Specialized Dementia Care Program

Facility Name: _____	
Name of person submitting: _____	
Topic/Subject of project: _____	

Continuous Quality Improvement Project, Reporting Guidelines

In order to meet the requirement for the CQI project in the SDCP contract, the project submitted must:

☐ Focus on an issue related to improving the **quality of care or life** for the resident or to **improving satisfaction** with care (resident or family); and,

☐ Focus on a problem related to a **process or systemic** client care issue. For example, problem-solving an individual client issue (e.g., a behavior incident, a fall) would *not meet* the criteria; whereas, reviewing incidents or trends of all residents over the course of a month or two in either of these areas may meet the intent; and,

☐ Include the **elements described below** and be submitted to ALTSA annually by **November 30.**

ELEMENTS	GUIDANCE AND INFORMATION	SCORING CRITERIA
ALTSA staff will review the summary for the **elements specified below**, using the scoring criteria in the right hand column. To submit, you may either: 1. Use the actual form (template provided) – which ensures nothing is missed; or, 2. Submit in a narrative format – make sure you use, as section headers the specific elements (in caps) below**.**	You will find more information within: https://www.dshs.wa.gov/altsa/home-and-community-services/continuous-quality-improvement-specialized-dementia-care-program • WSQA Guide to PDCA for Specialized Dementia Care • WSQA/CQI Process Improvement Recorded Webinars & PowerPoint presentations 1-5	Possible points for sub-elements are noted in parentheses. Total potential points for the element are in caps at the bottom of each section. **TOTAL POTENTIAL POINTS: 34**
"PLAN" **PROBLEM STATEMENT,** which must include the following: 1. **Problem definition and description:** Clear, focused, where possible should include quantifiable numbers. What problem are you trying to solve? WHY did you choose this topic at this point in time? 2. **Objective:** What you intend to do about the problem; a realistic statement on what you are trying to achieve <u>in measurable terms</u>*. This should *not include (assume)* any part of the solution to the	For more on developing a problem statement, refer to: **WSQA Guide to PDCA for Specialized Dementia Care, Pg. 18** *<u>Examples of measurable objective</u>: Decrease number of falls/month by 2-3 falls each month; decrease significant weight loss among non-terminal rts to	Summary of problem description and statement, includes: 1. Clear description with quantifiable numbers or measure and "why" **(3)** 2. Objective (measurable) **(1)** 3. Benefits **(1)** **POTENTIAL POINTS: 5**

problem in the statement. Measures should be <u>client-centered</u> whenever possible. 3. **Benefits:** What will be the benefit to clients if the objective is met, if the project is successful? Should be a clear statement of expected outcome/benefits for residents.	≤ 2% monthly; increase family satisfaction related to meals by 10%; reduce UTI occurrences by 5%, etc.	
CQI PROJECT TEAM The team members & team leader for this project are identified 1. Team members must include administrator, a licensed RN and three other staff 2. Team leader is identified 3. Topic-appropriate staff included for this specific project* * A project focused on medications would include an RN; one focused on activities would include activity staff; a project focused on nutrition would include a dietician or nutrition staff.	Team members for QA are outlined in <u>WAC 388-78A-2460</u> For more on who to include, please go to: **WSQA Guide to PDCA for Specialized Dementia Care, Pg. 7** A CQI "project team" is not necessarily the same as an ongoing quality committee, it would include those required but may add other members depending on the project.	The CQI project team described Includes: **1.** Required team members per WAC 388-78A-2460 **(1)** 2. Identified team leader **(1)** 3. Topic-appropriate staff **(1)** **POTENTIAL POINTS: 3**
CONTRIBUTING or POTENTIAL CAUSES of the Problem: 1. Identify *the CQI process* **you used** to help identify potential, contributing causes to the problem (e.g., how did you engage/involve staff, how many meetings, what CQI tools you used, etc.) 2. Specify the potential causes your team came up with as possibly leading to or contributing to the problem	**WSQA Guide to PDCA for Specialized Dementia Care, Pg. 33 – 41** CQI tools are helpful both in identifying contributing causes to the problem and in narrowing down or focusing in on a root cause (next section).	A range of contributing or potential causes were considered and identified, evidenced by: **1.** Process/CQI tools **(1)** 2. Contributing/potential causes specified **(1)** **POTENTIAL POINTS: 2**
ROOT or FOCAL CAUSE of Problem 1. Describe *the CQI process* **you used** to narrow down the list of potential causes - to narrow down to (or focus in on) a root/focal cause/s. Provide the number of meetings, CQI tools, etc. **2.** Identify *the root cause or factor* itself on which you decided to focus (for this project period) and explain why you chose this	**WSQA Guide to PDCA for Specialized Dementia Care, Pg. 22 - 29**	A process for narrowing down, a root/focal cause, and its relationship to the problem statement are clearly seen: 1. Process/CQI tool **(1)** 2. Root cause identified **(1)** 3. Relationship explained **(2)**

		POTENTIAL POINTS: 4
3. Explain the relationship between the root/focal cause and the problem		
CQI TOOLS used (see examples in next column): • Identify the specific <u>CQI tools</u> used during the course of the project • This might include, but is not limited to, CQI tools commonly seen in CQI literature, such as: ☐ Brainstorming ☐ SIPOC ☐ Data collection ☐ Affinity diagram ☐ Flow chart ☐ Multi-voting ☐ Fishbone diagram (Cause & Effect) ☐ 5 whys ☐ Judgment model ☐ Cost Justification ☐ Force Field analysis **Note**: This is NOT the data collection forms or materials you used – it is just the CQI tools used – likely to be one or more of the above.	Different CQI tools may be used at various stages in a project. In this section, please indicate (<u>even if mentioned before</u>) which CQI tools were used at any stage of your project. **CQI tools & their use are described in: <u>WSQA Guide to PDCA for Specialized Dementia Care</u>, Pg. 14 – 33**	Documented the use of CQI tools. Brainstorming may be used; however points are given for CQI tools beyond brainstorming. • If no CQI tools, or only brainstorming identified **(0)** • One additional CQI tool **(1)** • Two+ add'l CQI tools **(2)** **POTENTIAL POINTS: 2**
"DO" **INTERVENTION** – the new or refined actions/steps intended to address problem, must include: 1. What you decided to DO to address the root or focal cause(s) of the problem you identified? i.e., specific actions, steps, tasks, etc. 2. Explain how the intervention or actions are relevant to the problem and the root cause. 3. Describe briefly how actions and steps <u>are different from your pre-project practices</u>. Which steps or processes were new to your facility during this project? 4. Briefly identify any **resources** you referred to, or used to guide your work on this project (e.g., best practice or recommended guidelines, a corporate or published assessment tools, a specific training curricula, etc.)	This section tells the story of why you chose the specific intervention and describes what you did. It should be clear to the reader if/how this was different from what you were already doing. Your actions should be based, as much as possible, on best practices - proven/known to be effective. Materials/references used to guide the actions are to be identified (e.g., Guidelines of Quality Residential Care, corporate activity program, etc.)	The response includes: 1. Actions/steps **(2)** 2. Explanation of their relevance to problem & cause **(1)** 3. Difference from current practice described **(1)** 4. Guidance/resources **(1)** **POTENTIAL POINTS: 5**

"CHECK OR STUDY"
DATA MEASURES – used to track or measure progress/change over time
 	
1. Identify the **primary measure** used to track any impact of the project (e.g., # falls/month, % of families with high satisfaction w/ activities, # discharges due to behaviors, # resident-to-resident incidents per month, % staff remaining > one year, etc.). There should be measure collected/determined "before" (i.e., before the changes/intervention put in place during this project) and a measure calculated "after" – these are the same measures at two (or more) periods of time. This primary measure should relate directly to the objective you called out in your problem statement (see Examples in column to the right →).
 	
2. Identify **timeline** for the project. **A complete timeline includes answers to:**
   • When was the primary "before measure" collected/calculated?
   • When did the defined "intervention" start?
   • When was the primary "after measure" calculated?
 	
3. Identify any additional measurements or information you plan to use to help you track/measure progress toward the goal of this project.
	This is not the "data collection tool" itself (that's the next section) – but is the quantifiable measure you will use to determine a difference from before to after.
	
	WSQA Guide to PDCA for Specialized Dementia Care, Pg. 22 - 29
	
	Examples: measure the following BEFORE the start of project, and AFTER (at end) of project
	   • # falls/month
	   • # rt to rt interactions
	   • # UTIs/month
	   • Score on oral health screening tool
		Measurable relevant data, with a logical timeframe specified for a before and after look at how the measure changed is scored as follows:
		   • A primary "before measure" identified **(1)**
		   • A primary "after measure" identified **(1)**
		   • A timeframe identified **(1)**
		
		POTENTIAL POINTS: 3

DATA COLLECTION PLAN - PROCESS & TOOLS/FORMS
 	
1. Forms or tracking instruments used to gather data/information, which might include:
   ▪ Tick/Check sheets (attach): _____
   ▪ A survey (attach): _____
   ▪ A regular report (explain and/or attach): _____
   ▪ A project-specific report (attach): _____
   ▪ Other (specify and/or attach): _____
 	
2. Identify staff members responsible for data gathering and compiling.
	You may use existing tools such as Incident Reports, Family Satisfaction Surveys, Post-Fall Surveys, Pain Assessments, Discharge Summary, etc. or Checklists/Tick Sheets developed for a specific project
	
	WSQA Guide to PDCA for Specialized Dementia Care, Pg. 21-33
		The method or data collection tool(s) that capture above measures:
		1. Appropriate data tools identified **(1)**
		2. Tools described/attached **(1)**
		3. Staff responsible **(1)**
		
		POTENTIAL POINTS: 3

Note: Please do not send completed surveys or checklists; a blank/sample is fine. These will not be shared without permission but are useful for understanding a project.		
RESULTS/OUTCOME of the Project: 1. For the primary outcome measure, identify the observed "before" and "after" figures; you may include any additional measures that help tell the story. 2. Explain lessons you learned from the project related to positive and/or negative outcomes 3. Include any unexpected outcomes or un-measurable impacts e.g., for residents, staff, family members, etc. 4. Explain lessons you learned from the project related to the action steps and/or processes used in this project (i.e., if doing this again, we would…)	State/summarize the result in terms of the primary BEFORE and primary AFTER measures. Also, state what you learned and put it into context for the reviewer. Projects are not scored on the basis of whether you achieve your goal but on the integrity of the process and thoughts/analysis given to lessons learned. If you did not achieve the change/impact you hoped, discuss with the team possible reasons and briefly summarize these.	Results and outcomes of intervention summarized, including: 1. If no measure (0 pt); If primary before OR after measure (1 pt); if primary before AND after measure, give 2 pts. **(0, 1 or 2)** 2. Lessons learned related to outcomes **(1)** 3. Unexpected or un-measurable outcomes **(1)** 4. Lessons learned related to action steps or processes **(1)** **POTENTIAL POINTS: 5**
"ACT" **NEXT STEPS** Given what you learned in this project, describe: 1. If the project intervention (steps taken, change to your practice) is worth continuing or not. 2. If yes, what will you do to formalize it (e.g., integrate into P & P manual; integrate as formal protocol for nursing, etc.). If not, how will you use what you learned (identified in section above) to move into the next phase of your work in this area, in your next project/s or in your service delivery in the future?	The intent of process improvement work is to build or refine processes to promote quality and/or effectiveness. The tools you create will continue to foster learning, while the "measures" you establish can continue to inform your tracking and trending of outcomes (i.e., performance) as time goes on. With that in mind, answer questions 1 and 2 just to the left.	Next steps relevant to the above are identified and seem appropriate based on CQI project. The response would include: • Sharing if the actions/intervention as delivered with be continued or not **(1)** • Either concrete steps to sustain or lessons learned for future **(1)** **POTENTIAL POINTS: 2**