• **QAPI**
  - Quality Assurance
  - Performance Improvement
• **Quality Assurance** (F520 QA&A, Quality assessment & assurance)
  - Identifies and corrects quality issues
  - Retrospective
  - Focus on outliers or individuals
  - Efforts end once achieved
  - DON, Physician and 3 staff members
  - Meet quarterly
• **Performance Improvement**
  - Proactive approach
  - Efforts are on-going
  - Focus on system changes
  - Plan involves input from staff representing all roles and disciplines within the organization
  - Meet at more frequent intervals
• QAPI (Quality Assurance & Performance Improvement)
  - Systematic,
  - Comprehensive,
  - Data-driven,
  - Proactive approach
  
  QAPI
  
  System Changes
5 Elements for QAPI

Element 1: Design and Scope

Element 2: Governance and Leadership

Element 3: Feedback, Data Systems and Monitoring

Element 4: Performance Improvement Projects (PIPs)

Element 5: Systemic Analysis and Systemic Action
Element 1- Design & Scope

- Ongoing & Comprehensive
- Full range of services & departments
- Addresses clinical care, quality of life, resident choice, and care transitions

- Aims for safety while promoting autonomy
- Goals & measures are based on best available evidence
- Will have written QAPI plans with all five elements
Element 2 – Governance & Leadership

• The governing body & leadership, working with input from staff, residents and representatives, develop and lead the program to assure:
  - Program has sufficient resources
  - Training occurs
  - Policies are in place to sustain program if turnover
  - Priorities set & expectations established
  - Staff are accountable
Element 3 – Feedback, Data Systems & Monitoring

• Install systems to monitor care and services
• Get feedback from residents & family
• Install performance indicators
• Establish targets for performance
• Review against benchmarks and targets
• Track and investigate adverse events
Element 4 – Performance Improvement Projects (PIP)

- Conduct PIPs in areas that need attention
- Identify priority areas (high risk, high volume, problem prone areas)
- Establish teams for concentrated efforts
- Gather data, study a problem, act on improvement ideas, re-study the problem
- Report findings to leadership
Element 5 – Systemic Analysis & Systemic Action

- Use systemic approach to determine if root cause analysis is needed
- Determine if the problem may be caused by the way the care and services are organized
- Perform in depth analysis of systems
- Look comprehensively across systems to ensure sustained improvement and prevent future adverse events
Performance Improvement Program

PIP Focus today

Skin Integrity Program

Include all components in PIP
• Management team and front line caregiver’s must support the program and be actively involved
• Success does not come from development; but implementation
Break down your existing systems and identify needed additions:

• Sufficient supplies
• Wound Care Team and effective communication and agenda in meetings
• Pre-Admission Process
• Admission Process
• Preventative Program
• Treatment Program
QAPI – PDSA Cycle

PDSA Cycle for PIP Implementation
QAPI Assessing Systems

- Correct Team Members
- Start small
- Root Cause Analysis:
  - Review what ACTUALLY happens verses what NEEDS to happen
  - Identify Performance Gaps
- Identify the data to be used and set a goal
- Develop an action plan
QAPI Accountability

PLAN

• Correct Team Members
QAPI Implementation

• Start small
QAPI Assessing Systems

PLAN

- Root Cause Analysis Goal
  - Determine what happened
  - Determine why it happened
  - Figure out what to do to reduce the likelihood that it will happen again
Root Cause Analysis
- Seeks to identify the origin of a problem
  - Physical Causes
  - Human Causes
  - Organizational Causes
QAPI Assessing Systems

PLAN

• Root Cause Analysis:
  • Review what ACTUALLY happens verses what NEEDS to happen
  • Identify Performance Gaps
Insanity: doing the same thing over and over again and expecting different results.

- Albert Einstein

www.quotesworthrepeating.com
Map out what **actually** happens verses what **should** happen

**Identify Performance Gaps**
• Root Cause Analysis: Fishbone Diagram
• Root Cause Analysis: Why Diagram
Once the performance Gaps are identified:

• Identify the data to be used and set a goal
• Develop an action plan
QAPI Implement the Plan

DO

• Identify the area within the facility to test
• Implement the program
QAPI Analysis Progress

Review the progress of the program

- Where are you compared to the goal
- What is working
- What is not working
QAPI Adjust the Program

• Make adjustments to the program based on the analysis

• Start a new PDSA cycle

OR

• If successful, roll out to the entire facility and start a PDSA cycle for the facility
Sufficient Resources

- Go look into supply rooms, treatment carts, etc. for topical dressings in the facility

Do an overview of equipment:
- Bed surfaces
- Wheelchair cushions
- Heel lift
- Positioning devices
- Incontinence products
- Nutritional supplements
- Lifting and repositioning devices
Sufficient Resources PIP

• Set up a wound care formulary of products
• If possible have an approval system for anything ordered off of your product formulary

• Educate your Physicians, NP’s, Wound Clinics, etc. on your product formulary
Topical Supplies Categories:
• Moisture dressings (i.e., hydrogels, hydrocolloids and transparent films)
• Absorptive dressings (i.e., foams and calcium alginites)
• Debriding Agents (Santyl, Medical grade honey)
• Antimicrobials (silver, cadexomer Iodine, medical grade honey, etc.)
• Collagen Dressings
Make a streamlined topical management guideline with limited products in each major category:

- Guideline should guide the nurse by characteristics of the wound (i.e., superficial dry wound)
- Recommend product category for ordering (i.e., Hydrogel sheets versus hydrogel gel)
Access to adjunctive therapies:

- E-Stim
- NPWT (Negative Pressure Wound Therapy)
- Celleration MIST
- Hyperbaric Chambers
• Barrier ointments/creams to protect from incontinence (are they accessible to the caregivers)

• Absorptive products for incontinence
- Lifting and positioning devices
- Heel Lift Devices
• Dietary supplements as appropriate

• Protein & Calories

• Multivitamins
Sufficient Resources PIP

• Lotions

• Protective garments
Sufficient Resources PIP

• Compression Therapy for Venous Insufficiency

• Compression wraps

• Compression stockings

• Compression pumps

• Protective/appropriate footwear
• Pressure redistribution bed surfaces
• Preventative Mattresses
• Advanced Therapy (i.e., low-air-loss, alternating air, etc.)
• Wheelchair cushions
Remember the most expensive product is the one that doesn’t work!!!!
Access to:

• Podiatrists
• Wound Clinics/Physicians
• Certified Wound Care Nurses
• Vascular Surgeons/Physicians
Wound Care Nurse

• Utilized when a wound happens

• Typically is responsible for the weekly documentation of a wound

• Ensures appropriate treatment strategies
Skin Integrity Team PIP

Oversight of the program
• Prevention
• Education
• Compliance
• Accuracy of documentation
• Monitoring
Investment in Knowledge

- Consider WOCN (www.wocn.org) or WCC (www.wcei.net) certification
- Prevention
- Etiology of wounds
- Assessment & Documentation
- Treatment modalities
- Training
- Documentation Training
- Compliance Items
Skin Integrity Team PIP

- Wound Care Expertise takes education AND experience
- No one wound nurse can manage a prevention and treatment program alone
Development of a Skin Care Team
• Key Nursing Assistants from ALL shifts
• Key Floor Nurses from ALL shifts
• Nurse Managers or Case Managers
• Therapy Consultation
• Dietary Consultation
• Physician/NP/Medical Director
• Housekeeping/Maintenance
Skin Team Meetings

• Develop a SET schedule for the Skin Care Team meetings – Management MUST support

• Initially may need to be weekly to bi-weekly

• Monthly
Skin Integrity Team PIP

Skin Team Meeting Agenda

• Review current residents with wounds
• Progress
• Topical Treatment
• Support surfaces/equipment
• Heel lift
• Turning Schedule
• Incontinence management
• Nutritional Support
• Therapy Involvement
• Compliance/Barriers to plan of care
Skin Team Meeting Agenda

- Review ALL Residents significant change in condition—does this affect \textit{mobility}?
- Review Treatment sheets
- Decrease/change in \textit{mobility}
- Change in appetite, eating habits or weight loss
- Change in continence
- Change in cognition
- Overall changes/decline
Skin Team Meeting Agenda

• Review Supplies/Equipment
• Support Surfaces (bed & wheelchair)
• Heel lift devices
• Positioning devices
• Perineal cleansers and barrier ointments/creams
• Lifting devices
• Topical dressings
Monitoring Your PIP Programs

- All staff should be involved
- Continuous
Wound Nurse to Monitor on a Monthly Basis:

- Treatment record
- Charts of high risk AND wound care residents
- Weekly skin checks
- Supplies
- Dressing Change technique
- Have nurses involved with oversight for monitoring ability to turn, toileting abilities and equipment
Targeting your Skin Integrity PIP

**PLAN-DO-STUDY-ACT (PDSA)**

Sufficient Supplies
Wound Care Team and Effective Meetings
Effective Communication between team members
Pre-Admission, admission, post-admission
Preventative and treatment programs
• **Example: Skin Assessment on Admission**
  - **What:** Admission Skin Assessment
  - **Why:** To get a baseline of their skin on admission/identify issues
  - **Who:** Licensed Nurse should do the assessment
  - **When:** Within 24 hours of admission
Example: Skin Assessment on Admission

- Developing a team to evaluate the Admission Process:
  - Assess when and where your admissions are happening
  - Who is Doing the Admission Assessments
QAPI-PIP Monitoring

Example: Skin Assessment on Admission

• Start Small
  - Which Community are most of your admissions admitted to?
Example: Skin Assessment on Admission

- Root Cause Analysis: Map out what actually Happens
  - Who does the skin assessment and when?
  - Is it completed accurately?
  - Is the skin assessment part of the admission packet/checklist?
  - How are the results communicated
  - What is done if a skin concern is found?
QAPI-PIP Monitoring

Example: Skin Assessment on Admission

• **Identify Performance Gaps:**
  - The nurses who admit most residents are not comfortable with assessing skin concerns
Example: Skin Assessment on Admission

• Set Goal

- 100% of all admissions will have an accurate skin assessment within 24 hours by the end of the next month
Example: Skin Assessment on Admission

- Develop the Action Plan
  - All admission nurses will be trained on skin assessment
  - The nurses will be competency tested at the bedside
Example: Skin Assessment on Admission

• Provide the training and competency testing over a set time period
Example: Skin Assessment on Admission

- Review the progress of the program
  - 90% where completed within 24 hours
  - The 10% that were not completed were weekend admissions
Example: Skin Assessment on Admission

- Modify the Action Plan
  - All weekend nurses will be trained on skin assessment
- Start a new PDSA cycle
Taking the Time to Utilize a Quality Improvement Process Can Improve Resident Outcomes and Workflow

Happy Residents and Staff
Questions???

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Resources

- www.wcei.net (Certifies in wound care)
- www.npuap.org (National Pressure Ulcer Advisory Panel)
- www.woundsource.com Great source to find wound care products and companies/vendors
Resources

- www.wocn.org (Wound, Ostomy & Continence Nurse Society)
- Provide Certification for 4 year RNs
- Available Guidelines:
  - Prevention and Management of Pressure Ulcers
  - Management of Wounds in Patients with Lower-Extremity Arterial Disease
  - Management of Wounds in Patients with Lower-Extremity Neuropathic Disease
  - Management of Wounds in Patients with Lower-Extremity Venous Disease