Objectives

• Integrate the new COP into QAPI Policy and Procedure
• Discuss the utilization of easy to use performance improvement tools including Lean Startup Methodology, elements of a business model canvas, and a key drivers diagram to design and build QAPI infrastructure
• Discuss techniques used to address QAPI drivers through specific strategies including:
  – Standardized data/reporting techniques
  – Stakeholder education, collaboration, and communication methods
  – Establishment of ownership and engagement responsibilities
• Articulate the positive organizational impact of building a robust, yet streamlined, QAPI infrastructure in a Home Health/Hospice organization as demonstrated by results and expansion opportunities
QAPI Defined

• What is QAPI?
  QAPI is the unification of meeting quality standards of care (QA) and identifying areas in which performance can be improved (PI).

• QA is reactive

• PI is proactive

QAPI and COP

• Broken down into 5 expectations
  – Program Scope
  – Program Data
  – Program Activities
  – Projects
  – Executive Responsibilities
Program Scope

• Organizational wide
• Reflects the complexity of the organization
• Encompass all services provided by the organization including contract services
• Focus on high-volume, high-risk, and problem-prone areas
• Considers the frequency and severity of problems
• Should be related to improving health outcomes, patient safety, and quality of care
• Include improvement in emergent care, hospital admissions, and reduction / prevention of medical errors
• Must include the measurement and tracking of quality indicators

Program Data

• OASIS / CASPER / Home Health Compare
• Quality indicators

<table>
<thead>
<tr>
<th>Infections</th>
<th>Medication Errors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Falls</td>
<td>Medication Adverse Events</td>
</tr>
<tr>
<td>Patient Safety</td>
<td>Patient Incidents / Adverse Events</td>
</tr>
<tr>
<td>Equipment / Supply Failures</td>
<td>Grievances / Feedback</td>
</tr>
</tbody>
</table>

• Home Health Quality Improvement
• Hospice Item Set Data
• Pepper Reports
• Record Reviews
• Clinical Documentation System Data
• HHCAHPS
Program Data

• Set a plan for collection and establish benchmarks
• Frequency and detail of data collection must be approved by the governing body
• Must be used to identify and prioritize areas for improvement opportunity
• Must be related to the quality of care provided and the effectiveness / safety of services
• Make it meaningful

Program Activities

• Immediately correct any identified items that pose a risk to the health or safety of patients
• Patient adverse events or incidents may need Root Cause Analysis to identify the true underlying issue
• Use data to rank / prioritize performance improvement initiatives (focus on high-volume, high-risk, problem-prone areas)
• Implement performance improvement projects
• Track and analyze data to determine if improvement occurred and is sustained
Performance Improvement Project

- The number of projects undertaken annually should be reflective of the scope, complexity, and past performance of the organization
- On annual basis review and update your prioritization list
- Get everyone involved / team approach / PIPs aren’t just for leaders
- Ensure adequate documentation of the project and measurable progress
- Project should be clearly defined and have timelines – know what you’re working on and don’t deviate
- Projects should have a distinct endpoint – measurable goal

Governing Body

- Governing body / board (legal board; not the PAC) is responsible to ensure that the QAPI plan is defined, implemented, maintained, and reflects complexity of organization / reduction and prevention of medical errors
- All projects need to be approved by the governing body
- Must present to the board
  - Rationale for project including data, priority ranking, and goal
  - Clearly state how it relates to patient safety / quality of care
  - What services are affected (include services under contract)
  - Routinely update board to progress
  - Closure of the project, plan for sustainability
  - Findings of fraud / waste and how they were addressed
PROJECT AIM

Advance the integration of Quality and Performance Improvement infrastructure across all Home Health and Hospice Services (FY 17) to position UPMC for success under ever changing and more stringent quality of care and reimbursement models:

– Quality Assessment and Performance Improvement (QAPI)
– Value Based Purchasing (VBP)
– Bundling

Building New Infrastructure Using Lean Startup Concepts

• **Lean Startup**: Methodology to solve real problems and offer detailed specifications for what needs to be built through:
  – Experimentation over elaborate planning
  – Customer feedback over intuition
  – Iterative design over traditional big upfront development (Blank, 2013)

• **Elements of the Build-Measure-Learn Cycle:**
  – **BUILD** and implement a Minimal Viable Product (MVP)
  – **MEASURE** performance; Voice-of-the-Customer feedback
  – **LEARN** from findings; modify ideas as needed

• **Measurement of Success:**
  – Production of high quality goods and services
  – Validated learning – a rigorous method for demonstrating progress when one is embedded in the soil of extreme uncertainty (The Lean Startup, 2016)
Identified Where to Begin Using Concepts of a Business Model Canvas

**Business Model Canvas:** Tool to look at all building blocks of the infrastructure design

**Used the following components of the business model canvas:**
- Drivers for Change
- Identify Stakeholders
- Challenges and Barriers to Achieving Goal
- Value Proposition
- Expected Organization Impact – Results
- Key Metrics for Success

**Drivers for Change**

- CMS Home Health and Hospice QAPI Regulations
- CMS Value-Based Purchasing Pilot
- Bundled Payment Models
- Public Reporting/STAR Ratings – clinical and customer satisfaction data
- Growth of Home Health Services through acquisition
Identifying Stakeholders

- **Direct stakeholders**
  - Leaders from all HH agencies
  - Quality staff
  - Data management staff

- **Indirect stakeholders**
  - Clinical staff
  - Back office staff
  - Compliance
  - Finance

Challenges and Barriers to Accomplishing Goal

- Lack standards for data collection, utilization, reporting, and benchmarking
- Lack opportunities for communication and collaboration between agencies/offices
- Lack forum for identification and sharing of evidence-based best practices
- Variance in business and clinical operations with addition of new agencies through acquisition
- Lack designated resources to lead and support QAPI across all Home Health and Hospice entities within UPMC
- Variance in levels of understanding and experience in effectively implementing QAPI in accordance with regulations and performance improvement best practices
Value Propositions
Implementing Effective, Efficient Solutions

Identify drivers and implement related interventions vital for the successful achievement of the PROJECT AIM: *Advance the integration of the Quality and Performance Improvement Infrastructure across all Home Health Services by FY 17*

- Foster relationships among all stakeholders and encourage Voice-of-the-Customer (VOC) feedback
- Provide essential tools, resources, and education
- Institute critical leadership and support to facilitate hardwiring of QAPI best practices

---

**SMART AIM**
Advance the Integration of the Quality and Performance Improvement Infrastructure across all Home Health Services by FY17

**GLOBAL AIM**
To position UPMC for success under changing reimbursement models

**DRIVERS**
- Standardized data and reporting
- Collaboration and Communication Among Stakeholders
- Designated Resources to Support QAPI Across All Home Health Services

**INTERVENTION**
- Identify Key Performance Indicators (KPIs) relevant to the Home Health industry and available for all Home Health business units
- Identify, through consensus among key stakeholders, relevant benchmarks that represent a 360° assessment of Home Health operations: Quality, Safety, Cost, Outcomes, Efficiency, and Compliance
- Streamline and standardize data collection and reporting through electronic mechanisms including defined source reports, metric definitions, automated reports, and a standard reporting schedule
- Facilitate the development of collaborative relationships between key stakeholders
- Establish a collaborative forum including representation from all business units to review performance compared to internal/external benchmarks, identify internal opportunities for improvement, share best practices across business units, establish project teams and responsibility
- Identify state driven QAPI projects that will show the success of each business unit, UPMC Home Health, and the UPMC system
- Facilitate cooperation among business units on QAPI projects related to similar or similar opportunities for improvement
- Establish QAPI process standards and related policies in accordance with applicable regulations and performance improvement best practices
- Build an effective and efficient work platform through SharePoint that fosters engagement, collaboration, and ease of use including but not limited to: data validated report tools, project management resources, educational resources, benchmarking, etc.
- Develop and maintain QAPI toolkit with tools that are considered performance improvement industry best practices and augment UPMC Corporate resources
- Promote leadership and support to the QAPI process including but not limited to education, identification of opportunities, prioritization, project management, and data utilization support
- Provide reasoning for the standardization and implementation of the QAPI reporting process in accordance with applicable regulations and internal procedures to include business units (discipline) updates, advisory committee and UPMC Corporate System reporting, and governing body reportability project approval
- Establish a standard strategy for engaging key/guiding entities into QAPI and associated Stakeholder/committee
Identified Where to Begin Using Concepts of a Business Model Canvas

**Business Model Canvas**: Tool to look at all building blocks of the infrastructure design on one page

**Used the following components of the business model canvas:**
- Drivers for Change
- Identify Stakeholders
- Challenges and Barriers to Achieving Goal
- Value Proposition
  - Expected Organization Impact – Results
  - Key Metrics for Success

Build-Measure-Learn Cycles (B-M-L) for Continuous Advancement and Improvement

(The Lean Startup, 2016)
B-M-L: Standardized Data and Reporting

1. Identify Key Performance Indicators (KPIs) relevant to the Home Health industry and available for all Home Health business units

2. Identify, through census among key stakeholders, relevant benchmarks that represent a 360° assessment of Home Health operations: Quality & Safety, Cust. Sat, Emp. Sat., Finance, and Compliance

JUL 2015
- **Initial concept meeting held:**
  Deborah Brodine, President CPS; Tami Minnier, UPMC Chief Quality Officer; Penny Milanovich, President VNA Jefferson; Thelma Dibble, VP Community Nursing (future VP Quality); Christine Smith, Director Alignment & Performance Improvement HNA
- **Initial Goal:** Establish universal mechanism for internal/external benchmarking capability for all Home Health business units (Minimal Viable Product)

---

**Result: CPS Quality & Safety Report**

- Report provides for internal and external benchmarking and assessment of top 10% performance status
- Ongoing refinement will continue as industry and stakeholder requirements change
Result: CPS Quality & Safety Report

System level report established for integration with UPMC system-wide reporting and initiatives

B-M-L: Standardized Data and Reporting Driver

Streamline and standardize data collection and reporting through electronic mechanisms including defined source reports, metric definitions, automated reports, and a standard reporting schedule

- **Metrics definitions** and data collection guidelines were completed; a ‘Metrics Definitions’ tab added to the CPS HH Quality & Safety Report
- Maximized central data collection to minimize resource utilization at each business unit
  - Created a standard data collection table for use by business units for data that was not available centrally; *less than successful - needed a better option – SharePoint option*
Value Propositions
Implementing Effective, Efficient Solutions

Results: SharePoint Site and Improved Data Collection Process

Implementing Effective, Efficient Solutions
B-M-L: Collaboration and Communication Among Stakeholders

- **OCT 2015**
  - Initial meeting and introduction of stakeholders
  - Connected new business units to standing committees for Infection Prevention, Patient Safety, Falls, etc.

- **NOV-DEC 2015**
  - Held periodic conference calls with senior management stakeholders to engage in development of the initial *CPS HH Quality & Safety Report*
  - Established a quarterly schedule for the inclusive **CPS Home Health QAPI Team**
  - Worked with identified individuals from each business unit/committee in developing data collection tools to be published to SharePoint
  - Assessed current QAPI preparedness of each business unit – identified variation in understanding and implementation of QAPI and related tools and concepts
B-M-L: Collaboration and Communication Among Stakeholders

• FEB 2016
  – First Work Session meeting for the CPS HH QAPI Team
    • Discussed findings from the Quality & Safety Report
    • Discussed internal benchmarking
    • Identified opportunities to improve
    • Introduced concept of standardized QAPI project management tools
    • Selected two initial organization-wide project focus

• Positive stakeholder feedback:
  “Great to have the opportunity to talk with each other about problem areas and to have the opportunity to share best-practices.”

• Stakeholder feedback identified needs to be addressed through next B-M-L cycle:
  – Request for education and support re: QAPI project management, tools, and improved data utilization
  – Modification to CPS Quality & Safety Report to include summary of findings
HOME HEALTH QAPI TEAM

- Meetings scheduled quarterly
  - Skype format to share data and minimize travel
  - Considering periodic in person meetings for relationship development
- Report on previous quarter data
- Documentation of minutes and action items
- Continue to elicit stakeholder feedback and improve QAPI infrastructure accordingly
- Forum to validate current KPIs at least annually

Value Propositions
Implementing Effective, Efficient Solutions
B-M-L: Designated Resources and Support

Establish QAPI process standards and related policies in accordance with applicable regulations and performance improvement best practices

• Policy and regulations review completed to ensure language from proposed QAPI regulation were reflected (board approved)
• Procedure review completed to ensure inclusion of performance improvement best practices to be used as appropriate
  – Lean
  – Six Sigma
  – Plan-Do-Study Act
  – Performance Improvement Tools Library
• Stakeholder feedback: “Requirements/expectations clearly identified”

B-M-L: Designated Resources and Support

• As QAPI “Champions” we built the SharePoint site as the platform for all QAPI related activity
• Worked in collaboration with CPS IT to establish site structure and security rules
• Serve as site administrator to maintain appropriate security measures in conjunction with CPS IT support
• Establish a process for controlled content development to ensure data integrity and ease of use
**Results: Fully Integrated SharePoint Site**

- **B-M-L: Designated Resources and Support**

  Develop and maintain QAPI toolkit with tools that are considered performance improvement industry best practices and augment UPMC Corporate resources

  - **NOV-DEC 2015**
    - Requested input from stakeholders about current/favorite QAPI tools in use with limited response

  - **JAN-JUN 2016**
    - Establishment of **SharePoint QAPI Toolkit library** to house tools
    - Suite of standard tools established based on some existing tools at one agency
    - **Tools ready for use for FY 17 projects; HH Acute Care Hospitalization Projects**

- Stakeholder feedback “Easy and efficient.”
B-M-L: Designated Resources and Support

- Ongoing education continues to leaders and other key staff on use of basic toolkit and other performance improvement tools
- Building of the QAPI Toolkit library on SharePoint will continue based on active and future projects requirements – learning tools “in context”

Results: Basic Toolkit Completed

Basic toolkit includes (each with instructions):

- **Prioritization Matrix** – Method to identify and select project(s) that will have the greatest impact on the organization
- **Project Charter** – Outlines purpose, scope, objectives of project to request board approval/sign-off
- **QAPI Project Workbook** – All tools necessary to set-up a project, complete PDSA cycles, trend data, and establish a sustainability plan
- **PI Project Meeting Activity Log** – Serves as project minutes and time constrained to-do lists to support consistent, steady progress
- **QAPI Summary Report** – Designed to meet requirements for reporting results and activities to all stakeholders including governing body and employees
Results: Prioritization Matrix

- Weighted criteria to help determine which opportunities will have the greatest impact on the organization
- Unlimited number of priorities through “add a row” function

Results: Project Charter

- When completed, this document will outline for your board and other stakeholders
  1. Purpose, importance, and problems to be addressed
  2. Cost of poor quality
  3. Project scope and objectives
  4. Key Performance Indicators
  5. Team members
  6. Milestones
- A signature section provides proof of board approval
Results: QAPI Workbook

Project SET-UP
1. Relationship to prioritization
2. Team members
3. Study design/data collection plan
4. Goals and benchmarks for multiple measures or for stratification
5. Information repeated elsewhere in workbook auto-populates (header, measurements, goals)

Results: QAPI Workbook

DATA Monitor
1. Measurement names and goal values auto populate
2. Auto percentage calculations
3. Customizable data collection timeframe labels
4. Auto calculate YTD values
Results: QAPI Workbook

PDSA Cycle Summary

1. PLAN Specific questions to help generate improvement plan
2. PLAN Assigned and time constrained tasks identified by category to be included in standard reporting
3. DO: Performance data for each PDSA cycle
4. STUDY: Analyze trends and narrative summary of findings
5. ACT: Determine next steps
6. ACT: Click the button to start another PDSA cycle as needed

Results: QAPI Workbook

Trending GRAPHS

- All information auto populates from Data Monitor
- GRAPHS Table Tab (hidden here) allows for customization of displayed data to meet project needs
- All formatting of graph labels can be changed to meet project needs
Results: QAPI Workbook

Data Collection & SUSTAINABILITY

- Data Collection:
  - Location to document measurement set-up when more than one measurement is used for a project (e.g. OASIS – Taught patient about drugs, CAHPS – Taught about side effects)
- Response plan:
  1. Outlines specific criteria when a response is necessary after the project is closed and the improvement plan is fully operationalized (metric(s) goal is not being achieved)
  2. Describes the specific action(s) to be taken for any metric that is not performing as expected
  3. Identifies the owner – person responsible for monitoring and responding to each metric

Results: Meeting Activity Log

- Tracks all meeting activity
- Document attendance
- Meeting discussion notes
- Follow-up tasks
  1. Topic of the task
  2. Who is responsible
  3. What specific work needs completed
  4. When due
  5. Follow-up discussion needed
  6. Completion status
Results: QAPI Summary Report

Succinctly summarizes QAPI project activity and results
1. Program/agency
2. Project focus
3. Goal; performance status
4. Trended results
5. Improvement plan/completion status

Results: Performance Improvement Toolkit Development

- Additional tools with instructions and templates will be added to the toolkit periodically
- Access to UPMC system resources and external resources is included through links on the CPS Quality & Safety SharePoint home page.
## B-M-L: Designated Resources and Support

<table>
<thead>
<tr>
<th>11</th>
<th>Provide leadership and support to the QAPI process including but not limited to education, identification of opportunities, prioritization, project management, and data utilization support</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>Provide leadership for the standardization and implementation of the QAPI reporting process in accordance with applicable regulations and best practices to include: business unit/divisional updates, advisory committee and UPMC corporate system reporting, and governing body reporting/ project approval</td>
</tr>
</tbody>
</table>

## Results: Designated Resources and Support

- **JUL-AUG 2016**
  - Implementation schedule finalized
  - Initial project set-up meetings to occur weekly to maintain momentum

- **SEP 2016-ongoing**
  - Work with business unit leaders to hold work sessions to meet implementation timeframes
Results: Designated Resources and Support

Next steps to sustain momentum and consistency:

- Ongoing assessment of industry changes and performance expectations
- Support use of standard methodology and tools
- Provide project management support
- Skills development of current and new leaders and staff
- Implement a standard reporting framework
- Establish a standing educational series to include all aspects of QAPI implementation
- Develop project facilitation skills of potential QAPI champions in collaboration with business unit leaders
- Ongoing research and implementation of performance improvement industry best practices

Performance Improvement Methodology

Organizational Impact

- Designated resources in place to support QAPI across all of CPS Home Health and Hospice
  - Vice President of Quality – Thelma Dibble
  - Director Alignment & Performance Improvement – Christine Smith
- Established a strategic approach to improving Home Health and Hospice Services across UPMC through tactical project selection that aligns with:
  - System goals
  - Industry standards
  - Staff performance expectations
  - Improvement in clinical outcomes and patient satisfaction
- Improved data utilization, reporting, and benchmarking through set standards
- Improved communication and collaboration among stakeholders through the CPS QAPI Teams
Organizational Impact

- Enhanced preparedness for response to changing performance requirements and problems through ongoing QAPI education and implementation support

- Launched multiple division-wide QAPI projects
  - Home Health Acute Care Hospitalization
  - Home Health Flu
  - Hospice Patient Rounding
  - Home Health Palliative and Hospice Referrals

Stakeholder Feedback About Implementation

- Very positive implementation. QAPI education helped the leaders step back and consider other steps to take in relation to various outcomes.

- Benchmarking with other organizations will help us to integrate a comprehensive program of continuous quality improvement.

- We like the Quality & Safety Report and the ability to benchmark across the branches. It should help with “group” projects if more than just [one agency is] struggling with a certain area.

- Like the internal benchmarking and ‘knowing’ the organizations (in system) that we are comparing ourselves to rather than looking outside.

- Very happy with the QAPI project thus far.
Ongoing Monitoring, Improvement, and Expansion

- Continue the Lean Startup approach to **refine the value proposition** of QAPI infrastructure through **ongoing development of stakeholder relationships and agile development** in response to fast changing requirements
- Designated resources and support—
  - Continue to monitor changing regulations/requirements/expectation related to QAPI, assess UPMC preparedness, and implement proactive strategies prior to rules going into effect
  - Continue to foster an environment of collaboration
  - Continue to refine tools and resources based on specific customer feedback
- Work with executive leadership to establish a protocol for incorporating new business units into QAPI infrastructure
- Replicate the model with other services within CPS
  - Hospice
  - Private Duty
  - Others as required

Identified Where to Begin Using Concepts of a Business Model Canvas

**Business Model Canvas:** Tool to look at all building blocks of the infrastructure design on one page

**Used the following components of the business model canvas:**

- Drivers for Change
- Identify Stakeholders
- Challenges and Barriers to Achieving Goal
- Value Proposition
- Expected Organization Impact – Results
- Key Metrics for Success
Key Metrics for Success

• **Validated learning** – consistently measure stakeholders perceived value of all infrastructure, tools, and resources in effort to continuously strive to anticipate and exceed customer expectations
  – Standard reporting and benchmarking in place
  – Project Management resources in place

• **Longer term goals** – by end of FY 17 and beyond
  – Achieving top performance for all CPS Home Health and Hospice services for identified driving performance metrics
    • Quality and CAHPS Star Ratings
    • Individual clinical outcomes – FY 17 Acute Care Hospitalization
    • Ongoing QAPI needs assessment will occur based on changing industry performance standards and identified opportunities

QUESTIONS?

Thank you!
References


