Great Plains Quality Care Collaborative

Milestones
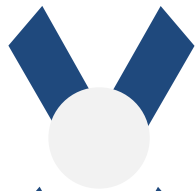
Recognizing your home's achievements toward Quality: QAPI in Action

- Copper
- Bronze
- Silver
- Gold
- Platinum

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

Great Plains
Quality Innovation Network

Great Plains Quality Milestones Program

Great Plains QIN is pleased to offer an exciting new program to help you track your facility's improvement efforts as you prepare for the upcoming QAPI regulations. As a member of the Great Plains Quality Care Collaborative, YOU get to decide how your facility makes improvement while gaining recognition for your progress. We will provide education and networking opportunities, and you get to decide what areas in your home need improvement. The Great Plains Quality Milestones are a simple way for you to improve your resident care while you test the use of quality improvement techniques needed for QAPI.

⭐ Helpful Tips ⭐

Your PDSA report does not have to focus on a big change. In fact, beginning with small steps is the best way to make lasting improvements.

Don't wait to share your final success with us. We want to acknowledge the small cycles of change your team is working on to achieve the ultimate goal.

Remember that quality is everyone's responsibility.

Copper

Nursing homes will be recognized for this Milestone once they have completed the National Nursing Home Quality Care Collaborative participation agreement, attended a Pre-Work webinar, returned a completed Pre-Work Packet, and know their current quality measure composite score.

Bronze

Nursing homes will be recognized for this Milestone once they have reached the Copper Milestone and chosen a quality improvement project, begun the first PDSA cycle, started working on a storyboard or possible success story, attended two educational offerings, and know their current quality measure composite score.

Silver

Nursing homes will be recognized for this Milestone once they have reached the Copper and Bronze Milestones and attended a total of five educational offerings, shared a storyboard or success story, completed the first PDSA worksheet, and know their current quality measure composite score.

Gold

Nursing homes will be recognized for this Milestone once they have reached the Copper, Bronze, and Silver Milestones and attended a total of eight educational offerings, completed a second *QAPI at a Glance: Self-Assessment* tool, shared a second storyboard or success story, completed the second PDSA worksheet, and know their current quality measure composite score.

Platinum

Nursing homes will be recognized for this Milestone once they have reached the Copper, Bronze, Silver, and Gold Milestones and attended a total of 12 educational offerings, attained a quality measure composite score of 6.0 or better, shared a third storyboard or success story, completed the third PDSA worksheet, and know their current quality measure composite score.

Steps to Great Plains Quality Milestones

Use this checklist to track your progress as you move through the program. This is for your own records.

Copper

- ☐ Signed Participation agreement for collaborative

- ☐ Formed a facility project team

- ☐ Completed Pre-Work Assessments/Attend Pre-Work webinar

- ☐ Completed an Educational Needs Assessment

- ☐ Know your Quality Measures Composite Score

Bronze

- ☐ Chosen a quality improvement project and began a PDSA cycle

- ☐ Started storyboard and/or a success story

- ☐ Know your current Quality Measures Composite Score

- ☐ Attended two Great Plains QIN educational offerings
    1. _____
    2. _____

Silver

- ☐ Completed and submitted the first PDSA worksheet

- ☐ Shared first success story

- ☐ Know your current Quality Measures Composite Score

- ☐ Attended three more Great Plains QIN educational offerings (for a total of 5)
    3. _____
    4. _____
    5. _____

Gold

☐ Repeated the *QAPI at a Glance: Self-Assessment Tool*

☐ Completed and submitted a second PDSA worksheet

☐ Shared a second success story

☐ Know your current Quality Measures Composite Score

☐ Attended three more Great Plains QIN educational offerings (for a total of 8)
6. _____
7. _____
8. _____

Platinum

☐ Completed and submitted a third PDSA worksheet

☐ Shared a third success story and/or storyboard at a face-to-face learning session and/or present on a call or webinar

☐ Quality Measure Composite Score has reached a score of 6 or lower during the collaborative cycle

☐ Attended four more Great Plains QIN educational offerings (for a total of 12)
9. _____
10. _____
11. _____
12. _____

PDSA Cycle Template

Directions: Use this Plan-Do-Study-Act (PDSA) tool to plan and document your progress with tests of change conducted as part of chartered performance improvement projects (PIPs). While the charter will have clearly established the goals, scope, timing, milestones, and team roles and responsibilities for a project, the PIP team asked to carry out the project will need to determine how to complete the work. This tool should be completed by the project leader/manager/coordinator with review and input by the project team. Answer the first two questions below for your PIP. Then as you plan to test changes to meet your aim, answer question 3 below and plan, conduct, and document your PDSA cycles. Remember that a PIP will usually involve multiple PDSA cycles in order to achieve your aim. Use as many forms as you need to track your PDSA cycles.

Model for Improvement: Three questions for improvement

1. **What are we trying to accomplish (aim)?**
   State your aim (review your PIP charter – and include your bold aim that will improve resident health outcomes and quality of care)

2. **How will we know that change is an improvement (measures)?**
   Describe the measureable outcome(s) you want to see

3. **What change can we make that will result in an improvement?**

   Define the processes currently in place; use process mapping or flow charting

   Identify opportunities for improvement that exist (look for causes of problems that have occurred – see Guidance for Performing Root Cause Analysis with Performance Improvement Projects; or identify potential problems before they occur – see Guidance for Performing Failure Mode Effects Analysis with Performance Improvement Projects) (see root cause analysis tool):
   - Points where breakdowns occur
   - "Work-a-rounds" that have been developed
   - Variation that occurs
   - Duplicate or unnecessary steps

   Decide what you will change in the process; determine your intervention based on your analysis
   - Identify better ways to do things that address the root causes of the problem
   - Learn what has worked at other organizations (copy)
   - Review the best available evidence for what works (literature, studies, experts, guidelines)
   - Remember that solution doesn't have to be perfect the first time

What changes are we going to make based on our findings?

What exactly are we going to do?

Act | Plan

Study | Do

What were the results?

When and how did we do it?

Plan	List your action steps along with person(s) responsible and time line.
What change are you testing with the PDSA cycle(s)? What do you predict will happen and why? Who will be involved in this PDSA? (e.g., one staff member or resident, one shift?). Whenever feasible, it will be helpful to involve direct care staff. Plan a small test of change. How long will the change take to implement? What resources will they need? What data need to be collected?	
Do Carry out the test on a small scale. Document observations, including any problems and unexpected findings. Collect data you identified as needed during the "plan" stage.	**Describe what actually happened when you ran the test.**

Study	Describe the measured results and how they compared to the predictions.
Study and analyze the data. Determine if the change resulted in the expected outcome. Were there implementation lessons? Summarize what was learned. Look for: unintended consequences, surprises, successes, failures.	
Act Based on what was learned from the test: Adapt – modify the changes and repeat PDSA cycle. Adopt – consider expanding the changes in your organization to additional residents, staff, and units. Abandon – change your approach and repeat PDSA cycle.	**Describe what modifications to the plan will be made for the next cycle from what you learned.**

Directions: Use this template to tell the story of a change your nursing home made that lead to a demonstrable improvement. Use as much space as needed to respond to each question prompt below, while being mindful of keeping the story as succinct as possible.

Documenting success stories is useful for a number of reasons: (1) it provides a historical record of efforts undertaken by your organization that produced positive results; (2) it promotes taking the time to celebrate achievements; (3) it assists in pinpointing important messages to communicate to stakeholders; and (4) it can relay important lessons for others wishing to emulate your success and establish your organization as a model leader. Ideas for how to use success stories: use the information to draft an article to share with all staff, with your board of directors, residents, and families; use it to create a story board to display in your nursing home (See the CMS Storyboard Guide to Performance Improvement Projects).

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Story title (aim for a concise title that incorporates both the change that took place and the positive outcome that resulted): _____
Organization: _____

Intervention focus (check all that apply):

- ☐ Clinical care
- ☐ Quality of life
- ☐ Resident choice
- ☐ Other: _____

Departments involved (check all that apply):

- ☐ Administration
- ☐ Facilities Management
- ☐ Food Services
- ☐ Housekeeping
- ☐ Nursing/Medical care
- ☐ Pharmacy
- ☐ Rehabilitation /Therapy
- ☐ Security
- ☐ Transportation
- ☐ Other: _____

What opportunity were you pursuing or what problem were you confronting?

What change did you decide to make?

How did you decide to make the change that you did? (i.e., what data / input did you consult, what process did you follow and what best practice evidence did you rely on to inform your decision?)

Who led the change? (i.e., who was the leader and which staff members were involved? Were there other champions who were integral in facilitating the change?)

What were the major steps you took to implement the change?

What resistance/barriers did you face while implementing the change?

How did you overcome any resistance/barriers?

In what ways did leadership support the change?

How did you monitor whether or not the change had the desired effect? (i.e., include a description of any performance indicators/measures selected, how they were chosen and what goals you set for them)

What positive outcomes can be demonstrated as a result of the change? (i.e., how do you know the change was a success? What does the data show? What other forms of evidence do you have?)

What reactions have you heard from those affected by the change? (In addition to data, anecdotal stories from people directly affected by the change may be of interest. For example, this could be staff members seeing a difference in how they do their work or residents having a new positive experience.)

What steps have you taken to ensure this change is sustained within your organization in the long-term?

What is the biggest lesson you learned through this experience?

If you could give some advice to other facilities wanting to replicate your success, what would you tell them?

Story Author: ——————————————————   **Title:** ————————————————————

Email: —————————————————————   **Phone:** ————————————————————