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Nursing Home Quality Essentials Spotlight: Infection Prevention

**Plan Do Study Act (PDSA) for Infection Prevention and Control
Challenges**

Tuesday, January 7, 2025

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Sara Friel, Telligen Senior Quality Improvement Facilitator



WE'RE BACK!

NURSING HOME QUALITY ESSENTIALS



SPOTLIGHT: INFECTION PREVENTION

Tuesdays & Thursdays | 11 a.m. MT / Noon CT

As part of a contract extension from CMS, we're thrilled to relaunch Nursing Home Quality Essentials, focusing on infection prevention and control!

Join us twice a week for engaging 30-minute sessions tailored for long-term care providers. Each session will spotlight a new aspect of infection prevention, with actionable insights and strategies to integrate directly into daily practices.

Topics may include vaccines, healthcare-acquired infections, rehospitalizations, NHSN reporting, health literacy and more — each aimed at enhancing your infection prevention efforts.

SCAN TO REGISTER



or go to

www.telligenqconnect.com/calendar

Before We Begin

- Be sure to add qiconnect@telligen.com to your trusted list of email contacts
 - If you unsubscribe, you'll miss out on every communication we share
- We're on social media, follow us for updates and events!



Facebook: <https://www.facebook.com/telligenqiconnect>



LinkedIn: <https://www.linkedin.com/company/telligen-qi-connect>

Objectives

- Demonstrate running Plan Do Study Act (PDSA) Cycle
- Present tools for completing an effective PDSA cycles
- Apply performance improvement project (PIP) to daily practice



> Let's Review What We Should Know and What We Should Do

A Quick and Brief Review

Should Know and Should Do: Performance Improvement Project (PIP)

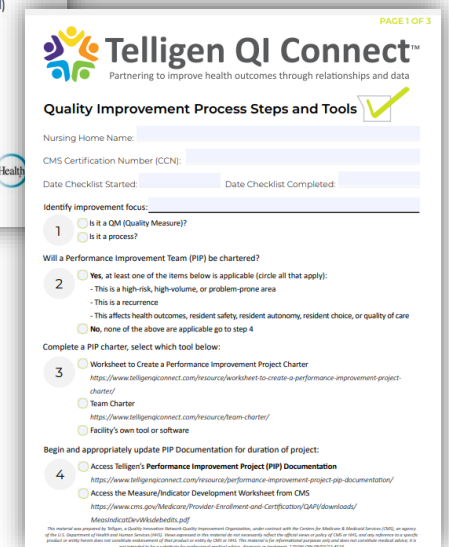
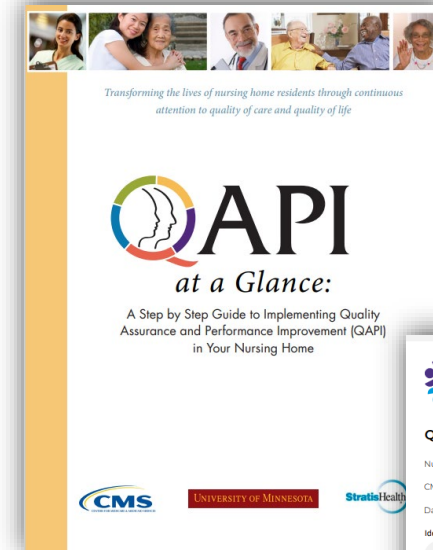
483.75 Quality assurance and performance improvement

- As a part of their performance improvement activities
 - Facility must conduct distinct performance improvement projects
 - Number and frequency of improvement projects conducted by the facility must reflect the scope and complexity of the facility's services and available resources, as reflected in the facility assessment required at [§ 483.71](#)
- Improvement projects must include at least annually a project that focuses on high risk or problem-prone areas identified through the data collection and analysis

PIP Charter

- Why Complete a Charter?
- [QAPI at a Glance](#) Step 9: Prioritize Quality Opportunities and Charter
 - “We use the word “charter” on purpose.”
 - Chartering implies that the team has been entrusted with a mission
 - Reports back to the Steering Committee at intervals
 - A PIP is more than a casual effort - it entails a specific written mission to look into a problem area
 - Team should include people in a position to explore the problem
- [Quality Improvement Process Steps and Tools](#) Step 3:
 - Charter template options
 - Included in PIP documentation


Note: Example of a completed PIP Charter can be sent upon request



Quality Improvement Process Steps and Tools

- Supports completing documented PIP
- Steps 1-9 completed during NHQE Spotlight on January 2, 2025
- Focus was on RCA

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Quality Improvement Process Steps and Tools

Nursing Home Name: Whistling Pines

CMS Certification Number (CCN): 123456

Date Checklist Started: 12/15/2024 Date Checklist Completed:

Identify improvement focus: Our goal is all eligible residents will receive 2024-2025 COVID-19 vaccine, but our current rate is at 23%.

1 Is it a QM (Quality Measure)?
 Is it a process?

Will a Performance Improvement Team (PIP) be chartered?

2 Yes, at least one of the items below is applicable (circle all that apply):
- This is a high-risk, high-volume, or problem-prone area
- This is a recurrence
- This affects health outcomes, resident safety, resident autonomy, resident choice, or quality of care
 No, none of the above are applicable go to step 4

Complete a PIP charter, select which tool below:

3 Worksheet to Create a Performance Improvement Project Charter
<https://www.telligenqiconnect.com/resource/worksheet-to-create-a-performance-improvement-project-charter/>
 Team Charter
<https://www.telligenqiconnect.com/resource/team-charter/>
 Facility's own tool or software

Begin and appropriately update PIP Documentation for duration of project:

4 Access Telligen's Performance Improvement Project (PIP) Documentation
<https://www.telligenqiconnect.com/resource/performance-improvement-project-pip-documentation/>
 Access the Measure/Indicator Development Worksheet from CMS
<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/MeasIndcatDevWksdebedits.pdf>

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Access the Measure/Indicator Collection and Monitoring Plan from CMS
<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/MeasIndCollectMtrPlandebedits.pdf>

Is a Root Cause Analysis (RCA) needed?

5 Use Telligen's When to Use Root Cause Analysis tool to determine if an RCA is needed
<https://www.telligenqiconnect.com/resource/when-to-use-root-cause-analysis/>
 If yes, check here and go to step 6
 If no, check here and go to step 10

Select RCA method and tool:

6 Use Telligen's RCA Tool Selection Guide to determine which method is right for you, or select from one of the options included below:
<https://www.telligenqiconnect.com/resource/root-cause-analysis-rca-tool-selection-guide/>
 Five Whys Worksheet
<https://www.telligenqiconnect.com/resource/five-whys-worksheet/>
 Fishbone Diagram Worksheet
<https://www.telligenqiconnect.com/resource/fishbone-diagram-with-analysis-worksheet/>
 CMS Brainstorming, Affinity Grouping, and Multi-Voting Tool
<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/BrainAffGrpMultVot.pdf>

Complete RCA Pathway

7 Use Telligen's RCA Pathway tool
<https://www.telligenqiconnect.com/resource/root-cause-analysis-rca-pathway/>

Itemize and prioritize list of root causes

8 For ideas and options for itemizing and prioritizing root causes, reference **Brainstorming, Affinity Grouping, and Multi-Voting Tool** provided by CMS
<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/BrainAffGrpMultVot.pdf>

Identify highest prioritized root cause until all root causes addressed

9 Listed all root causes
 Prioritize list of root causes (rank according to team consensus of urgency, importance and need)

Select a change idea/intervention to eliminate the root cause

10 Team can generate change ideas/intervention
 Residents, staff and family can generate ideas

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Quality Improvement Process Steps and Tools

- Steps 9-12 during today's NHQE Spotlight session
- Focus on PDSA

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Five Whys Worksheet
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Fishbone Diagram Worksheet
<https://www.telligenqconnect.com/resource/fishbone-diagram-with-analysis-worksheet/>

CMS Brainstorming, Affinity Grouping, and Multi-Voting Tool
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National Nursing Home Quality Care Collaborative Change Package
<https://www.telligenqconnect.com/resource/national-nursing-home-quality-care-collaborative-change-package/>

All-Cause Harm Prevention in Nursing Homes Change Package
<https://www.telligenqconnect.com/resource/all-cause-harm-prevention-in-nursing-homes-change-package/>

Complete and document Plan Do Study Act (PDSA) cycle

11 Use Telligen's **PDSA Pathway Guide** to confirm if the change idea/intervention does or does not eliminate the root cause
<https://www.telligenqconnect.com/resource/pdsa-pathway-guide/>

PDSA template/field currently used by facility

PDSA Worksheet
<https://www.telligenqconnect.com/resource/pdsa-worksheet/>

Quality Improvement Initiative (QII) PDSA Worksheet
<https://www.telligenqconnect.com/resource/quality-improvement-initiative-qii-pdsa-worksheet/>

Access the Measure/Indicator Development Worksheet from CMS
<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/MeasIndicatDevWsdebedits.pdf>

Adopt change idea/interventions

12 Adopt change idea/interventions that are confirmed to eliminate root cause and go to step 14

If RCA is done:

13 Go back to step 9 and repeat steps 10-12 for next root cause on prioritized list until all root causes eliminated

Create sustainment plan for change ideas/interventions that will be adopted

14 Use the Sustainability Decision Guide provided by CMS
<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/SustainDecisGadebedits.pdf>

Update appropriate policies as needed

Update resident care plan as appropriate and needed

Include ongoing monitoring process that includes reporting selected process and outcome measures

15 Report selected process and outcome measure to QAA Committee and/or QAPI Team using Telligen's QAA/QAPI Meeting Agenda
<https://www.telligenqconnect.com/resource/qaa-qapi-meeting-agenda/>

Monitoring of process will be reported to QAA Committee or QAPI Team

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Facilitators Guide for the Root Cause Analysis (RCA) Method

- Preparation Guidance
- Meeting Guidance

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Facilitators Guide

For the Root Cause Analysis (RCA) Method

The purpose of an RCA is to find out what happened, why it happened and determine what changes need to be made. Facilitating RCA takes skill. Practice is needed to build proficiency and confidence. The steps below outline the process for conducting an RCA.

Facilitation Preparation

- Verify if RCA is needed - [When to Use Root Cause Analysis](#)
- If RCA is applicable, collect related information and data to support the process
- Assess meeting location (physical and/or virtual) to determine capabilities and limitations
 - Select documentation resources for capturing your list of root causes
 - [RCA Tool Selection Guide](#)
 - [Fishbone Diagram](#)
 - [Five-Whys Worksheet](#)
- If the facilitator is not the scribe, select a team member to be the scribe
- Review the quality improvement focus
- Gather supplemental materials (ex. Sticky notes, writing utensils, white board, templates)

Facilitating the Meeting

- Direct the team to create a problem statement as defined in step one of this guide: [Guidance for Performing Root Cause Analysis \(RCA\) with PIPs \(cms.gov\)](#)
- Guide the meeting:
 - Discuss how the RCA method is conducted:
 - "Round robin," random sharing, etc.
 - Document causes on a whiteboard, paper, using a computer, etc.
 - Keep the team on track applying the [RCA Pathway](#)
 - Ensure causes shared by the team are documented
 - Help determine if causes are facts or opinions
 - Encourage the team to ask three questions for each cause:
 - Do we have control?
 - Can we fix it?
 - Will it help solve the problem?
 - Assist prioritizing the reasons, enabling transition into the planning phase, which includes eliminating each of the identified root causes

Additional Resource

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/GuidanceforRCA.pdf>

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Two Vital Roles Assigned Before Meetings Including PDSA

Facilitator

- Guides the discussion during meeting
- Ensures that all team members have an opportunity to contribute
- Keeps the team on track
- Maintains schedule timeframe

Note Taker/Recorder

- Write responses during the meeting
- Ask for clarification if needed to confirm accurate record
- Collects documents from the meeting
- Create final document from template

PDSA is a collaborative team event

Problem Statement: What and Why

- Helps team start with a problem and not the solution
- Should objectively state what went wrong, not why, or how
- Facilitates a more thorough examination of the problem

Intervention/Change Idea

- A change intended to improve a process
- A proposed improvement in a process
- An intentional action to improve a step in a process
- An action intended to make the process or a step in the process more effective and efficient

What is Plan-Do-Study-Act (PDSA) and Why Run Cycles?

- A problem-solving model
- A method for trying changes to determine if the changes are an improvement
- A test of change ideas to confirm the changes meet your aim/goal
- A collaborative team event

Which of the following is a *root cause*? (select one)

88% ✓



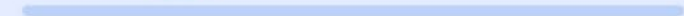
Resident does not understand how vaccines work

13% ✗



Use teach back

0% ✗



Our goal is 100% of all eligible residents will receive the 2024-2025 COVID-19 but our current vaccine rate is 23%

Which of the following is an *intervention*? (select one)

6% 

Our goal is 100% of all eligible residents will receive the 2024-2025 COVID-19 but our current vaccine rate is 23%

6% 

Resident does not understand how vaccines work

89% 

Use teach back

Which of the following is a ***problem statement***? (select one)

39% ✘



Resident does not understand how vaccines work

0% ✘



Use teach back

61% ✔



Our goal is 100% of all eligible residents will receive the 2024-2025 COVID-19 but our current vaccine rate is 23%



> Let's Practice: Moving From Challenge to Compliance

Copy of PDSA example will be emailed after presentation

A PDSA Scenario

Modified from Scenario 2 in [QAPI at a Glance](#):

The Issue:

During last month's monthly QAA Committee meeting at Whistling Pines, data revealed a high COVID-19 vaccine refusal rate for residents for the 2024-2025 vaccine. Although the goal is for 100% of eligible residents to be vaccinated, only 23% are vaccinated.

During the discussion, the DON noted residents just don't want it, and they complain that people still get COVID-19 after getting the vaccine. The IP confirms this is not a new problem since the goal of 100% has not been achieved for any of the COVID-19 vaccines.

The QAA Committee decided to launch a Performance Improvement Project (PIP) according to the nursing home's policy and a charter was written by the QAA Committee. The PIP team convened promptly, completed a RCA and began addressing the highest prioritized root cause which was residents believe the COVID-19 vaccine would prevent them from getting the virus.

PDSA Example

1. What are we trying to accomplish (AIM/GOAL)?

100% of eligible residents will receive the 2024-2025 COVID-19 vaccine

2. What changes can we make that will lead to improvement (CHANGE)?

Use teach back method to educate residents about the 2024-2025 COVID-19 vaccine

3. How will we know that a change is an improvement (MEASURE)?

100% of eligible residents will sign consent to receive 2024-2025 COVID-19 vaccine by March 1, 2025

Example PDSA Steps: “Plan” - Describe the Change (intervention) to be Implemented

What is your first (or next) test of change?

1. Train those running PDSA cycle how to use Teach Back
2. Review the CDC Staying Up to Date with COVID-19 Vaccines webpage, <https://www.cdc.gov/covid/vaccines/stay-up-to-date.html>
3. Review CDC COVID-19 Vaccine Basics webpage, <https://www.cdc.gov/covid/vaccines/how-they-work.html>

List the tasks needed to set up this test of change:

1. Select information and resources that will be used to teach residents about the 2024-2025 COVID-19 vaccine from the two CDC resource webpages
2. Identify the residents on 2nd floor who have not received the vaccine

Example: Prediction and Measure are Essential

Predict what will happen when the test is carried out:

We will achieve the goal of 100% of eligible residents receiving the 2024-2025 COVID-19 vaccine.

Measure to determine whether prediction succeeds:

The 25 eligible residents on the 2nd floor will sign the consent to receive the 2024-2025 COVID-19 vaccine.

“Do” Example: Implement the Change

Scan with your
phone’s camera OR
go to menti.com
and enter:
29415457



- Selected 25 eligible residents who had refused the 2024-2025 vaccine for reasons that included: they knew people who became infected after receiving a vaccine
- IP planned to meet with 15 residents on Tuesday, January 21, 2025
- DON planned to meet with 10 residents on Thursday, January 22, 2025
- IP met with 7 residents and 5 could teach back accurately with one attempt
- DON met with 5 and 3 could teach back accurately with one attempt
- 2 residents were not available at the time IP and DON went to meet with them
- 7 residents had questions about the training materials used during the interaction
- 5 resident could not read the materials that were in English
- IP was interrupted while meeting with 4 resident
- DON was interrupted because state surveyor entered building while she was meeting with 1 of the residents

"Study" Analysis

They could have strived for easily measurable and attainable goals.

Could have scheduled times with residents to ensure all available when go to meet with them. Should have provided education using translator for those needed. Reduced interruptions to ensure effective

Should have had written materials in necessary languages

Didn't pain for interruptions

Did the educators plan around the residents schedule and preferences? Did they offer educational materials in multiple languages?

Teach back effective for some but needed modified for others to be effective

no the goal was not met; education materials not consideration of health literacy; not all residents were spoken to; considerations on how to prevent interruptions need to be addressed

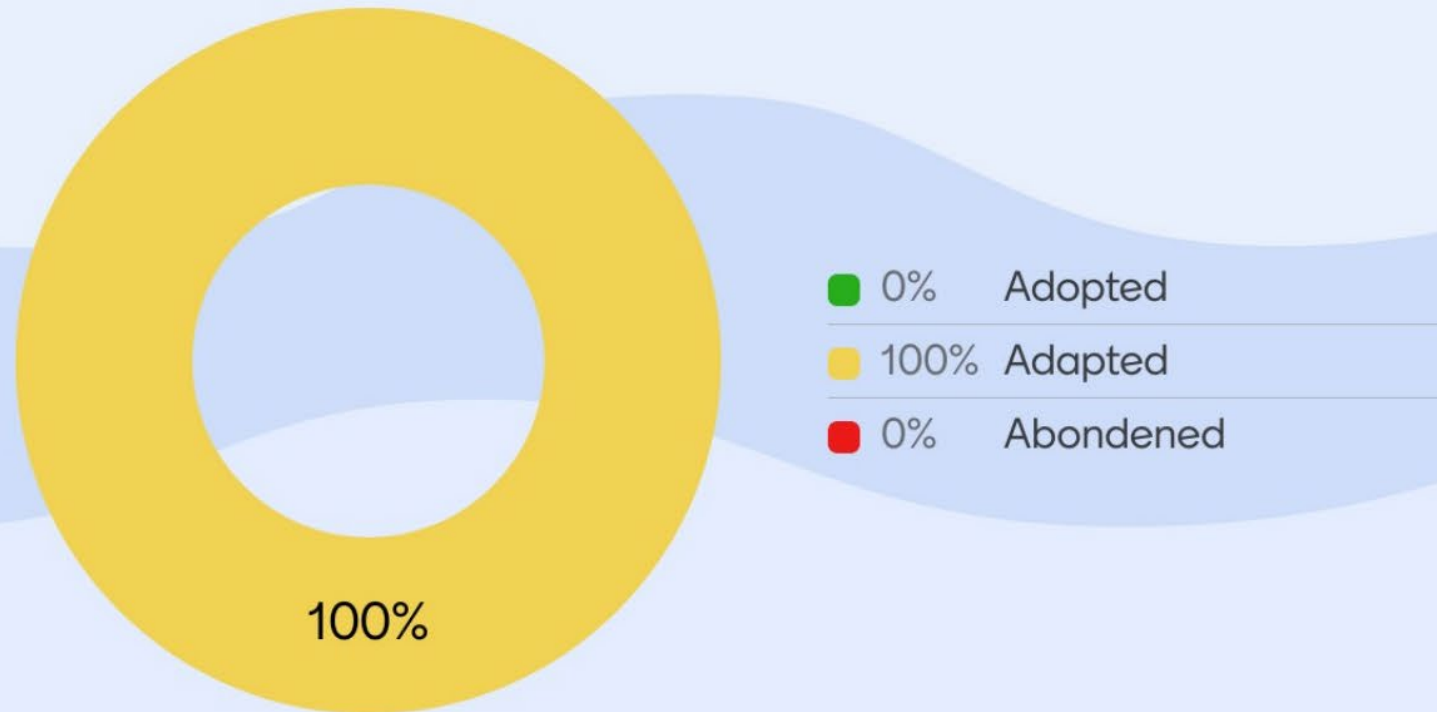
The number of residents to be contacted in one day may be too many.

"Study" Analysis

Increase time for teach
back

Better scheduling for
employee and resident

Based on the analysis, should ***Teach Back*** be:





Thank You for Attending Today's Session!

Your feedback is valuable!

Please stay on to complete a brief 5-question assessment.

Your anonymous feedback helps us improve future sessions.

An open-ended question is included for additional comments.

Thank you again for your participation!

Contact Us



- General Inquiries | QIConnect@telligen.com
- Nursing Home Inquiries | NursingHome@telligen.com

How to Run Plan-Do-Study-Act (PDSA)?

- PLAN stage, the team learns more about the problem, plans for how improvement would be measured, and plans for any changes that might be implemented
- DO stage, the plan is carried out, including the measures that are selected.
- STUDY phase, the team summarizes what was learned.
- ACT phase, the team and leadership determine what should be done next. The change can be adapted (and re-studied), adopted (perhaps expanded to other areas), or abandoned. That decision determines the next steps in the cycle.

Plan Do Study Act (PDSA) & Problem Statement

- What are we trying to accomplish (aim)?
 - Aim that will improve resident health outcomes and quality of care
 - Recommend SMART (Specific Measurable Attainable Relevant Time-Bound) Goal
- How will we know that change is an improvement (measures)?
 - Describe the measurable outcome(s)
 - What do you want to occur
- What change can we make that will result in an improvement?
 - Define the processes currently in place
 - Identify opportunities for improvement or problems better ways to do things that address the root causes of the problem
 - Decide on a change in the process that will address the selected root cause for the problem