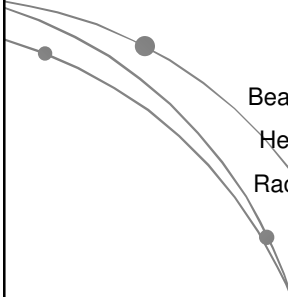


Closing the Execution Gap:

Quality Improvement
Action Planning for
Compliance Professionals



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Why QIAP is Needed

- Tendency to go from problem identification directly to solutions
 - Leads to problems that occur again and again
 - Costly and frustrating to managers, employees, and customers
- “Lone Ranger” approach to problem solving
 - Solutions lack team input and buy-in



Efficiency versus effectiveness

Purpose of QIAP

- To identify problems that impact care and quality of life.
- To take appropriate, timely action to solve problems.
- To make sure that actions really solve problems in a lasting way.

What Problems Fit QIAP?

- Problems that are systematic or involve complex processes
- Issues that have repeated impact on customers
- Costly concerns that have resisted other approaches

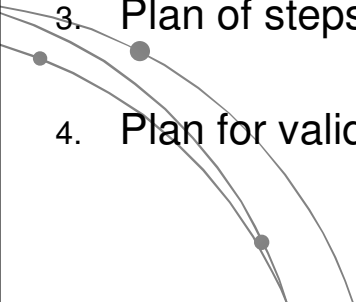
Six Steps of QIAP

1. What is the problem?
2. What is causing the problem?
3. What is the goal?
4. What needs to be done to reach the goal?
5. How will you know if staff is following the plan?
6. How will you know the plan is working?

HOW TO CREATE A QUALITY IMPROVEMENT ACTION PLAN

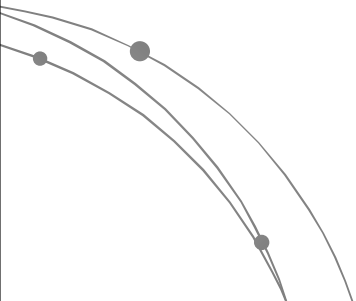
Four Plans in One

1. Plan A
2. Plan to get data
3. Plan of steps to take
4. Plan for validation



Plan 1: Plan A

- How will you minimize impact on people immediately?



Plan 2: Plan to Get Data

- Create a clear problem statement (Step 1)
- Brainstorm possible root causes with people impacted by the problem and potential solutions (Step 2)
- Decide what data you need to analyze the cause of the problem
- Gather the data
- Do root cause analysis (RCA)

Plan 3: Plan to Act

- Based on RCA, write appropriate goal statements (Step 3)
- Decide what steps to take to reach the goal (Step 4)
- WWDWBW
- Implement the action steps

Plan 4: Plan to Validate

- How will you know staff are following the plan? (Step 5)
- How and when will you test the effectiveness of the actions taken? (Step 6)

An Example

- Pressure Ulcer Care

Step 1: What is the Problem?

- Create a problem statement
 - Prioritize problems if there is more than one
 - Write a clear, concise statement that describes the problem you wish to solve

Step 2: What is Causing the Problem?

- Brainstorm with the IDT and others affected by the problem or potential solutions
 - Possible causes of the problem
 - Decide what data you need to identify the root cause(s)
- Gather data about possible root causes
 - Point-of-service information gathering
 - Chart/record reviews
 - Trend analysis
 - Fishbone diagram, flow charting
 - Brainstorming
- Identify the root cause(s) you will seek to improve

Gap Analysis

- Determine the intended system
 - How you want it to be
 - How it “should be”
 - The policy or desired practice
- Look non-critically and openly at the actual system
 - Collect data without giving the answer
 - Open-ended questions about how it actually works
- Study the gap to find the root causes

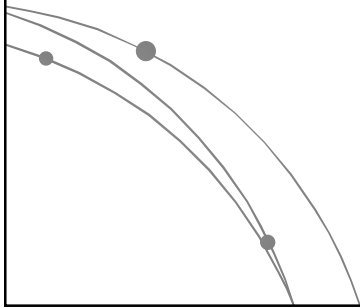
Step 3:

What is the Goal?

- Write a system-wide goal that directly addresses the problem statement overall
- Write a goal statement that describes how each of the root causes you have identified will look when it is fixed
 - Make it SMART
 - Specific
 - Measurable
 - Action-oriented
 - Realistic/Resourced
 - Time-framed

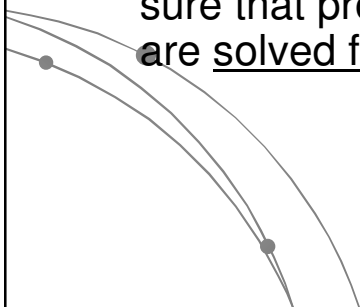
Step 4: What Needs to be Done?

- Create action steps you will take to address the root cause(s) so that the problem is solved and your goal is met
 - For each action step, name a person who will be the champion
 - List a date when you will reassess progress



Step 5: How Will you Know if Staff Members are Following the Plan?

- This is the first step in validating your action plan
 - The purpose of validation is to make sure that problems you have identified are solved fully and stay solved.



In other words...

- Other words for validation are:
 - Proof
 - Evidence
 - “Show me”
 - Demonstrate
 - Data-based certainty

Ways to Know that Staff Members are Following the Plan

- Conduct interviews with staff members whose behavior or actions need to change (Do they know? Are they doing it?).
- Interview patients/residents or family members who would be able to notice the change (Is it happening?).
- Carry out random observations in which you track the expected behaviors for specific periods of time (Did the call light actually get fixed?).

Ways to Know that Staff Members are Following the Plan

- Check a random number of charts or other data on a pre-determined basis to see if people are following the plan
- “Show me”
- By when? Who will do? Who will analyze?

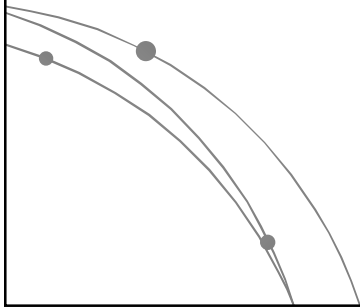
Create a Plan for Step 5

Write down what data you will gather to determine whether staff members are following the plan

- Decide who will look at what data, when
- Devise worksheets or other tools you will use to gather, track, and analyze the data you collect
- Keep it simple—use data and tools you already have if possible
- Keep data collection as close to the problem as possible
- Know when the team will look together at the data to adjust the action steps if needed

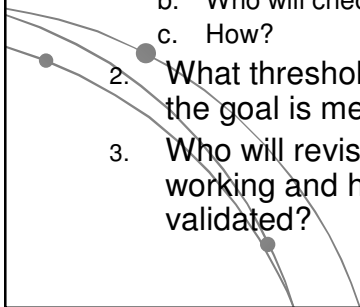
Step 6: How Will You Know the Plan is working?

- Create a plan for validating the success of your action plan



Step 6: How Will You Know the Plan is Working?

- For individual goals and the overall system goal, ask:
 1. How will we know for sure that our solutions are working (or not)?
 - a. When will we check?
 - b. Who will check?
 - c. How?
 2. What threshold of success will we use to decide if the goal is met?
 3. Who will revise our action steps if they are not working and how will that get communicated and validated?



Examples of Validation Methods

- We will interview five random nurses to see if they know the policy. Once all five can state the policy for three weeks in a row, we will go to monthly checks. Once all five can state the policy for three months, we will place this issue in our CQI process for random checks.
- We will randomly review three MARs daily and check them against physician orders. Establish threshold.
- We will ask ten families of newly admitted patients/residents to see if they know who to talk to about their concerns. Establish threshold.

How to Validate

- Once you have answered the validation questions, keep track of the data you gather.
- Use that data to determine whether you are meeting your threshold.
- If you do not meet the threshold, revise your action plan as an interdisciplinary team and communicate with everyone involved.
- If you sustain your threshold for the length of time you determine to be reasonable, place the action plan on occasional checks through your CQI process.

Sample QIAP Spreadsheet

Step 1: What is the problem?

Step 2: What is causing the problem? (Plan to get data)

Step 3: What is the goal?

Step 4: What needs to be done to reach the goal? (Plan to act)

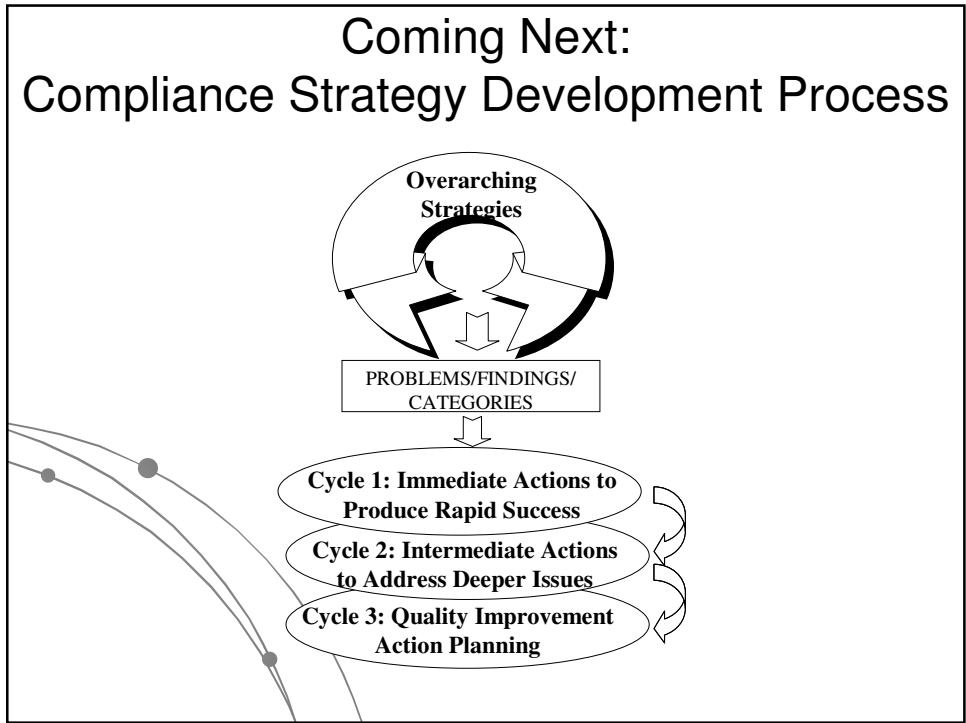
Step 5: How will you know if staff members are following the plan? (Plan to validate)

Step 6: How will you know the plan is working? (Plan to validate)

Team Agreements

Team members are invited to...

- Drop your ideas about each other to help the team create a great result.
- Work as a transdisciplinary team by encouraging and making space for everyone to contribute.
- Stay open to new ideas.
- Learn a new approach to IDT work and apply it to business and service problems, care planning, patient care and quality of life issues.



Thank you.