Quality Incentive Payment Program (QIPP) Quality Metric (QM) Resource Tool-kit Instructional Manual
Quality Metric Resource Tool-kits:

The Quality Incentive Payment Program (QIPP) was designed to incentivize nursing facilities to improve quality and innovation in the provision of the services that are provided to the residents. One of the ways in which this will take place is through the use of the Centers for Medicare and Medicaid Services nursing facility long-stay Quality Measure (QM) data. The four long-stay QMs being used for QIPP include:

- QM410: Residents experiencing one or more falls with major injury.
- QM419: Percent of residents who received an antipsychotic (AP) medication.
- QM403: High-risk residents with pressure ulcers.
- QM409: Residents who were physically restrained.

Improvement in the QMs is a requirement of the program in order to receive payments under Components 2 and 3 but is also important for the quality of care for the residents.

HHSC is committed to assisting participating nursing facilities in making improvements in their quality measures and has thus created a resource tool-kit for each of the QMs that are used for QIPP. These tool-kits provide NFs with information related to the subject of each of the QMs (pressure ulcers/injuries, falls, restraints, and AP medications). This information includes:

- What it is:
  - What are pressure ulcers/injuries
  - What are antipsychotic medications
  - What are considered to be restraints
- Assessment of the Resident:
  - Assessing for pressure ulcers/injuries on admission as well as the resident’s risk for skin breakdown
  - Assessing admission orders for AP medications that are not appropriate for the resident
  - Assessing a resident’s risk of falling
  - Assessment of a resident’s behaviors that may lead to restraint use.
- Prevention
  - Preventing pressures ulcers/injuries from forming while in the NF
  - Alternate interventions in the place of AP medications
  - Interventions that can prevent falls
  - Alternate interventions to prevent the use of restraints
- Staff Roles
  - Nursing
  - Direct Care Staff (CNA, CMA)
  - Physician
  - Administrative Staff
- Handling the issue:
  - What to do if a resident is admitted with a pressure ulcer/injury
  - What to do if a resident is admitted on AP medications
  - What to do if a restraint becomes necessary
• Resources
  o Evidence Based Practice from nationally known sources
    ➢ Pioneer Network
    ➢ Centers for Medicare and Medicaid Services (CMS)
    ➢ American Geriatrics Society (AGS)
    ➢ Centers for Disease Control and Prevention (CDC)
    ➢ American Medical Directors Association (AMDA)
    ➢ National Pressure Ulcer Advisory Panel (NPUAP)
    ➢ TMF Quality Innovation Network-Quality Improvement Organization (TMF QIN-QIO)
    ➢ Nursing Home Quality Campaign
    ➢ Alzheimer’s Association
    ➢ Texas Medical Foundation

Root Cause Analysis (RCA)¹:

What is RCA? RCA is simply a method for solving a problem by identifying the root cause of it. It should be a structured facilitated team process that will ultimately provide a way to identify breakdowns in processes and systems that contribute to the problem/situation and how to prevent future problems/situations.

The Purpose of RCA: The purpose of RCA is to determine, in a problem/situation, what happened, why it happened, and what changes need to be made to ensure that it doesn’t happen again. RCA can be an early step in a performance improvement project (PIP), helping to identify what needs to be changed to improve performance. Once it has been identified what changes need to be made, the steps that are followed are the same that would be used in any type of PIP.

Seven Steps to RCA: Use the following steps to walk through a RCA to investigate problems/situations:
1. Identify the problem/situation to be investigated and gather preliminary information: problems/situations can be the result of many different things. There should be a process in place to determining which problems/situations will undergo an RCA.
2. Charter and select team facilitators and team members: leadership should provide a project charter to launch the team. The facilitator is appointed by leadership. The team members involved should be those with a personal knowledge of the processes and systems involved in the problem/situation that is being investigated.
3. Describe what happened: Collect and organize the facts related to the problem/situation to fully understand what happened.
4. Identify the contributing factors: Determine what other situations, circumstances, or conditions increased the likelihood of the problem/situation.
5. Identify the root cause: A thorough analysis of contributing factors leads to identification of the underlying process and system issues (root causes) of the problem/situation.

¹ Guidance for Performing Root Cause Analysis (RCA) with Performance Improvement Projects (PIPs).
6. Design and implement changes to eliminate the root causes: The team works together to determine how best to change the processes and systems to reduce the likelihood of another similar problem/situation.

7. Measure the success of changes: Like all improvement projects, the success of improvement actions need to be evaluated.

**RCA Tools:** There are many tools that can be used when conducting RCA. What tool you ultimately use is dependent on what tool works best for the current problem/situation RCA that needs to be done. These tools include:

1. **Five Why Analysis**\(^2\): a tool to drill down to the root cause of a problem by asking why five times. The purpose of the 5 Why’s is not to arrive at a single root cause but to uncover as many contributing why’s as possible, as most complex healthcare problems are multifactorial. Here is an example of this tool:

   **5-Why Analysis – Sunny Pines Nursing and Rehab**

   **Problem Statement:** An increase in injuries sustained on A Hall

   **Why?**
   - Three Residents have broken their hips this week

   **Why?**
   - Each resident fell (at different times)

   **Why?**
   - Because the floor was wet

   **Why?**
   - There was a leak from the ceiling

   **Why?**
   - The roof had not been assessed for necessary repairs after the last hail storm

2. **Brainstorming**\(^3\): Bringing together a group of people to jointly discuss the problem/situation in a facilitated manner. It is important that the individuals brainstorming have some knowledge about the problem/situation. It is important to encourage as much participation as possible. To run brainstorming it is best to have a flip chart and markers but can be done on a white board and have someone take notes later of what was recorded. Be sure to go around the room and ask each person to throw out an idea without having anyone else comment positive or negative on the idea. The faster you move the more the participants will add ideas and be encouraged to speak up. The wilder the better because you never know which idea

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\(^3\)DADS Quality Monitoring Conference April 2014. Melody Malone-Brainstorming.
may be THE ONE that is the solution. Silent brainstorming works as well to generate ideas. Give the team a pad of paper or sticky notes and ask them to write down all of their ideas, one on each page. Collect all of the papers and work with the team to group similar ideas and confirm meanings to anything that might not be clear.

3. **Fishbone Diagram**: Also known as the cause and effect diagram, can be used to identify the many possible causes for a problem. Using this tool allows for ideas to be sorted into useful categories. Here is an example of the fishbone diagram:

![Fishbone Diagram](http://asq.org/learn-about-quality/cause-analysis-tools/overview/fishbone.html)

Once an RCA has been completed, as mentioned above in step 6, it is important that processes are put in place to eliminate the root cause of the problem/situation. This can best be accomplished through the use of Evidence-Based Practice (EBP).

**Root Cause Analysis Example:**

Let’s take a look at generalized root cause analysis example using the Antipsychotic (AP) Medication Usage in Texas. In April 2014, Texas was identified as the worse state in the country for the use of AP medications in nursing facilities (NFs). In an effort to make positive changes that would influence the care provided to residents in NFs and decrease the usage of AP meds, an analysis of the root cause was initiated. Over the course of several months, in looking at many different variables, the root cause of the problem was determined.

As you look at the iceberg below, you will see that the way that the iceberg is typically viewed is from the tip that is above the surface of the water. In this case, the AP usage was all that was being seen. The issues below the surface weren’t taken too much in to consideration because they can’t easily be seen.

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In performing a root cause analysis, the Iceberg was viewed in a way in which all of the issues below the surface come to light and are now seen so that they can be addressed. As you look at the below, you will see that the root cause of the issue is now above the surface and includes issues such as staffing issues/turnover, an underdeveloped workforce, pre-licensure/certification requirements, and a lack of attention paid to the future workforce-youth.

In order to affect change with the issue of AP usage, improve quality of care for NF residents, and improve quality measure (QM) data related to AP usage, the iceberg must be eliminated at the core (the initially unseen part of the iceberg). Additionally, when performing RCA while the
issue should be taken into consideration much more focus must be placed on the cause rather than the effect (AP usage).

Completing an RCA of the issue of AP medications in nursing facilities has allowed for the implementation of many initiatives that have assisted the NFs around the state to improve the quality of care being provided to the residents and decrease the use of AP medications. The decrease in the usage of AP medications has helped the state to move from 51st in the nation in April 2014 to 36th in April 2017, showing that the initiatives are in fact affecting change in the state.

**Evidence Based Practice (EBP)**:

*What is EBP?* EBP is the conscientious, explicit, and judicious use of current best evidence in making decisions about the care that is provided to people. EBP is the direct opposite of the traditional approach to care, doing things because that is the way that they have always been done. EBP is a combination of clinical expertise, patient values, and the best research evidence into the decision making process for patient care that is aimed at improving care processes and patient outcomes.

There are several reasons why it is critical to introduce and use EBP in the nursing facility setting. The most significant of these reasons is the increasing number of individuals over age 65. In 2012, it was estimated that, worldwide the number of people 80 and older, will quadruple. This group of individuals will likely have more chronic health conditions and require the care of people other than their family, making nursing facilities the primary residence for many of them.

The quality of care being provided to NF residents has been a hot topic for the past several years, prompting several Federal and State initiatives to move towards improvement in the care delivered. In addition, reimbursement is also beginning to be tied to quality in many ways. In order to ensure positive outcomes for residents, NFs must begin to implement EBP in their policies and procedures so that staff understand the expectations of using EBP whenever possible.

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5 Evidence Based Practice. [https://www.amsn.org/practice-resources/evidence-based-practice](https://www.amsn.org/practice-resources/evidence-based-practice)
There are many factors that influence the use or nonuse of EBP in NFs. The barriers to the implementation of EBP in NFS include:
1. Lack of available time,
2. Lack of access to current research literature,
3. Limited critical appraisal skills,
4. Excessive literature to review,
5. Non-receptive organizational culture,
6. Limited resources, and
7. Limited decision-making authority of staff to implement change.

On the other hand, there are a few factors that can assist an NF with the adoption and implementation of EBP across facility, including:
1. A system that promotes the accountability of practitioners,
2. Staff participation in the decision making,
3. Education,
4. Staff beliefs and attitudes,
5. NF (or Corporation if applicable) regard for research, and
6. Consultation with a nurse expert.

These factors are consistent with research that notes the need for expert consultation in addition to effective feedback and education to improve processes of care. Empowering NF staff with knowledge about EBP and involving them in the implementation process will also facilitate the use of EBP.

**Evidence Based Practice in Action:** Nursing Facilities can foster the use of EBP with the implementation of an APRN on staff. The APRN has learned a significant amount about EBP and is able to assist the NF in embedding EBP into the care of the residents in the NF. First, the APRN will use EBP when providing care to their residents in the NF. Second, the APRN can be instrumental in assisting the NF in incorporating EBP in their policies and procedures. This will ensure that changes are made on a systematic level and not at the person-only level. You will find an example of how the APRN can implement EBP in the Resource Tool-kit specific to QM419 – Percent of residents who received an antipsychotic (AP) medication.

**How to use the Resource Tool-kits:**

Once you have downloaded the resource tool-kits, you will want to read through the material as it will begin by providing you with general information related to the topic of the tool-kit. As you read through the information you will notice that there is specific information related to how to assess the resident, ways to decrease risk factors, steps to take towards prevention, alternate interventions that are recommended for the residents and how to care for the resident if they come to the facility with a pressure ulcer/injury or AP medications.

The roles of the different disciplines providing care for the residents are also described. As you go through the tool-kit you will want to note the specific role that each of your staff may have with regards to improvements in the QMs. This information may be used to create in-service
educational trainings for your staff to provide them with the knowledge needed to make changes to the care provided to the residents.

Additionally you will find that there are sample assessments, sample care plans, and algorithms in several of the tool-kits that will allow your staff to have a better understanding of how best to assess resident risk factors, provide care for the residents, and how to evaluate the resident for different issues that could lead to a decrease in care based on the quality measures.

As you review the tool-kits, if there is information that is not available in the tool-kit that you would like to use in coordinating training for your staff, there are resource lists at the end of each of the tool-kits where additional information may be obtained.

**Organizational Change:** As you use these tool-kits in your facility, it is important that the changes made to the processes related to the QIPP QMs are made to be sustainable. The best way to ensure sustainability is to make the changes at the system level versus the person level. As you continue below, you will find how this will can best be accomplished.

**System Changes vs. Person Changes:** As change begins to be implemented in the NF, it is important that the change is made at a systematic level and not just the staff level. What does this mean? Well it quite simply means that it is not enough to only train the staff on the changes that are being made throughout the NF, but to put in to place policies and procedures that reflect those changes as well. When an NF experiences staff turnover, change that has been made at the staff level tends to be lost as a result. The only effective way to ensure that the change will be maintained is to imbed it throughout the NF policies and procedures that detail the way that the NF will operate. How can an NF best put practices into operation? To guide the changes that will be needed, ask the following four questions:

1. **How do we manage the change process at the front line:** Staff will need to understand their new roles and have the knowledge and resources to carry them out. To manage the change process effectively, an Implementation Team will need to guide, coordinate, and support the implementation efforts as the new practices roll out across the NF.

2. **How do we put in to place new practices:** It may be helpful to begin the change process in just one area of the NF to determine if it will be effective before rolling it out across the facility. If changes need to be made, they get made prior to NF wide roll-out. Once the change has been rolled out across the NF, observe for problems or issues to successful implementation of the change.

3. **How do we get staff engaged and excited about the changes:** Engaging the buy-in, commitment, and ongoing participation of staff members is particularly important for staff who are involved in hands-on care and whose involvement will be needed to achieve implementation of the change. An important aspect of engaging staff is key to success in any change made at a systemic level is clear communication. Be sure staff know the change is coming and are familiar with the available resources and their new roles prior to the change taking place.

4. **How can we help staff learn new practices:** Once the initial change take place, assess what educational needs staff have. Providing this education will enhance their knowledge.

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and all plans for new staff education related to the changes being made in the NF should be worked out in close collaboration with experts on the content.

The most important concept in organizational change is to ensure that it is sustainable. This can only happen if the change is made at the system level in the form of policies and procedures, as these will not leave the NF as turnover happens like it will if the changes are made at the staff level.

**Empowerment:** As you work through making changes in your facility to improve the quality of care for your residents it is important that your staff feel empowered to assist in the implementation of the changes. As you read through the below, information will be provided to you defining what empowerment is and the benefits that it will have on your staff.

**Empowerment** is a practice of sharing information, rewards, and power with employees so that they can take initiative and make decisions to solve problems and improve service and performance. The concept of empowerment is based on the idea that giving employees skills, resources, authority, opportunity, motivations, as well as holding them responsible and accountable for outcomes of their actions will contribute to their competence and satisfaction. Empowering staff gives them a:

- **Sense of meaning**- their work is important to them. They care about what they are doing. Engage in creative ways to do the work.
- **Sense of competence**- confident about their abilities to do their job. Trust is a given
- **Sense of determination**- comfortable to choose how to do the work assign; no micromanagement- they feel support from management
- **Sense of impact**- they have influence in the unit. People listen to their ideas. Feel comfortable taking risks
- **Sense of ownership and commitment, teamwork.** Constantly challenging one and another
- **Tolerate imperfections**- we are human and we aren’t perfect.
- **Accountability**

Empowerment can’t be delegated- It is possible to develop an empowering environment where people will take the initiative to empower themselves. Changes are seen as opportunities to growth.