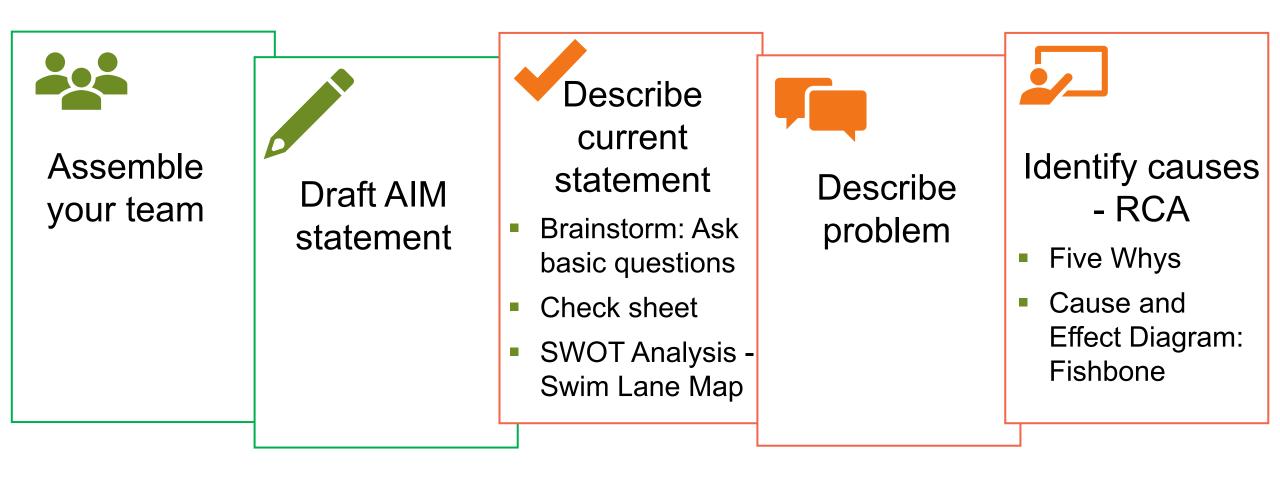
What change can we make that will result in improvement?



Seven Steps

- 1. Forming the team
- 2. Setting aims
- **3.** Establishing measures
- 4. Selecting changes
- 5. Testing changes
- 6. Implementing changes
- 7. Spreading changes

PLAN – Do – Study - Act





RAPID CYCLE PROCESS IMPROVEMENT



Approach to evaluate change

ш.

Promotes small scale, rapid-cycle change over short periods of time 0

Includes Plan-Do-Study-Act (PDSA) cycle

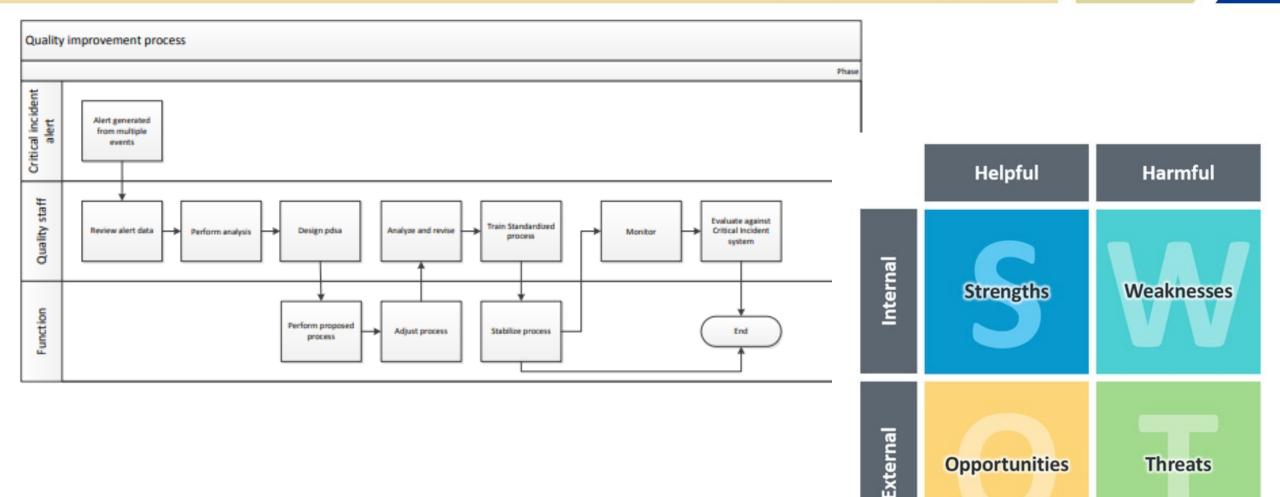
Acting on Data



"Great things are not done by impulse, but by a series of small things brought together."

vincent van Gogh

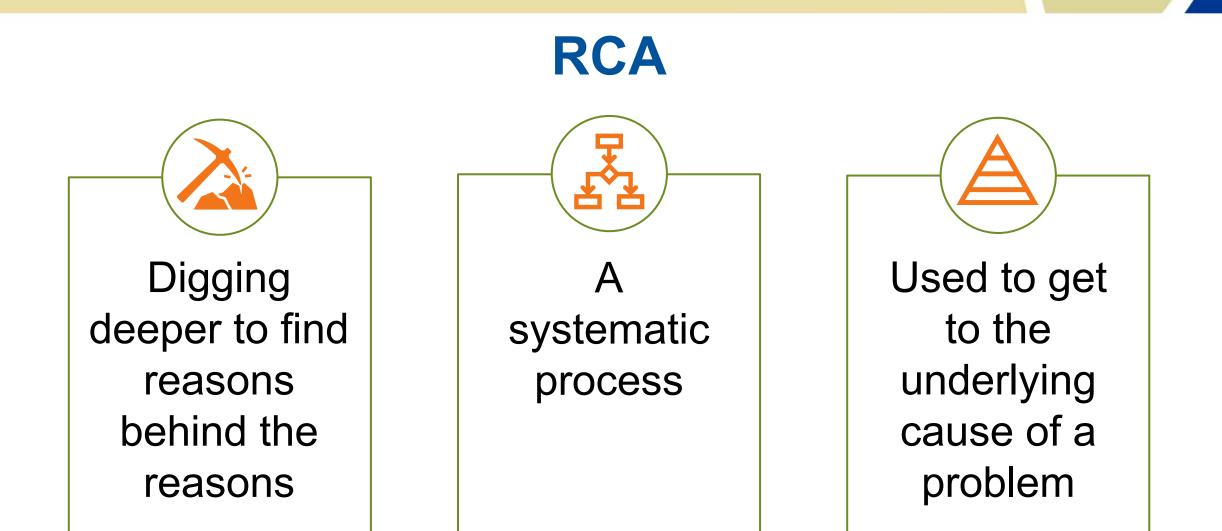
Swim Lane Map | SWOT Analysis



Reference: Wikipedia (Swim lane only) http://en.wikipedia.org/wiki/Swim_lane

https://www.health.state.mn.us/communities/practice/resources/phqitoolbox/swot.html

The "Root" of the Problem





The Five Whys?

Cause and Effect Diagrams ≻Fishbone Diagrams

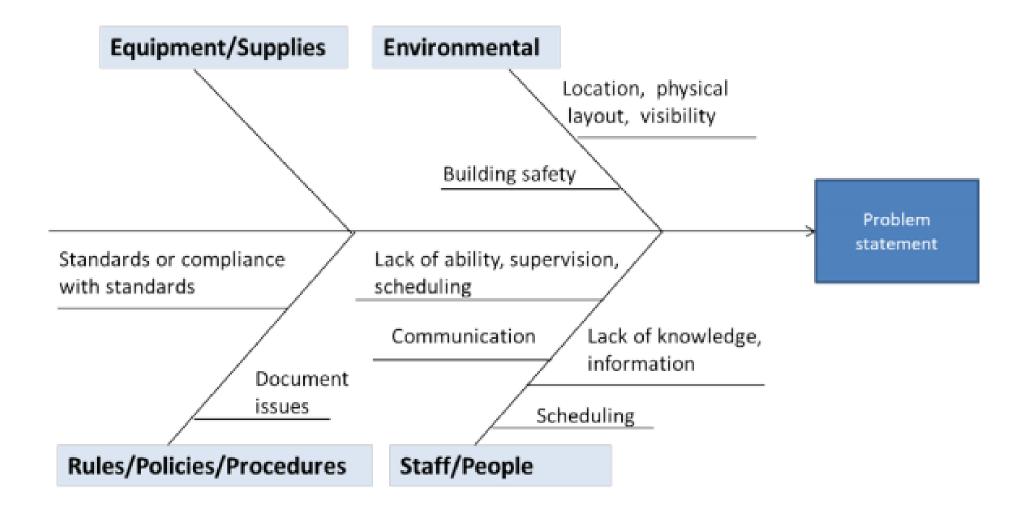
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The Five Whys Tool

Problem statement	One sentence description of event or problem
Why?	
Why?	
Why?	
Why? 🔿	
Why?	
Root Cause(s)	 1. 2. 3. To validate root causes, ask the following: If you removed this root cause, would this event or problem have been prevented?

https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/FiveWhys.pdf

Cause and Effect: Fishbone Diagram

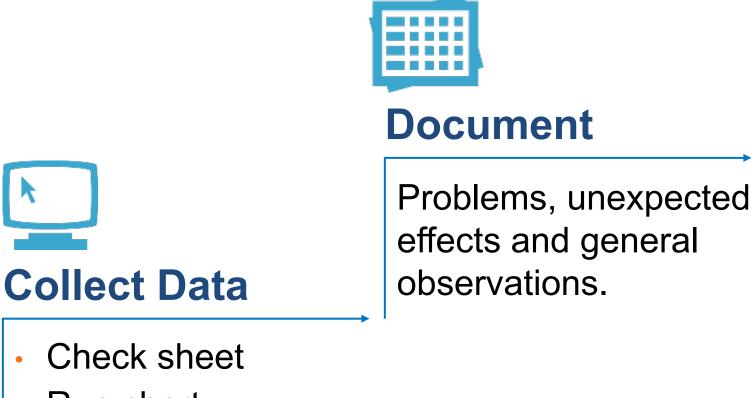


https://www.cms.gov/medicare/provider-enrollment-and-certification/qapi/downloads/fishbonerevised.pdf

PLAN – Do – Study – Act

- Develop Alternatives
- Try to mitigate your root causes. Completing the statement:
 "If we do _____, then _____ will happen."
- Choose an alternative (or a few alternatives) that you believe will best help you reach your objective and maximize your resources.

PLAN – Do – Study – Act





Run chart •

Why is data important?

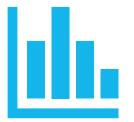
Without data, you are just another person with an opinion."

– Edward Demming

"If we have data, let's look at data. If all we have are opinions, let's go with mine."

– Jim Barksdale

Analyzing & Interpreting Data



Analyzing Data

Review of Performance Define Performance Plan



Interpreting Data

Significance Evaluate and Improve

PLAN – Do – Study – Act

- Use the aim statement and data gathered to determine:
 - Did your plan result in an improvement? By how much/little?
 - Was the action worth the investment?
 - Do you see trends?
 - Were there unintended side effects?
- Use tools to visually review and evaluate an improvement
 - Pareto chart
 - Control chart
 - Run chart

Tools for Analysis



Purpose: To see which causes or problems occur most frequently. To observe the Pareto effect when 20% of the causes contribute to 80% of the overall problem.

Purpose: To give a visual representation of data over a period of time.

Purpose: To show comparisons among categories with a chart that uses either horizontal or vertical bars.

QAPI Element 5: Systematic Analysis and Systemic Action

Our QAPI process isn't just putting out fires, it's fixing what's wrong with the system.

Plan – Do – Study – Act



If Successful

• **Standardize** the improvement and begin to use it regularly.

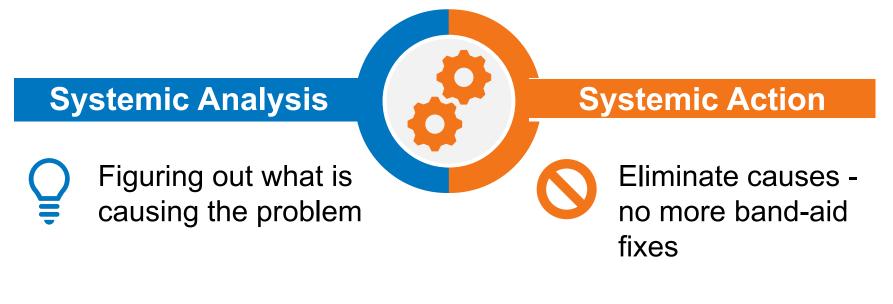
Not Successful

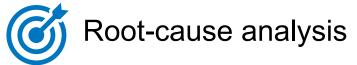
 Return to Stage 1: Revisit the process & develop new plan to test for success.



- Intuitively adopt PDSA
- Incremental change is a catalyst for new change
- Sustain your accomplishments
- Make adjustments in procedures to facilitate change
- Celebrate improvements and lessons learned

Systematic Approach for Quality Improvement

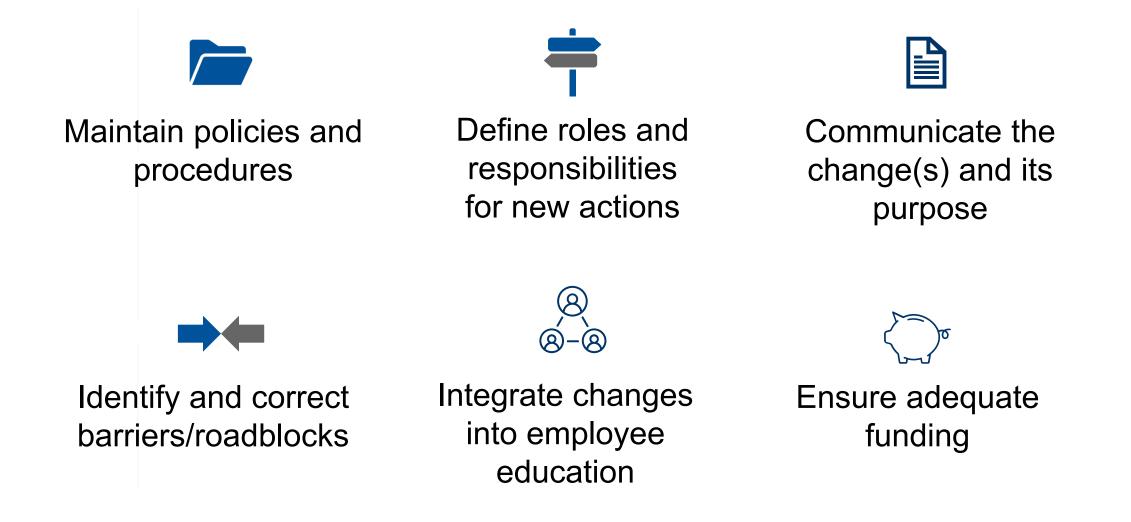




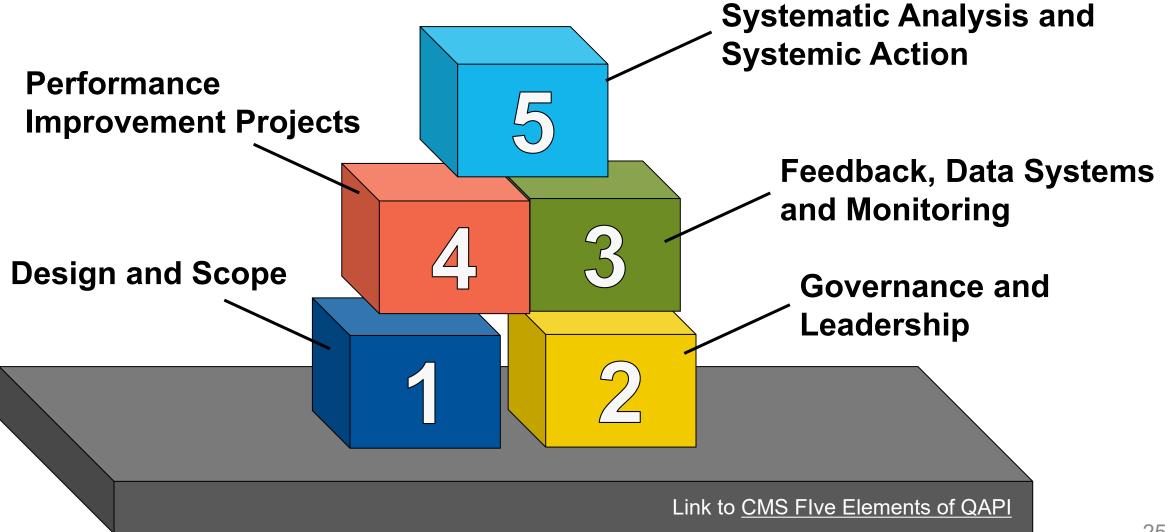


Continuous learning and improvement

Systematic Approach for Sustained Improvement



That's QAPI !



Next Sessions



Session Four: Basics of Data November 18, 2020

- Data Collection and Management
- Data Analysis

Session Five: Interpretation and Impact December 2, 2020





Questions?

THANK YOU FOR YOUR TIME!

Developed 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 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. 12SOW-MPQHF-AS-CC-20-78



- Process Tool Framework
- PDSA Template
- CMS Five Elements of QAPI
- Institute for Health Care Improvement: Model for
 Improvement

Tools Resource

ΤοοΙ	Use to…
Data Gathering Checklist	Collect data on your quality issue and identify the most important source of the problem.
Flow Char/Process Map	Understand all the different steps that take place in your process. A fundamental tool for any QAPI project.
Root-Cause Analysis- Fishbone/Cause & Effect Diagrams	Brainstorm about the main causes of a quality problem and the sub-cause leading to each main cause.
Five Whys	Drill down deeper to get to the root cause of a problem.
Pareto Chart	See which causes or problems occur most frequently. Use to observe the Pareto effect when 20% of the causes contribute to 80% of the overall problem.
Trend or Run Chart	Give a visual representation of data over a period of time.
Bar chart	Show comparisons among categories with a chart that uses either horizontal or vertical bars.