Getting Started with the Advancing Excellence Hospitalization Goal

Session 2: Examining our processes

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July 18, 2013

Catching up

Click link while in 'slide show' mode OR copy and paste the url into your browser.

http://www.nhqualitycampaign.org/star_index.aspx?controls=HospitalizationsIdentifyBaseline

- Overview and introduction to the AE Safely Reduce Hospitalization Tracking Tool.
- Recording of the first practicum in this series
- Slide deck from first practicum
- Q&A from first practicum

This flight is headed for …

Session 2: Getting started with the AE Hospitalization Goal: Examining our processes (July 18th)

Aggregate data on processes and patterns in our hospital transfers can help us identify opportunities to make system-level changes. In this session, we'll talk about the QA and PI that make up QAPI and how to use the AE Hospitalization Tracking Tool to aggregate key elements from the INTERACT QI Review Tool.

Homework for the second session will involve completing the INTERACT QI Review Tool for each transfer over the next several weeks. Adding 3 additional items to our data entry task now produces charts that we can use along with AE's list of Probing Questions and knowledge of our organizational culture and environment to identify a process we'd like to tackle.

Today's Game Plan

- Share challenges and successes with the homework from last session
- Introduce the INTERACT QI Review Tool & Summary Page
- Use your AE Tracking Tool to aggregate data, look for patterns, and monitor processes
- More Q&A

Goals & Homework

Session 1	Homework 1 (due 7/18/13)
Understand how and why to register for the Campaign	Register and select goals
Become familiar with the mechanics of the AE Hospitalizations Tracking Tool (Excel), the specific data required to complete the tool, how to enter data and how to check data entry.	Download the Hospitalizations Tracking Tool. Enter ONLY required fields for each transfer i. Check count of residents admitted with recent discharge ii. Check counts of residents transferred
Know the kind of information produced by entering required fields only and how to use this.	Look at your results each day. i. Who is yellow (At Risk) ii. Who is red (Readmitted) iii. Outcomes

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Poll

Progress report

Select all that apply

a) I have registered & selected goals
b) I have downloaded Tracking Tool & Instructions
c) I have entered required fields for some transfers & admissions
d) I am comfortable checking my results
e) I understand the yellow & red highlights and how to use that info

Data and the Quality Improvement Process

How do I know where I am?

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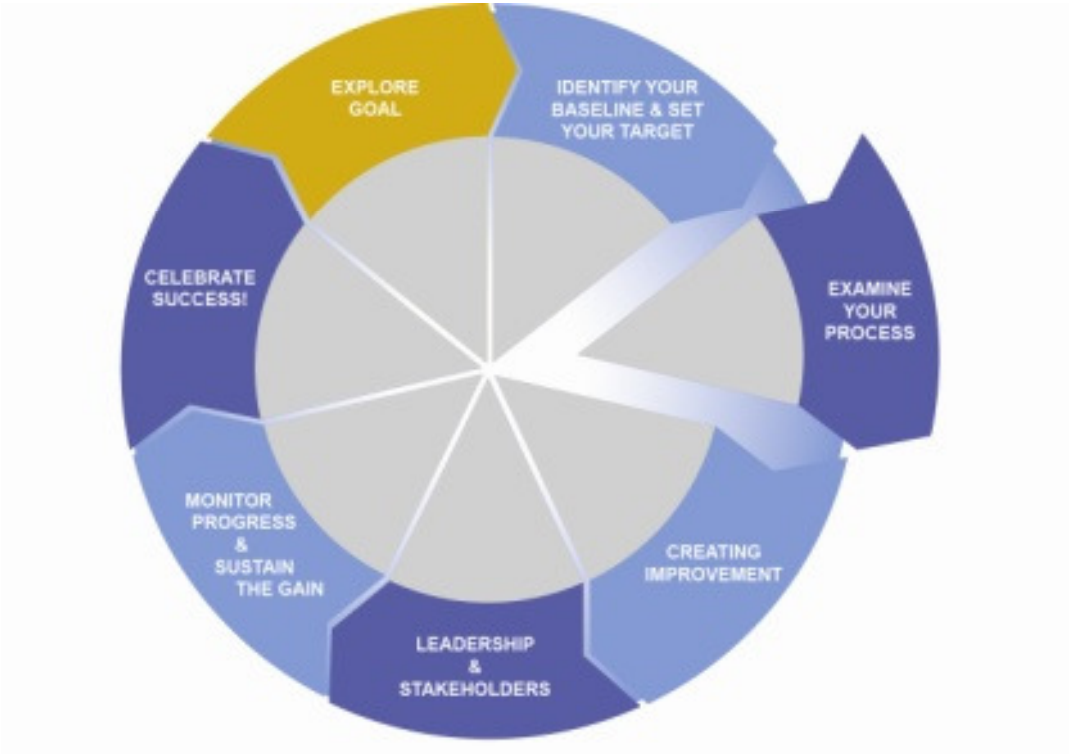
Data and the Quality Improvement Process

What processes should we target?



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Root Cause Analysis of Hospital Transfers

Address Adverse Events Through Root Cause Analysis

- Utilize standardized investigation form
- Interview staff involved
- Interview those who may have witnessed event
- Has this event ever happened before?
- Investigate contributing factors
- How does this event tie into the overall PI plan?

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Root Cause Analysis of Hospital Transfers

Root Cause Analysis

- An analytic tool that can be used to perform a comprehensive, system-based review of critical incidents and adverse health events
- Goal is to determine:
  - What happened?
  - Why did it happen?
  - What can be done to reduce the likelihood of recurrence?

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Root Cause Analysis of Hospital Transfers

Root Cause Analysis

- Systematic approach to problem solving
  - Identify issue as a team
  - Repeatedly asking at least 5 “why?” questions
    - Don’t stop at symptoms
    - Get to deeper layers to find the root cause
    - Identify relationships between different root causes

The Quality Improvement Review Tool

The Quality Improvement Tool

- Designed to assist you to review situations that commonly result in transfers in your facility through systematic root cause analysis
- Integrate into the facility's regular quality and educational processes
  - Look for common situations that you can work on together to improve
  - Avoid blaming individuals

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The Quality Improvement Review Tool

QUALITY IMPROVEMENT TOOL

INTERACT II
Interventions to Reduce Acute Care Transfers

The goal of this tool is to review transfers in order to identify opportunities to improve the identification, evaluation, and management of changes in resident condition and other situations that commonly result in transfers, and when feasible and safe, to prevent transfers to the hospital. This tool is intended to be completed retrospectively after the transfer to look back and identify opportunities for improvement in reducing preventable transfers.

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The Quality Improvement Review Tool

The QI Review Tool: 5 Sections

1. Background Information
2. Change in Condition
3. Evaluation and Management
4. Transfer Information
5. Opportunities for Improvement

Quality Improvement Tool

For Review of Acute Care Transfers

INTERACT®
Version 3.0 Tool

The INTERACT QI Tool is designed to help you analyze hospital transfers and identify opportunities to reduce transfers that might be preventable. Complete this tool for each or a representative sample of hospital transfers in order to conduct a root cause analysis and identify common reasons for transfers. Examining trends in these data with the INTERACT QI Summary Tool can help you focus educational and care process improvement activities.

SECTION 1: Describe Resident Characteristics

Resident ID _____ Age _____

Date of ***most recent*** admission to nursing home _____ /_____ /_____

a. Major diagnoses at admission _____

b. Conditions that put the resident at risk for hospital admission or readmission:

- ☐ Hospitalization within the last 6 months
- ☐ COPD
- ☐ Polypharmacy *(e.g. 9 or more medications)*
- ☐ Surgical complications
- ☐ Fracture
- ☐ CHF
- ☐ Cancer, on active chemo or radiation therapy
- ☐ Multiple co-morbidities *(e.g. CHF, COPD and DM in the same patient; or multiple active diagnoses)*
- ☐ Other *(describe)*

_____

_____

c. Resident hospitalized in the ***past 30 days?*** ☐ No ☐ Yes *(list dates and reasons)*

_____

_____

d. Resident hospitalized in the ***past 12 months?*** ☐ No ☐ Yes *(list dates and reasons)*

_____

_____

SECTION 2: Describe the Acute Change in Condition and Other Non-Clinical Factors that Contributed to the Transfer

a. Date the change in condition first noticed _____ /_____ /_____

b. Briefly describe the change, symptom, sign or other factor(s) that led to the transfer and then check each item below that applies

_____

_____

_____

www.interact2.net

Quality Improvement Tool
For Review of Acute Care Transfers (cont'd)

INTERACT
Version 3.0 Tool

c. Check *all* that apply

Change In
- ☐ Appetite
- ☐ Behavior
- ☐ Fluid intake
- ☐ Function
- ☐ Mental status
- ☐ Pain level
- ☐ Skin or wound
- ☐ Other *(describe)*

New Symptoms or Signs
- ☐ Abnormal vital signs *(low/high BP, high respiratory rate)*
- ☐ Behavioral symptoms
- ☐ Bleeding
- ☐ Breathing difficulty or shortness of breath
- ☐ Confusion or worsening cognitive function
- ☐ Constipation
- ☐ Cough
- ☐ Dizziness
- ☐ Fainting *(syncope)*
- ☐ Fall(s)
- ☐ Fever
- ☐ Pain
- ☐ Unresponsiveness
- ☐ Urinary symptoms or incontinence
- ☐ Other *(describe)*

Abnormal Labs or Tests
- ☐ Blood sugar
- ☐ CBC
- ☐ EKG
- ☐ Kidney function *(BUN, Creatinine)*
- ☐ Pulse oximetry
- ☐ Urinalysis or urine culture
- ☐ Venous doppler
- ☐ X-ray
- ☐ Other *(describe)*

Other Factors
- ☐ Advance directive not in place
- ☐ Family and/or resident preference
- ☐ MD/NP/PA decision
- ☐ Other *(describe)*

SECTION 3: Describe Action(s) Taken to Evaluate and Manage the Change in Condition Prior to Transfer

a. Briefly describe how the changes in Section 2 were evaluated and managed and check each item that applies

_____

_____

_____

b. Check *all* that apply

Tools Used
- ☐ Stop and Watch
- ☐ SBAR
- ☐ Care Path(s)
- ☐ Change in Condition File Cards
- ☐ Transfer Checklist
- ☐ Acute Care Transfer Form *(or an equivalent paper or electronic version)*
- ☐ Advance Care Planning Tools
- ☐ Other Structured Tool or Form *(describe)*

Medical Evaluation
- ☐ Telephone only
- ☐ NP or PA visit
- ☐ MD visit
- ☐ Other *(describe)*

Testing
- ☐ Blood tests
- ☐ EKG
- ☐ Urinalysis and/or culture
- ☐ Venous doppler
- ☐ X-ray
- ☐ Other *(describe)*

Interventions
- ☐ New medication
- ☐ IV or subcutaneous fluids
- ☐ Oxygen
- ☐ Other *(describe)*

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Quality Improvement Tool

For Review of Acute Care Transfers (cont'd)

INTERACT
Version 3.0 Tool

c. Were ***advance care planning or advance directives*** considered in evaluating/managing the change?
(e.g. orders for Do Not Resuscitate (DNR), Do Not Intubate (DNI), palliative or hospice care): ☐ No ☐ Yes

If yes, were the relevant advance directives: ☐ Modified as a result of this change in clinical condition?
☐ Already in place and documented?
☐ New as a result of this change in clinical condition?

Describe _____

SECTION 4: Describe the Hospital Transfer

a. Date of transfer ____/____/____ Day _____ Time (am/pm) _____

b. Clinician authorizing transfer: ☐ Primary MD ☐ Covering MD ☐ NP or PA ☐ Other

c. Outcome of transfer: ☐ ED visit only ☐ Held for observation ☐ Admitted to hospital as inpatient

Hospital diagnosis(es) *(if available)* _____

d. Resident died in ED or hospital: ☐ No ☐ Yes ☐ Unknown

SECTION 5: Identify Opportunities for Improvement

a. In retrospect, does your team think this transfer might have been prevented? ☐ No ☐ Yes *(check all that apply and describe below)*

☐ The new sign, symptom, or other change might have been detected earlier
☐ Changes in the resident's condition might have been communicated better among NH staff, with MD/NP/PA, or with ER staff
☐ The condition might have been managed safely in the facility with available resources
☐ Resources were not available to manage the change in condition safely or effectively *(check all that apply)*
☐ On-site primary care clinician ☐ Staffing ☐ Lab or other diagnostic tests
☐ Pharmacy services ☐ Other *(describe)* _____
☐ Resident and family preferences for hospitalization might have been discussed earlier
☐ Advance directives and/or palliative or hospice care might have been put in place earlier
☐ Other *(describe)*

_____

_____

b. In retrospect, does your team think this resident might have been transfered sooner? ☐ No ☐ Yes *(if yes, describe)*

_____

c. After review of how this change in condition was evaluated and managed, has your team identified any opportunities for improvement?
☐ No ☐ Yes *(describe specific changes your team can make in your care processes and related education as a result of this review)*

_____

_____

Name of person completing form_____ Date of completion ____/____/____

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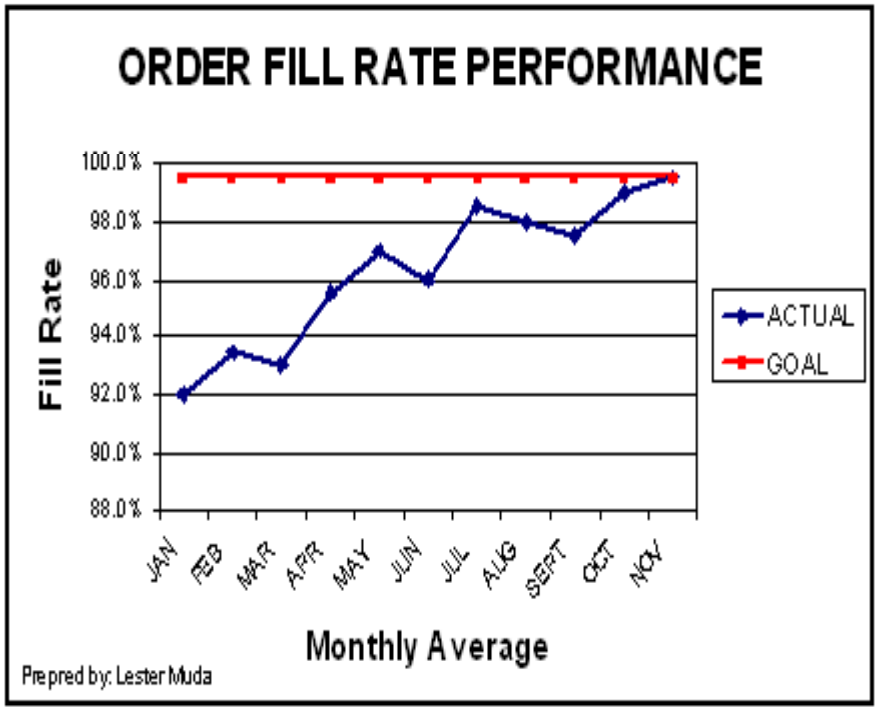
Track and Review

Tracking and Reviewing Hospital Transfers

- Use trends in the data to focus your improvement and educational efforts



Identify Patterns and Opportunities

The Tracking Tool and QI Review Tool Will Help Your Home:

- Look for patterns in transfers and the clinical situations that result in them
- Identify situations you believe can be managed safely and effectively without transfer
- Work together to develop strategies to manage these situations
- Develop education on specific topics

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Identify Trends

Common Reasons for Transfers Identified in QI Tools

- Acute change in condition with unstable vital signs
- Family expectations
- Lack of availability or communication problems with primary care physicians
- Services required are unavailable in the facility
- Lack of advance care planning and advance directives

RCA Summary from INTERACT QI Review Tool

use with Advancing Excellence Safely Reduce Hospitalizations Tracking Tool

Resident's Name _____

Date of Transfer _____

Primary Reason for Transfer

Choose One

_____ Abnormal vital signs
_____ Abnormal lab
_____ Altered mental status
_____ Bleeding, other than GI
_____ Cellulitis
_____ Chest pain
_____ CHF
_____ COPD
_____ Dehydration
_____ Fall
_____ Fever
_____ GI (bleeding,diarrhea,pain,vomitting)
_____ Loss of consciousness
_____ Pneumonia
_____ Respiratory infection
_____ Seizure
_____ Sepsis
_____ Shortness of breath
_____ TIA/CVA
_____ UTI
_____ Other

Primary Contributing Reason for Transfer

Choose One

_____ Advance care plan not in place
_____ Practitioner unable to provide face-to-face assessment
_____ Supplies/Resources
_____ Medication management
_____ Equipment not available
_____ Problems w/nursing staff resources
_____ Lack of diagnostic services
_____ Resident preference
_____ Family preference
_____ MD/NP/PA decision
_____ Health plan request
_____ Sudden and urgent significant event
_____ Other

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QA and PI

Quality Assurance	Performance Improvement
Reactive	Proactive
Episode or event-based	Aggregate data & patterns
Prevent recurrence	Optimize process
Sometime anecdotal	Always measurable
Retrospective	Concurrent
Audit-based monitoring	Continuous monitoring
What went wrong?	How can we be excellent?

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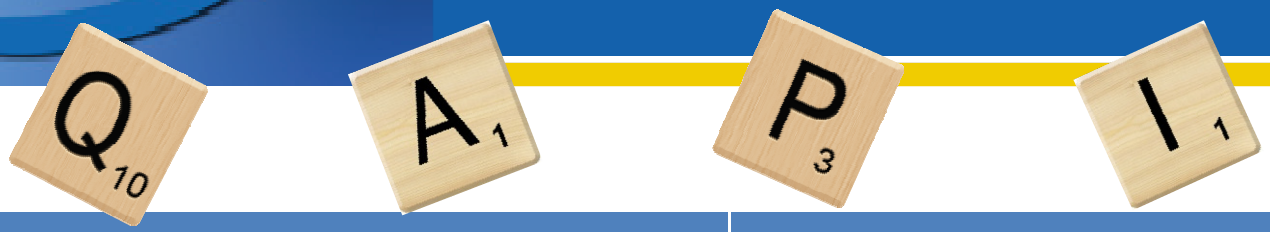
QA and PI



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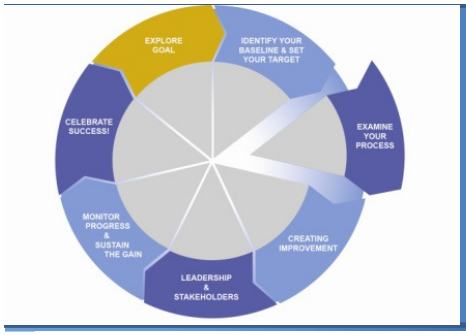


Homework 2

RCA each transfer and record in Workbook

For EACH transfer to hospital, complete the INTERACT QI Review Tool, and record 3 additional items in your Tracking Tool:

Patterns in Admissions *from* Hospital

- Day of week
- Hospital

Patterns in Transfers *to* Hospital

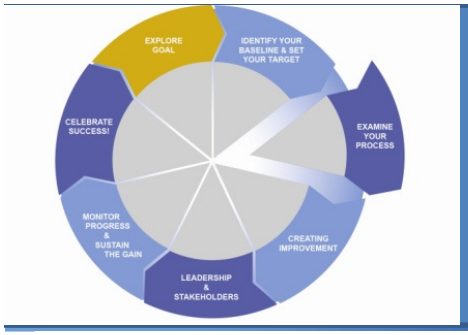
- Payment status at time of transfer
- Time of day
- Doctor ordering transfer
- **Primary clinical reason for transfer**
- **Primary contributing reason for transfer**

Process when Admitting *from* Hospital

- Structured communication tool used
- Information adequate to care for resident

Process when Transferring to Hospital

- Structured communication tool used when transferring *to* hospital
- **RCA of transfer completed**
- Documented ACP discussion in past quarter
- ACP reviewed at time of transfer
- Structured communication tool used at nursing home to evaluate acute condition



Homework 2
Enter Three Optional Fields

EnterPrimary CLINICAL and CONTRIBUTING reasons for transfer & RCA Complete in the Excel workbook.

(This data entry is done with dropdown lists for pre-defined responses)

	About this Transfer						Probing Questions
	How to Use						
	Automatic Resident Code to de-identify your file	Resident Name* example: Jane Brown	Primary CLINICAL Reason for Transfer	Primary CONTRIBUTING Reason for Transfer	Outcome of Transfer*		Was a Root Cause Analysis of this Transfer Completed?
25	r178	Pat Neloms	UTI	Practitioner unable to provide face-to-face assessment	Admitted, observation		No
26	r3	Raul Bonenfant	Fever	Practitioner unable to provide face-to-face assessment	Admitted, observation		No
27	r286	Charlotte Yeoman	Bleeding, other than GI	Supplies/Resources	Admitted, inpatient		Yes
28	r287	Joette Given	Fall	Supplies/Resources	Admitted, inpatient		Yes
29	r288	Cyndi Dabney	Dehydration	Supplies/Resources	Admitted, inpatient		Yes
30	r289	Romaine Tarvin	Fever	Supplies/Resources	Admitted, inpatient		Yes
31	r290	Bernardina Carnes	Abnormal lab	Supplies/Resources	Admitted, inpatient		Yes
32	r291	Shirl Ranck	Altered mental status	Lack of diagnostic services	Admitted, inpatient		Yes
33	r292	Adelaide Steeves	GI (bleeding,diarrhea,pain,vomitting	Lack of diagnostic services	Admitted, inpatient		Yes
34	r176	Abel Folmar	Shortness of breath	Lack of diagnostic services	Other		Yes
35	r123	Alyce Braley	Altered mental status	Lack of diagnostic services	Other		Yes
36	r103	Belia Decuir	Loss of consciousness	Lack of diagnostic services	Admitted, inpatient		Yes
37	r231	Buddy Galindo	UTI	Advance care plan not in place	Admitted, inpatient		Yes
38	r8	Chang Porcaro	COPD	Lack of diagnostic services	Admitted, inpatient		No
39	r122	Corie Boose	Bleeding, other than GI	MD/NP/PA decision	Admitted, inpatient		No
40	r19	Deangelo Pease	Fall	MD/NP/PA decision	Admitted, inpatient		yes

Welcome | Common Qs&As | DropDownLists | Census | AdmittedwithRecentDischarge | TransferLog | ProcessTracking | ItemSummaries | Custom | CustomizedItemSu

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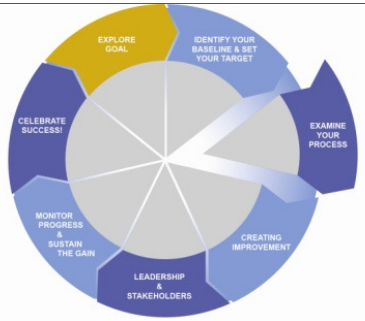
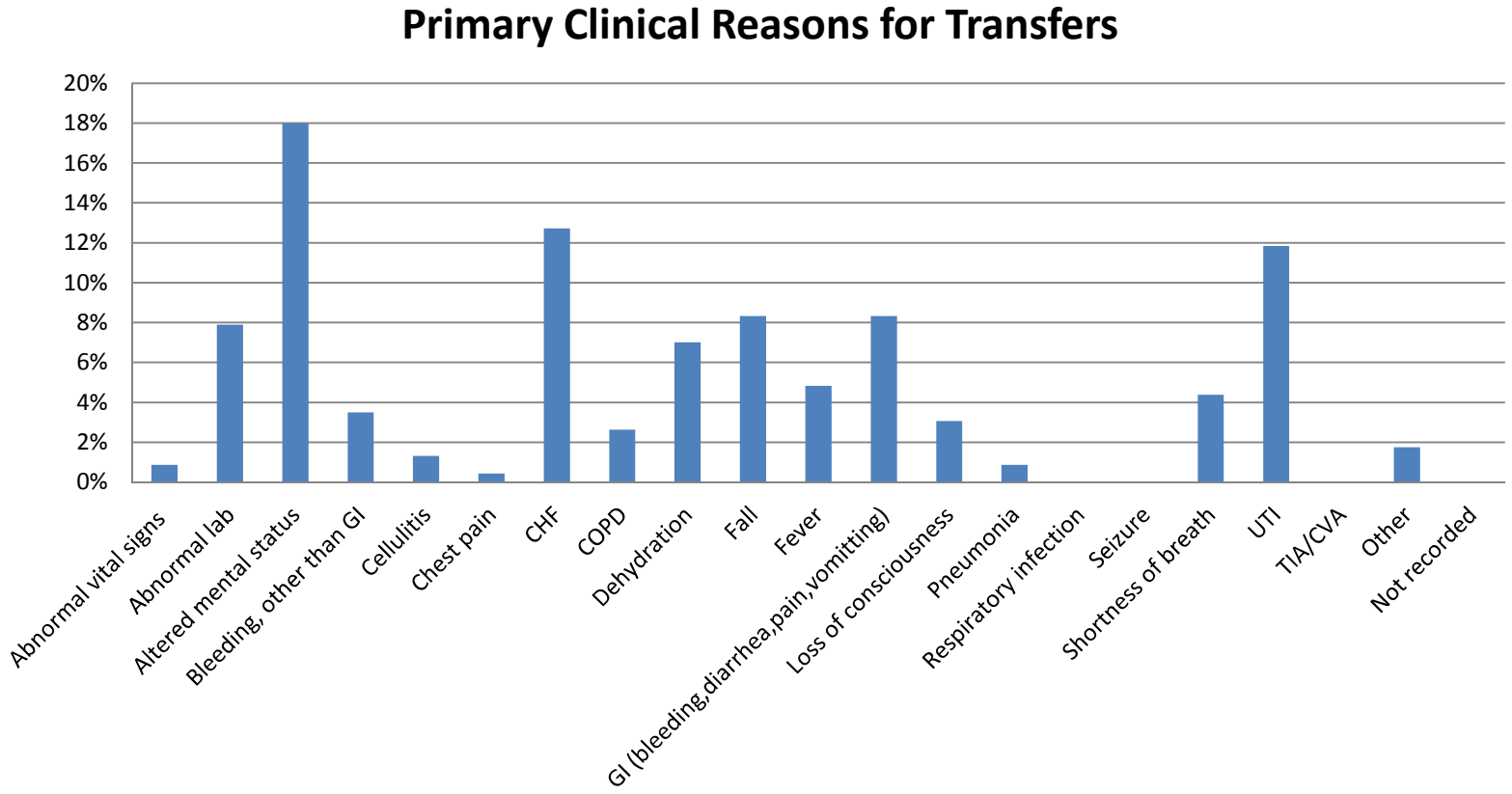
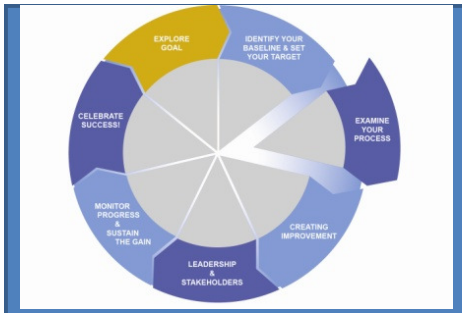


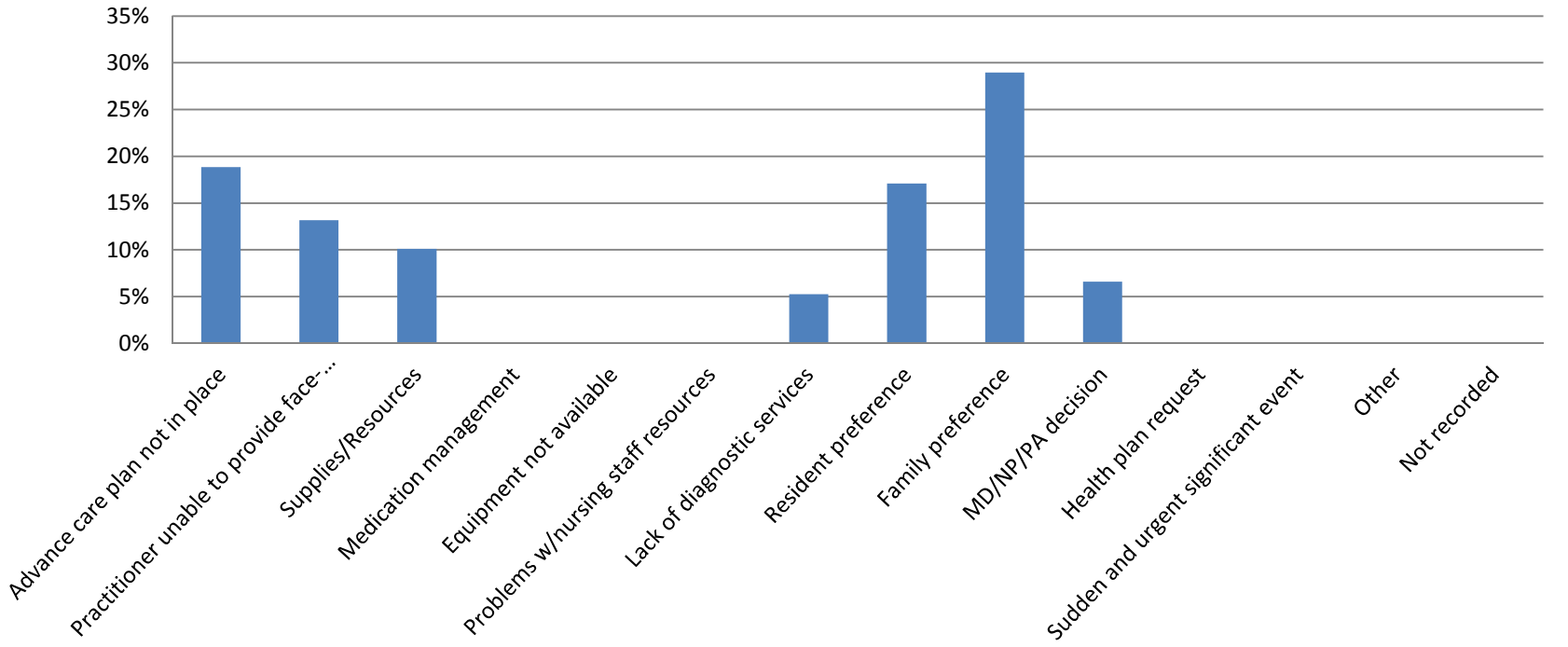
Use Data to Explore Patterns

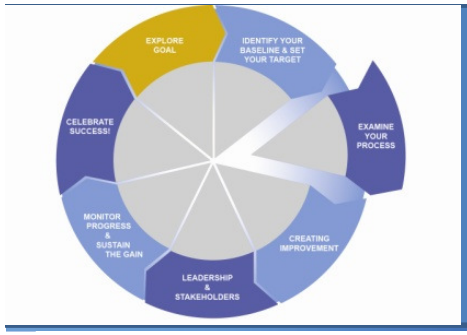




Use Data to Explore Processes

Primary Contributing Reasons for Transfers





What patterns & processes are associated with my outcome?

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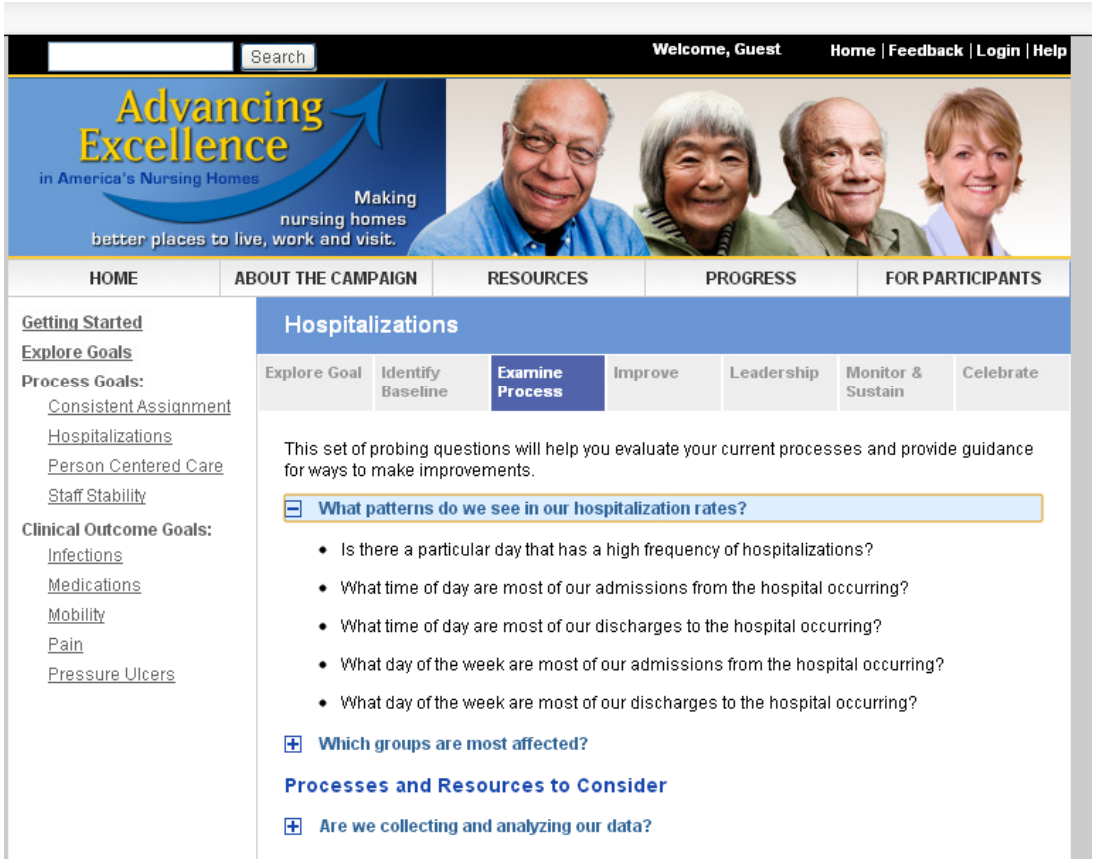
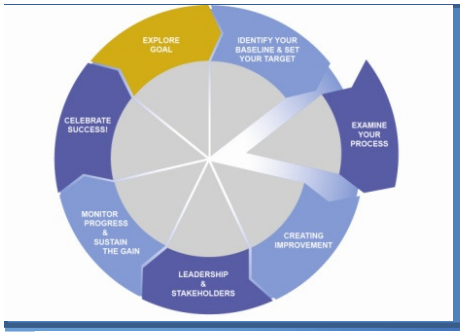
Examine Processes

Probing Questions





What processes are associated with my outcome?

These are some guiding questions to start an inquiry and start thinking critically about processes.

Use these questions along with your data to guide the investigation. The point of the investigation is to decide what processes are good targets for reworking to make an improvement in our outcome.

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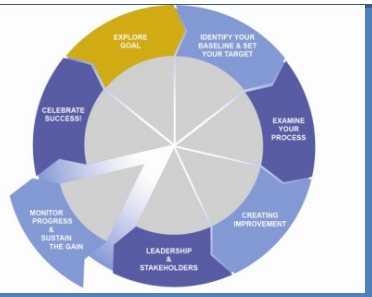
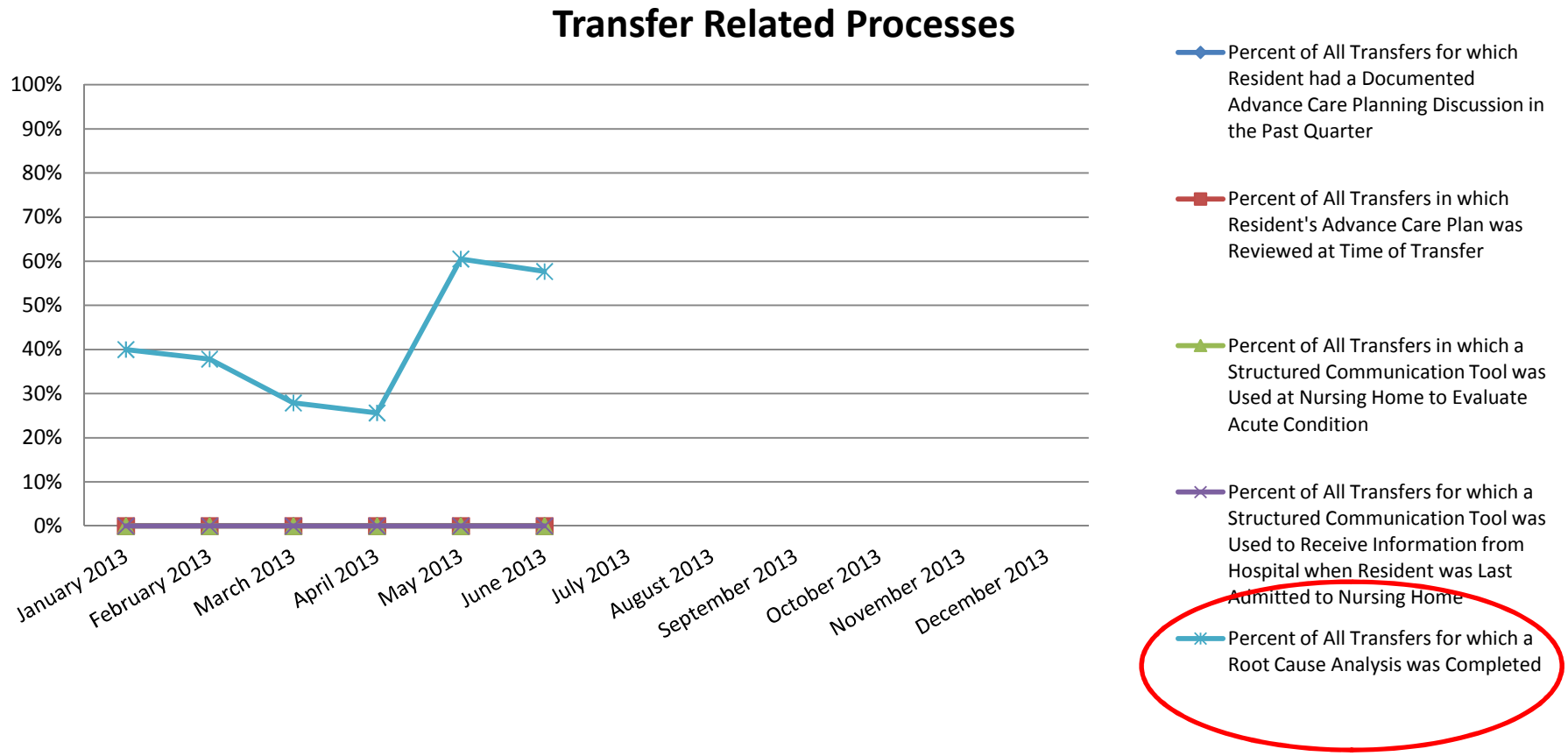


Homework 2
Use data to monitor processes

Information generated by Homework 2: How well are we doing with RCA (completing INTERACT QI Review) for every transfer?



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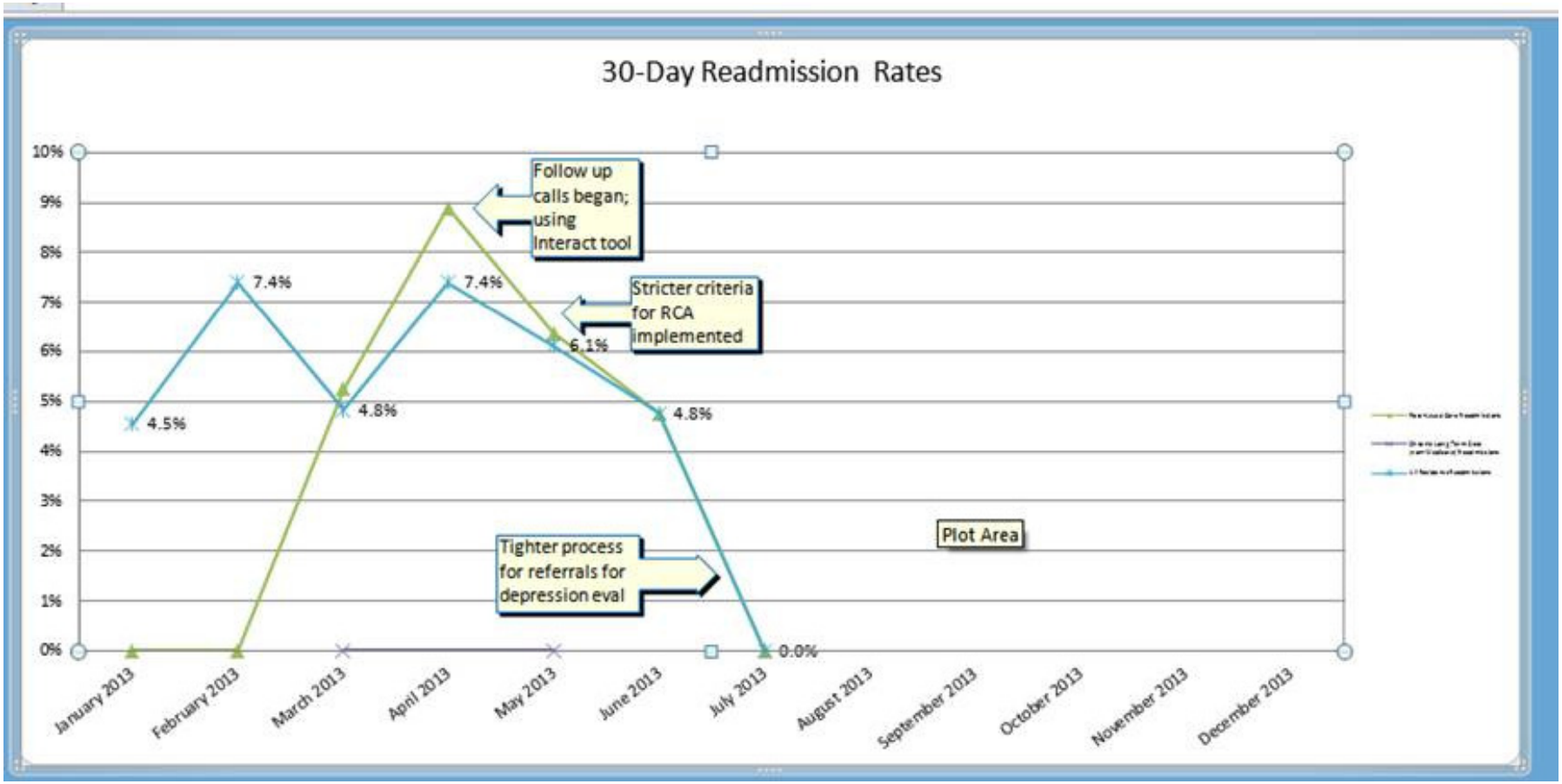
Note Your Interventions



Homework 2

1. **Continue** entering required fields for all transfers to hospital and all admissions to your home with a recent hospital discharge.

2. **Download** and make copies of the INTERACT QI Review Tool
   http://www.interact2.net/agreement.aspx

3. **RCA** each transfer to hospital using the QI Review Tool

4. **Summarize** your RCA on the RCA Summary Form (emailed to you)

5. **Enter** the 3 additional pieces of information into your AE Hospitalization Tracking Tool for each transfer.
   a. Primary Clinical Reason for Transfer
   b. Primary Contributing Reason for Transfer
   c. Root Cause Analysis Complete ("Yes," if you did QI Review Tool and Summary sheet)