

Continuous Quality Improvement

In Assisted Living communities
Specializing in Dementia Care





"Most quality programs fail for one or two reasons. They have system without passion, or passion without system.

You must have both."

-Tom Peter

Objectives



- Why CQI in dementia care
- Intent of the project
- CQI Framework
- Contracts and collaboration
- Sample projects
- Lessons learned

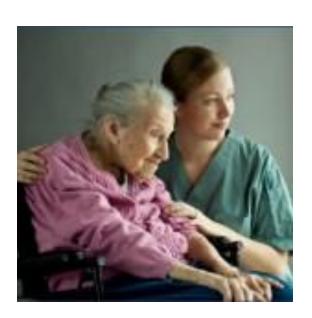
Why CQI in Dementia Care

- Very vulnerable population
 - Improves quality of care
 - Improves quality of life



Why CQI in Dementia Care

- Caregiving staff
 - Challenging work
 - Turnover of staff and leadership
 - Promote culture of quality

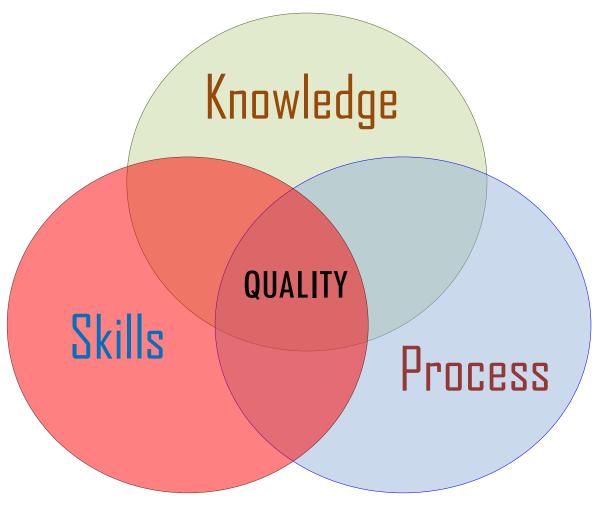


Why CQI in Dementia Care

- The process of CQI
 - Engages those who do the work in improving quality
 - Focuses on processes, not individuals
 - Uses data collection and concrete measurements

It's all about the process not the outcome

Quality Framework



Intent of Implementation of CQI

- Promote overall performance
- Share specific, up-to-date knowledge
- Apply knowledge to daily care
- Ensure consistent, ongoing implementation of applied knowledge

Intent

 Collective work builds a common language to share lessons learned among peers



Building a Culture of Quality

Creating and Sustaining Quality means:

- Going beyond minimum standards
- Continually using best practices
- Integrating quality improvement at the facility level

Core CQI Concepts

- Most problems are process not people
- Unintended variation leads to unwanted outcomes
- CQI can be achieved through small changes
- Integrate CQI into everyday work



CQI Framework



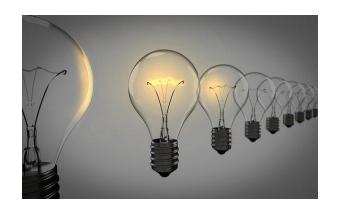
Focus of CQI projects

- Resident quality of care or life
- Process or systemic client care

Where facilities find ideas

- Contract monitoring surveys
- Internal quality audits
- Satisfaction surveys

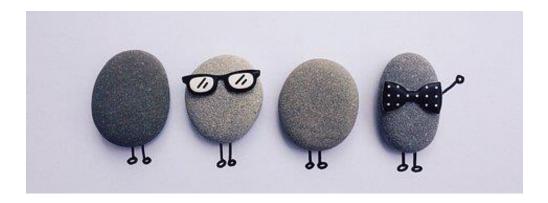
CQI Framework Common Improvement Areas



- Falls prevention
- Nutrition
- Use of psychotropic medications
- Engagement in activities
- Staff turnover

CQI Project Team

- Administrator, Licensed RN, three other staff
 - Identify team leader
 - Other staff should be topic appropriate



Foundation of CQI

A structured, cyclical process for improving systems and processes in an organization or program



CQI Framework

PLAN



CQI Framework

Problem Statement

- Problem definition & description:
- Objective
- Benefits



Contributing or Potential Causes



CQI tools used

 Specific potential causes identified

Root Cause Analysis Tools



- Brainstorming
- Fishbone
- 5 whys
- Data collection

CQI Framework

DO



Intervention

- How will the problem be addressed
- What new practice was used
- Research done
- Resources needed



CQI Framework

CHECK



Measuring Success



- Before and after measures
- Primary Measure
- Additional measurements

Results/Outcome

- Lessons learned
- Unexpected or unmeasurable impacts
- Other desired changes

The process is the key to progress



CQI Framework

ACT



Changes-Next Steps

- Is the project worth continuing?
 - If yes, how will it be formalized?
 - If no, how will you use what you learned?



Collaborative Partnerships

- Incorporated into facility contracts
- Facilities develop CQI projects annually
- Annual Administrator Meeting
 - Review results
 - Share selected CQI projects
 - Share best practices
 - Coordinate for similar projects





- Problem:
 - 33.3% of residents were incurring weight loss
- Identified Root Cause:
 - Residents unable to distinguish food from plate
- Intervention:
 - Add bright plates that contrasted to food colors
- Outcome:
 - Reduced weight loss to 10% of residents losing weight



- Problem:
 - Increase in challenging resident behaviors
- Identified Root Cause:
 - Resident boredom and inability to participate in group activities
- Intervention:
 - Started a "Sing with Me" music program
- Outcome:
 - Decreased challenging behaviors by 80%



- Problem:
 - Direct care staff turnover rates high
- Root Cause:
 - Employee dissatisfaction
- Intervention:
 - New staff recognition program
- Outcome:
 - Over one quarter one fewer employee left the facility



- Problem:
 - Large number of falls in facility
- Root Cause:
 - Off-label use of psychotropic medications
- Intervention:
 - Reduce off-label use of psychotropic medication use Improve staff training
- Outcome:
 - 10 fewer falls and more resident engagement

Challenges

- Time and resources
 - State
 - Trains new administrators on the use of CQI tools
 - Reviews all projects and provides feedback
 - Facility
 - Incorporates CQI and involves staff
 - Commits time and resources for meetings and data collection

Lessons Learned

- Best Practices
 - Use CQI projects to help inform best practice
 - Share what's working and what's not
- Networking
 - Provide opportunities to coordinate and share ideas
 - Encourage collaboration between facilities
 - Make new information and research available

Resource Website:

https://www.dshs.wa.gov/altsa/homeand-community-services/continuousquality-improvement-specializeddementia-care-program

Program Manager Contact:

Manipon Manivanh

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Program Manager

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Transforming Lives



